

**FREEDOM OF INFORMATION  
DISCLOSURE LOG – Quarter 4 2010/2011**

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**22011**

**Item Unit Costs**

Could you let me know how much your hospital has paid over the past year for each of the following items on a per unit basis:

Box of paperclips	
A tray of sandwiches for 6	£21.00
A bowl of fruit for 6	£3.90
Coffee & biscuits for 6	£6.60
Changing a fuse	
Replacing a light bulb	

Please note that the other items on the list are not chargeable under PFI (Privately Funded Initiative).

**22211**

**RIDDOR Reporting**

In the 2009/2010 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.

For all the incidents referenced above that were NOT needlestick injuries please provide me with a summary of where, when and what the incident was.

Walsall Hospitals NHS Trust has not reported any incidents to the HSE under RIDDOR in either of these two areas during 2009/10.

22111

## IT / Desktop Virtualisation

What manufacturers centralised storage do you use?

NET APP

What percentage of your Servers are virtualised?

60%

What is the total amount of storage you have and its percentage utilisation?

12TB utilised, 60%

What server virtualisation projects have been identified within the next 12 months?

None

What software is used to backup your virtual infrastructure?

Have you implemented data de-duplication? If yes which vendors solutions do you use?

NET APP

What Antivirus software do you currently use?

When is this due for renewal (month & year)?

April 2013

What Email system do you have installed?

Exchange

Do you archive email or data? If yes which product do you use?

No

Do you use hierarchical storage management? If yes which manufacturers?

No

What amount of storage does your email consume?

Approx 600GB

Do you Virtualise Applications? If yes which Vendor solutions do you use?

No

Do you provide Virtualised Desktops? If yes which Vendor solutions do you use?

No

Are you considering desktop virtualisation? If yes over what time frame?

Yes - to commence in 2013

What desktop\application virtualisation projects have been identified within the next 12 months?

See above

Do you electronically audit your PCs for installed software? If yes what application do you use?

Yes, Discovery

Do you use a third party company to manage your Software Licenses? If yes who?

No

Do you reconcile your installed software and licenses owned? If yes how frequently?

Yes, annually

What is version of Microsoft Windows is your standard and how many Windows devices do you manage?

XP - 1970

How do intend to procure Microsoft licenses now the centralised NHS enterprise agreement has ended? (Select, Enterprise Agreement etc) If you already hold a Microsoft License agreement, when is this due for renewal?

Not yet reviewed, option paper to be produced during 11/12 financial year

Do you have plans to adopt Windows 7 in the next 12 months?

Yes

If yes, how are you looking to deploy Windows 7?

Remotely

Are you considering hosting your servers externally as part of a Private Cloud infrastructure?

No

Who, including name, job title and contact details, is responsible for IT Procurement Contracts relating to IT Infrastructure?

Mark Taylor, Associate Director of IT Services - tel 01922 423463  
Address; Units2/4 Eldon Court, Eldon Street, Walsall, WS1 2JP.

What IT functions do you have outsourced and to whom?

Network, N3

If you have Oracle licenses, when was the last time they were audited and by whom?

No, N/A

Please identify what IT related projects you have scheduled for the next 12 months?

PAS replacement

**22311**

**A&E Statistics**

1. From 1<sup>st</sup> December 2010 to the 2<sup>nd</sup> January 2011 how many patients waited more than 12 hours for emergency admission via A&E from decision to admit (broken down by date of arrival)?

Zero (Please see table below for division by date)

2. From 1<sup>st</sup> December 2010 to the 2<sup>nd</sup> January 2011 how many patients waited more than 11 hours for emergency admission via A&E from decision to admit (broken down by date of arrival)?

25 (Please see table below for division by date)

3. From 1<sup>st</sup> December 2010 to the 2<sup>nd</sup> January 2011 how many patients waited more than 10 hours for emergency admission via A&E from decision to admit (broken down by date of arrival)?

33 (Please see table below for division by date)

4. From 1<sup>st</sup> December 2010 to the 2<sup>nd</sup> January 2011 how many patients waited more than 9 hours for emergency admission via A&E from decision to admit (broken down by date of arrival)?

50 (Please see table below for division by date)

5. From 1<sup>st</sup> December 2010 to the 2<sup>nd</sup> January 2011 how many patients waited more than 8 hours for emergency admission via A&E from decision to admit (broken down by date of arrival)?

75 (Please see table below for division by date)

6. From 1<sup>st</sup> December 2010 to the 2<sup>nd</sup> January 2011 how many patients brought to the A&E Department as an emergency (blue light) via ambulance waited more than 5 minutes for first assessment by a doctor (broken down by date of arrival)?

64 (Please see notes below regarding division by date)

7. From 1<sup>st</sup> December 2010 to the 2<sup>nd</sup> January 2011 how many patients brought to the A&E Department as an emergency (blue light) via ambulance waited more than 10 minutes for first assessment by a doctor (broken down by date of arrival)?

52 (Please see notes below regarding division by date)

8. From 1<sup>st</sup> December 2010 to the 2<sup>nd</sup> January 2011 how many patients brought to the A&E Department as an emergency (blue light) via ambulance waited more than 15 minutes for first assessment by a doctor (broken down by date of arrival)?

41 (Please see notes below regarding division by date)

9. From 1<sup>st</sup> December 2010 to the 2<sup>nd</sup> January 2011 how many patients brought to the A&E Department as an emergency (blue light) via ambulance waited more than 20 minutes for first assessment by a doctor (broken down by date of arrival)?

33 (Please see notes below regarding division by date)

10. From 1<sup>st</sup> December 2010 to the 2<sup>nd</sup> January 2011 on each day on average how long did patients brought to the A&E Department as an emergency (blue light) via ambulance wait for first assessment by a doctor?

ArrivalDt	Average of time from arrival to First Treatment for 'blue light' attenders (minutes)
01-Dec-10	31
02-Dec-10	23.25
03-Dec-10	6.75
04-Dec-10	5
05-Dec-10	0
06-Dec-10	31.75
07-Dec-10	40
08-Dec-10	25
09-Dec-10	56.33
10-Dec-10	0
11-Dec-10	26.5
12-Dec-10	10
13-Dec-10	0
14-Dec-10	29.75
15-Dec-10	8
16-Dec-10	18
17-Dec-10	12.75
18-Dec-10	10.5
19-Dec-10	14
20-Dec-10	5.66
21-Dec-10	0
22-Dec-10	11.33
23-Dec-10	6.2
24-Dec-10	9.66
25-Dec-10	8.25
26-Dec-10	16
27-Dec-10	16.25
28-Dec-10	5.66
29-Dec-10	15.83
30-Dec-10	15.42
31-Dec-10	16.2
01-Jan-11	9.33
02-Jan-11	44.66
Total	16.03

11. From 1<sup>st</sup> December 2010 to the 2<sup>nd</sup> January 2011 on each day what was the longest a patient brought to the A&E Department as an emergency (blue light) via ambulance waited for first assessment by a doctor?

ArrivalDt	Max Wait for attenders from first arrival via 'Blue light' to first Treatment. (minutes)
01-Dec-10	46
02-Dec-10	41
03-Dec-10	24
04-Dec-10	5
05-Dec-10	0
06-Dec-10	42
07-Dec-10	121
08-Dec-10	75
09-Dec-10	124
10-Dec-10	0



11-Dec-10	51
12-Dec-10	10
13-Dec-10	0
14-Dec-10	52
15-Dec-10	8
16-Dec-10	23
17-Dec-10	49
18-Dec-10	56
19-Dec-10	14
20-Dec-10	12
21-Dec-10	0
22-Dec-10	26
23-Dec-10	20
24-Dec-10	17
25-Dec-10	42
26-Dec-10	42
27-Dec-10	44
28-Dec-10	9
29-Dec-10	33
30-Dec-10	42
31-Dec-10	47
01-Jan-11	16
02-Jan-11	143

Waits for admission in A&E 01/12/2010 – 02/01/2011 by date

ArrivalDt	Attenders	Wait in Department	Wait for Admission				
		Over 4 Hours	Over8hrs	Over9hrs	Over10hrs	Over11hrs	Over12hrs
01/12/2010	212	10	0	0	0	0	0
02/12/2010	209	5	0	0	0	0	0
03/12/2010	213	10	0	0	0	0	0
04/12/2010	193	16	0	0	0	0	0
05/12/2010	192	4	0	0	0	0	0
06/12/2010	241	21	5	3	2	0	0
07/12/2010	227	45	5	1	0	0	0
08/12/2010	215	12	5	3	1	0	0
09/12/2010	215	20	0	0	0	0	0
10/12/2010	251	4	0	0	0	0	0
11/12/2010	212	5	0	0	0	0	0
12/12/2010	190	25	4	3	3	3	0
13/12/2010	229	42	16	12	10	9	0
14/12/2010	237	36	3	3	2	1	0
15/12/2010	225	10	1	0	0	0	0
16/12/2010	200	5	0	0	0	0	0
17/12/2010	263	27	0	0	0	0	0
18/12/2010	177	33	2	2	2	2	0
19/12/2010	155	43	13	11	9	9	0
20/12/2010	196	44	5	2	1	0	0
21/12/2010	179	14	3	0	0	0	0
22/12/2010	183	9	0	0	0	0	0

23/12/2010	161	8	0	0	0	0	0
24/12/2010	195	9	0	0	0	0	0
25/12/2010	142	2	0	0	0	0	0
26/12/2010	190	37	1	1	0	0	0
27/12/2010	186	19	0	0	0	0	0
28/12/2010	206	25	2	2	1	1	0
29/12/2010	215	45	7	5	2	0	0
30/12/2010	191	23	0	0	0	0	0
31/12/2010	173	13	0	0	0	0	0
01/01/2011	216	6	1	0	0	0	0
02/01/2011	176	37	2	2	0	0	0
Total:			75	50	33	25	0

First assessment of patients from ambulance 01/12/2010 – 02/01/2011 by date

ArrivalDt	Count of Arrival Mode = 999 Ambulance	Time from Arrival to First treat			
		Over 5 Min	Over10Min	Over15Min	Over20Min
01-Dec-10	59	2	2	2	1
02-Dec-10	60	3	3	3	2
03-Dec-10	68	1	1	1	1
04-Dec-10	81	1	0	0	0
05-Dec-10	60	0	0	0	0
06-Dec-10	90	4	3	3	3
07-Dec-10	85	1	1	1	1
08-Dec-10	58	1	1	1	1
09-Dec-10	75	2	2	2	2
10-Dec-10	80	0	0	0	0
11-Dec-10	79	1	1	1	1
12-Dec-10	75	1	1	0	0
13-Dec-10	87	0	0	0	0
14-Dec-10	74	4	4	3	2
15-Dec-10	55	1	0	0	0
16-Dec-10	66	2	2	1	1
17-Dec-10	109	4	3	2	1
18-Dec-10	73	1	1	1	1
19-Dec-10	76	1	1	0	0
20-Dec-10	69	2	1	0	0
21-Dec-10	61	0	0	0	0
22-Dec-10	70	1	1	1	1
23-Dec-10	56	2	1	1	1
24-Dec-10	80	2	2	1	0
25-Dec-10	77	2	2	2	2
26-Dec-10	74	3	2	1	1
27-Dec-10	77	2	2	2	2
28-Dec-10	79	2	0	0	0
29-Dec-10	63	3	3	3	3
30-Dec-10	68	4	3	3	2
31-Dec-10	76	4	2	2	1
01-Jan-11	80	2	2	1	0
02-Jan-11	74	5	5	3	3
Total	2414	64	52	41	33

22411

**Staff working from home**

Please could you tell me how many of your staff work from home

The Trust does not record this information and no distinction is made between home workers and other staff in our personnel system.

The Trust operates a shared informatics service with other local providers who cannot provide details of installed informatics equipment for Walsall Hospitals NHS Trust staff without also disclosing information of the staff of our local partners..

which departments they work in

[Please see comments above](#)

the type of work they do from home

[Please see comments above](#)

how many hours per week they work from home

[Please see comments above](#)

whether the work from home is undertaken on a permanent or ad hoc basis

[Please see comments above](#)

and the set up costs for each employee who works from home?

[IM&T setup costs Total = £1141.08](#)

I would also like to know the pay grade of each member of staff who works from home. Could I have this information for all NHS staff including doctors?

[Please see comments above](#)

Could you also tell me whether the employees who work from home have remote access to NHS systems and who provides this facility (eg BT N3) including the cost, per month for each employee to use this?

[Using the laptop provided by Trust, employees would utilise their own broadband internet link.](#)

**22511**

### **Staff Flu Vaccination Levels**

Could you provide me with the percentage of registered nurses that have taken the trust's flu vaccination in 2010 up to December 17, 2010.

Also, percentage of nurses that took up either (or both) of the trust's flu vaccinations (H1N1, seasonal, or both) in the same period in 2009.

The total percentage of clinical and medical staff in direct contact with patients (including nurses, healthcares, doctors and assistant practitioners and other healthcare professionals in direct patient contact) that took up the vaccination this year and either or both of the vaccinations last year.

Please see below information as requested:

#### 2009/10 Campaign

Swine flu vaccines = 55%

Seasonal Flu = 6.1%

Drs = 18%

Nurses (qualified) = 6%

Total staff = 55.2%

#### 2010/11 Campaign until 31.12.2010

Seasonal Flu vaccines = 24%

Drs = 20.4%

Nurses (qualified) = 28%

**22711**

### **Maternity Complaints**

1. If you have a maternity unit within your trust how many patients or members of the public made a complaint relating to the maternity unit in the 2009/2010 financial year?
2. Where a complaint was made please provide a brief summary detailing the nature of that complaint.

13 Formal Complaints received covering the following areas of concern:

Care following admission

Aftercare following delivery

Monitoring during labour

Allergic reaction to drug.

Please note that any further information relating to these complaints is withheld under Section 40(2) Personal Information as given the small number of complaints releasing further detail could enable the complainant to be identified.

**22811**  
**Ambulances**

I would like to know how many times ambulances have been held up at your hospitals over the last five years, under the Freedom of Information Act 2000.

Please could you break it down into the following:

1. How many times ambulances have been delayed for more than 20 minutes in the last five years (separated into years e.g. 2010,2009,2008 etc).  
 The Trust does not record this data; further information should be sought from West Midlands Ambulance Service ([foi@wmas.nhs.uk](mailto:foi@wmas.nhs.uk)) .
2. How many times ambulances have been delayed for more than one hour (as above)?  
 The Trust does not record this data; further information should be sought from West midlands Ambulance Service.
3. How much the trust has paid in fines for these hold ups (again put into years)?  
 In terms of Non-Emergency transport there have been no fines paid in relation to non emergency transport hold ups as we have a contract agreement with the supplier to manage the flow.
4. Where these hold ups were?  
 The Trust does not record details of individual delays at the present time.

**22911**  
**Psoriasis**

Please supply the number of patients currently being treated in your trust, for **Psoriasis**, with the following drugs:

Adalimumab	Etanercept	Infliximab	Ustekinumab
1	0	0	0

**23011**

**Surgical procedures**

For the financial years 2008-09 and quarters 1, 2, 3 and 4 in 2009-10:

1) Please provide a list of any treatments or surgical procedures that have been withdrawn by your Trust.

Financial year 2008/9 None
-------------------------------

Quarter 1 2009/10	Quarter 2 2009/10	Quarter 3 2009/10	Quarter 4 2009/10
None	None	None	None

2) Please provide us with copies of any documents relating to the decision to withdraw those treatments or procedures. (Please list documents provided below)

Not Applicable
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3) Please set out the number of individual elective procedures that took place in your Trust in 2009 for the following categories -

(i) Hip replacements

182
-----

(ii) Knee replacements

272
-----

(iii) Bariatric Surgery

298
-----

iv) Hernia Operations

404
-----

(v) Tonsillectomies

279
-----

(vi) Adenoid Operations

19

(vii) Gallstone operations

222

(viii) Adenoid operations

19

(Viii) Hysterectomies

168

(x) Cataract operations

883

4) Please set out the number of individual elective procedures that took place in your Trust in 2010 for the following categories -

(i) Hip replacements

200

(ii) Knee replacements

313

(iii) Bariatric Surgery

335

(iv) Hernia Operations

511

(v) Tonsillectomies

320

(vi) Adenoid Operations

25

(vii) Gallstone operations

272

(viii) Adenoid operations

25

(Viii) Hysterectomies

148

(x) Cataract operations

1088

5) Provide copies of any documents relating to changes in the last two financial periods to the Trusts policy on eligibility of patients for the following operations (Please list documents provided below)

(i) Hip replacements

No changes therefore - not applicable

(ii) Knee replacements

No changes therefore - not applicable

(iii) Bariatric Surgery

BMI 45-49 with diabetes or BMI >50 (with any of the following co-morbidities – diabetes, hypertension, sleep apnoea or dyslipopaemia). Revised criteria implemented from 26<sup>th</sup> July 2010 following agreement from Lead Commissioner for Bariatric surgery, NHS Walsall. It is anticipated that this stricter criteria will remain in place for the next financial year (2011/12).

(iv) Hernia Operations

No changes therefore - not applicable

(v) Tonsillectomies



No changes therefore - not applicable

(vi) Adenoid Operations

No changes therefore - not applicable

(vii) Gallstone operations

No changes therefore - not applicable

(viii) Adenoid operations

No changes therefore - not applicable

(Viii) Hysterectomies

No changes therefore - not applicable

(x) Cataract operations

No changes therefore - not applicable

6) Please provide any documents relating to changes (that have taken place since 2009) to the BMI criteria for any other elective surgical procedure. (Please list documents provided below)

No changes therefore - not applicable

7) Please set out the average waiting time, within your trust, for each of the following procedures in 2009

(i) Hip replacements

7.42

(ii) Knee replacements

8.09

(iii) Bariatric Surgery

7.11

iv) Hernia Operations

6.25

(v) Tonsillectomies

5.01

(vi) Adenoid Operations

3.97

(vii) Gallstone operations

6.58

(viii) Adenoid operations

3.97

(Viii) Hysterectomies

2.80

(x) Cataract operations

6.42

8) Please set out the average waiting time, within your trust, for each of the following procedures in 2010

(i) Hip replacements

10.10

(ii) Knee replacements

10.37

(iii) Bariatric Surgery

20.57

iv) Hernia Operations

6.68

(v) Tonsillectomies

6.73

(vi) Adenoid Operations

7.06

(vii) Gallstone operations

8.23

(viii) Adenoid operations

7.06

(Viii) Hysterectomies

5.39

(x) Cataract operations

7.55

9) Please provide us with the Full time equivalent nursing staff headcount in your Trust as of November 2009.

723.77 FTE

10) Please provide us with the Full time equivalent nursing staff headcount within your Trust as of November 2010

732.81 FTE

11) Please provide us with the Full time equivalent number of doctors employed by your Trust as of November 2009

310.2 FTE

12) Please provide us with the Full time equivalent number of doctors employed by your trust as of November 2010.

317.78 FTE

13) Please provide any documents relating to the Trusts pain medication prescription policy. Did the policy change during 2010? If the policy has changed, please provide copies of any documents relating to that change. (Please list documents provided below)

There is no specific pain medication prescription policy other than the use of controlled drugs in the medicines management policy. An overall pain management policy is in development.

Guidelines for the management of specific procedures are being developed as part of the Trusts work on introducing enhanced recovery practices.

14) Please give the number of pain medication prescriptions and referrals to appropriate pain services issued by your Trust in 2009.

Pain medication 2009	Referral to pain service 2009
<p>Data relating to the total number of pain medication prescriptions is unavailable. This is because the data is not collated.</p> <p>Information regarding the use of specific drugs is available from Pharmacy.</p>	<p>Referral to the pain service 2009: The acute pain management service undertakes a daily ward round reviewing patients who are using invasive techniques such as PCA and Epidural. Total number of patients were PCA – 1189 and Epidural – 304. Continuous nerve blocks – 24.</p> <p>Additional patients were seen by the pain service upon request but numbers were not recorded.</p> <p>An electronic data collection service is being developed to record the above real time activity using the hospitals data system.</p>

15) Please give the number of pain medication prescriptions and referrals to appropriate pain services issued by your Trust issued in 2010.

Pain medication 2011	Referral to pain service 2010
<p>Data relating to the total number of pain medication prescriptions is unavailable. This is because the data is not collated.</p> <p>Information regarding the use of specific drugs is available from Pharmacy.</p>	<p>Data regarding the activity for 2010 has not been collated.</p>

23211

## Car Parking

### Management

1. Who manages each of your car parks? (e.g. the Trust, a contractor or a PPP).  
Car Parks are managed by the Trust.

### Capacity

- 2 For which of the following people do each of your hospitals provide priority parking:

- |   |   |                 |
|---|---|-----------------|
| a | patients with mobility problems (e.g. Blue Badge holders) | Yes             |
| b | patients attending A&E,                                   | Yes             |
| c | women in labour   | Yes             |
| d | other, please specify                                     | Cancer patients |

### Payment mechanisms

- 3 Which of the following payment mechanisms are in place in each of your car parks?

- |   |  |     |
|---|--|-----|
| a | Pay and display                            | Yes |
| b | Barrier mechanism and payment on departure | No  |
| c | Other, please specify                      | N/A |

### Charging

- 4 For each hospital, please give full details of the price charged for:

- |   |                            |       |
|---|----------------------------|-------|
| a | Half an hour's parking     | £1.00 |
| b | 2 hours' parking           | £2.00 |
| c | 5 hours' parking           | £6.00 |
| d | 24 hours' parking          | £6.00 |
| e | the minimum parking charge | £1.00 |

- 5 Which of the following payment types are offered to the users of each of your car parks?

- |   |                               |     |
|---|-------------------------------|-----|
| a | Coin only                     | Yes |
| b | Debit or credit card only     | No  |
| c | Debit or credit card and coin | No  |
| d | Other, please specify         | N/A |

- 6 Which of your hospitals (if any) offer the following concessions for certain patient groups?  
Please state who is eligible for each available concession:

- |   |   |
|---|---|
| a | Season ticket/long-term parking discount;<br>Available to long term sick patients & relatives |
| b | Discounted parking charges;<br>N/A  |

- c Free parking;  
Available to disabled badge holders
- d Charging caps (a maximum charge above which the remainder of the parking period is free. Please state what the charge is and what time period it covers – e.g. is there a maximum charge per day or over the course of a year);  
N/A
- e A free ‘grace period’ for short visits, e.g. pick-up and drop-off;  
There is a 10 minute ‘grace period’ for the drop off zone for inpatients (near A&E)  
There is a 15 minute ‘grace period’ for the drop off zone for outpatients (near main hospital entrance)
- f Other, please specify  
N/A
- 7 Do you reimburse patients for the additional car parking fees or penalties they have paid if appointments are delayed for reasons beyond their control? Please provide details of how this system operates.  
The Trust does not operate a formal reimbursement scheme

### Profits

- 8 In each of the last three financial years, have your car park(s) operated
- a at a profit;  
b at a loss; or  
c on a break even basis?
- Car parks have operated at a profit for the past 3 financial years
- 9 How much total profit, if any, did your car park(s) make in the last financial year (1 April 2009 - 31 March 2010 or equivalent 12 month reporting period)?  
Actual counted profit for the last reporting period was £522,382.23

### Penalties

- 10 How many times have any of the following penalty mechanisms been used with respect to each of your hospital car parks in the last financial year (or equivalent 12 month reporting period)?
- |   |                                       |     |
|---|---------------------------------------|-----|
| a | Parking ticket with financial penalty | Yes |
| b | Clamping                              | No  |
| c | Towing                                | No  |
| d | Other, please specify                 | N/A |
- 11 In the last financial year how much income have you or the company operating your car park(s) generated in total from
- a car parking fees (e.g. pay and display) and  
£522,382.23
- b penalty mechanisms (e.g. fines, clamping release fees)?  
2009 to 2010 - £13,290.00

- 12** If your fees and/or penalties generated a profit last year, how was that money spent?  
The funds are utilised within the Trust to support continued provision of Healthcare, with all services benefiting from the receipt of this additional funding.

**Complaints**

- 13** How many complaints has your hospital received in the past 12 months on hospital car parking from users (not including staff members)

Informal complaints / concerns (reported to our PALS department):

Year	Month	Total Concerns
2010	JAN	4
	FEB	8
	MAR	2
	APR	2
	MAY	5
	JUNE	1
	JULY	0
	AUG	2
	SEPT	3
	OCT	5
	NOV	11
	DEC	3
<b>Year Total</b>		<b>46</b>
2011	JAN	9
	FEB	2
<b>Year Total</b>		<b>11</b>
<b>Grand Total</b>		<b>57</b>

Formal complaints received (Complaints department):  
2 complaints received during the past 12 months.

**Patient involvement and information**

- 14** Which of the following methods are used to inform users of your car park about your concessionary car parking policies:

- a notices in the car park, Yes
- b notices/leaflets in the hospital wards, Yes
- c on your hospital's website, Yes
- d in correspondence to patients (e.g. appointment letters) No
- e any other medium, please specify N/A

- 15** On what date did you last consult

- a LINKs

- [No consultations recorded in the past 12 months](#)
- b inpatients and outpatients and  
[Consulted at least once per year \(date not recorded\)](#)
- c the local wider community on the hospital's car parking arrangements?  
[Bi monthly via the Transport & Car Parking Group](#)
- 16 What action has been taken by the Trust as a result of any such consultation?  
[Not applicable](#)

17 In the last 12 months, what changes (if any) have you made to the car parking costs, payment methods, available concessions or how you inform consumers of car parking charges/available concessions?  
[Charge increase to take into account VAT duty increase.](#)

### 23411 Surplus Land

Under the Freedom of Information Act, please could you inform us as to what estimates have been made of:

- a) the quantity (hectares); and
- b) the value of surplus public sector land owned by your trust.

[Walsall Hospitals NHS Trust does not own any surplus land.](#)

### 23511 Number of staff with and cost of subsidised private healthcare

1. The number of staff (headcount) on the payroll in the financial years 2008-09, 2009-10 and 2010-11 to date.

[2008 – 2009 = 2984](#)  
[2009 – 2010 = 3017](#)  
[2010 – Present Date = 3057](#)

2. From the total figure given as an answer to question 1, the number of staff (headcount) on the payroll with free or subsidised private health insurance as part of their conditions of employment for the financial years 2008-09, 2009-10 and 2010-11 to date.

[There are no staff on the payroll that receive free or subsidised private health insurance for any of the years above.](#)

3. The total cost of private health insurance provision to staff in the financial years 2008-09, 2009-10 and 2010-11 to date. If possible, please also break this down by healthcare provider, if not please proceed to provide the total figures.

[Not applicable, see response to question 2 above.](#)



**23611**

**Complaints re: staff attitude 2010**

1. The number of complaints the hospital received for the year 2010 concerning the attitude or behaviour of one or more members of staff.
2. Please can we have as much detail as possible about the nature of these complaints.
3. The figure given needs to be the number of complaints for one year.
4. Please could we have the most recent figures.

I believe that this hospital is part of your trust, but if I am incorrect, or I have missed any out, please let me know.

Manor Hospital

Formal complaints received for 2010 concerning attitude or behaviour of one or more members of staff are as follows :

**Total Complaints re: staff attitude - 21**

**Complaints about Doctors – 8**

**Complaints about Nurses – 5**

**Complaints about Midwives or other staff members – 8**

The figures represent Jan 2010 – Dec 2010. Please note that any further information relating to these complaints is withheld under Section 40(2) Personal Information as given the small number of complaints releasing further detail could enable the complainant or staff member concerned to be identified.

**23711**

**Medicines Management**

All drug reviews that are contained electronically for the last twelve months that have been discussed at your MMQB.

The 'New Drugs & Formulary' section of the MMQB minutes (forwarded to you under FOI reference 20410) contains the details of all new drugs discussed within the Trust.

Minutes of the JMMC that are contained electronically and are discussed at your MMQB for the last twelve months as seen in your MMQB minutes.

The JMMC is run by the PCT (NHS Walsall) therefore you will need to contact [foi@walsall.nhs.uk](mailto:foi@walsall.nhs.uk) for this information. The MMQB only receives a verbal update from this meeting, the minutes are not circulated.

Minutes of the Medicines Management Sub Groups for the last twelve months.

The Trust only has 1 sub group of the MMQB, this is the MSG (Medicines Safety Group). Attached are copies of the minutes for the last 12 months. Please note that certain redactions have been made under Section 40(2) Personal Information of the FOI Act.

23811

### Maternity Information & Product Samples Contracts

1. Detail of the contracts / agreements you currently have in place to provide new mums with information and product samples, along with the start and end date. An example of such a contract is the one that you would have with Bounty.  
[We are contracted with Bounty. The start date was 1<sup>st</sup> January 2009 and is a 5 year contract.](#)
2. Please also confirm if you negotiate the contract at hospital or PCT level and which elements of the contract are exclusive  
[The contract is negotiated at hospital level.](#)
3. What opportunities currently exist for an alternative provider to provide a similar service?  
[We are currently happy with the service provided, the contract will be re-tendering in 2014.](#)
4. What are the critical success factors / KPIs upon which the contract is measured?  
[The critical success factors are that a. meets baby friendly criteria \(literature\) and b. patient satisfaction](#)
5. When would there be an opportunity to tender for the contract?  
[The contract will be up for tender in 2014.](#)
6. What is the value of the contract to the hospital/unit?  
[The contract value is £3168.](#)
7. Who is responsible (name and position) for the procurement of such activities?  
[Louise Dugmore – Business Manager FHD is responsible for this contract.](#)
8. What is the BPA (Births Per Annum) of your hospital/unit?  
[The BPA for Walsall Hospitals NHS Trust is 3,700](#)
9. What research do you have to prove that new mums value the service being provided?  
[Bounty commission a patient satisfaction research study](#)

23911

**Losses and Special Payments 2009/10**

In your financial accounts for the financial year 2009/2010 did you have a section for “losses and special payments” which is normally for bills you have issued and had to abandon or for items purchased which failed to work/arrive which you were unable to claim back?

We do have a losses and special payments section within the accounts listed at accounts note 35. Invoices in general are raised relating to services regarding healthcare provision and not for items purchased that have failed to work as these would normally have been covered under warranty.

If so how much money was accounted for in the 2009/2010 financial year as being “losses and special payments”? (Please note I am aware that the loss may have occurred many years earlier but I am interested in items which were accounted for in the last financial year, irrespective of when the loss took place.)

The gross amount that was written-off and accounted for in the last financial year was £20,241.04.

Please detail the three largest single amounts within this total giving a cost for each one and a brief description of the claim and the reason for the loss.

The three largest amounts written off in year relate to treatment administered to overseas visitors i.e. £2,624, £1,862 and £984.

24111

**Hospitality (13<sup>th</sup> October 2009)**

I was interested in some further details for one item on the Hospitality listing, which is dated the 13th October 2009, "Dinner and discussion hosted by Deloittes, Birmingham". I am interested in the relationship between NHS bodies and NHS auditing companies.

If the Trust holds the information,

1) Was the date of this event the 13th October 2009, or if not, what was the date of the event?  
[The event was held on Thursday 1<sup>st</sup> October 2009](#)

2) What was the start time of this event?  
[The start time was 18:30](#)

3) Where was this event held?

[The event was held at Deloitte's office at 4 Brindley Place, Birmingham](#)

4) Please send me an electronic copy of any paper invitation sent by Deloitte.  
[Please see page 2 of attached PDF document](#)

5)i) Did the CEOs office keep a paper or electronic register of emails received during 2009?  
[No](#)

ii) If there is an electronic register available, what items are listed for emails received from any Deloitte employee or Mr Miah, described as the Deloitte organiser by the Midlands Business News, by date received and subject matter or similar items recorded?

6) Please send me a copy of any email invitation sent by Deloitte for this event and any subsequent communication between Deloitte and the CEO.  
[Please see page 3 & 4 of attached PDF document](#)

7) If there are no emails held on the active email system, I would be grateful if the Trust can consider

i) Searching areas on the email system which could give details of emails received from Deloitte in connection with the 13th October event.

ii) restoring emails received by the CEO from Deloitte relating to the event, which were identified from the CEOs register of emails received

iii) If no email registers are available, restoring emails received by the CEO, in a reducing time-order from September 2009 to April 2009, within the 18 hours of FOI time available for a request  
[Not applicable](#)

8) If relevant emails are available, please include details held within the header email sections ie the "to","from" and "cc" sections.

[Please see response to question 6](#)

[Please note that page 1 of the attached PDF document is a copy of the approved declaration of hospitality.](#)

24211

## Joint Formulary

At present we have a copy of the following formulary from Walsall Hospitals NHS Trust

- Walsall Joint Formulary 2009

Could you please advise if this formulary is still current.

If it is not I would like to request a copy of your most recent formulary.

Please note that the Drug Formulary used within Walsall Hospitals NHS Trust is owned by NHS Walsall (PCT). The links to information on this document can be found via the following link:

<http://www.walsall.nhs.uk/PublicHealth/medicinesmanagement.asp>

Please be advised that this is the PCT website and not Walsall Hospitals, please contact NHS Walsall should you have any further queries.

24311

## Whistleblowing

1. On what date did the Trust first post a Whistleblowing Policy on its Intranet site?  
The first posting of a Whistleblowing policy on the intranet was 2003
2. How many times has it been revised since then?  
The policy is reviewed on an annual basis.
3. Please give dates on which revised versions were put on the Intranet.  
The revised versions are uploaded in February of each year.
4. How does the Trust keep staff informed about this policy? Please provide sample emails/letters/updates etc.
  - HR Newsletter
  - Chief Exec Update
  - Senior Manager Team Brief
  - Induction
  - e-mails to senior managers on launch
  - poster
5. How many Trust staff have claimed immunity under this policy and PIDA annually over the last 5 years?  
4 Staff in total have claimed immunity under this policy in the last 5 years.
6. Does the Trust consider that its staff are sufficiently aware of their rights and responsibilities under the policy?  
Yes, the Trust considers that its staff are sufficiently aware of their rights and responsibilities under the Whistleblowing policy.

24711

**League of Friends**

May I request , under 'The Freedom of Information Act ', that the agreements and decisions made regarding the future of The League of Friends be made known and may I request a copy ?

Please find attached a copy of the presentation made by the Director of Corporate Affairs & Trust Secretary made at the Volunteers Appreciation Service in October 2010.

I am writing to advise you that, following a search of our paper and electronic records, I have established that further information on the subject that you have requested is not held by this Department.

24811

**Children & Drugs / Alcohol**

1) How many children aged 17 and under were admitted to your NHS Trust because of drugs or alcohol for each of the following years: 2006, 2007, 2008, 2009, 2010?

2) Of that group, how many children aged 17 and under were admitted to your NHS Trust because of alcohol for each of the following years: 2006, 2007, 2008, 2009, 2010?

3) How many children aged 11 and under were admitted to your NHS Trust because of drugs or alcohol for each of the following years: 2006, 2007, 2008, 2009, 2010?

4) Of that group, how many children aged 11 and under were admitted to your NHS Trust because of alcohol for each of the following years: 2006, 2007, 2008, 2009, 2010?

Please see below tables:

**Aged 11 and under**

		Year 2006	Year 2007	Year 2008	Year 2009	Year 2010
3.	TOTAL	2	2	4	2	2
4. 11 and Under	Alcohol	1	0	2	2	0
11 and Under	Other drugs	1	2	2	0	2

**Aged 17 and Under**

		Year 2006	Year 2007	Year 2008	Year 2009	Year 2010
1.	TOTAL	44	36	20	21	24
2. 17 and Under	Alcohol	38	32	15	15	14
17 and Under	Other drugs	6	4	5	6	10

24911

**Treatment of Arthritis**

Please would you supply the following data relating to the treatment in your Trust of arthritis and associated conditions?

		yes/no
Do you have dedicated clinics for	Ankolosing Spondylitis	Yes
	Psoriatic Arthritis	No
Do you have an early Rheumatoid Arthritis clinic		Yes
Does that use ultrasound?		No
Do you have a biologic clinic		Yes
Is there a dedicated biologic nurse		No
Do you have medical assessment units in the community		No
Are outcomes set for Rheumatology patients		Yes
Is the biologic usage and/or brand choice being audited by outcomes to target		Yes

How OP slots are available per month for <a href="#">There are no specific slots for conditions</a>	Rheumatoid Arthritis	
	Ankolosing Spondylitis	
	Psoriatic Arthritis	

Are protocols in place for the treatment of	Rheumatoid Arthritis	Yes	Where possible, please send electronic copies of relevant documents
	Ankolosing Spondylitis	Yes	
	Psoriatic Arthritis	Yes	
Do you have policies for these patients that <a href="#">Copies of Anti TNF Protocol and Biologics for RA algorithm as attached</a>	Support patients return to work	No	
	Keep them at work	No	
	Prevents them from having to leave work	No	
Is there a Biologics prescribing policy/protocol for naïve patients		Yes	
Is there a biologic switching policy		Yes	

What is the value of the Biologics budget (please give amount and time period) for	Rheumatoid Arthritis	£821,734
	Ankylosing Spondylitis	£41,471
	Psoriatic Arthritis	£108,753
What is the actual spend (amount and time period) for	Rheumatoid Arthritis	£821,734
	Ankylosing Spondylitis	£41,471

	Psoriatic Arthritis	£108,753
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What are the names and specific interests of GPwSIs active in the Rheumatology area	
Names	Specific Interest
Dr S K Vij	Rheumatology

What is the average DAS score prior to treatment with anti TNF	<5.2
What is the average BASDAI score prior to treatment with anti TNF	8
How frequently is this measured?	3 monthly
What is the delay from GP referral to secondary care appointment	12 weeks

With which PCTs do you have contracts for the provision of Rheumatology services	PCT (NHS Walsall)
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## 25011

### Osteoporosis Service

1 - Do you have an osteoporosis nurse specialist or fracture liaison practitioner at your hospital – who's aim is to identify and manage osteoporosis related fractures in orthopaedic patients?

Please choose **all** that apply:

Yes - an osteoporosis nurse specialist (via Walsall Community Health)

Please indicate if you have an osteoporosis nurse specialist or fracture liaison practitioner at your hospital.

2 - Do you have someone dedicated to identifying patients with new osteoporosis related fractures admitted to the orthopaedic acute inpatient ward, other than the orthopaedic doctors?

No – other than the Orthopaedic doctors no-one is dedicated to identify new osteoporosis related fractures when patients are admitted to an inpatient ward. However, these patients are identified for a possible assessment by a monthly list received by the Osteoporosis Nurse Specialist identifying patients (females aged over 50) and males (over 65) admitted with a fracture or attending A&E.

3 - If yes, what is their job title?

N/A



4 - Do you have someone dedicated to identifying patients with new osteoporosis related fractures admitted to the orthopaedic acute inpatient ward, other than the orthopaedic doctors?  
No, see response for question 2. List received identifying patients with new fractures attending A&E, fracture clinic and inpatient wards.

Please could you state if you have anyone (**other than orthopaedic doctors**) that is dedicated to identifying new osteoporosis related fractures admitted to the **outpatient fracture clinic**.

5 - If yes, what is their title?  
N/A

If you do have someone to identify new osteoporosis related fractures **in the outpatient fracture clinic**, please state their job title.

6 - Do you have an osteoporosis lead clinician who assesses patients with osteoporosis related fractures (with DEXA scan e.t.c.) and prescribes treatment? or is this left to the GP to prescribe treatment?

Please choose all that apply and provide a comment:

- Lead clinician e.g. orthogeriatrician, orthopaedic consultant, endocrinologist (please specify) \_\_\_\_\_
- GP \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

Please could you state if you have an **osteoporosis lead clinician** who assesses patients and prescribes treatment or if this is left to the **GP**.

If you do have an **osteoporosis lead clinician** or 'other', please could you specify who this is.  
All three apply:

Dr Agrawal and Dr Samarananyake (Rheumatologists) have clinics for osteoporosis assessment, management and treatment

The Osteoporosis Clinical Nurse specialist hosts 4 community clinics and attends 1 clinic with the Rheumatologists

GPs are notified of patients aged over 75 who are on the monthly fracture list, people 50-75 are asked to attend the community hosted clinic.

There is no lead clinician for osteoporosis.

25111

**Trauma & Orthopaedics Service**

There are four sections to this survey (13 questions in total).

1A - Do you have Trauma Coordinators in your Orthopaedic Department?

Yes

1B - If yes, how many do you have?

One part time co-ordinator

1C - What is their background?

Nurse / ODP

1D - What is their work pattern?

Please choose all that apply:

Monday to Friday

2A - Please state (by selecting each box that applies) which of the following sessions you have dedicated orthopaedic trauma lists (i.e. when not sharing with other specialties)

**Check any that apply:**

Monday to Friday PM

Saturday AM

INFORMATION: Over the course of a normal week, please indicate the times of day that you have dedicated orthopaedic trauma lists - lists that are not shared with or affected by other specialties. Please indicate which sessions by checking the box appropriately.

2B - What proportion (as %) of the above are run by orthopaedic consultants (i.e. an orthopaedic consultant is rostered to be present)?

100%

INFORMATION: Please state a number only in the box - to indicate as a percentage - how many of the sessioned orthopaedic trauma lists in a week are run by an orthopaedic consultant - i.e. overall what percentage of the sessions are organised to have a consultant present.

2C - Do you have to cancel elective patients to accommodate trauma patients in theatre?

No

INFORMATION: Please state if there are occasions where elective orthopaedic operations are cancelled in order to accommodate any trauma patients.

2D - If yes, on average how often do you have to cancel elective patients?

Please choose all that apply:

We do not cancel elective patients

INFORMATION: If you do have to cancel elective orthopaedic operations for trauma patients, please could you state how often this happens.

3A - Do you have orthogeriatricians at your hospital?

No, however this role is presently being advertised

3B - If you do have orthogeriatricians,

do they do regular planned ward rounds to see acute orthopaedic trauma patients on the orthopaedic ward

or

do they only come and see patients after a specialty to specialty referral?

Please choose **all** that apply:

Not applicable - we do not have orthogeriatricians

Please check the not applicable box if you do not have orthogeriatricians.

3C - If they do regular planned ward rounds, how often do they do these?

Please choose **all** that apply:

Not applicable - we do not have any orthogeriatricians

Please check the 'not applicable' box if you do not have orthogeriatricians.

3D - If no orthogeriatricians,

do the medical physicians do regular planned ward rounds to see acute orthopaedic trauma patients on the orthopaedic ward

or

do they only come and see patients after a specialty to specialty referral?

Please choose **all** that apply:

See patients following referral

Please check the not applicable box if you do have orthogeriatricians.

\*please see additional notes below

3E - If they do regular planned ward rounds, how often do they do these?

Please choose **all** that apply:

Not applicable

\*please see additional notes below

Please check the not applicable box if you do have orthogeriatricians

Thank you for taking the time to complete this survey. Please leave any additional comments that you may have below.

\*Orthogeriatrician will be carrying out daily ward rounds once appointed.

\*The Trauma Co-Ordinator role will be full time following completion of trial.

## **25211 Highest Agency Nurse Hourly Rate**

My request is as follows: "Between 2010 and 2011 what was the highest hourly rate you paid to an agency to employ a nurse for a single shift.

In replying please set out the name of the company this was paid to and if you aware what percentage of the hourly rate went to the company and to the nurse.

This was paid to Thornbury Nursing Services for an A & E Nurse and was £101.06 per hour

We are unable to confirm the percentage paid to the nurse as this information is not held by the Trust.

## **25311 ISO9001:2008**

Which Departments in your Trust hold ISO9001:2008 registration?

The Commercial Directorate - Certificate of Registration includes:

Support Services for the patient journey consisting of Health & Safety, Housekeeping, Catering, Security, Portering, Waste Management, Telecommunications, Procurement of medical and non-medical goods and services and the maintenance of medical equipment (EBME)

The name or names of the persons in charge of the following Departments:

Radiology / Radiotherapy  
Pharmacy.  
Central Sterilisation Services (or similar)  
Pathology / Microbiology  
Medical Physics.  
Clinical Engineering.  
Purchasing or Procurement.  
Quality Control.

This section of the request is refused under Section 23(3) of the Freedom of Information Act – 'Information available because of publication schemes' However, in the spirit of the Act please find below the direct link to our Trust Structures Log on our website, link as below:

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

Please scroll to the bottom of the page and click on the 'Trust Structures Log' link.

25411

### Artwork

How much the trust spent on art work for trust buildings in 2009, 2010 and 2011 so far. Please give a description of each piece and the cost.

Nothing was spent on artwork in the financial year 2008/9 or 2009/10.

£800 has been spent on artwork during 2010/11. Please see further details as below:

- August 2010, £450, Circling the Square, design and fabrication of information panel located by the Sister Dora sculpture on loan from Walsall Council as required as part of the loan of the sculpture from the Council, August 2010.
- October 2010, £350, The New Art Gallery Walsall, design and fabrication of plinth to site new commissioned work donated to the hospital by Skanska, November 2010.
- June 2010, £18,000 (commissioned by hospital, **paid for** by our PFI partner Skanska), Steve Yeates, new sculpture using glass from old buildings commissioned by hospital situated in the main atrium of the building from November 2010.

25611

### Pain Assessment

I would be grateful if you could provide the following information:

1. What percentage of your medical wards regularly assess and record pain levels in patients?  
All wards use EWS chart which contains section for pain assessment. Also section on pain severity and functional activity score contained in CAT document.

2. If recording takes place how often is it audited?  
No auditing of compliance currently takes place – work is currently underway to address this under the 'Essence of Care' initiative.

3. Is there a published protocol for managing pain on your medical wards?  
There is currently no published protocol for the management of pain on medical wards – work is currently underway to address this under the 'Essence of Care' initiative

4. How many complaints about inadequate pain management have been received by the Trust, per year for the last 5 years  
From our preliminary assessment, we have estimated that it will cost more than the 'appropriate limit' to consider your request.

'Inadequate pain management' is not used as a descriptor for complaints within the Trusts systems, therefore to find this information would involve a member of staff manually going through all complaints to locate any mention of 'inadequate pain management' this would take the cost of the request above the appropriate limit for Freedom of Information requests.

Section 12 of the Act makes provision for public authorities to refuse requests for information where the cost of dealing with them would exceed the appropriate limit, which for the NHS is set at £450. This represents the estimated cost of one person spending 2.5 working days in determining whether the department holds the information, locating, retrieving and extracting the information.

**25811**  
**Remuneration**

1. Remuneration

a. How much did the top 20 earners in your Trust receive in salary (incl pension contributions and benefits) in each year between 2005 and 2010? Please include the job title for each role.

Please see below the information for the 2009/10 and 2008/9 financial years.

	<b>Salary 2009-2010</b>	<b>Pension Conts</b>		<b>Salary 2008-2009</b>	<b>Pension Conts</b>
Consultant	285,407.02	39,956.98	Consultant	266,495.68	37,309.40
Medical Director	215,256.09	30,135.85	Consultant	218,989.54	30,658.54
Consultant	185,579.00	25,981.06	Consultant	198,070.73	27,729.90
Consultant	182,042.31	25,485.92	Medical Director	193,970.24	27,155.83
Consultant	179,341.14	25,107.76	Consultant	183,780.87	25,729.32
Consultant	175,448.71	24,562.82	Speciality Doctor	179,634.95	25,148.89
Consultant	174,875.10	24,482.51	Consultant	173,180.50	24,245.27
Consultant	170,784.84	23,909.88	Consultant	172,620.58	24,166.88
Consultant	168,500.46	23,590.06	Speciality Doctor	172,528.74	24,154.02
Consultant	167,042.63	23,385.97	Consultant	171,931.30	24,070.38
Consultant	161,882.24	22,663.51	Consultant	171,521.61	24,013.03
Consultant	160,931.89	22,530.46	Consultant	170,557.91	23,878.11
Consultant	158,478.29	22,186.96	Consultant	166,999.53	23,379.93
Consultant	158,342.97	22,168.02	Consultant	164,768.00	23,067.52
Consultant	156,751.89	21,945.26	Consultant	162,287.90	22,720.31
Consultant	156,518.86	21,912.64	Consultant	159,604.42	22,344.62
Consultant	156,045.96	21,846.43	Consultant	157,594.56	22,063.24
Consultant	155,973.16	21,836.24	Consultant	156,837.23	21,957.21
Consultant	154,688.90	21,656.45	Consultant	156,520.55	21,912.88
Consultant	152,699.51	21,377.93	Consultant	155,742.63	21,803.97

**26011**

**Marketing & Communications**

Marketing and communication

a. How much did your organisation spend on publicity and marketing materials in each year between 2005 and 2010?

Please see the below table for information relating to Marketing & Communications expenses, please note no spend is recorded prior to 2006/7:

	06/07	07/08	08/09	09/10
Communications - general	0	99,667	66,501	47,240
Communications - publications	0	0	0	44,163
Communications Consultancy	0	25,107	648	0
Marketing expenses	0	0	0	163,115
<b>TOTAL</b>	<b>0</b>	<b>124,774</b>	<b>67,149</b>	<b>254,518</b>

b. How many press officers did your Trust employ in each year between 2005 and 2010?

2005 – 2008 no press officers employed

2008 – 2010 1 press officer employed

**26211**

**Complaints**

Number of complaints received vs number followed up?

a. How many complaints did your Trust receive in each year between 2005 and 2010?

Number of Formal Complaints	Year
212	2005
253	2006
255	2007
300	2008
282	2009
349	2010

b. How many of those complaints were not resolved/followed up?

Please refer to clarification email sent to yourself on 31<sup>st</sup> March 2011. Should we not receive any response within 3 calendar months (i.e. by 30<sup>th</sup> June 2011) we will consider this request closed.

c. What was the average time between the complaint being made and the complaint being resolved by your Trust?

Please see response as above.

26311

## NHS Whistleblowing

1) Is there any case law or any other pieces of legislation or other pieces of NHS or professional guidance which protect any possible 'whistleblower.'?

[We use our Whistle blowing Policy](#)

2) Does the duty to inform of 'wrongdoing' extend to other staff: legal advisors, managers and social workers, nurses and care assistants as well as doctors as well? Does it include a duty to inform of potential 'wrongdoing' that has come to light in other trusts and the like?

[See Whistle blowing Policy](#)

3) What punishment is meted out to those who knew of alleged wrongdoing and remained silent?

[Any issues will be investigated and if there is a case to answer will follow Trust Disciplinary procedures.](#)

4) How many staff members have 'whistleblown' in your organisation?

Which department were they in?

How many are still employed there?

What were the outcomes of the attempt to 'whistleblow'?

[7 since 2009, the remainder of this information is withheld under Section 40\(2\) Personal Information as releasing this information could enable the identify of the staff members to be discovered.](#)

5) Despite pieces of legislation and professional guidance such as these nearly 90% of severance packages between NHS Trusts and departing doctors contain confidentiality clauses. The charity Public Concern at Work states that the law protects whistleblowers even if they have signed confidentiality arrangements.

a) How many confidentiality arrangements have been reached with former staff members?

None

b) What was the value of each agreement?

N/A

c) Does the 1998 Public Interest Disclosure Act make it illegal for NHS Trusts and other public bodies to include confidentiality clauses preventing the disclosure of information that is in the public interest? If not do they still have a duty to inform their professional body or indeed anyone else? Does this extend to any 'act or omission' (a term used in the Human Rights Act ) on the part of your organisation?

[Any such clauses would be checked by Trust legal advisers](#)



26411

## Parkinson's Disease documents

Please could you supply the following documents:

- Strategies for Parkinson's Disease and Neurology;  
\*Specific Parkinson's guidelines are governed by NICE guidance and they produce guidelines purely around Parkinson's disease readily accessible via the NICE website. As a general rule this is what we use to base our practice on. The guidelines cover prescribing in that it will guide us as to what can be used as a first line treatment, adjunct therapy etc. They also make recommendations as to frequency of reviews by specialists and also with regards to access to Nurse specialists and therapy services and around diagnostics.

NICE website link (directly link to the NICE clinical guidelines for Parkinson's Disease):  
<http://guidance.nice.org.uk/CG35>

The general search on the NICE website can be used to search for all other guidance\*

- Prescribing guidelines for Parkinson's Disease and Neurology;  
RCP guidance is used re: prescribing for Parkinson's Disease.
- Nurse Specialists in Parkinson's disease, Neurology and Stroke.

### Clarification:

Concerning the strategy documents... we are primarily looking for Parkinson's disease documents only, however we added 'Neurology' documents to the request as sometimes this is the area that Parkinson's disease can be found, so for all requested documents, please bear in mind it is only Parkinson's disease we are looking for. Furthermore, a strategy is generally the main document that provides guidance on a specific disease area, and it may well contain policies and care pathways, but any guidance you follow for the treatment of Parkinson's disease is welcome.

Please see (\*) response above.

With regards to the people, we are interested in the names of the Nurse Specialists for only Parkinson's disease and Stroke (but not Neurology as this is the umbrella clinical area that addresses these two specific areas).

We can confirm that the Trust employs a Clinical Nurse Specialist with regards to Parkinson's Disease. The Trust does not, however, release the names of any staff below senior management level under Section 40(2) Personal Information of the FoI Act.

**26511**  
**iPads & iPhones**

How many (i) iPads and (ii) iPhones have been bought for the use of Trust staff in the 2009/10 financial year and the first nine months of the present financial year (1.4.10 to 31.12.10)? What was the cost of these (i) iPads and (ii) iPhones.

Apple Product	Total purchased in 2009/2010 Financial Year	Total purchased from 01/04/2010 to 31/12/2010	Unit Cost (ex VAT)	Total Cost (ex VAT)
iPhone	0	0	Not applicable	Not applicable
iPad	0	6	£407.14	£2442.84

**26611**  
**SUI's and Epinephrine**

- Does your hospital currently use adrenaline / epinephrine auto-injectors (e.g. EpiPen or AnaPen) for anaphylaxis on any of its wards including A&E?

Yes

- If 'Yes':

- When it did first start using them?

Exact date is unavailable due to change of pharmacy computer system. Current records show that they were in use in this Trust prior to January 2006.

- In which areas of your hospital are epinephrine auto-injectors currently used:

These items are currently only used on Paediatrics wards

- Please complete the following table for the total number of Serious Untoward Incidents (SUIs) recorded year by year in connection with the administration of adrenaline / epinephrine over the last 11 years:

*NB if data is not available, please state N/A in the appropriate box.*

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010
SUIs:	0	0	0	0	0	0	0	0	0	0	0

26811

## Performance Targets

Although the Government has scrapped NHS waiting time targets I understand that the Manor has established its own set of waiting time targets for each procedure or department. I should be obliged if you would kindly send me a copy of these current targets.

Whilst we work towards the National Target of 18 weeks we still continue to monitor against the proxy milestone measures which are:-

Outpatient Waiting Time = 7 weeks (excluding ENT, Neurology and Dermatology. These have been extended to 11 weeks) Inpatient Waiting Time = 20 weeks (excluding Bariatrics) Diagnostic Waiting Time = 6 weeks.

Bariatric waiting time has been agreed separately with our host commissioning PCT – NHS Walsall.

Waiting times are routinely reported to the Board. In February we had 0 outpatients waiting over the standard, 0 diagnostic patients waiting over the standard and 73 inpatient bariatric patients waiting over the standard.

26911

## Royal Wedding Bank Holiday Overtime Payments

Will your trust be paying your staff overtime if they work the April 29th/Royal Wedding public holiday?

The information below is what has been distributed to staff re: the Royal Wedding Bank Holiday:

### Arrangements for the additional public holiday - Friday 29 April 2011

The NHS terms and conditions only allow for 8 public holidays per year as a contractual right. With an additional public holiday being declared for the Royal Wedding on Friday 29 April 2011 and in line with the proposals made nationally, the Manor following consultations with Staff Side has decided the following:

- Where staff are required to work on Friday 29 April 2011, payment and conditions of service would be as if a normal Friday, i.e. working on this day will not attract any further enhancements to pay. These staff will then be entitled to an additional day off in lieu.
- All other staff not required to work on this day will be entitled to an additional day's paid annual leave which must be taken on Friday 29 April 2011.

Could you also please specify:

- a) The number of staff you expect to work for your trust on April 29th?

I am writing to advise you that, following a search of our paper and electronic records, I have established that the information you requested is not held by this Department the ESR systems used by the Trust are not based on a conventional rostering system. Thus even producing an approx. answer to the attached query would be impossible or at best produce an erroneous answer.

- b) How much in total it is likely to cost your trust to pay staff working April 29th?

(I understand you may not be able to be exact in answers a) and b) but an approx answer would be fine.)

As per answer above, this information is not available. In terms of extra pay (i.e. overtime pay) the Royal Wedding bank holiday will not cost the Trust any extra as overtime is not being paid.

27011

**Paediatrics & Maternity 2010/11**

I would like some information regarding the Paediatric and maternity department for the year, April 2010 - March 2011

The number of Paediatric medical inpatient admissions

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Elective Inpatients	5	4	2	4	1	3	4	4	14	8	6	4	59
Elective Daycase	2	8	7	6	8	7	3	9	1	7	5	6	69
Nonelective Inpatients	128	255	248	253	203	188	199	231	211	215	238	256	2625

The number of live births

Please note that the figures below are subject to change as the figures for March 2011 and closing of end of year figures has not yet been completed.

Live births 3918 (pre audit)

Home Births 26 (pre audit)

The number of new Paediatric outpatients seen

The number of Paediatric follow up outpatients seen

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Outpatient New	548	534	530	466	494	493	508	521	676	554	542	774	6640
Outpatient Follow Up	461	529	598	482	467	528	505	466	386	461	383	585	5851

The number of whole time equivalent Paediatric Consultant posts (even if vacant)

For the period April 2010 – March 2011 the Trust had 6.90WTE Paediatric Consultants (no vacant posts).

The number of Paediatric middle grade posts (even if vacant)

The Trust has a total of 10.36 WTE middle grade Paediatric posts (including 2 WTE vacant posts).

The number of Paediatric senior house officer posts (even if vacant)

The Trust has no SHO posts with regards to Paediatrics.