

**FREEDOM OF INFORMATION
DISCLOSURE LOG – Quarter 3 2009/2010**

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Ref: 77/09
Part Time Vacancies

Please be advised that all Trust vacancies are advertised on NHS Jobs via the below link:

www.jobs.nhs.uk

Alternatively, you can follow the link from the Trust's website:

<http://www.walsalhospitals.nhs.uk/WalsallHospitals09/WorkingforUs/WorkingHere.asp>

Ref: 78/09
IT Structures

Please be advised that the information that you are requesting is published on our website in the form of our Trust Structures log and available via the below link:

<http://www.walsalhospitals.nhs.uk/WalsallHospitals09/AbouttheTrust/AboutUs.asp>

Please note that our IT (Informatics) services is run via Walsall PCT and as such only a few staff members are employed directly by Walsall Hospitals NHS Trust (highlighted in red on the Structures Log).

All employees are contactable by name or job title via our main switchboard (01922 721172). Under Section 40: Personal Information of the Freedom of Information Act 2000 we only release the names of the senior management within each department.

Ref: 79/09
Pests (2004 to 2008)

Full list of the occasions on which pest controllers were used by the Trust. In it I would like to know (since April 2008):

- The dates of the appointments
- The nature of the problem (i.e. what 'pest(s)' were they asked to remove)
- The location of the problem (i.e. in what ward/department/facility in which hospital/surgery was the infestation)

2008

- We had weekly visits from our contractor as part of our contract

Call outs
2008
Total 7

	Problem	Location
24/4/2008	Mouse	A&E
1/5/2008	Ants	SDU
28/5/2008	Rat	External/Grounds
3/6/2008	Mouse	Kitchen
12/6/2008	Mice	Staff accommodation
23/7/2008	Flying ants	HSDU
23/10/2008	Rodents	External/Grounds ducting

2009 to October

- We had weekly visits from our contractor as part of our contract

Call outs
2009
Total 10

	Problem	Location
2/4/2009	Rodents	External/Grounds ducting
6/6/2009	Cockroach	Refuse room
15/6/2009	Flying ants	Education & training centre
26/6/2009	Flying ants	Ward
9/7/2009	Wasp Nest	Short Stay Surgical Unit (SSSU)
9/7/2009	Insect Bites	Staff Accommodation
7/8/2009	Rodent	External / Ducting
25/8/2009	Insect Bites	Management Offices – Skanska Building
3/9/2009	Insect Bites	Management Offices – Skanska Building
21/9/2009	Rodent	Gate House

Ref: 80/09

Clinical Suspensions

1. The number of clinical staff, by grade, group or profession, who have been suspended from work for a period of 6 months or longer by Walsall Hospitals NHS Trust in each year since 2000, stating the date of suspension in each case and the current status of each case with relevant dates (e.g. reinstatement, dismissal, resignation, or on-going suspension).

April 2002, Nursing & Midwifery Registered - Dismissal
December 2002, Nursing & Midwifery Registered - reinstatement
January 2005, Nursing & Midwifery Registered - reinstatement
February 2006, Additional Clinical Services - Dismissal
November 2008, Nursing & Midwifery Registered - Dismissal

2. The number of suspensions in each year since 2000 given in answer to question 1. Above which were for i) patients safety reasons; ii) allegations of misconduct; iii) any other reason

All episodes were for misconduct

3. The total value of salary and other payments made to each of the clinical staff referred to in question 1 above whilst they were suspended from work at Walsall Hospitals NHS Trust.

We have reviewed the information which may be relevant to your request, however it is of a sensitive nature and as such is unable to be released under Section 40 (2): Personal Information of the Freedom of Information Act 2000, as releasing this information would enable the identification of the persons concerned (given the small number of suspensions that have taken place)

4. The number of clinical staff referred to in answer to question 1 above who entered into a severance agreement with Walsall Hospitals NHS Trust.

1

5. The number of severance agreements between Walsall Hospitals NHS trust and clinical staff referred to in answer to question 4 above which: i) included a confidentiality clause; and ii) did not include a confidentiality clause

i. 1
ii. 0

6. The total value of each severance agreement between Walsall Hospitals NHS Trust and clinical staff referred to in answer to question 4 above.

See response to question 3 above

Ref: 81/09

Priority Treatment for War Veterans

For each year since the establishment of the Priority Treatment scheme for veterans, how many veterans have:

- (a) Been considered for priority treatment?
- (b) Received priority treatment?
- (c) Been rejected for priority treatment?

There have been no occurrences of veterans being considered, receiving or being rejected for priority treatment at Walsall Hospitals NHS Trust since the priority scheme for veterans was established.

Ref: 82/09

Complaints re: English Language Skills of Medical Professionals

The number of complaints filed by patients regarding the English language skills of medical professionals working within your organisation between 2005 and August 2009.

Walsall Hospitals NHS Trust has received no complaints regarding the English language skills of medical professionals working within the Trust in the time frame specified.

Ref: 83/09

Drugs Formulary & Contacts (Osteoporosis Drugs)

The process for the inclusion of a primary care funded drug for osteoporosis onto the acute trust formulary

- Which clinician(s) would typically make the initial submission for new drug funding for a product in osteoporosis?

Consultant – Orthopaedics

- To whom is the business case for such a new drug submitted?

Divisional Director / Clinical Director – Unplanned Care

- Which bodies and committees are involved in the decision making process to agree new drug funding?

Medicines Management Quality Board
Joint Medicines Management Committee (NHS Walsall (PCT))

The names and titles of the members involved in the decision making bodies and committees for formulary inclusion and funding of new drugs

This information is available within our publication scheme under Disclosure Log Q3 2009 (reference no 31/09), link to publication scheme as below:

<http://www.walsallhospitals.nhs.uk/WalsallHospitals09/AbouttheTrust/FOI.asp>

The dates of your Drugs & Therapies (and associated committees) meetings for 2010

Monday 11th January 2010
Monday 15th February 2010
Monday 12th April 2010
Monday 10th May 2010
Monday 14th June 2010
Monday 12th July 2010
Monday 9th August 2010
Monday 13th September 2010
Monday 11th October 2010
Monday 15th November 2010
Monday 13th December 2010

Minutes from the last meeting when you discussed the inclusion of an osteoporosis product on to your local formulary

No new osteoporosis products have been put forward to the Acute Trust Medicines Management Quality Board.

Ref: 84/09
Unpaid Bills

1. What is the total in unpaid bills owed to your hospital trust for both the (07/08) and (08/09) financial year from foreign nationality patients who have been billed by the Trust.

2007/8	£26717
2008/9	£17334

2. In this total figure for each of the two years please state what is the single biggest outstanding bill and please give a brief description of the care that it relates to and the nationality of the patient.

2007/8	£10230	patient from Zimbabwe
2008/9	£10168	patient from Bangladesh

The care given to these patients is being withheld as revealing this information would breach Doctor / Patient confidentiality.

Ref: 85/09
Agency Costs

1. How much did your hospital trust spend on agency nursing care in the 08/09 financial year?

The Trust has an annual contract for agency nursing totalling £400k

2. Please provide details of the single biggest payment for a single agency nursing shift. How much was paid? What was the grade of the nurse? What was the date, hours of work and position within the trust?

The biggest single payment for an agency nursing shift is **£519.60**
The information regarding the grade, date, hours of work and position within the Trust are being withheld under Section 40(2): Personal Information of the Fol Act as disclosing this information could lead to the individual in question being identified.

3. How much did your hospital trust spend on agency doctors in the 08/09 financial year?

The Trust has an annual contract for agency medical staff totalling £850k

4. Please provide details of the single biggest payment for a single agency doctor shift. How much was paid? What area of medicine was the doctor employed in? What was the date and hours of work?

The biggest single payment for an agency medical shift is **£813.60**
The information regarding the grade, date, hours of work and position within the Trust are being withheld under Section 40(2): Personal Information of the Fol Act as disclosing this information could lead to the individual in question being identified.

Ref: 86/09
Assaults (2005 – 2008)

1. How many assaults were carried out by patients on either staff or other patients for each of the years a) 2008, b) 2007, c) 2006 and d) 2005

Assaults	Person Assaulted	Year				Grand Total
		2005	2006	2007	2008	
501 - Physical violence or assault (related to patient medical condition)	In-Patient	38	19	9	9	75
	Outpatient	2	3	2		7
	Staff	64	32	26	25	147
501	Total	104	54	37	34	229
521 - Physical violence or assault (not related to patient medical condition)	In-Patient	8	8	3	3	22
	Outpatient	2	3	1	2	8
	Staff	10	22	7	7	46
521	Total	20	33	11	12	76
Grand Total		124	87	48	46	305

2. What proportion of these were carried out by women - for each of the years a) 2008, b) 2007, c) 2006 and d) 2005

This information is not routinely recorded as a separate field on our incident database as Walsall Hospitals NHS Trust does not handle assaults by women any differently to assaults by men and so would find no value in the breakdown of data by assailant gender.

3. If possible, I would like to know what proportion of all the attacks were alcohol-related?

This information is not routinely recorded as a separate field on our incident database, Walsall Hospitals NHS Trust does not handle assaults related to alcohol to those that are not related to alcohol, just as the police hold a person culpable for crimes committed under the influence of alcohol so the Trust would take the same view in response to assaults.

4. If possible I would like to obtain details of the attack and their nature - I appreciate this may be too difficult and fall outside the FOI remit.

Severity	Year				Grand Total
	2005	2006	2007	2008	
01 - Insignificant	25	43	28	19	115
02 - Minor	81	31	16	20	148
03 - Moderate	16	13	4	7	40
04 - Major	2				2
Grand Total	124	87	48	46	305

Ref: 88/09

Assessment Units

1. Please list the names of all intermediate assessment units that you have in each hospital within your trust (e.g. surgical assessment unit, medical assessment unit, clinical decision unit etc).

Walsall Hospitals NHS Trust has the following intermediate medical units:

Acute Medical Unit

Surgical Admissions Unit

Please note that the figures below relate solely to our AMU as our Surgical Admissions Unit has only recently been set up and the systems for data collection around the SAU are still in progress

2. For each unit in each hospital listed under (1), please state for the seven days from 28 September 2009 to 4 October 2009 (inclusive) what the (a) mean; (b) median; and (c) longest time that patients were held in the unit was.

For patients leaving the AMU between 25/09/2009 and 04/10/2009 lengths of stay are as follows:

A) Mean – 1.28 days

B) Median – 0.98 days

C) Maximum – 8.40 days

Ref: 89/09

Cremation Form 4

1. How many 'Form Cremation 4' were successfully completed in year 2008/09?

901 forms were completed in 2008/9

2. What was the total of the fees received by doctors employed by the Trust in exchange for completing Form Cremation 4 in year 2008/09?

The fees for the completion of this form are paid, by cheque, directly to the Doctors concerned, by the Funeral Directors therefore we are unable to answer this question.

3. What was the average number of full-time equivalent doctors employed by the Trust in year 2008/09?

Walsall Hospitals NHS Trust employed 300.69FTE doctors within the Trust in 2008/9 (this figures includes all medical and dental staff).

Ref: 90/09
Pests (2007 – 2009)

The contents of any pest log that the Trust maintains related to infestations or incidents that were reported between January 2007 and September 2009

2007

- We had weekly visits from our contractor as part of our contract

Call outs
2007
Total 17

	Problem	Location
24/1/2007	Silverfish	Ward
7/3/2007	Fleas/Bites	Ward
14/4/2007	Shield bugs	Ward
20/4/2007	Mouse	Pathology Kitchen
1/5/2007	Ants	Ward
2/5/2007	Rat	External/Grounds
11/5/2007	Rat	External/Grounds
23/5/2007	Fruit flies	Kitchen
29/6/2007	Ants	Staff accommodation
29/6/2007	Mouse	Staff accommodation
26/7/2007	C Roach	Ward
11/9/2007	Wasp nest	External breast screening
11/9/2007	Mice	Offices
11/9/2007	Mice	Staff accommodation
13/9/2007	Rodent	Corridor
14/9/2007	Wasp nest	External breast screening
31/10/2007	Mice	Offices

2008

- We had weekly visits from our contractor as part of our contract

Call outs
2008
Total 7

	Problem	Location
24/4/2008	Mouse	A&E
1/5/2008	Ants	SDU
28/5/2008	Rat	External/Grounds
3/6/2008	Mouse	Kitchen
12/6/2008	Mice	Staff accommodation
23/7/2008	Flying ants	HSDU
23/10/2008	Rodents	External/Grounds ducting

2009 to present

- We had weekly visits from our contractor as part of our contract

Call outs
2009
Total 10

	Problem	Location
2/4/2009	Rodents	External/Grounds ducting
6/6/2009	Cockroach	Refuse room
15/6/2009	Flying ants	Education & training centre
26/6/2009	Flying ants	Ward
9/7/2009	Wasp Nest	Short Stay Surgical Unit (SSSU)
9/7/2009	Insect Bites	Staff Accommodation
7/8/2009	Rodent	External / Ducting
25/8/2009	Insect Bites	Management Offices – Skanska Building
3/9/2009	Insect Bites	Management Offices – Skanska Building
21/9/2009	Rodent	Gate House

Ref: 95/09

Missed Appointments

How many hospital appointments have been missed in the past year (most recent figures available) at Walsall Hospitals?

The total numbers of DNA's (did not attend) are as follows:

2008/9 28,532 (10.91%)
2009/10 16,455 (10.78%) up to October 2009

This is broken down as follows:

New Outpatient appointment DNA rate:

8.77% (2008/09)
8.98% (2009/10 up to Oct)

Follow Up Outpatient appointment DNA rate

11.93% (2008/09)
11.66% (2009/10 up to Oct)

What is the estimated financial cost to the trust of these missed appointments?

Average cost of an outpatient attendance within Walsall Hospitals NHS Trust is:

New £135
Follow-up £ 78

What were the equivalent figures of missed appointments and financial cost for each of the previous five years?

These figures are based on average outpatient appointment prices.

2009/2010 = 16,455	£1,733,699	(April to October 2009)
2008/2009 = 28,532	£2,953,919	
2007/2008 = 24,665	£2,532,849	
2006/2007 = 22,975	£2,295,662	
2005/2006 = 21,851	£2,157,131	
2004/2005 = 20,614	£1,608,716	

Ref: 96/09

Highest hourly rates (agency staff)

1. Please state the highest hourly rate paid to an agency nurse in your trust in the past six months (i.e. from May to October 2009 inclusive) and for each month please state the position in which the agency nurse paid the highest hourly rate was employed.

May	-	£64.95	All A+E
June	-	£64.95	
July	-	£69.45	
August	-	£69.45	
Sept	-	£69.45	
Oct	-	£69.45	

2. Please state the highest hourly rate paid to an agency doctor in your trust in the past six months (i.e. from May to October 2009 inclusive) and for each month please state the position in which the agency doctor paid the highest hourly rate was employed.

May	-	£64.95	Medicine
June	-	£58.21	Locum Anaesthetist
July	-	£63.22	Anaesthetics SPR
Aug	-	£87.71	Consultant in General Medicine
Sept	-	£88.44	Consultant in General Medicine
Oct	-	£88.44	Consultant in General Medicine

3. Please state the highest hourly rate paid to an agency worker in a non-medical and non-nursing position in your trust in the past six months (i.e. from May to October 2009 inclusive) and for each month please state the position in which the agency staff worker paid the highest hourly rate was employed.

May	-	£87.50	Finance
Jun	-	£87.50	Commercial Directorate
July	-	£44.16	Contracts Manager
Aug	-	£44.16	Contracts Manager
Sept	-	£43.11	Informatics
Oct	-	£43.11	Informatics

4. If known, please state for the hourly rate given under questions 1-3 for each month, how much the agency worker received and how much was retained by the agency.

We do not have information on this

Ref: 97/09

Triage & resource allocation in the event of Pandemic Flu

Please provide details of any guidelines drawn up in relation to triage decisions and scarce resource allocation in the event of pandemic influenza.

A Core Flu Team will make necessary decision if need arises based on the situation at the time and national & regional guidance

Please note that the response ref: 32/09 (contained within our disclosure log Q3 – page 6 of our Publication Scheme) will give further information on special staffing measures & allocation – link as below:

<http://www.walsallhospitals.nhs.uk/Library/Walsall09/AboutTheTrust/FOI/Disclosure%20Log%20Q3%202009.pdf>

Ref: 99/09

Communications to GP's re: A&E capacity issues

Please can you send me copies of any faxes or emails the hospital has sent to local General Practitioners concerning capacity in the Trust's Ambulance and Emergency Department in the last year.

Walsall Hospitals NHS Trust does not communicate capacity issues directly with the local GPs. Any communications regarding A&E capacity are coordinated and undertaken by the PCT (NHS Walsall).

Ref: 100/09

Consultant Medical Staff & Specialties

I have visited the trust website looking for a list of consultants and their specialties but there does not appear to be one.
Is such a list available?

Please see below a full list of the Trust's Consultants, with their specialties:

<p><u>ACCIDENT AND EMERGENCY</u></p> <p>Mr A Ismail Miss R Joshi</p>	<p>Mr N Rashid (Clinical Director)</p>
<p><u>ACUTE MEDICINE (MAU)</u></p> <p>Dr K Yugambaranathan (secondment) Dr S Saeed</p>	<p>Dr A Khattak (Locum until 31.12.09).</p>
<p><u>ANAESTHETICS</u></p> <p>Dr N Akinwale Dr F D Babatola Dr B Freitag Dr I P Hudecek Dr T Kananavicius (Clinical Director) Dr M Khalil Dr C Newson (Associate Medical Director) Dr S A Nortcliffe</p>	<p>Dr M Pogorzelska (locum) Dr S Pesian Dr M Prasanna Dr K Ramkumar Dr H Yanny Dr M S Youssef Dr K Mahler Dr S Rajamanickam Dr M Sharma</p>
<p><u>CARDIOLOGY</u></p> <p>Dr A Al-Allaf Dr J Gupta</p>	<p>Dr J R Jaumdally Vacant (Locum)</p>
<p><u>DERMATOLOGY</u></p> <p>Dr A Banerjee Dr M Bazza</p>	<p>Dr K S Ryatt (p-time)</p>
<p><u>DIABETES</u></p> <p>Dr D Raskauskiene</p>	<p>Dr M Akber (Locum March 10)</p>

<u>ELDERLY CARE</u>	
Dr V Senthil	Dr P Waraich
<u>ENT</u>	
Mr M De (Locum Consultant) Mr H Griffiths Mr S Minhas	Mr M Simmons Mr N Turner (Clinical Director)
<u>GASTROENTEROLOGY</u>	
Dr A Awasthi Dr M Cox (Clinical Director)	Dr A Hughes Dr Manjunatha
<u>GENERAL SURGERY</u>	
Mr K M C Abrew (Vascular) Mr P Brookes (Breast) Mr R Church (Colorectal) Mr B G Ferrie (Urologist) Mr K Fortes-Mayer (part time) Mr S Ganta (Urology)	Mr Amir Khan (Vascular) (Associate Medical Director) Mr Zahid Khan (Locum) Mr S R Koneru (Urologist) Mr T J Muscroft (Colorectal) Mr S Odogwu (Colorectal) (Clinical Director) Vacant Consultant Surgeon
<u>GENITO-URINARY-MEDICINE</u>	
Dr S Acharya	Dr A T Arumainayagam (Dr Joseph)
<u>HYPERTENSION</u>	
Dr S Rizi (Locum)14.4.10	
<u>NEUROLOGY</u>	
Dr D Francis	
<u>OBSTETRICS & GYNAECOLOGY</u>	
Mrs C Balachandar Mr M Browne Mr A Head Mrs A Mulay	Mr O Ohizua Mr S Panda (p/t) Mr J Pepper (Associate Medical Director) Mrs R Reddy (Clinical Director) Mrs S Sharma
<u>ONCOLOGY AND RADIOTHERAPY</u>	
Dr A D Chetiyawardana Dr I Fernando	Dr A Hartley

<p><u>OPHTHALMOLOGY</u></p> <p>Mr U S Ramanthan Mr Sandramouli</p>	<p>Mr G Shun Shin Mr Yang</p>
<p><u>ORAL SURGERY</u></p> <p>Mr Grew</p>	
<p><u>ORTHODONTICS</u></p> <p>Mrs S Church</p>	
<p><u>PAEDIATRICS</u></p> <p>Dr D Drew Dr A Gatrad Dr B J Muhammad Dr B Satish Dr G P Sinha (acting Clinical Director)</p>	<p>Dr A Skinner (Honorary) Dr R Walia (Neonatology) Dr I Darwood Dr D Cremonesini Dr D Ferdinand Dr S Nicklin</p>
<p><u>PATHOLOGY SERVICES</u></p> <p><u>Chemical Pathology</u> Dr P D Giles (Clinical Director) Dr A Hartland</p> <p><u>Haematology</u> Dr G P Galvin Dr V Tandon</p>	<p><u>Histopathology</u> Dr S Deshpande Dr S Dhesi Dr Ye Lin Hock (Trust Cancer Lead) Dr D Radibratovic–Cvijan Dr A Thompson</p> <p><u>Microbiology</u> Dr S Jones Dr U Kumara</p>
<p><u>RADIOLOGY</u></p> <p>Dr P B Carpenter (Locum) Dr C L Holland Dr H S Rai (Clinical Director) Dr D Ramaema</p>	<p>Dr P Sada Dr M G Thuse Dr S J Thangasamy (Locum)</p>
<p><u>RHEUMATOLOGY</u></p> <p>Dr I Jassim (Locum) March 10</p>	<p>Dr I Agrawal (Locum)</p>

RESPIRATORY

Dr V Balagopal
Dr M Matonhodze

Dr S Nadeem (Clinical Director)

STROKE

Dr E Epstein
Dr K Javaid

Dr A Kumar (Locum April 10)

TRAUMA & ORTHOPAEDICS

Mr G O Alo (Clinical Director)
Mr S G Goswami
Mr J Iqbal
Mr Salama

Mr N Qureshi (locum)31.3.10
Mr G Selzer
Mr M Shah
Mr T Sadique

101/09:

Cremation Form 5

1. How many Form Cremation 5 were successfully completed in financial year 2008/09?
Cremation form 5 is the form completed by the second doctor, the number would be the same as for Form 4, the only occasion these are not completed is when there is a Hospital Post Mortem. 901 forms were completed in 2008/9
2. What was the total of the fees received by doctors employed by the Trust in exchange for completing Form Cremation 5 in financial year 2008/09?
The fees for the completion of this form are paid, by cheque, directly to the Doctors concerned, by the Funeral Directors therefore we are unable to answer this question.

102/09

Oncology Drugs (Glivec & Sutent)

Please would you provide the numbers of patients currently being treated in your Trust with the following drugs for the conditions indicated and give the names of the consultant responsible?

	CML - Chronic myeloid leukemia	GIST - Gastrointestinal stromal tumor	ALL - <u>Acute lymphoblastic leukemia</u>	Renal Cell Carcinoma	Other
Current Number of Glivec Patients	6	0	0	0	0
Current Number of Sutent Patients	0	0	0	12	0
Consultant Responsible					

The names of the consultants responsible are being withheld (under Section 40: Personal Information) as releasing this information in relation to such as small number of patients would enable identification of those patients.

103/09

Deaths from Consumption of Alcohol Hand Gels

As you know, these gels can contain an ethyl alcohol content of 70%. They are being used (mainly by the homeless) as a substitute for alcohol. In the last 9 months up to 6 deaths have been reported in London.

Do you have any information on incidents that may have happened in your area?

Walsall Hospitals NHS Trust does not have data available that would answer the enquiry. Consumption of Alcohol Hand Gel would be classified as poisoning but there is not a specific category for "Alcohol Hand Gel" poisoning so we are unable to identify these patients as distinct from other more general categories of poisoning.

How many deaths have been reported?

N/A

Have you had any stock missing from your inventory?

The stock control is undertaken at a local level and not recorded centrally therefore we are unable to answer this question without contacted every department within the Trust which will take the time required to collate this information over the 2.5 days assigned within the Freedom of Information Act.

We can, however, state that no reports of theft of alcohol gel have been formally logged on our incident database.

If so what measures have been put in place to tackle this?

N/A

104/09

Oesophageal Doppler Monitoring

1. Use of ODM

Do hospitals within your Trust use Oesophageal Doppler monitoring in patients undergoing high-risk surgery, in particular in patients undergoing colorectal, other abdominal or major orthopaedic surgery? If so, please can you state which ones.

Yes we use 2 in theatres – Deltex Medical

2. Business cases

Have you ever received a business case asking for the provision of ODM during surgery? If so, how many have you both approved and rejected? Can you provide us with the reasons you gave for approving or rejecting the submissions particularly if such reasons identify shortcomings in the technology or in the business case itself. Can you also please inform me as to the process of reviewing such business cases in detail?

Yes a business case was received and approved to use Deltex Medical.

Business cases with a value above £25,000 are evaluated and reviewed by the Planning & Investment Committee (a sub committee of the Board) six months post implementation.

3. Length of stay

Do you record the patient length of stay time in hospital for the following surgeries:

Orthopaedic:

- repair of fractured neck of femur (FNOF)

Colorectal:

- bowel resection

Urological

- radical cystectomy

What is the longest, shortest and average (median and mean) length of stay for each of the above procedures?

Please see table as below:

grp	Minimum LOS	Median LOS	Mean LOS	Max LOS
FNOF Repair	1	14	20.6	108
Bowel Resection*	0	8	13.2	84
Radical Cystectomy	Cystectomy - not performed in this period			

*Bowel resection is generic and no single code covers this

The codes we have used for this report for the 'Bowel resection grouping are as below

Description	Code
PANPROCTOCOLECTOMY AND ILEOSTOMY	H041
PANPROCTOCOLECTOMY AND ANASTOMOSIS OF ILEUM TO ANUS AND CREA	H042
PANPROCTOCOLECTOMY AND ANASTOMOSIS OF ILEUM TO ANUS NEC	H043
TOTAL COLECTOMY AND ILEOSTOMY NEC	H053
EXTENDED RIGHT HEMICOLECTOMY AND END TO END ANASTOMOSIS	H061
EXTENDED RIGHT HEMICOLECTOMY AND ANASTOMOSIS OF ILEUM TO COL	H062
EXTENDED RIGHT HEMICOLECTOMY AND ILEOSTOMY HFQ	H064
RIGHT HEMICOLECTOMY AND END TO END ANASTOMOSIS OF ILEUM TO C	H071
RIGHT HEMICOLECTOMY AND SIDE TO SIDE ANASTOMOSIS OF ILEUM	H072
RIGHT HEMICOLECTOMY AND ANASTOMOSIS NEC	H073
RIGHT HEMICOLECTOMY AND ILEOSTOMY HFQ	H074
OTHER EXCISION OF RIGHT HEMICOLON:OTHER SPECIFIED	H078
OTHER EXCISION OF RIGHT HEMICOLON:UNSPECIFIED	H079
TRANSVERSE COLECTOMY AND END TO END ANASTOMOSIS	H081
LEFT HEMICOLECTOMY AND END TO END ANASTOMOSIS OF COLON TO RE	H091
LEFT HEMICOLECTOMY AND END TO END ANASTOMOSIS OF COLON TO CO	H092
LEFT HEMICOLECTOMY AND ANASTOMOSIS NEC	H093
LEFT HEMICOLECTOMY AND EXTERIORISATION OF BOWEL NEC	H095
EXCISION OF LEFT HEMICOLON:UNSPECIFIED	H099
SIGMOID COLECTOMY AND END TO END ANASTOMOSIS OF ILEUM TO REC	H101
SIGMOID COLECTOMY AND ANASTOMOSIS OF COLON TO RECTUM	H102
SIGMOID COLECTOMY AND ANASTOMOSIS NEC	H103
SIGMOID COLECTOMY AND ILEOSTOMY HFQ	H104
SIGMOID COLECTOMY AND EXTERIORISATION OF BOWEL NEC	H105
EXCISION OF SIGMOID COLON:UNSPECIFIED	H109
SUBTOTAL EXCISION OF COLON:OTHER SPECIFIED	H298
ABDOMINOPERINEAL EXCISION OF RECTUM AND END COLOSTOMY	H331
PROCTECTOMY AND ANASTOMOSIS OF COLON TO ANUS	H332
ANTERIOR RESECTION OF RECTUM AND ANASTOMOSIS OF COLON TO REC	H333
ANTERIOR RESECTION OF RECTUM AND ANASTOMOSIS NEC	H334
RECTOSIGMOIDECTOMY AND CLOSURE OF RECTAL STUMP AND EXTERIORI	H335
ANTERIOR RESECTION OF RECTUM AND EXTERIORISATION OF BOWEL	H336
EXCISION OF RECTUM:OTHER SPECIFIED	H338

4. Clinical Outcomes/PROMs

Do you record the clinical outcomes for patients undergoing the following surgery?

Orthopaedic:

- repair of fractured neck of femur

PROMS are not completed for this surgery. However, we will be recording from 1 April 2010

Colorectal:

- bowel resection

PROMS are not completed for this surgery. However, we will be recording from 1 April 2010

Urological

- radical cystectomy

We do not do this procedure

What criteria are recorded in each case?

N/A as PROMS not completed (see above responses)

Are patient recorded outcome measures (PROMs) recorded for each bowel resection operation using ODM and those operations which do not use ODM?

N/A as PROMS not completed (see above responses)

105/09

Mixed Sex Wards

1. Does your trust have any washing facilities for the use of patients that are not single sex (yes/no)?
Yes
2. Does your trust have any toilet facilities for the use of patients that are not single sex (yes/no)?
No
3. Does your trust have any nightingale-style wards that are not single sex (yes/no)?
No
4. Does your trust have any wards that are not single sex where curtains are used to segregate bays (yes/no)?
No
5. Does your trust have any wards that are not single sex where partitions (i.e. anything less than three solid walls) are used to segregate bays (yes/no)?
Yes – Cardiac Care Unit
6. Does your trust have any wards that are not single sex where patients are accommodated in bays with only three solid walls (yes/no)?
Yes

When answering all of the above questions, please exclude intensive care wards and children's wards.

7. How many times have your procedures regarding the segregation of patients by sex been breached in each month from November 2008 to October 2009 (inclusive).

Single sex breaches by month. Prior to July 2009 there was no formal record of such breaches.

July	306
August	234
September	22
October	12
November	14

8. How many complaints has your trust received regarding patient privacy and dignity in the year from 1 November 2008 to 31 October 2009.

1 complaint has been received during the above timeframe

9. Have you received any additional funding to tackle mixed-sex wards in the past twelve months? If yes, please state the amount, the source of the funding and what it was spent on.

£1.4 million from Strategic Health Authority (SHA) was spent on the following:

- Reconfiguration of wards 16&17 to create additional single sex bathroom and toilet facilities
- New toilet facilities in A&E to facilitate single sex toilets in A&E
- New gowns
- Workforce development to improve understanding of the importance of single sex issues
- Capacity modeling to predict future needs
- Staff engagement campaign re: Privacy, Dignity & Respect
- Real time feedback using a Patient Experience Tracker to obtain views regarding Privacy, Dignity & Respect and whether patients had experienced mixed sex accommodation

**106/09:
Expenses 2006 – 2009**

Please note that we are unable to give values for ‘all staff’ as this is not coded separately within the ledger. Information for Directors expenses has already been released and is available via our Disclosure Log (pages 17-18) available via the below link:

<http://www.walsalhospitals.nhs.uk/Library/Walsall09/AboutTheTrust/FOI/Disclosure%20Log%20Q2%202009.pdf>

1. How much was paid (a) in total to all staff, (b) to the chairman, (c) to non-executive directors, (d) to the chief executive and (e) to executive directors in bonuses/non-consolidated performance pay awards in each of the last three financial year for which figures are available

Trust Board Performance Related Bonuses			
Year	06/07	07/08	08/09
Chief Executive	£10,750.00	£11,340.00	£9,014.00
Director 1	£0.00	£4,089.00	£3,483.00
Director 2	£0.00	£9,600.00	£6,868.00
Director 3	£0.00	£7,723.00	£7,893.00
Director 4	£0.00	£4,560.00	£4,250.00
Director 5	£0.00	£6,460.00	£5,825.00
Director 6	£0.00	£0.00	£5,887.00
Director 7	£0.00	£0.00	£4,660.00

Chief Executive and Directors Pay Awards			
Year	06/07 Pay Award	07/08 Pay Award	08/09 Pay Award
	2.20%	£1,000	2.20%

Chairman and Non-Executive Board Pay Awards			
Year	06/07 Pay Award	07/08 Pay Award	08/09 Pay Award
Chairman	1.20%	1.30%	2.20%
Non-Executive Directors	1.20%	1.30%	2.20%

2. How much was re-claimed (a) in total for all staff, (b) by the chairman, (c) by non-executive directors, (d) by the chief executive and (e) by executive directors for personal travel expenses for (i) mileage, (ii) parking, (iii) taxis, (iv) car allowances, (v) trains, and (vi) flights in each of the last three financial year for which figures are available

Please see link as above. Non Executive Directors as per below table:

Chairman and Non-Executive Board Expenses			
Year	06/07 Expenses	07/08 Expenses	08/09 Expenses
Chairman	No Expenses Claimed	No Expenses Claimed	No Expenses Claimed
Non-Exec 1	No Expenses Claimed	No Expenses Claimed	No Expenses Claimed
Non-Exec 2	No Expenses Claimed	No Expenses Claimed	No Expenses Claimed
Non-Exec 3	No Expenses Claimed	No Expenses Claimed	No Expenses Claimed
Non-Exec 4	No Expenses Claimed	No Expenses Claimed	No Expenses Claimed
Non-Exec 5	£63.70 Mileage	No Expenses Claimed	No Expenses Claimed
Non-Exec 6	No Expenses Claimed	No Expenses Claimed	£57.60 Mileage

3. How many official vehicles are currently allocated to staff; what vehicles are they, are any of the vehicles chauffeur-driven; which staff have access to these vehicles; and at what cost have these vehicles been provided at in each of the last three financial year for which figures are available.

Walsall Hospitals NHS Trust has no official vehicles allocated to staff.

4. How much was re-claimed (a) in total for all staff, (b) by the chairman, (c) by non-executive directors, (d) by the chief executive and (e) by executive directors for (i) overnight accommodation (ii) hospitality (iii) business phone calls (iv) meals (v) any other personal expenses in each of the last three financial year for which figures are available

Please see link as above

107/09

Pharmacy Staff

How many members of staff are in the Pharmacy?

The total staff members within Pharmacy are as below:

Organisation	Staff Group	FTE	Headcount
407 Pharmacy	Additional Professional, Scientific and Technical	38.82	42
	Additional Clinical Services	13.21	14
	Administrative and Clerical	4.48	5
Grand Total		56.52	61

What is the staffing structure of the pharmacy?

The structure for Pharmacy is available within our Trust Structures log, link as below:

<http://www.walsalhospitals.nhs.uk/Library/Walsall09/AboutTheTrust/TRUST%20STRUCTURES%20LOG%202009.pdf>

What are the job titles, and band for the members of staff in the pharmacy?

Information contained within Trust Structures Log. Further information on the banding for specific roles can be found on the NHS Employers website, link as below:

<http://www.nhscareers.nhs.uk/details/Default.aspx?Id=237>

109/09

Declaration of Interests (CEO)

There's no plan for publication at the moment, just keeping background information up-to-date, but I notice your Chief Executive Ms Susan James is still listed as trustee with Child Advocacy on the charity's website but not on Charity Commission website nor on the Companies House list of directors.

Have there been discussions at the trust relating to CAI and Ms James' trustee/directorship?

I can confirm that Sue James formally resigned from this role with Child Advocacy 4 months ago, no discussions have taken place at the Trust relating to this role.

I would suggest that any further enquiries you may have are submitted directly to the charity concerned.

111/09

Reports to the HSE re: biological agents / escape of hazardous substances

In the 08/09 financial year on how many occasions was an incident report sent by your trust to the Health and Safety Executive under the powers of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 where the Dangerous Occurrence was either:

Biological agents

7. Any accident or incident which resulted or could have resulted in the release or escape of a biological agent likely to cause severe human infection or illness.

Or

Escape of substances

21. The accidental release or escape of any substance in a quantity sufficient to cause the death, major injury or any other damage to the health of any person.

Walsall Hospitals NHS Trust has not reported any incidents to the HSE under RIDDOR in either of these two areas during 2008/9.

112/09

Invoices paid within 10 days

I understand that on 21st October 2008 the NHS Chief Executive, David Nicholson, wrote to all NHS trust chief executives requesting that they review existing payment practices in order to move as close as possible to the ten-day payment commitment set by Government Departments. This request was further made by Mr Nicholson on 18th May 2009.

Under the Freedom of Information Act, I would like to know what percentage of invoices paid by your hospitals are paid within ten days, since 21st October 2008 until present.

The Trust does not possess the information requested in relation to payment within 10 days over a twelve month period. However, the Trust has recorded payment for local suppliers in less than 10 days, and has paid 55% of local suppliers within 10 days during the previous 6 calendar months.

113/09

Contact Details

1- For the following can you please send me their direct contact numbers and direct email addresses:-

Shahana Khan	Director of Finance
Steve Darkes	Director of Informatics
David Lawson	Commercial Director

Shahana Khan – s.khan@walsallhospitals.nhs.uk

Steve Darkes – see below

David Lawson – dave.lawson@walsallhospitals.nhs.uk

2- For the following job title in relation to the Trust Divisional Structure can you please send me their full name, direct contact numbers and direct email addresses:-

Associate Director of IT Business Change
IT Training Manager
Head of IT Business Change
Primary Care Information Manager

Please note that the IT (Informatics) staff mentioned above are employees of Walsall PCT and as such you will need to contact NHS Walsall to obtain contact details for their staff (email: FOI@walsall.nhs.uk)

All Walsall Hospital NHS Trust employees are contactable by name or job title via our main switchboard (01922 721172).

117/09

A&E Attendances & Assaults

Please contact foi@walsallhospitals.nhs.uk for a copy of the below mentioned excel spreadsheet

1. Please provide 5 years worth of A&E attendance figures

Please see attached excel file detailing all A&E attendances from April 2004 – March 2009 along with the number and percentage of those attendances involving alcohol or related to assaults.

2. Please provide the proportion of these attendances that relate to alcohol, along with the peak days and times for such incidences.

Please see attached excel file.

3. The number of assaults committed against hospital staff between April & November 2009

Please see below table:

Data from incident reporting database – Report run on 07 December	
Reference period 01 April 2009 – 30 November 2009	
Physical Violence by patient to staff related to patient medical condition	31
Physical Violence by patient to staff not related to patient medical condition	6
Total physical violence	37
Non physical abuse or aggression by patient to staff related to patient medical condition	12
Non physical abuse or aggression by patient to staff not related to patient medical condition	8
Total non physical abuse or aggression	20
Grand total	57

4. Are you aware of any national research that has taken place around the cost per person of patients triaged and the costs per admission?

We are not aware of any research that has taken place within the areas requested; however the Department of Health Research pages on the internet may have such information. Link as below:

<http://www.dh.gov.uk/en/researchanddevelopment/index.htm>

**119/09
Reports**

This is a request under the Freedom of Information Act. Could you please supply me with the most recent copies of following documents:

- ICT Strategy/ICT Business Plan

Our Informatics service is owned by NHS Walsall (the local PCT). You would need to contact their FOI department for this information. Email: foi@walsall.nhs.uk

- Procurement Strategy

Please find attached.

- Corporate Plan

The document is available via our disclosure log. Link as below:

<http://www.walsallhospitals.nhs.uk/WalsallHospitals09/AbouttheTrust/FOI.asp>

- Budget/Financial Plan

Our income and expenditure plans are available via our disclosure log. Link as above.

- Annual Report

Our annual report can be found via the below link:

<http://www.walsallhospitals.nhs.uk/WalsallHospitals09/AbouttheTrust/Publications.asp>

121/09
SPA's

QUESTIONS

Please answer the questions below.
Example answers have been filled in -
please delete them and write the
correct answers in their place.

If you cannot answer a question,
please leave it blank. Any extra info
can be provided on worksheet 2, titled
"Explanations".

Organisation name

Walsall Hospitals
NHS Trust

Date of response

1/1/2010

Question 1

What is the ratio of Supporting
Professional Activities (SPAs) to
Direct Clinical Care (DCC) in
programmed activities carried out by
consultants at your organisation?
Please break down into (a) existing
contracts and (b) new contracts.

Existing contracts

New contracts

2.5 SPA - 10-12
DCC

In existing form
approximately 90% New
contract round only just
begun

Question 2

If SPAs account for fewer than 2.5
programmed activities in new OR
existing contracts, for how many
years has this been trust policy?

Existing contracts

New contracts

0.5

0.5

Question 4

Does your organisation routinely
evaluate the value of the SPA work
being carried out by consultants?
Please place an "x" in the box under
the appropriate answer.

Yes

No

x

Question 5

If so, does this take the form of:

Yes

No

<i>Discussions with individuals as part of the appraisal process?</i>	x	
<i>Evaluations of the extent to which SPAs as a whole are helping to achieve the organisation's aims?</i>		x
<i>Evaluations of the extent to which SPAs as a whole are contributing to advances in medicine?</i>		x
<i>Evaluations of the extent to which SPAs as a whole are leading to improved patient outcomes?</i>		x
Question 6 If you answered "yes" to any of the points in q.5, how regularly are such evaluations carried out and what do they involve?	How regular?	What do they involve?
<i>Discussions with individuals as part of the appraisal process.</i>	Annually	Appraisal with Clinical Director.
<i>Evaluations of the extent to which SPAs as a whole are helping to achieve the organisation's aims.</i>	N/A	
<i>Evaluations of the extent to which SPAs as a whole are contributing to advances in medicine.</i>	N/A	
<i>Evaluations of the extent to which SPAs as a whole are leading to improved patient outcomes.</i>	N/A	
Question 7 Please provide any reports, documents or data, submitted to the trust board in the past year, containing information on SPA work by consultants.	Nil	Paper from the Medical Director to Corporate Transformation Board on Consultant Contract and Job Planning. Nothing reported to the Trust Board.

122/09

Biologics (Rheumatology)

1. In the 12 months ending August 2009, how many patients with **Rheumatoid Arthritis** have been treated with Biologics?

Total Patients

Please split by Biologic;

- Entanercept
- Infliximab
- Adalimumab
- Rituximab
- Others

Of these patients, how many were started on a Biologic for the 1st time? – [include those patients who may have changed to another biologic]

2. In the 12 months ending August 2009, how many patients with **Ankylosing Spondylitis** have been treated with Biologics? [if split by individual Arthropathy is not possible, please state total for Spondylarthropathies]

Total Patients

Please split by Biologic;

- Entanercept
- Adalimumab
- Others

Of these patients, how many were started on a Biologic for the 1st time? – [include those patients who may have changed to another biologic]

3. In the 12 months ending August 2009, how many patients with **Psoriatic Arthritis** have been treated with Biologics?

Total Patients

Please split by Biologic;

- Entanercept
- Infliximab
- Adalimumab
- Others

Of these patients, how many were started on a Biologic for the 1st time? – [include those patients who may have changed to another biologic]

We have estimated that it will cost more than the 'appropriate limit' to consider part of your request (i.e. split of patients on Biologics by individual diagnosis and the number of patients started on Biologics for the first time) as this will require manually reviewing all relevant medical records to ascertain diagnosis. We have, however, enclosed information answering part of your

ADALIMUMAB 40mg/0.8mL PRE-
FILLED PEN
ADALIMUMAB 40mg/0.8mL PRE-
FILLED PEN
ADALIMUMAB 40mg/0.8mL PRE-
FILLED PEN

RITUXIMAB 500mg/50mL
INFUSION
RITUXIMAB 500mg/50mL
INFUSION
RITUXIMAB 500mg/50mL
INFUSION
RITUXIMAB 500mg/50mL
INFUSION