

**FREEDOM OF INFORMATION
DISCLOSURE LOG – Quarter 1 2011/2012**

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001/11

Cervical Collars

I would like to ask you how many cervical collars your hospital buy a year and, if possible, the type.

Walsall Healthcare NHS Trust has not recently purchased any cervical collars. These items are purchased by NHS Walsall (PCT) for information relating to PCT purchases please email foi@walsall.nhs.uk

002/11

IT Structures & Job Descriptions

Can you please send me a copy of the IT structure.

Attached are copies of the Informatics structures available within our Trust Structures Log. Please note that only those staff in red work for Walsall Healthcare NHS Trust, all other Informatics staff are employed by NHS Walsall (PCT) as Informatics is a whole health economy shared service.

I also require the JD's for all 8A staff and above in IT.

Attached is a copy of the Programme Managers role, which is the only role directly employed by Walsall Healthcare NHS Trust banded at level 8a or above. All other senior managers are employed by NHS Walsall.

For information on NHS Walsall staff please contact foi@walsall.nhs.uk

003/11

Taxis and Patient Transport Services

Please could you let me know the answer to the questions below relating to the Trust's taxi and patient transport services.

1. Taxis

a. Who currently provides the Trust's taxi service?

[Ablewell Taxis](#)

b. What is the Trust's annual spend on all taxi services?

This information is exempt under following exemption:

Exemption 21 states: information intended for future release is exempt from disclosure under the Act. The figures for the financial year 2010/11 have not yet been confirmed. This information will be available following our AGM in July 2011.

c. Who is responsible for managing this service and what are their phone, email and postal contact details?

Please contact the Procurement Department.

d. How do you advertise this service for competitive tender, when did this last take place and when will it next be undertaken?

Competition is advertised through OJEU and in-tendhost. Current tender competition issued 07/01/2011.

2. PTS (Patient Transport Services)

a. Who currently provides the Trust's PTS service?

Ambuline

b. What is the Trust's annual spend on PTS?

Please see response to 1b above.

c. Who is responsible for managing this service and what are their phone, email and postal contact details?

Please see response to 1c above.

d. How do you advertise this service for competitive tender, when did this last take place and when will it next be undertaken?

Please see response to 1d above.

004/11

Quality Assurance Procedures for Surgical Instruments

I would like to ask for the following information under Freedom of Information legislation please:

1. Do you have a quality assurance system in place for inspecting surgical instruments at your Trust?

The Trust's HSDU Department has a Quality Assurance System in place.

2. If yes, how many inspectors are employed by the Trust, and how are the instruments checked? For example: Visual check, use of specialist magnification equipment etc.

Currently HSDU has 11 members of staff that check instruments. We do this by following a check sheet, visual checking, counting and also by using a magnifying glass for all micro equipment.

3. If yes, do the inspectors work within a Quality Management System ISO?

HSDU work towards ISO 13485:2003.

005/11

CHKS / Dr Fosters system contracts

My request is regarding CHKS or Dr Fosters, could you please confirm which your Trust has and when your contract is due for renewal?

Walsall Healthcare NHS Trust uses Dr Foster, the contract is due for renewal in October 2012.

006/11

Locum / Agency Drs and English Language Skills

Has the hospital used any locum or agency doctors from countries within the EU, not including the UK, within the last year.

If so, how many?

24 locum or agency doctors from nations within the EU, excluding the UK, have been used by the Trust in the past year

Again, if so, did the hospital carry out its own checks on the English language skills or competency of each doctor concerned before he or she was allowed to work?

Locum doctors provided by agency have their English language skills tested by their agency, the Trust receives assurance of the doctors qualifications and language skills from the employment agency.

007/11

Babies born prior to 24 weeks gestation

Can you please tell me if your trust has a policy about whether or not to offer active or 'aggressive' intervention to try to save the lives of babies born below 24 weeks gestation?

Walsall Healthcare NHS Trust does not have a policy for this, cases are assessed individually and take into account relevant guidelines, legislation and individual circumstances.

Can you please tell me what this policy states?

N/A – Please see above

In the last three years, from today's date, can you please tell me:

How many babies have been born alive at your hospital below 24 weeks gestation and, in each case, what gestation were they at birth?

In each of these cases, can you please tell me what type of intervention was offered, including resuscitation and treatment on a neonatal unit, or whether no active treatment was offered and the baby was instead made comfortable while being allowed to pass- away.

In each case, can you please tell me if the baby survived.

The information relating to years 06/07; 07/08 and 08/09 has previously been released to yourself under Fol reference 69/09 in October 2009. Therefore please see below information relating to years 09/10 and 10/11:

There were 15 babies born in 2009/10 and 2010/11 below 24 weeks gestation.

Please see the table below;

Gestation at Birth	Neo Natal Death	Intervention
17+5	YES	Spontaneous onset at 17+5 baby born with signs of life - no active

		resuscitation.
18+2	YES	TOP (FA) Baby showed signs of life, no active resuscitation.
18+1	YES	TOP (FA) Baby showed signs of life, no active resuscitation.
19+3	YES	Baby born alive. No active resuscitation.
19+1	YES	TOP (FA) Baby showed signs of life, no active resuscitation.
19+3	YES	TOP (S) Baby born with signs of life, no active resuscitation.
20+2	YES	No active resuscitation.
20+1	YES	Twin pregnancy - miscarried 1 twin at 19+4, Baby born alive, no active resuscitation.
22+3	YES	Spontaneous delivery, baby born with signs of life. No active resuscitation. Paediatric consultant discussion with parents prior to delivery.
22+6	YES	History of SROM. Oligohydramnios, renal pelvis dilatation, offered TOP, baby born alive, no active resuscitation.
22+4	YES	Parents counselled by consultant paediatrician re possible outcome. Baby assessed at delivery by consultant paediatrician, no resuscitation.
22+3	YES	Bleeding throughout pregnancy, baby born alive, taken to A&E and assessed by paediatric consultant; Not able to resuscitate.
22+2	YES	Spontaneous delivery, baby born alive, no active resuscitation
23+6	NO	Transferred to NNU, ventilated, surfactant, UVC, Transferred to Royal Wolverhampton Hospital; Baby survived
23+4	YES	Baby born alive, resuscitation attempted but baby did not respond. Consultant paediatrician present and decided not to continue

008/11

Cancer & Chemotherapy Services and Treatments

I would be grateful if you could supply me with the following information in relation to the Trust:

Please provide details of the cancer and chemotherapy services or treatments that are currently being provided to the Trust's patients within:

- a. Patients' own homes; and
- b. In settings outside acute hospitals

The Community Oncology Nursing Service delivers chemotherapy/anticancer treatments within Walsall, in patients' homes and in two designated community clinic facilities (Park View Medical Centre and Walsall Palliative Care Centre). This service is employed by the Trust.

In relation to the services and treatments identified in paragraph 1, please indicate whether these services and treatments are provided by NHS staff or third party contractors.

These services are wholly provided by the Trust.

In relation to services and treatments identified in paragraph 1 that are provided by NHS staff, please provide information as to how many NHS staff are involved in the provision of these services and indicate their level of qualification.

The service has two Clinical Nurse Specialists one Oncology Practitioner.

All nurses within the team are RN registered with the NMC and have achieved Level III university qualifications in Oncology Nursing, Chemotherapy competent (University Level III theory and practice training), Nurse Prescribers.

In relation to the services and treatments identified in paragraph 1 that are provided by 3rd party contractors, please provide the following:

- c. The names of the contractors
- d. Details of the aggregate annual financial payments made to the contractors for these existing services; and
- e. Details as to when the contracts for these services were tendered and when they are due to expire

N/A – The Trust has no contracts with any third party contractors.

009/11

IT systems compliance with DSCN (ISN)14/18 (2009)

In April 2010, compliance with DSCN (ISN)14/18 (2009) became mandatory. The Standard states that all Healthcare-related software must either: -

- Comply with the standards asked for in DSCN 14 or
- That a Safety Case must be provided.

Please can you tell me what action(s) your Trust has taken to ensure that all IT systems used in your hospital now comply with these safety standards?

Please provide a list of ALL IT Systems and their status in respect of DSCN 14/18 (2009) and whether they have a Safety Case by filling in the attached spreadsheet.

Please see attached document.

Below is an extract from the DSCN 18/2009 Full Operational Information Standard Pg 9. Please see comments associated with this. To be compliant with the standard, the organisation must:

Procure systems compliant with the standard for application of safety risk management to the manufacture of health software,

- This has been written into the Trusts PMO governance processes. All future clinical system procurements will request that the supplier provide evidence of DSCN 14/2009 compliance.

Where a system is not compliant (legacy systems) the supplier should be required to provide the following documentation: Hazard Assessment (Patient Safety Assessment) incorporating a Hazard Log, Patient Safety Case, and a Safety Closure Report. In this case, the Health Organisation should ensure that the documents provided comply with the requirements of this standard.

- The Trust is awaiting responses from its suppliers.

Have a named IT Clinical Risk Lead – this person is referred to the standard as the responsible person.

- A named IT Clinical Risk Lead has been identified and undertaken the required training/accreditation.

Have a clearly documented set of procedures covering IT systems Clinical Risk Management (see guidance for what these procedures must cover). This includes audit procedures to ensure the safety procedures are followed and are effective, particularly escalation procedures (below).

- The Trust has strict governance arrangements and processes as detailed in our “Minimum Standard Requirements for Projects” document, and manage our projects in accordance with Prince2 methodology which is the NHS’s preferred methodology of choice.

Have a clearly documented organisation structure for managing safety related to IT systems. This includes lines of escalation for differing aspects of safety within the organisation. The Clinical Safety Lead must not report to an implementation project manager of IT lead. Rather they must report independently to the Clinical Governance Lead within the organisation.

- The Trust has strict governance arrangements and processes as detailed in our “Minimum Standard Requirements for Projects” document, and manage our projects in accordance with Prince2 methodology which is the NHS’s preferred methodology of choice.

010/11

Trade Union Staff

1) How many union officials does your organisation employ? By 'union official' I mean any person who receives wages, expenses or bonuses from your organisation and whose job remit includes liaison with any union, representing the workforce to any union or working on any union-related campaigns.

The organisation now has as a combined Trust 2.3 WTE resources which are allocated by Staff Side to assist with union duties. Currently 0.5 WTE on AfC Band 2 Salary is for the Staff Side Lead and 0.5 WTE on Band 2 for Unison duties. As a newly formed organisation the other 1.3 WTE funds will be allocated as deemed appropriate by the Staff Side and this is likely to be distributed across different unions.

2) For these individuals please provide:

a. The full job title of the individuals concerned

There is no specific JD or Title as each member of staff works substantively as a member of staff and they take on their role as staff side chair/lead or branch secretary etc whilst still undertaking their union role and are released from their substantive post.

b. The total cost of the person's role (including the total salary, expenses and bonuses associated with them)

Band 2 (Agenda for Change)

c. A brief job description for the individual's role and name of the person (I understand if you are not able to provide personal details, but would be grateful to receive this if you can)
As per answer to 2a above.

d. The name of the unions the individual deals with (e.g. Unison etc)
Currently the Staff Side Lead covers all the unions recognised and the other 0.5 WTE represents Unison.

It should be noted there are other union representatives who do not get back fill but take on these roles in addition to their substantive posts and are released by managers as and when required in accordance with the organisational need. Often union duties are undertaken in their own time as well as agreed facility time.

011/11
Children Treated for Poisoning 0910 and 1011

I would like to enquire about how many children were treated for poisoning in Walsall Hospitals NHS Trust sites in the financial years 2009/10 and 2010/11.

Please provide details of the date of the incident, the age of the child, the type of poison ingested and the site the child was treated on.

Please see table below that gives details of numbers of inpatients aged less than or equal to 16 years old in relation to the following poisoning codes:

14200	POISONING-NON PRESCRIBED DRUGS
14300	POISONING-CONTROLLED DRUGS
14400	POISONING-OTHER
14500	POISONING-OTHER/ALCOHOL
14600	POISONING-OTHER/ACCIDENTAL MEANS

All patients were treated at Walsall Manor Hospital.

012/11
Biologics

Please tell us the number of patients currently being treated in your trust with biologics for the following conditions, split by named biologic.

Please would you give us the current data if possible, using the following table:

01/08/10 to 28/02/11	Abatacept	Adalimumab	Certolizumab Pegol	Etanercept	Golimumab	Infliximab	Rituximab	Tocilizumab	Ustekinumab
Ankylosing Spondylitis	-	4	0	1	-	1	0	0	-
Crohn's Disease	-	13	0	0	-	12	0	0	-
Juvenile Idiopathic Arthritis	-	0	0	0	-	0	0	0	-

Psoriasis	-	3	0	3	-	1	0	0	-
Psoriatic Arthritis	-	7	0	3	-	0	2	0	-
Rheumatoid Arthritis	-	69	13	37	-	8	19	1	-
Ulcerative Colitis	-	3	0	0	-	4	0	0	-

014/11

Allied Health Professionals

Can you please provide me with a list of all Allied Health Professional managers and services within your trust?

These should include all Occupational Therapy, Physiotherapy, Speech Therapy and Radiography Services.

I am looking to just obtain all Service Managers & Team Managers names and e-mail addresses along with the teams they manage.

Walsall Healthcare NHS Trust deems that the names of individuals below senior / Director management level are exempt under Section 40 (Personal Information) of the Act along with the direct contact details. However the job titles of all members are included within the Trust structure log available from the Trust website.

In this case section 40 (3) applies as the request relates to information held against an individual member of staff name rather than on a corporate level of job title. The Trust is bound to protect the individual member of staff against any unsolicited attention from recruitment agencies, suppliers etc. or further processing of their information which may be likely to cause damage or distress.

Please note that all employees are contactable by job title via our main switchboard (01922 721172)

015/11

Quality Assurance Procedures for Surgical Instruments

Does the Trust inspect new instruments as defined in relevant British Standards and International Standards before placing into service?

Yes, the Trust follows the relevant British standards before items are placed into service.

If yes, what tests/checks are carried out by the Trust on new instruments before they are placed into service?

The Trust uses only approved suppliers to purchase items, all items are inspected for a CE mark before use and the manufacturers recommended decontamination instructions are checked to ensure they correlate with internal Trust decontamination procedures.

016/11

Spend on Temporary workers in the past 3 years

Walsall Hospitals NHS Trust - Agency Costs Last Three Years

2010-11 Agency Costs	Planned Care	Unplanned Care	Family Health	Estates & Corporate	Grand Totals
	£000's	£000's	£000's	£000's	£000's
Medical Staff	199	1,056	234	93	1,583
PTB & Pharmacy		212	209		421
Nursing & Midwifery	520	657	11	3	1,190
Admin	27	21	15	154	217
Ancillary	83	120	1	103	307
Estates				63	63
Professions Allied To Medicines (PAMS)	85	233	126		444
Sen Mgr				89	89
Other Scientific & Tech			32		32
Grand Totals	914	2,299	628	504	4,345

2009-10 Agency Costs	Planned Care	Unplanned Care	Family Health	Estates & Corporate	Grand Totals
	£000's	£000's	£000's	£000's	£000's
Medical Staff	469	1,147	180	75	1,872
PTB & Pharmacy		108	322		430
Nursing & Midwifery	271	197	5	1	475
Admin	37	15	13	210	275
Ancillary	176	223	2	447	848
Estates				41	41
PAMS	113	178	71		362
Sen Mgr	0			154	154
Other Scientific & tech			237	0	238
Grand Totals	1,067	1,868	829	930	4,693

2008-09 Agency Costs	Planned Care	Unplanned Care	Family Health	Estates & Corporate	Grand Totals
	£000's	£000's	£000's	£000's	£000's
Medical Staff	91	497	149	93	831
PTB & Pharmacy		116	116		232
Nursing & Midwifery	199	172	3		373
Admin	72	45	14	246	376
Ancillary	37	106		549	691

Estates				5	5
PAMS	53	74	110		237
Sen Mgr				131	131
Other Scientific & tech				289	289
Grand Totals	451	1,010	391	1,313	3,165

017/11

Car Parking Income

Please note, all other components of your request were answered in the response sent to you on May 26th 2011; however, the response to question 1b has changed to reflect more accurate figures.

Q1 How much REVENUE did the trust (or third parties contracted to the trust or acting on its behalf) receive from car parks in charges.

b) in 2010/11? (using projected total or total so far if necessary)

£556,273 from visitor parking plus £182,121 from staff parking.

c) and what is the figure projected to be over the current period, 11/12?

£644,746 from visitor parking plus £179,669 from staff parking.

Q2 How much PROFIT (income after costs) did the trust receive from its car parks

b) in 2010/11 (using projected total or total so far if necessary)

£280,291

c) and what is the figure projected to be over the current period, 11/12?

This information has yet to be derived.

018/11

Antibiotic Prophylaxis in Open Fractures

1 OF 5 - Do you have a protocol for antibiotics prophylaxis of infection in open fractures at your hospital?

YES

NO

UNCERTAIN

Although there is no specific policy we do adhere to the BOA guidelines

2 OF 5 - What antibiotics do you recommend for prophylaxis of infection in open fractures in your hospital?

ANTIBIOTIC(S):
DOSE(S):
ROUTE:
FREQUENCY:

We start antibiotics on arrival in A & E, either co amoxiclav 1.2g 8 hourly or flucloxacillin and penicillin in high doses (1g to 2g and 1.2g respectively qds) in an IV administration. In addition we give Gentamycin depending on renal function up to 1.5g/kg. This is normally a single dose given IV

3 OF 5 - What is the duration of antibiotic prophylaxis that you recommend?

We then continue with antibiotics for at least 3 days, often even longer. The patient might need a second wound debridement. Antibiotics are also tailored to the microbiology result from the wound

4 OF 5 - What is the reasoning for the choice of above antibiotics?

NATIONAL GUIDELINES
REGIONAL GUIDELINES
OTHER (please specify)

National guidelines and our own microbiology results.

5 OF 5 - Are you aware of any guidelines from the British Orthopaedic Association with regards to the use of antibiotics for prophylaxis in open tibial fractures

YES
NO
UNCERTAIN

Yes we are aware of BOA guidelines and follow it

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

**019/11
Provision of Non Medical Services**

Could you please supply the following information about the provision of non-medical services.

	Annual Expenditure	Supplying Company	Contract Start (Year)	Contract Length
Catering / Meal Supply	£388K	Anglia Crowne / Punjab Kitchens /	Various	Various

		Snackaway		
Cleaning / Housekeeping		Provided in house		
Portering		Provided in house		
Security		Provided in house		
Transport (Non Medical)		Out for tender		
Laundry / Linen	£903K	Sunlight Laundry	2007	2017
Grounds Maintenance		Skanksa PFI		
Switchboard Staff		Provided in house		

020/11

Childhood Obesity & Related Illnesses

Under the freedom of information act I would like to request information about the number of children (under the age of 16-years-old) the trust has treated for obesity in the past five years. Please break down these numbers by age, year and the type of treatment received.

Please also provide the number, of children receiving obesity treatment under the age of 16-years-old who are suffering from obesity related diseases, again broken down by age and type of obesity related disease (such as diabetes, stroke, heart disease).

[Walsall Healthcare NHS Trust does not receive referrals from its commissioner for patients under the age of 18 for obesity management.](#)

021/11

Anaesthesia Agents

1. The volume (quantity of 250ml bottles) of Sevoflurane used by the hospital(s) during the year - 2010/11.

[A total of 825 250ml bottles were used in 2010/11.](#)

2. The volume (quantity of 240ml bottles) of Desflurane (Suprane) used by the hospital during the year - 2010/11.

[A total of 679 240ml bottles were used in 2010/11](#)

3. The volume (quantity of 250ml bottles) of Isoflurane (and/or Aeranne 100ml) used by the hospital during the year - 2010/11.

[A total of 130 250ml bottles of Isoflurane were used in 2010/11. 0 \(zero\) bottles of Aeranne \(100ml\) were used in this period.](#)

4. Total number of Operating Theatres using anaesthetic agents.

Twelve including maternity theatre and ophthalmic theatres.

5. Average no. of operating hours per theatre per week (approx) or actual operating hours if this is recorded.

All theatres operate from 09:00 – 17:30 with one available 24/7.

6. Total annual spend on Sevoflurane per annum.

£70017.75 (825 bottles at £84.87 each)

7. When using Sevoflurane, please advise the fresh gas (atypical) flow rate in Litres/minute.

2l min⁻¹

8. Total annual spend on CO2 absorbent products.

£3,323

022/11

Stroke Documentation

I would like to make a request for information regarding Stroke documentation at Walsall Healthcare NHS Trust.

Please could you supply the following information:

- Patient Care Pathways relating to Stroke and/or Atrial Fibrillation (SPAF);
- Treatment Protocols relating to Stroke and/or Atrial Fibrillation (SPAF);
- Clinical Guidelines relating to Stroke and/or Atrial Fibrillation (SPAF).

The following documentation is available upon request;

Appendix a; Stroke Pathway

Appendix b; Thrombolysis Protocol

023/11

Inappropriate Internet Use

In the last three years, how many times have inappropriate websites, not required for work purposes, been accessed on hospital computers by staff?

Records of internet usage are kept for six months (6) only.

In the 6 months from November 1st 2010 to May 1st 2011, a total of websites were visited that are considered as being not for work purposes.

In the last three years, of those inappropriate websites, on how many occasions were sexually explicit websites accessed on hospital computers by staff?

As above, only six months of data is available.

In the period November 1st 2010 to May 1st 2011, a total of 28 visits were made to websites that are classed as being sexually explicit. The total number of websites accessed under this category was 19

In the last three years, could you please provide a breakdown of some of the web addresses of the inappropriate websites and sexually explicit websites accessed on hospital computers by staff?

Websites ;

www.d1playboy.com

www.streamate.com

www.glamourstarlive.com

www.hotcams.com

www.homosrus.com

www.propm.awempire.com

www.tour.xxxmatch.com

www.4tube.com

www.baldbeauties.com

www.cam4.com

www.camlive.com

www.gals4free.net

www.informedconsent.co.uk

www.ninjadude.com

www.redtube.com

www.spankwire.com

www.stileproject.com

www.tube8.com

www.vod pornos.com

In the last three years, on how many occasions have staff been disciplined for accessing inappropriate websites, not required for work purposes? Please provide a breakdown of their job titles, the dates and what punishments if any, staff received.

Due to the low numbers of staff identified, we have withheld under section 40 (3) personal information job titles due to the possibility of staff being identified.

1 nurse, 3 administration staff and 1 ancillary staff were dismissed as a result of internet misuse (all 2010).

1 Family Health member of staff and 1 Imaging member staff were issued with a first written warning as a result of internet misuse (all 2010).

1 member of Imaging was issued with a final written warning as a result of internet misuse (2010).

1 Maternity member of staff, 1 Pathology member of staff, 1 Doctor and 1 Nurse were given formal counseling as a result of internet misuse during 2009 / 2010

In the last three years, on how many occasions have staff been disciplined for accessing sexually explicit websites? Please provide a breakdown of their job titles, the dates and what punishments if any, staff received.

All in 2010

1 Nurse

1 Ancillary

3 Administration

All were dismissed

024/11

Electricity and Lighting Usage

What for lighting exactly (specific model numbers) does the Trust use for: i) hospital ward ceilings, ii) floors and iii) bedside lamps?

- There are up to as many as 50 plus types of fittings used.
- The lights used are LED, MR16, GU10, PL, T5s, T8s, T12s, 2Ds ranging from 2' to 6'. External lighting includes LED, HQL, HP-I SON-T and MBFU. Theatre lighting is Halogen and LED.
- No specific model data is available

The Trust has been progressively moving towards low energy, high efficiency lighting for the past few years using its approved suppliers. All of the external lighting is controlled through photocells and timers. Some internal lighting for infrequent use areas is controlled through presence auto controls.

The rest of the system is on manual operation and lights are operated during occupancy hours which vary between departments. The Trust promotes an on-going energy reduction awareness campaign that promotes 'switch off' practice.

Electrical consumption for lighting is not metered separately. We estimate that approximately 20% of electrical load is related to lighting load.

For each hospital in the Trust, what was the annual electricity energy consumption (in KWH, figures for the last 5 years - if there are electricity metres purely for lighting, please include)

The annual electricity consumption for the hospital was:-

2010/2011 - 16,929,736 kwh

2009/2010 - 12,662,022 kwh

2008/2009 - 4,189,545 kwh

2007/2008 - 5,891,450kwh

2006/2007 - 10,692,547kwh

For each hospital in the Trust, was was the annual bill for electricity (in pounds sterling, figures for the last 5 years if there are costs purely for lighting, please include)

Electricity Charges

Year	Annual Cost
2005/06	£690,246
2006/07	£901,392
2007/08	£766,146
2008/09	£1,952,967
2009/10	£1,553,866
2010/11	£1,640,903
Total	£7,505,520

The number of patient beds in each of the hospitals in the Trust (figures for the last 5 years)

	available in Trust
2011	502.5
2010	543.4
2009	550.4
2008	572.1
2007	597.3

The patient turnover in each hospital in the Trust (please include day surgery separately - figures for the last 5 years)

Year	Turnover 'InPatient'	Turnover 'Daycase'
2010-2011	71.48	1070.93
2009-2010	64.39	1022.84
2008-2009	71.99	846.84
2007-2008	71.17	729.29
2006-2007	67.17	935.71

025/11 Pharmacy

The annual cost for ScriptSwitch or equivalent Prescribing Software System or the E prescribing system that you have purchased.

Walsall Healthcare NHS Trust does not use a E prescribing system.

The initial cost for purchase of ScriptSwitch or equivalent Prescribing Software System or the e prescribing system that you have purchased.

N/A; Please see response to previous question.

A copy of all the electronic based documents that exist on your Head of medicines Management or Chief Pharmacist or Specialist in Pharmaceutical Public Health or Equivalent Computer System as at the date of this letter.

From our preliminary assessment, we have estimated that it will cost more than the 'appropriate limit' to consider your request.

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.

However, we are happy to respond to your request if you pay the fee as set out in this notice. The estimated cost of processing your request is £1,250. This charge has been calculated in accordance with section 13 of the Freedom of Information Act 2000 and the Freedom of Information Fees Regulations.

We are unable to continue processing your request until the fee is paid. If you wish the department to continue to process your request you should pay the fee within 3 calendar months (by 18/08/2011). If the department does not receive payment of the fee by this date, I will take it that you do not wish to pursue this request and will consider the request closed.

Payment can be made by cheque (made payable to Walsall Healthcare NHS Trust) or cash and should be posted, or delivered in person, to:

Information Governance
Town Wharf
Walsall Healthcare NHS Trust
Manor Hospital
Moat Road
Walsall
WS2 9PS

If you narrow the scope of your request, we may be able to provide the information free of charge because it would cost less than the appropriate limit to do so. For instance, you may wish to refine your request by being more specific about what information you particularly wish to obtain, including any dates or period of time relevant to the information required or by requesting files about a specific subject matter. Any reformulated request the department receives from you will be treated as a fresh FOI request.

The latest copy of your "dashboard" or "toolkit" or "audit tool" or "tracker" used in medicines management.

Walsall Healthcare NHS Trusts clinical audit programme for 2011/12 is currently under review and held in a draft form. Under Section 12 (4) d, the Trust is exempt from publishing draft documentation but will, upon request, publish the document in question at the time of its completion.

The names of all black listed or not recommended or brown category drugs.

Walsall Healthcare NHS Trust does not operate a list of this type.

The evidence base that you used to justify the blacklisted or brown or not recommend drugs.

N/A; Please see response to previous question.

The latest copy of your drug formulary or preferred prescribing list or equivalent document.

Walsall Healthcare NHS Trust does not own the information which you are requesting, it is owned by NHS Walsall.

Please contact them on foi@walsall.nhs.uk

The minutes of your APC, DTC, Joint Medicines Committee, JAPC, HENIG, NMAG, NPAG or whatever name you call your forum for reviewing medicines that exists locally since January 2011.

The names of all GP Consortia that have been set up locally.

One GP consortia has been established by NHS Walsall.

The names of all the commissioning leads locally.

Please see answer to previous question.

026/11

External Providers

The total annual amount spent by your institution on external providers (both private and other NHS) for patient treatment and care in the last year, or most recent accounting year you have data for

If it does not breach the resource limit specified in the FOI Act 2000, please also include:

- The total annual amount spent broken down by provider
- The total annual spent broken down by specialty

Provider	Speciality	Expenditure
Spire Little Aston	Bariatrics	£116,200
Royal Orthopaedic Hospital, Birmingham	Orthopaedics	£37,066
Total		£153,266.

027/11

Child Mental Health

I have established that the information you requested is not held by this Department.

028/11

Non Emergency Patient Transfer

I am writing to request the following information under the Freedom of Information Act with respect to your Non Emergency Patient Transport Services:

- 1) The name of the current provider(s) of the service
- 2) The approximate number of patient journeys per annum
- 3) The approximate cost of the annual charges paid to the provider for the service i.e. the annual cost of the service
- 4) The year in which the current contract next expires.

[Walsall Healthcare NHS Trust is currently in an EU tender process for this contract. Therefore, this request is refused under section 43\(2\) as disclosure would prejudice the commercial interests of the Trust.](#)

029/11

Stolen Restricted Drugs

- 1) Have you had any cases of restricted drugs being stolen from your Trust in the past 12 months? (or in the most recent 12-month period for which figures are available)

[No](#)

- 2) If yes, in each case, what types of drugs were stolen and in what quantity and how much did they cost?.

[For stolen items, please see response to question 1.](#)

- 3) In how many cases were culprits identified? In each case, were the culprits patients, visitors, staff members or others (eg burglars)? If they were staff members, what were their jobs?

[N/A – please see question 1.](#)

- 4) In each case, were the culprits convicted in a court of law? If they were staff members, were they sacked?

[N/A – Please see question 1.](#)

- 5) Please provide all the above information for the most recent 12-month period for which figures are available and for the four years prior to that.

[N/A – Please see question 1](#)

030/11

Erotic Materials

I would like to request the following information under the Freedom of Information Act please:

Details about the Trust's supply of erotic material to help patients giving sperm specimens

I would like to know what is the budget for pornography? How much has been spent at each hospital in each of the past three years?

What exactly has been bought? Magazines? videos? online subscriptions? As much detail as you're able to provide please.

Walsall Healthcare NHS Trust does not have a facility for patients to provide semen specimens; the annual budget for the erotic or pornographic material to aid in providing specimens is £0 (zero).

031/11 Discharge Policy

I am contacting you on behalf of Walsall LINK to request a copy of your current discharge policies.

Please find attached to this letter the Trusts current discharge policy.

032/11 Drug Errors

How many 'drug errors' have been made by staff in the past 12 months (April 2010 - April 2011) and how many were made in the previous 12 months (April 2009 - April 2010)?

	2009/10	2010/11
# of Drug Errors	169	284

For each year (2010/11 and 2009/10), how many drug errors were classed as 'adverse events' and how many as 'near misses.'

	2009/10	2010/11
Near Misses	24	56
Adverse Incidents	145	267

For each year, what drugs were involved and how many errors were made with each type of drug?

The Trusts recording mechanism cannot readily identify this information. The recording for this information would be entered as free text if included.

For each year, how many patients suffered 'low harm', 'moderate harm' or 'severe harm' and how many were adults and how many children?

The current incident recording system in use does not have the option to separate between incidents involving adults and children.

YEAR	Low Harm	Moderate Harm	Severe Harm	Death
April 2010 – March 2011	267	50	1 - 5	0

April 2009 – March 2010	131	29	9	0
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For each year, how many patients died due to drug errors and how many of these were adults and how many children?

0

033/11

Finance Department Structures

This request is refused under Section 23 (3) of the Freedom of Information Act – ‘Information Available because of publication schemes’.

034/11

Clinical Waste

Clinical Waste; annual tonnage with breakdown between waste for incineration, alternative technology and deep landfill.

Type of Disposal	Quantity
Hazardous Healthcare Meds - Incinerate	12501.84 kg
Healthcare Waste Treatment	3371.16 kg
Hazardous Sharps – Incinerate	56289.60 kg
Hazardous Alternate Treatment	532923.36 kg
Cytotoxic	4344 kg

The rates you are currently charged for the disposal of each of these waste streams.

Withheld under section 43, commercial interest.

The expiry date of the current waste contracts you have for the disposal of these waste streams.

19 May 2012

035/11

Procurement Cards

Please could you provide the total number of Government Procurement Cards currently in use in your organisation?

There are three Government Procurement Cards currently in use.

Please could you provide a breakdown of each transaction made by your institution on the Government Procurement Card (GPC), including the supplier, date and value of the transaction, in the last financial year for which figures are available.

Please see below;-

DATE OF TRANSACTION	SUPPLIER	AMOUNT
26/08/2010	INNOVSION EVENTS	£190.35
03/09/2010	VIRGIN TRAINS.CO.UK	£46.10
07/09/2010	VIRGIN TRAINS.CO.UK	£151.50
17/09/2010	EAST MIDLANDS	£45.10
12/10/2010	CO-OP TRVL MNGMNT	£294.00
14/10/2010	FLIGHT CENTRE RTW OXFORD	£1,376.00
14/10/2010	FLIGHT CENTRE RTW OXFORD	£4,999.00
20/10/2010	THETRAINLINE.COM	£49.60
20/10/2010	VIRGINTRAINS.CO.UK	£54.00
21/10/2010	KINGS FUND	£329.00
22/10/2010	STAVERTON PARK	£92.83
22/10/2010	STAVERTON PARK	£92.83
29/10/2010	THETRAINLINE.COM	£137.00
01/11/2010	THETRAINLINE.COM	£92.20
02/11/2010	RESUSCITATION COUNCIL	£140.00
02/11/2010	RESUSCITATION COUNCIL	£140.00
03/11/2010	THETRAINLINE.COM	£94.50
03/11/2010	THETRAINLINE.COM	£43.20
05/11/2010	RCN.ORG.UK	£320.00
09/11/2010	ILEX.ORG.UK	£80.00
10/11/2010	KENDWOOD HALL	£69.00
11/11/2010	KENDWOOD HALL	£138.00
11/11/2010	KENDWOOD HALL	£138.00
11/11/2010	KENDWOOD HALL	£138.00
11/11/2010	KENDWOOD HALL	£138.00
11/11/2010	KENDWOOD HALL	£138.00
11/11/2010	KENDWOOD HALL	£138.00
11/11/2010	KENDWOOD HALL	£138.00
11/11/2010	KENDWOOD HALL	£138.00
11/11/2010	KENDWOOD HALL	£138.00
11/11/2010	KENDWOOD HALL	£138.00
11/11/2010	KENDWOOD HALL	£138.00
11/11/2010	KENDWOOD HALL	£138.00
12/11/2010	THETRAINLINE.COM	£161.50
15/11/2010	VIRGINTRAINS.CO.UK	£38.20
16/11/2010	THETRAINLINE.COM	£125.50
16/11/2010	THETRAINLINE.COM	£192.50
16/11/2010	LASTMINUTE.COM	£105.00
25/11/2010	THETRAINLINE.COM	£80.20
26/11/2010	CO-OP TRVL MNGMNT	£73.00
29/11/2010	THETRAINLINE.COM	£241.00
01/12/2010	TRAINLINE.COM RAIL	£161.50
02/12/2010	FINANCE CHARGE	£47.49
08/12/2010	TRAINLINE.COM RAIL	£93.70
09/12/2010	A.R.T.P	£850.00
04/01/2011	CO-OP TRVL MNGMNT	£195.40
06/01/2011	PAY PAL BMSMASTERCL	£97.20
07/01/2011	CO-OP TRVL MNGMNT	£92.00
10/01/2011	TRAINLINE.COM RAIL	£138.50
12/01/2011	TRAINLINE.COM RAIL	£169.00

13/01/2011	CO-OP TRVL MNGMNT	£154.00
17/01/2011	TRAINLINE.COM RAIL	£94.40
18/01/2011	TRAINLINE.COM RAIL	£172.60
19/01/2011	TRAINLINE.COM RAIL	£73.50
08/02/2011	CO-OP TRVL MNGMNT	£160.00
08/02/2011	CO-OP TRVL MNGMNT	£92.00
09/02/2011	CO-OP TRVL MNGMNT	£366.00
11/02/2011	CO-OP TRVL MNGMNT	£25.60
14/02/2011	CO-OP TRVL MNGMNT	£320.00
14/02/2011	CO-OP TRVL MNGMNT	£154.00
17/02/2011	PAY PAL BMSMASTERCL	£97.20
21/02/2011	PREMIER INN	£67.99
22/02/2011	CO-OP TRVL MNGMNT	£275.00
28/02/2011	TRAINLINE.COM RAIL	£48.50
03/03/2011	THETRAINLINE.COM	£135.50
03/03/2011	THETRAINLINE.COM	£171.60
03/03/2011	UNITED BRISTOL NHS TRUST	£500.00
04/03/2011	CO-OP TRVL MNGMNT	£126.00
07/03/2011	THETRAINLINE.COM	£169.00
07/03/2011	THETRAINLINE.COM	£121.00
07/03/2011	CO-OP TRVL MNGMNT STAFFORD	£167.00
07/03/2011	PARK INN WALSALL	£231.30
11/03/2011	THETRAINLINE.COM	-£150.60
11/03/2011	THETRAINLINE.COM	-£114.50
17/03/2011	CO-OP TRVL MNGMNT	£92.00
28/03/2011	BRITISH ASSOCIATION OF DERM LONDON	£750.00
31/03/2011	RADCLIFFE PUBLISH	£320.00
31/03/2011	PARK INN WALSALL	£135.00
31/03/2011	PARK INN WALSALL	£180.00
31/03/2011	CO-OP TRVL MNGMNT STAFFORD	£71.00
31/03/2011	CO-OP TRVL MNGMNT STAFFORD	£10.90
31/03/2011	CO-OP TRVL MNGMNT STAFFORD	£71.00
TOTAL FOR THE YEAR ENDED 31ST MARCH 2011		£18,026.89

036/11

Smear Tests

What I am asking for is the following:

For the years 1st April 2009 to 31st March 2010 & 1st April 2010 to 31st March 2011

Number of Smear Test samples received from females under 25 years of age

Number of Smear Test samples processed from females under 25 years of age

Number of samples taken but not tested or processed from females under 25 years of age

April 2009 to March 10

Number of Smear Test samples received from females under 25 years of age = 420

Number of Smear Test samples processed from females under 25 years of age = 420

Number of samples taken but not tested or processed from females under 25 years of age = 0

April 2010 to March 11

Number of Smear Test samples received from females under 25 years of age = 282

Number of Smear Test samples processed from females under 25 years of age = 282

Number of samples taken but not tested or processed from females under 25 years of age = 0

037/11

Osteoarthritis of the spine

Could you advise me what services/specialists you have at the hospital for people suffering from Osteoarthritis affecting the spine.

A back clinic is operated by a Consultant assisted by a staff grade and an Extended Scope Physiotherapist (ESP).

How do you get referred

Via GP referral and Physiotherapists.

How long does it take to see the specialist from the referral.

Waiting times are between two (2) and seven (7) weeks dependent upon clinical priority.

038/11

Sexual Health Centre

The current balance of the Trust Fund held by the Sexual Health Department

The current balance of the fund is £33, 484.48 (as of May 31st 2011)

Detailed account of income and expenditure from the said account over the last 4 years.

Expenditure from April 1st 2007 – May 31st 2011

Date	£	DESCRIPTION OF EXPENDITURE
03/05/2007	30.00	TRAVEL EXPENSES
11/07/2007	12.55	WALSALL HOSP-CATERING APRIL 07
08/10/2007	373.51	HUNTLEIGH HEALTHCARE LTD - STIRRUPS
31/10/2007	36.75	WHNHST - CATERING 24/9/07
31/10/2007	99.96	TOMLINSONS - PUBLICATION
14/11/2007	39.10	TRAVEL FOR COURSES
21/11/2007	42.41	TOMLINSONS BOOK SERVICE PUBLICATIONS

21/11/2007	581.96	ACCOM & TRAVEL FOR BHIVA CONFERENCE
31/03/2008	1,329.76	UNREALISED LOSS AND AMEND BATCH 1014
31/03/2008	406.09	REALISED LOSS 07/08
31/03/2008	392.33	ADMINISTRATION 07/08
31/03/2008	9.78	CORRECT BATCH 1014/1016
25/06/2008	159.60	TOMINSONS BOOK SERVICE CARB COUNTER-CARBOHYDRATES
25/06/2008	329.20	BASAH-ASTDA CONFERENCE
23/07/2008	37.00	3COM OFFICE CONNECT USB ADAPTER
31/07/2008	460.00	CONGRESS ON HIV INFECTION H LATHE
31/07/2008	239.00	COURSE FEE & TRAVEL EXPENSES
05/09/2008	16.70	CATERING AT MANOR HOSPITAL
24/09/2008	200.00	EXPENSE
01/10/2008	184.20	EXPENSES FORM
03/12/2008	53.96	EXPENSES
24/03/2009	110.45	HOSPITAL METALCRAFT LTD
24/03/2009	465.10	EXPENSES
31/03/2009	157.50	CATERING SERVICE ON 02/02/09
31/03/2009	472.42	REIMBURSEMENT OF REGISTRATION FEE TO ATTEND CPD
31/03/2009	455.25	BODY MEMBERSHIP FEE
31/03/2009	250.91	ADMINISTRATION 01-04-2008 TO 31-03-2009
31/03/2009	343.33	REALISED LOSS 01-04-2008 TO 31-03-2009
31/03/2009	1,519.74	UNREALISED LOSS 01-04-2008 TO 31-31-2009
31/03/2009	86.15	ADMINISTRATION 01-04-2008 TO 31-03-2009
31/03/2009	3.05	UNREALISED LOSS 01-04-2008 TO 31-03-2009
10/11/2009	61.88	BROOK - 2 X BOOKS
23/12/2009	70.00	MEETING EXPENSES
23/03/2010	1,182.37	DELL- 1 X LAPTOP
31/03/2010	281.58	INVERNESS MEDICAL 09/10
31/03/2010	334.00	ADMINISTRATION 01-04-2009 TO 31-03-2010
23/08/2010	78.20	MISCO IT - 999101021
23/08/2010	281.58	INVERNESS MEDICAL - 999100963
23/08/2010	-281.58	INVERNESS - 999100963
01/11/2010	50.00	ASSOCIATION OF CONTRACEPTION & SEXUAL HEALTH. 03.10.09
01/11/2010	175.00	BRITISH HIV ASSOCIATION CONFERENCE 20.04.10, ACCOMO & TRAVEL
01/11/2010	175.00	HORIZONS IN SEXUAL HEALTH & HIV MEDICINE 24.06.10
01/11/2010	106.70	HORIZONIN SEXUAL HEALTH & HIV MEDICINE
01/11/2010	185.00	HIC CONFERENCE & TRAVEL
11/11/2010	106.10	CATERING SERVICE
15/02/2011	45.60	CATERING G057944
31/03/2011	111.82	LAVENHAM GROUP - 999101143 - 587044
31/03/2011	95.84	TOMLINSON 999101124 10/11
31/03/2011	120.00	ORANGE 999101132 10/11
31/03/2011	527.62	ADMINISTRATION 01-04-2010 TO 31-03-2011

	12,604.47	TOTAL EXPENDITURE
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Expenditure from April 1st 2007 – May 31st 2011

Date	£	DESCRIPTION OF INCOME
09/05/2007	100.00	DONATION
09/05/2007	250.00	DONATION
24/05/2007	100.00	DONATION
23/08/2007	100.00	DONATION
14/02/2008	247.00	DONATION
21/02/2008	100.00	DONATION
31/03/2008	264.81	DONATION
31/03/2008	301.82	INTEREST 01/04/2007 - 31/03/2008
31/03/2008	669.77	DONATION
01/04/2008	150.00	DONATION
02/05/2008	125.00	DONATION
28/08/2008	200.00	DONATION
28/08/2008	400.00	DONATION
24/10/2008	200.00	DONATION
30/10/2008	60.00	DONATION
28/11/2008	100.00	DONATION
28/11/2008	350.00	DONATION
05/01/2009	100.00	DONATION
22/01/2009	50.00	DONATION
22/01/2009	55.00	DONATION
02/02/2009	55.00	DONATION
09/02/2009	555.65	DONATION
26/02/2009	705.20	DONATION
03/03/2009	479.00	DONATION
26/03/2009	60.00	DONATION
31/03/2009	3.05	UNREALISED GAIN 01-04-2008 TO 31-03-2009
31/03/2009	3.05	UNREALISED GAIN 01-04-2008 TO 31-03-2009
31/03/2009	53.88	INTEREST 01-04-2008 TO 31-03-2009
31/03/2009	357.04	DIVIDENDS 01-04-2008 TO 31-03-2009
01/04/2009	300.00	DONATION
22/06/2009	100.00	DONATION
03/08/2009	200.00	DONATION
17/09/2009	100.00	DONATION
14/10/2009	175.00	DONATION
11/11/2009	100.00	DONATION
22/12/2009	275.00	DONATION
15/01/2010	350.00	DONATION
26/01/2010	100.00	DONATION
15/02/2010	150.00	DONATION
05/03/2010	150.00	DONATION
31/03/2010	3.03	INTEREST 01-04-2009 TO 31-03-2010
31/03/2010	217.92	DIVIDENDS 01-04-2009 TO 31-03-2010
31/03/2010	522.73	REALISED GAIN 01-04-2009 TO 31-03-2010
31/03/2010	2,779.03	UNREALISED GAIN 01-04-2009 TO 31-

14/05/2010	300.00	DONATION
21/05/2010	100.00	DONATION
24/06/2010	25.00	DONATION
26/07/2010	250.00	DONATION
16/08/2010	150.00	DONATION
17/09/2010	150.00	DONATION
29/10/2010	100.00	DONATION
17/11/2010	250.00	DONATION
15/12/2010	250.00	DONATION
18/01/2011	100.00	DONATION
14/02/2011	175.00	DONATION
07/03/2011	100.00	DONATION
17/03/2011	175.00	DONATION
31/03/2011	1.21	INTEREST 1/4/10 - 31/3/11
31/03/2011	15.03	REALISED GAIN 01-04-2010 TO 31-03-2011
31/03/2011	284.35	DIVIDENDS 01-04-2010 TO 31-03-2011
31/03/2011	499.39	UNREALISED GAIN 01-04-2010 TO 31-03-2011
01/04/2011	325.00	DONATION
04/05/2011	16,000.00	DONATION
13/05/2011	483.58	DONATION
27/05/2011	75.00	DONATION
	31,526.54	TOTAL INCOME

**039/11
CQUIN**

Request #1: Please confirm or deny whether the Trust has agreed any Commissioning for Quality and Innovation (CQUIN) indicators with any commissioners for each of the following years: 2009/10, 2010/11, 2011/12.

CQUIN's were in place during this time scale.

Request #2: Please provide the details of each of the CQUIN indicators agreed with commissioners including:

- The precise wording of the indicator
- The source of measuring achievement against the indicator
- The achievement threshold for receiving payment for the indicator
- The quality domain within which the indicator sits (ie patient experience, safety, or clinical effectiveness)

2009/10

Scheme 1 - Time to imaging procedure for emergency admissions for stroke, TIA and cerebral haemorrhage patients (Proportion of patients discharged or died in the previous month with an appropriate imaging test being undertaken within first day of admission amongst the following (where immediate brain scanning is not indicated, as per NICE guidance)

Measurement source – CBSA

Target – 80% of patients have imaging procedure within 24 hours

Domain - Safety/Effectiveness

Scheme 2 - Patients who smoke referred for smoking cessation prior to elective surgery (The proportion of patients that are referred for smoking cessation prior to elective surgery)

Measurement source – Trust

Target – 40% of patients who were to have elective surgery have their smoking status recorded.

Domain - User experience/Effectiveness

Scheme 3 - Indicator - End of Life (Liverpool Care Pathway) (% of all hospital cancer deaths who had followed the Liverpool End of Life Care Pathway)

Measurement source - Trust

Target – 40% of patients who die of cancer were or had the opportunity to be put in LCP.

Domain - Patient Experience/Effectiveness

Scheme 4 part 1 - Patient Experience part 1 (Percentage of patients completing a survey on discharge)

Measurement source – Trust

Target – 60% of patients attending the hospital return their patient experience questionnaire.

Domain - User experience/Innovation

Scheme 4 part 2- Patient Experience part 2 (Percentage of patients providing feedback on their quality of care following a hospital inpatient stay)

Measurement source – Trust

Target; 95% of patients discharged had a follow up phone call within 48 hours.

Domain - User experience/Innovation

2010/11

	Indicator Name	CQUIN Goal	Data Source	Achievement	Quality Domain
				Full Value of Scheme	
Scheme 1	Smoking / Tobacco Control (Brief Intervention Outpatients)	Increase the number of people quitting smoking/reducing tobacco use.	To be monitored via audit	>= 90% Q3 and Q4 only	Effectiveness
Scheme 2	Think Glucose	Compliance with Think Glucose guidance.	In 2010/11 Q4, the PCT will organise an independent clinician with relevant experience to undertake a half-day visit to	Evidence of effective participation in the NHS Institute Think Glucose programme Q4 2010/11.	Not specified

			the Trust to look for evidence that the Trust is working in line with Think Glucose principles.		
Scheme 3	Tissue Viability Pressure Ulcers Local Community Joint Scheme	Assessment and best practice interventions for pressure ulcer prevention and management. Patients will be assessed and have evidence of an implemented care plan.	1a Risk Assessment, 1b Skin Assessment, 1c Care planning documentation and evidence of implementation and 1d 10% Reduction of Grade 2,3,4 pressure ulcers. Walsall Hospitals NHS Trust - Monthly Patient Records Audit.	For 1a, 1b and 1c - 70% - Q1 72% - Q2 75% - Q3 77% - Q4 For 1d - 10% reduction in baseline.	Safety Effectiveness Patient Experience
Scheme 4	Medicines Management Missed Doses - Delayed and missed doses of medicines for hospital in-patients	Failure to administer prescribed medicines as a result of non-availability of the medicine.	Baseline Audit at 2 months (May 2010), First Re-Audit at 6 months (Sept 2010) and Second Re-Audit at 10 months (Jan 2011).	<= 7% Jan 2011	Effectiveness
Scheme 5	Medicines Management Warfarin Prescribing	Prescribing the correct dose of warfarin.	Baseline Audit at 2 months (May 2010), First Re-Audit at 6 months (Sept 2010) and Second Re-Audit at 10 months (Jan11).	>= 60% Jan 2011	Effectiveness
Scheme 6	Patient Falls Local Joint Scheme	An individualised falls management	Patient Survey, Patient Discharge Letter to Gp, Patient	>= 90% of patients have plan in place.	Effectiveness Patient Safety Patient Experience

	with Community Health & Walsall Hospitals NHS Trust	plan, based on clarification through discussion with the patient of how specific risks can be reduced.	Records, Monthly.		
Scheme 7	Admission to Stroke Unit within 4 hours	To ensure that patients suspected of having a stroke are admitted to the acute stroke unit within 4 hours of arrival.	Provider data collection monthly.	Baseline + 20% Q4	Effectiveness
Scheme 8	VTE Risk Assessment (National Mandatory)	Reduce avoidable death, disability and chronic ill health from Venous-thromboembolism (VTE).	Monthly return through Unify commencing June 2010.	>= 90% March 2011.	Safety
Scheme 9	Patient Experience (National Mandatory)	Improve responsiveness to personal needs of patients.	Adult inpatient survey, from the CQC nationally coordinated patient survey programme. The survey is conducted annually between October 2010 and January 2011 for patients who had an inpatient episode between July 2010 and August 2010.	Improvement on scores for 5 questions from Adult Inpatient Survey in 2010/11 compared to Adult Inpatient Survey in 2009/10.	Patient Experience

Goal 1	Annual Report	To prepare the 2010/11 Annual Report by 30th September 2010	-	Failure to submit the annual report within the deadline will put CQUIN monies at risk. Payment of CQUIN monies associated with this indicator is also dependant on the content of the report being compliant with the annual report guidance sent to each Trust.	Not specified
Goal 2	Parent's consultation with senior clinician	% of parents able to discuss care with senior clinician within 24 hours of admission onto neonatal unit in period	Derived from fields 17 and 18 NNAP Dataset	>= 72% (National Median Value as at end of Q1)	Not specified
	Offer of breast milk from the mother to the neonate during the inpatient stay.	% of babies under 33 weeks offered mother's breast milk	% to be derived from No. babies offered breast milk in period and Total No. babies in period	> = 81% (National Median Value as at end of Q1)	Not specified

2011/12

	Indicator Name	CQUIN Goal	Data Source	Achievement	Quality Domain
				Full Value of Scheme	
Scheme 1	Blood Cultures	Reduction of Blood Culture Contamination	Monthly Minimum Data Set	<= 5.76% by end of Q4	Not specified

		Rates			
Scheme 2	Enhanced Recovery	Enhanced Recovery Programme	Not stated	Quarterly achievement, targets to be agreed following baseline set at Quarter 1	Not specified
Scheme 3	VTE Risk Assessment	VTE Prevention	Monthly mandatory data return through Unify 2	90% Monthly	Not specified
Scheme 4	Tissue Viability	1a Risk Assessment (35% of value of scheme) 1b Care planning (35% of value of scheme) 1c Decrease in number of reported pressure sores (30% of value of scheme)	1a Patient Record Audits Monthly 1b Patient Record Audits Monthly 1c Registers maintained and held	1a = 83% Q1, 85% Q2, 87% Q3, 90% Q4 1b = 88% Q1, 90% Q2, 93% Q3, 95% Q4 1c = Baseline (quarter 1) - 10%	Not specified
Scheme 5	HCAI - Urinary Catheters	To reduce number of indwelling urinary catheters	Q1 Baseline Audit, Q2 Development and Ratification of new organisational guidance for TWOC (Trial without catheter) and associated training, Q3 Completion of training programme, Q4 Re-audit and achievement of % reduction in the prevalence of catheters	TBC	Not specified

Scheme 6	Medicines Management	<p>2a Antimicrobial Stewardship (35% of value of scheme)</p> <p>2b Care plan for at risk patients (35% of value of scheme)</p> <p>2c Antipsychotic meds guidance (15% of value of scheme)</p> <p>2d Antipsychotic discharge guidance (15% of value of scheme)</p>	<p>2a Audit (Self Assessment Tool)</p> <p>2b Acute Medication Records and Audit</p> <p>2c Not stated</p> <p>2d Not stated</p>	<p>2a - Baseline Audit Report by 31/05/11, achievement of 40 points scored at 6 month reporting and achievement of at least 65 points and providing 12 month report.</p> <p>2b - Baseline Audit by 31/07/11 and quarterly reporting thereafter.</p> <p>2c - Q1 Publication of prescribing guidelines, Q2 Baseline Audit, Q3 Audit of new prescribing cases (50% compliant), Q4 Audit of new prescribing cases (75% compliant).</p> <p>2d - Q1 Develop discharge process, Q2 25% of patients follow guidance, Q3 50% of patients follow guidance, Q4 75% of patients follow guidance.</p>	Not specified
Scheme 7	Patient Experience (Acute)	Improve responsiveness to personal needs of patients	Adult Inpatient Survey. This is conducted annually between October 2011 and January 2012 for patients who had an inpatient episode between July 2010 and August 2010	50% upon achievement of an absolute 2 point improvement against baseline scores in 5 questions. 50% upon achievement of minimum score of 65.86	Not specified

Scheme 8	Patient Experience (Community)	Improving the experience of patients receiving community based health services	Data captured through questionnaire (2 surveys - one baseline and one follow up)	50% on receipt of findings from first survey (mid Q2) 50% on receipt of findings from survey (quarter 3)	Not specified
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Request #3: Please confirm or deny whether the Trust holds data on performance against any CQUIN indicators agreed with commissioners for each of the following years: 2009/10, 2010/11, 2011/12.

Yes

Request #4: Please disclose any data on performance against CQUIN indicators which the Trust holds, for indicators agreed with commissioners for each of the following years: 2009/10, 2010/11, 2011/12.

2009/10

	Indicator Name	Performance
		Overall Achievement
Scheme 1	Time to imaging procedure for emergency admissions for stroke, TIA and cerebral haemorrhage patients	80.65%
Scheme 2	Patients who smoke referred for smoking cessation prior to elective surgery.	50.8%
Scheme 3	End of Life (Use of the Liverpool Care Pathway)	50%
Scheme 4 part 1	Patient Questionnaire Response Rate	71.9%

Scheme 4 part 2	Post Discharge Telephone Calls	95%
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2010/11

	Indicator Name	Performance
		Overall Achievement
Scheme 1	Smoking / Tobacco Control (Brief Intervention Outpatients)	100% data completeness
Scheme 2	Think Glucose	Awaiting PCT confirmation
Scheme 3	Tissue Viability Pressure Ulcers Local Community Joint Scheme	Risk Assessment = 92% Skin Assessment = 91% Care Plan = 82.5% 10% Reduction based on Q3 baseline = Baseline (1.46%) Q4 achievement = (2.21%)
Scheme 4	Medicines Management Missed Doses - Delayed and missed doses of medicines for hospital in-patients	4.05%
Scheme 5	Medicines Management Warfarin Prescribing	65%
Scheme 6	Patient Falls Local Joint Scheme with Community Health & Walsall Hospitals NHS Trust	100%

Scheme 7	Admission to Stroke Unit within 4 hours	58.24%
Scheme 8	VTE Risk Assessment (National Mandatory)	91%
Scheme 9	Patient Experience (National Mandatory)	Improvement in 2 questions

Goal 1	Annual Report	Report submitted by 30th September 2010
Goal 2	Parent's consultation with senior clinician	Based on Q3 and Q4 combined = 67%
	Offer of breast milk from the mother to the neonate during the inpatient stay	Based on Q3 and Q4 combined = 72%

2011/12

	Indicator Name	Performance
		Overall Achievement
Scheme 1	Blood Cultures	n/a
Scheme 2	Enhanced Recovery	n/a
Scheme 3	VTE Risk Assessment	n/a
Scheme 4	Tissue Viability	n/a

Scheme 5	HCAI - Urinary Catheters	n/a
Scheme 6	Medicines Management	n/a
Scheme 7	Patient Experience (Acute)	n/a
Scheme 8	Patient Experience (Community)	n/a

SPECIALISED CQUIN SCHEMES 2011/12

Goal 1	Access to Organs for Transplant	n/a
Goal 2	Avoiding preventable blindness in neonates	n/a
Goal 3	Improving neonatal care pathways	n/a

Request #5: Please provide details of the potential total amount of income for the Trust from CQUIN payments for each of the following years: 2009/10, 2010/11, 2011/12.

2009/10 = £741,000
2010/11 = £2,255,000
2011/12 = £2,800,000

Request #6: Please provide details of the total amount of income the Trust received in payments from each CQUIN indicator agreed for each of the following years: 2009/10, 2010/11, 2011/12.

2009/10

Scheme 1 - £159,458
Scheme 2 - £159,458
Scheme 3 - £159,458
Scheme 4 - £159,458
Scheme 5 - £ 159,458

The Trust is awaiting final confirmation of income for each scheme for 2010/11 in the year-end report by HCS.

The Trust is unable to provide details for 2011/12 as yet.

Request #7: Please provide details of the total amount of income received from each CQUIN indicator agreed with commissioners for each of the following years: 2009/10, 2010/11, 2011/12, and the proportion of total Trust income that CQUIN payments represented in these years.

2009/10 = 0.4% of total Trust Income

2010/11 = 1.2% of total Trust Income

2011/12 = 1.3% of total Trust Income

Request #8: Please provide details of your NHS Quality Account priorities for the following years: 2009/10 and 2010/11.

The quality indicators for the 2009/10 quality accounts were:

- Improving patient experience
- Keeping our patients safe from harm
- Reducing infection rates
- Reducing mortality rates

The priorities of 2010/11 will not be available until the end of June 2011 when the final quality account is published.

040/11

Temporary Staffing

The following information in relation to the operational and capital costs of temporary working incurred by your hospital(s).

Please see below table.

Could you also please indicate what kind of shift-setting/timesheet verification methods you are using eg. electronic rostering, time sheets.

Please see below table.

Temporary staff costs – 2010/11

	Substantive Overtime		Bank Only Workers		Agency Workers		Electronic	
	Spend	WTE	Spend	WTE	Spend	WTE	Rostering	Timesheets
Healthcare Assistances			2,000,107	104.34	205,832	37.47	√	√
Qualified Nurses			2,480,418	79.45	1,194,759	42.51	√	√
Specialist Nursing							√	√

(included in qualified nursing figures above)								
A&E			79,130	2.02	85,663	1.01	√	√
Theatres			254,088	6.57	220,962	2.05	√	√
Intensive Care Units			379,386	8.89	0	0	√	√
General Admin & Clerical								
General Admin & Clerical			698,590	66.94	220,170	2.92		√
Senior Management			0	0	89,293	0		√
			Locum Only Workers		Agency Workers			
Consultant			1,489,328	5.87	292,250	9.46		
Specialist Registrar ²			94,812	1.00	157,724	4.61		
Senior House Officer ²			98,929	0.69	37,676	5.13		
Pre Registered House Officer ³			5,411	0	29,152	0		
Specialist Train 1 to 5 (can be SR or SHO)			126,116	3	42,044	0		

	000's
Non - Pay Expenditures (Bank Only)	
CRB Checks	Unavailable
Uniforms	Unavailable
Occupational Health	Unavailable
Recruitment	Unavailable
Mandatory Training	Unavailable
Office Expenses	Unavailable
Legal Expenses	Unavailable
Pay Expenditure (Trust Wide)	
Bank Management	124,412
Agency management fees	0
Payroll	290,903
Human Resources (inc Recruitment)	217,585
Occupational Health	225,726
Recruitment	

3) Where an external supplier contract is in place would you supply the additional data below:

1. The date of award of the current contract or contracts for services
2. The date of expiry of the current contract or contracts for services
3. Summary of any provisions within any contract or contract for services that allow the contract to be extended beyond any current or initial term.

The above information will be sent to you by June 30th 2011.

040/11
Temporary Staffing

The Trusts response to questions 1 & 2 of your request were previously sent to you on June 16th 2011.

- 3) Where an external supplier contract is in place would you supply the additional data below:
- The date of award of the current contract or contracts for services
 - The date of expiry of the current contract or contracts for services
 - Summary of any provisions within any contract or contract for services that allow the contract to be extended beyond any current or initial term.

The Trust uses the Buying Solutions system which holds pre tendered contracts with several providers that can be taken advantage of by the Trust if required. Therefore, there are no set criteria or dates of expiry for contracts in place.

041/11
Maternity

How many babies were delivered at the Trust in the calendar years 2007, 2008, 2009 and 2010?

Year Calendar	Births (excluding Home Births)
Year 2007	3704
Year 2008	3720
Year 2009	3630
Year 2010	3723

How many times has any maternity unit in the Trust closed to admissions in each of the calendar years 2007, 2008, 2009 and 2010?

Nil, the maternity unit has not closed to admissions in this period.

For each instance when a maternity unit was closed to admissions in 2010, please provide:

- a) the date closure commenced,
- b) the shift on which the closure took place (e.g. night shift), and
- c) the reason given for the closure.

N/A, please see above response.

How many whole-time-equivalent qualified midwives were employed at the Trust as of 1st May 2011?

115.97

How many whole-time-equivalent qualified midwife vacancies were there in the Trust as of 1st May 2011?

3.4

What was the vacancy rate for midwife positions at the Trust as at 1st May 2011?

3.4

How many clinical incidents were reported in maternity units in the Trust in the calendar years 2007, 2008, 2009 and 2010? Please additionally provide figures broken down by month for 2010.

Year	Total
2007	838
2008	998
2009	1101
2010	1138

Month	Total
January 2010	75
February 2010	83
March 2010	127
April 2010	58
May 2010	112
June 2010	96
July 2010	111
August 2010	83
September 2010	104
October 2010	102
November 2010	99
December 2010	88

042/11

Human Resources

This reply is based on Walsall Hospitals NHS data, Walsall Hospitals integrated with Walsall Community Healthcare in April 2011 to become Walsall Healthcare NHS Trust. The first annual figures for Walsall Healthcare NHS Trust will not be available until April 2012 and therefore we are unable to supply data for the period April 1st 2011 – April 30th 2011.

How many employees has your organisation placed on gardening leave in each of the last four financial years for which figures are available?

Zero (0) staff have been placed on 'gardening leave' for the period you designate.

In each individual case, please provide the length of the gardening leave in days. For each of the last four financial years (where relevant), please provide the total cost in salary paid out to such individuals (to avoid my being able to identify the individual, please just give the total cost of these salary payments incurred by your organisation). If the gardening leave is currently occurring, please provide the total number of days of leave as at 31 April 2011.

N/A – Please see the above response.

How many employees has your organisation suspended in each of the last four financial years for which figures are available? (By 'suspended', I mean any employee who has been stopped from undertaking their usual duties as a consequence of disciplinary action being taken against them, or an investigation ongoing.)

2008/09 – between 1 -5 periods of suspension

2009/10 – Seven (7) periods of suspension

2010/11 – between 1 - 5 periods of suspension

Of these suspended employees, how many individuals were suspended on pay. By 'on pay' I mean any individual who continued to receive a salary from your institution (even if the salary was reduced).

All were suspended 'on pay'.

In each case, please provide the length of the suspension in days. For each of the last four financial years (where relevant), please provide the total cost in salary paid out to such individuals (to avoid my being able to identify the individual, please just give the total cost of these salary payments incurred by your organisation). If the suspension is currently occurring, please provide the total number of days of suspension as at 31 April 2011.

2008/09 – £59,482 in salary (not inclusive of on costs)

Total of 596 calendar days

2009/10 – £32,717 in salary (not inclusive of on costs)

Suspension 1 – 132 calendar days

Suspension 2 – 106 calendar days

Suspension 3 – 83 calendar days

Suspension 4 – 69 calendar days

Suspension 5 – 116 calendar days

Suspension 6 – 146 calendar days

Suspension 7 – 43 calendar days

2010/11 – £19,292 in salary (not inclusive of on costs)

Total of 571 calendar days to date

How many of your organisation's employees have been on long-term sickness absence in each of the last four financial years for which figures are available? (By 'long term sickness absence', I mean absence from work of longer than four consecutive weeks).

The Trust is able to supply data as a number of full time equivalent absences only;

2008/09 – 184.71 fte

2009/10 – 221.50 fte

2010/11 – 250.45 fte

How many incidences of long-term sickness absence have occurred in your organisation in each of the last four financial years for which figures are available? (I.e. this is the same question as the previous one, but would include individuals who have had more than one period of long term absence in a year).

2008/09 – 257 episodes

2009/10 – 316 episodes

2010/11 – 343 episodes

In each case, please provide the total length of the absence in days. For each of the last four financial years (where relevant), please provide the total cost in salary paid out to such individuals (to avoid my being able to identify the individual, please just give the total cost of these salary payments incurred by your organisation). If the absence is currently occurring, please provide the total number of days of absence as at 31 April 2011.

It is not possible to provide data that details each individual case of sickness. Data is therefore supplied as an equivalent as a number of full time work days lost.

2008/09 - £1,767,124 (Estimated cost of salary paid out)

2009/10 - £1,860,921 (Estimated cost of salary paid out)

2010/11 - £1,909,338 (Estimated cost of salary paid out)

043/11

Cardiac Care

1. a) Please confirm or deny whether your Trust has admitted patients for acute myocardial infarction in 2008/09, 2009/10 or 2010/11- [Confirm](#)
2. a) Please confirm or deny whether anyone has died with a primary diagnosis of acute myocardial infarction in 2008/09, 2009/10 or 2010/11.-[Confirm](#)
3. a) Please confirm or deny whether your Trust offers cardiac rehabilitation services to patients following acute myocardial infarction.-[Confirm](#)
4. a) Please confirm or deny whether patients are referred to a different Trust for cardiac rehabilitation following acute myocardial infarction.-[Deny all patients seen here and in Phase 3 community.](#)
5. a) Please confirm or deny whether data is collected by the Trust on the number of patients who have accepted and/or declined cardiac rehabilitation following acute myocardial infarction-[Confirm.](#)
6. a) Please confirm or deny whether your Trust has local guidelines in place for the management of patients following an acute myocardial infarction.— [Confirm- national guidelines as NSF for CHD \(20000](#)

7. a) Please confirm or deny whether your Trust holds data on the number of readmissions there were to your Trust within 28 days of discharge for patients originally admitted for acute myocardial infarction.-Deny –We no longer have acute MI admission since 2009 as primary PCI in place at local tertiary centre.

8. a) Please confirm or deny whether following discharge your Trust offers support and/or advice to patients who have had an acute myocardial infarction.- Phase ¾ cardiac rehab in community. All PPCI patients seen at this hospital following discharge from tertiary centre within 10 days.

9. a) Please confirm or deny whether your Trust has any shared care protocols with other Trusts for patients with acute myocardial infarction.-Confirm all ST Elevation MI go direct to Tertiary centre for PPCI

10. a) Please confirm or deny whether your Trust participates in the national myocardial infarction audit. Confirm.

From our preliminary assessment, we have estimated that it will cost more than the 'appropriate limit' to consider your part B of your request.

044/11 Mixed Sex Wards

Numbers – per patient, per day – of those placed in mixed sex sleeping facilities, in each month between December 2010 and May 2011. Please note it is important the answer includes data **per patient, per day**, which the trust is obliged to record. The data published by the DH on a monthly basis only records the number of **patients**.

The length of time a patient stayed in mixed sex accommodation was not recorded prior to April 2011; the data recorded was that of the date that a patient entered into mixed sex accommodation as the associated financial penalty was calculated for each patient, regardless of the length in which they remained in mixed sex accommodation.

From April 2011, the associated financial penalty has been calculated via a per patient, per day measure. Therefore, please see below for the data you requested for the month of April 2011.

Patients	Days
33	1
10	2
0	3
1	4

Numbers – per patient, per day - of “justified” mixing in sleeping accommodation

Patients	Days
33	1

Numbers – per patient, per day – of mixed-sex sharing of bathroom/toilet facilities, including those passing through accommodation or toilet/bathroom facilities used by the opposite gender

Systems to record this data are currently being established.

Numbers – per patient, per day – of mixed provision of day space in mental health units (if relevant)

This question is not applicable.

Total fines paid for breaching mixed sex accommodation rules in 2009-10

£0

Total fines paid for breaching mixed sex accommodation rules in 2010-11

£0

Fines paid or threatened for breaching mixed sex accommodation rules so far in 2011-12

The fine for breaching mixed sex accommodation in 2011/12 has been set at £250 per day; no fines have been levied as yet.

045/11

Paediatric Department

Could you please confirm for me as per your information that you have only 10.36 middle grade doctors and 6.9 Consultants and no other medical staff working the Paediatric Department - do you not have any specialty trainees, Foundation year 1 and 2 doctors? Could you please also specify how many of them (WTE)work on the first on tier of medical staffing?

Current paediatric staffing as follows:-

10.36 Whole Time Equivalent (WTE) consultants	- provide 3 rd on-call duties
8 WTE Middle Grades	- provide 2 nd on-call duties
6 WTE Specialty trainees Level 1, 2, 3	- provide 1 st on-call duties
2 WTE Foundation Year 2 doctors	- provide 1 st on-call duties
1 WTE Foundation Year 1 doctor	- no on-call duties

046/11

Police Access to Information

1. The form used by your Trust that police must complete in order to request confidential medical information under s29 of the Data Protection Act 1998.

Walsall Police complete form WA 170 which is their documentation. The Trust does not have its own request form.

2. All local guidance and policy documents available for the member of staff that will be making the decision whether to disclose under s29 (I do not need the NHS Code of Confidentiality just local policy documents).

A policy named "Access to Health Records" check that this is the right policy is in place and enclosed within your response. Please note that this policy was written prior to the integration of Walsall Hospitals NHS Trust and Walsall Community Health to form Walsall Healthcare NHS Trust. However, the processes and procedures outlined within remain standard protocol.

3. A list of the roles/officers that these policy guidance documents are circulated to (eg all staff, only senior management etc)

All active policies are available to all staff on the Trusts Intranet homepage.

4. Any information/statistics that are maintained by the Trust regarding requests made by police for access to confidential information without patient consent under the provisions of s29 of the Data Protection Act 1998. (please provide statistics for the last 3 years if possible)

SARS database? This information is not collated or recorded in a central location. A database has been established to record this information for 2011 onwards but does not contain information for the period prior to this.

5. Any information/statistics maintained regarding numbers of requests granted and refused. (please provide statistics for the last 3 years if possible)

As above

6. Any information/statistics regarding why requests were granted/refused (eg not in public interest etc) – please provide information for the last 3 years if possible

As above

7. Please indicate whether all requests were considered by the Caldicott Guardian. If not can you please provide the title/role of the person making the decision and the number of decisions they made.

CALDICOTT LOG

All requests are reviewed by the Health records Manager in the first instance. The Caldicott Guardian may review some requests but the Trust is unable to assure this or provide statistics on what proportion of requests are reviewed in this way.

047/11

Paediatric Department

The number of infants up to 6 months of age re-admitted to hospital for complications attributed to poor feeding including dehydration, hypoglycaemia, and hyperbilirubinemia.

Please see the table below;

	Dehydration	Hypoglycaemia	Hyperbilirubinemia
Year to 31/03/2007	1 -5	1 – 5	54

Year to 31/03/2008	6	1 - 5	49
Year to 31/03/2009	8	0	38
Year to 31/03/2010	1 - 5	1 - 5	44
Year to 31/03/2011	10	1 - 5	50

How many of these were reported as SUI's – Serious Untoward Incidence?

Zero (0) This event does not meet the criteria to be reported as a SUI.

Has there been any recorded case of Kernicterus in infants that were thought to be related to poor feeding? If so, please give outline details.

There are zero (0) cases of kernicterus recorded.

048/11

Circumcisions

1. Fixed price fee for a male circumcision operation

The prices given below are from private patients price list updated to 2011/12 price levels
The private patient fee for a Religious Circumcision is dependent by age. Only performed on children

Age Under 2 (Ward) - £263

Age Over 2 (Day Theatre) - £378

If the procedure is not religious or an adult the price charged would be dependent on length of stay in Theatres and a price of £614 (operations lasting up to 30 minutes) is the likely charge.

2. Names of Urology consultants & their outpatients fees prior to the operation

The Outpatients fee would be £79

The Urology Consultants are:

Mr Koneru

Mr Ferrie

3. Fee for a 1 night stay in hospital for the operation

Fee for a 1 night stay in hospital for the operation - £337

049/11

Knee Joints

What is the fixed price for knee joint (both knees) replacement surgery due to osteoarthritis?

Walsall Healthcare NHS Trust private patient tariffs are based upon theatre time so there is no fixed price for operations. It is estimated that the type of operation you have listed would cost

around £3000; However, this could be as much as £5,250 if a Press Fit Condylar (PFC) knee system was used.

What is the name of the Consultant Orthopaedic Surgeon and what is their fee before the operation?

There are a number of orthopaedic surgeons in the employment of the Trust and it is not possible at this point to identify which would carry out a procedure.

This fee is agreed between the pertinent Consultant and the patient; Walsall Healthcare NHS Trust does not influence this fee and keeps no record for this fee.

What is the fee of the hospital for both knee x-rays before the operation?

£60

050/11

Provider IT Services

1. What IT systems does your organisation use to manage clinic-based activity (e.g. GP surgery, minor injury units, outpatient services and similar fixed-site services)

McKesson Star PAS for acute clinics. Connecting for Health (CfH) iPM system for community clinics

2. What IT system does your organisation use to manage community-based patient activity (e.g. district nurse visits, community physiotherapist, community midwives and similar services where the healthcare provider is not based at a fixed site)?

Connecting for Health (CfH) iPM system

3. Does your community care IT system enable mobile access to patient notes and data entry?

Yes

4. Does your community care IT system permit e-scheduling?

Yes

5. Does your community care IT system permit management of staff rotas?

No

6. Does your community care IT system enable you to identify cost of care delivered?

No

7. Is your community care IT system ready for tariff pricing?

No

8. Do you have any plans to procure or re-procure a community care IT system, and if so within what timescale?

It is planned to procure a new health economy wide IT system for acute and community care services by 2014.

051/11

Intensive Care Ventilators

Intensive care ventilators held in all intensive care settings within your Trust: For example Adult, Cardiac, Paediatric and Neonatal areas. Wherever possible, I would like disclosure of manufacturer, quantity and their age or date of purchase.

Please see the below table

Description	Placement	Installed	Manufacturer	Model
NEONATAL VENTILATOR	NEONATAL UNIT	08/10/2004	SLE	SLE 5000
NEONATAL VENTILATOR	NEONATAL UNIT	21/07/2006	SLE	SLE 5000
INFANT VENTILATOR	NEONATAL UNIT	03/03/2011	SLE	SLE 5000
INFANT VENTILATOR	NEONATAL UNIT	03/03/2011	SLE	SLE 5000
INFANT VENTILATOR	NEONATAL UNIT	03/03/2011	SLE	SLE 5000
ELECTRONIC VENTILATOR	INTENSIVE CARE UNIT	01/03/2001	RESPIRONICS	BIPAP VISION S82080
ELECTRONIC VENTILATOR	INTENSIVE CARE UNIT	04/02/2004	MAQUET	SERVO i
ELECTRONIC VENTILATOR	INTENSIVE CARE UNIT	13/04/2004	RESPIRONICS	BIPAP VISION S82080
ELECTRONIC VENTILATOR	INTENSIVE CARE UNIT	13/04/2004	RESPIRONICS	BIPAP VISION S82080
ELECTRONIC VENTILATOR	INTENSIVE CARE UNIT	15/03/2006	RESPIRONICS	BIPAP VISION S82080
ELECTRONIC VENTILATOR	INTENSIVE CARE UNIT	06/04/2006	MAQUET	SERVO i
ELECTRONIC VENTILATOR	INTENSIVE CARE UNIT	30/11/2006	RESPIRONICS	BIPAP VISION S82080
ELECTRONIC VENTILATOR	INTENSIVE CARE UNIT	30/11/2006	RESPIRONICS	BIPAP VISION

				S82080
ELECTRONIC VENTILATOR	INTENSIVE CARE UNIT	10/01/2007	DRAEGAR	OXYLOG 3000
ELECTRONIC VENTILATOR	INTENSIVE CARE UNIT	01/05/2009	MAQUET	SERVO i
ELECTRONIC VENTILATOR	INTENSIVE CARE UNIT	09/02/2007	MAQUET	SERVO i
ELECTRONIC VENTILATOR	INTENSIVE CARE UNIT	02/03/2007	DRAEGAR	OXYLOG 3000
VENTILATOR	INTENSIVE CARE UNIT	30/03/2011	MAQUET	SERVO i
VENTILATOR	INTENSIVE CARE UNIT	30/03/2011	MAQUET	SERVO i
VENTILATOR	INTENSIVE CARE UNIT	30/03/2011	MAQUET	SERVO i
VENTILATOR	INTENSIVE CARE UNIT	30/03/2011	MAQUET	SERVO i
VENTILATOR	INTENSIVE CARE UNIT	30/03/2011	MAQUET	SERVO i
VENTILATOR	INTENSIVE CARE UNIT	30/03/2011	MAQUET	SERVO i
ELECTRONIC VENTILATOR	HIGH DEPENDENCY UNIT	04/10/2000	RESPIRONICS	BIPAP VISION S82080
ELECTRONIC VENTILATOR	HIGH DEPENDENCY UNIT	04/10/2000	RESPIRONICS	BIPAP VISION S82080
ELECTRONIC VENTILATOR	HIGH DEPENDENCY UNIT	15/01/2004	PROFILE	332079
ELECTRONIC VENTILATOR	HIGH DEPENDENCY UNIT	19/01/2008	RESPIRONICS	582080
VENTILATOR	SURGICAL DAY UNIT	03/12/1996	PENLON	200
TRANSPORT VENTILATOR	ACCIDENT & EMERGENCY	20/03/1995	DRAEGAR	OXYLOG 2000
VENTILATOR ELECTRONIC	ACCIDENT & EMERGENCY	14/03/2001	DRAEGAR	OXYLOG 2000
BABY VENTILATOR	ACCIDENT & EMERGENCY	02/07/2007	SMITHS	B100 CE
VENTILATOR ELECTRONIC	ACCIDENT & EMERGENCY	18/04/1999	DRAEGAR	OXYLOG 2000
VENTILATOR ELECTRONIC	PAEDIATRIC ASSESSMENT UNIT	18/12/2002	DRAEGAR	OXYLOG 2000
VENTILATOR ELECTRONIC	PAEDIATRIC ASSESSMENT UNIT	23/11/2006	SMITHS	BABYPAC B100/CE

052/11

VISA Purchasing Cards

1.a) For the year 2010/11, the total amount spent using GPC Visa purchasing cards.

The total amount spent using GPV Visa Purchasing cards for the year 2010/11 was £18,026.89

1.b) A copy of the Management Information data for each card showing the highest level of data held, from Basic/Level 1, Standard/Level 2 or Enhanced/Level 3, to provide details of all transactions.

The Trust has 3 purchasing cards and we do not have access to the management information system for these cards.

2.a) and b) The same for 2009/10 – Not applicable purchasing cards introduced in 2010/11.

3.a) and b) The same for 2008/09 – Not applicable purchasing cards introduced in 2010/11.

4.a) and b) The same for 2007/08 – Not applicable purchasing cards introduced in 2010/11.

5.a) and b) The same for 2006/07 – Not applicable purchasing cards introduced in 2010/11.

6.a) and b) The same for 2005/06 – Not applicable purchasing cards introduced in 2010/11.

053/11

CRB Checks

1a) The number of trust workers (for example, but not limited to, health workers, civilian staff, cleaners, catering staff etc) employed (either full time, part time, or on temporary contract) by the trust, whose employment was then terminated during 2010/11 following the results of a CRB check.

Zero (0) employees were terminated following the results of a CRB check in 2010/11 or 2009/10.

1b) A breakdown for each individual providing the following details: the length of time they were employed (to the nearest month), the job title of the position they held, and an overview summary of the offences revealed by the CRB check which led to the termination of their employment.

N/A – Please see the above response

2a) and b) The same for 2009/10.

As above.

054/11

Smoking Cessation

Organisation structure of the Walsall Stop Smoking Service. This should include a structure chart showing all posts, including their job title, WTE equivalent and Agenda for Change Band.

Please see the attached document marked appendix 1.

Could you also provide a copy of your service delivery model, detailing where cessation clinics take place and when

Please find attached as appendix 2. This document is the service delivery timetable for June 2011, the number of clinics remains static throughout the year though the location varies according to clinical need.

055/11
Physiotherapy

Annual spending on physiotherapy consumables (including rehabilitation and aid to daily living products) for each of the last 3 fiscal years (3 numbers, one for each year) within your organisation

2008/09; -£6,121
2009/10; £4,194
2010/11; £6,984

Annual spending on physiotherapy equipment for each of the last 3 fiscal years (3 numbers, one for each year) within your organisation

2008/09; £308
2009/10; £461
2010/11; £7225

of Physiotherapists (Full Time Equivalent) practicing in your organisation in each of the last 3 fiscal years (3 numbers, one for each year)

Fiscal Year	in Post
2009	27.53
2010	28.51
2011	30.4

of Occupational Therapists (Full Time Equivalent) practicing in your organisation in each of the last 3 fiscal years (3 numbers, one for each year)

Fiscal Year	in Post
2009	17.49
2010	19.54
2011	18.36

056/11

School Contraceptives

1. Does the Trust offer emergency contraception/the morning after pill/emergency hormonal contraception to pupils on school premises, either through its own staff, a service arranged through the trust, a partnership or multi-agency arrangement, or similar?

Yes – In schools, pharmacists and local community centres.

2. In how many schools does it currently provide this service?

Two

3. A list of the schools in which the service is currently provided

Willenhall School Sports College
Frank F Harrison Engineering College

4a. For each school in which emergency contraception has been provided, the total doses of emergency contraception given to pupils (so far) in the 2010/11 school year.

Between 1 and 5 doses per school.

4b. For each school that records age distinction, the number of recipients from Year 11 or below.

Between 1 and 5 recipients per school.

5a. For each school in which emergency contraception has been provided, the total doses of emergency contraception given to pupils in the 2009/10 school year.

Between 1 and 5 recipients per school.

5b. For each school that records age distinction, the number of recipients from Year 11 or below.

Between 1 and 5 recipients per school.

6a. For each school in which emergency contraception has been provided, the total doses of emergency contraception given to pupils in the 2008/9 school year.

Between 1 and 5 recipients per school.

6b. For each school that records age distinction, the number of recipients from Year 11 or below.

Between 1 and 5 recipients per school.

057/11
Deaths in Labour

Number of women who have died during child birth at each of the trust's hospitals in each of the past five years.

Zero (0) women have died during labour during the past 5 years.

058/11
Transport

The size and value of any Patient Transport Contracts currently let by the Trust

The dates on which any of the above contracts are due for re-tender

Walsall Healthcare NHS Trust is currently in an EU tender process for this contract. Therefore, this request is refused under section 43(2) as disclosure would prejudice the commercial interests of the Trust.

059/11
Dental

1. What was the Trust's NHS expenditure on (i) orthodontic treatment, (ii) oral surgery and (iii) total secondary care dentistry services in each of the last five years;

	Year	09/10	08/09	07/08	06/07	05/06
		£	£	£	£	£
Oral Surgery		989,295	589,497	350,005	465,793	448,193
Orthodontics		484,437	530,662	637,372	531,955	516,461
Total		1,473,732	1,120,159	987,378	997,748	964,654

1. If you will provide the full list of addresses of each facility providing NHS secondary care dentistry in your Trust area, in particular facilities providing orthodontic treatment and oral surgery;

Walsall Healthcare NHS Trust is the only secondary care provider who provides secondary care in dentistry in Walsall.

2. What was the Trusts total NHS expenditure on prison dentistry in each of the last five years; and

Not applicable

3. If you will provide the full list of addresses of each facility providing prison dentistry services in your Trust area.

Not applicable

060/11
Maternity

For questions 1-3 I would like the figures broken down to show a total for your authority and also the individual amounts for each hospital. I would also like the all figures for the last two calendar years (Jan 1st to Dec 31st).

1. How many births there were during the last two years?
2. How many women have died during childbirth?
3. How many complaints were made against maternity staff or the maternity departments?
4. If possible, I would like details of these complaints? i.e. what was the complaint, what happened etc...

2009

- 1; 3630 excluding home births
2; Zero (0)
3; Twenty (20)
4;

Complaint
Delay in diagnosis
Inadequate treatment
Unhappy with care
Pain relief/ management
Patient found on floor
Suitability of treatment / procedure
Communication / Staff Attitude
Care and Monitoring
Patient Safety
Quality of clinical / medical care / practice / treatment
Delay in performing an operation
Lack / failure / poor quality (written and oral)
Failure to recognise complication in treatment

2010

- 1; 3723 excluding home births
2; Zero (0)
3; Nineteen (19)
4;

Complaint
Failure / Delay in diagnosis
Communication / Staff Attitude
Treatment related
Delay in investigation
Care and Monitoring

Inadequate Treatment
Admission / Discharge / Transfer
Failure to recognise complication in treatment

061/11

Car Parking Management

Do you outsource your parking management? If so, at which hospitals and/or sites?

No, Walsall healthcare does not outsource car parking management at this time.

Please list the parking management contractors for each site.

N/A; Please see above.

Please list the expiry date for each parking management contract.

N/A; Please see above.

062/11

Miscarriages

Please could you tell me what is your trust’s current clinical procedure in terms of how many consecutive miscarriages a woman has to have had before further medical tests are undertaken to establish any underlying medical causes for the miscarriages.

A woman would need to have three (3) consecutive miscarriages before tests were carried out to establish any underlying medical cause.

Please can you also tell me how many miscarriages occurred within the trust in the years 2009 and 2010?

Year	Count
01/01/2009 - 31/12/2009	326
01/01/2010 - 31/12/2010	451
Total	777

063/11

ICT Spend

From our preliminary assessment, we have estimated that it will cost more than the ‘appropriate limit’ to consider your request.

064/11

Cases of Rickets

1. How many cases of rickets have been reported in children aged under 5 in each of the last ten years;

Walsall Healthcare NHS Trust does not provide specific data where the number of instances is lower than 5 in order to prevent the identification of individuals.

Year	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011
Cases	0	0	1-5	1-5	0	1-5	1-5	0	1-5	1-5

Total Cases = 10

2. How many cases of rickets have been reported in children between the ages of 5 and 10 in each of the last ten years; and

Year	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011
Cases	0	0	0	0	0	1-5	1-5	0	0	0

Total Cases = 3

3. How many cases of rickets have been reported in total in each of the last ten years.

Year	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011
Cases	1-5	1-5	0	1-5	1-5	1-5	1-5	0	1-5	1-5

Total Cases = 14

0165/11

Contact Details of Senior Staff

The Director of IT / Informatics / IM&T

Director of IT / Informatics / IM&T – Steve Darkes, steve.darkes@walsall.nhs.uk

The Assistant / Associate Director of IT / Informatics / IM&T

Please note that we do not release individual staff names and email addresses this is withheld under section 40 (personal Information).

The Head of IM&T

Please note that we do not release individual staff names and email addresses this is withheld under section 40 (personal Information).

The Head of IT

Please note that we do not release individual staff names and email addresses this is withheld under section 40 (personal Information).

The Head of Information

Please note that we do not release individual staff names and email addresses this is withheld under section 40 (personal Information).

The IT Manager

Please note that we do not release individual staff names and email addresses this is withheld under section 40 (personal Information).

The IT Network Manager

Please note that we do not release individual staff names and email addresses this is withheld under section 40 (personal Information).

066/11

Pharmacy Exports

The total quantity of medicines exported for profit, or sold for export, by the Trust between 14 July 2009 and 17 June 2011. Please include if available a breakdown of the total quantity each month.

Zero (0) – Walsall Healthcare NHS Trust did not export any medicines during this period.

The total value of medicines exported for profit, or sold for export, by the Trust between 14 July 2009 and 17 June 2011. Please include if available a breakdown of the total sum each month.

£0

The top five medicines exported for profit, or sold for export, by the Trust between 14 July 2009 and 17 June 2011.

N/A – See above

067/11

SUIs

We have reviewed the information which may be relevant to your request, your request is refused under exemption 21(3) of the Freedom of Information Act 2000.

068/11
Agency Spends 2010

Walsall Hospitals NHS
Trust

Financial Performance - Period ended 31st
March 2011

Divisional Senior Medical Staff

	Agency Costs	NHS Locum Costs	Agency / Locum Total Costs
	£	£	£
Elderly General Medicine	104,397	104,390	104,390
Trauma & Orthopaedics		227,165	227,165
Oral & Orthodontics		36,000	36,000
General Surgery		48,223	48,223
ENT		1,569	1,569
Paediatrics		181,019	181,019
Sexual Health		12,951	12,951
Anaesthetics		354,755	354,755
Accident & Emergency	17,440	123,449	140,889
Pathology		1,503	1,503
Imaging		65,357	65,357
Miscellaneous	3,068		3,068
Total	124,905	1,374,689	1,499,594

Divisional Junior Medical Staff

	Agency	NHS Locum	Agency / Locum
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	Costs	Costs	Total Costs
	£	£	£
Elderly	60,566	30,057	90,623
General Medicine	457,196	189,741	646,937
Trauma & Orthopaedics	134,275	86,624	220,899
General Surgery	63,984	36,003	99,987
ENT	1,053	42,132	43,185
Paediatrics	136,989	75,303	212,292
Obstetrics & Gynaecology	97,132	22,825	119,957
Sexual Health		5,116	5,116
Anaesthetics	349,489	139,193	488,682
Accident & Emergency	67,144	267,950	335,094
Non OMG Medical Staff		129	129
Total	1,367,828	895,073	2,262,901
	Costs	Costs	Total Costs
	£	£	£
Total All Medical Staffing	1,492,733	1,269,762	3,762,495

069/11 Eating Disorders

Total number of patients aged under 16 treated for eating disorders in each year 2008/2009, 2009/2010 and 2010/2011. Please can you also divide figures for each year into the number of male and female patients.

2008 / 2009 – nil

2009 / 2010 – nil

2010 / 2011 – between 1 – 5 all female

2. Age and gender of youngest patient treated for each year.

Youngest 14 years old - female

3. For each year the number of patients receiving treatment in each of these age groups:

a) below the age of 5

nil

b) aged 5, 6, 7

nil

c) aged 8 and 9

nil

d) aged 10, 11, 12

nil

e) aged 13, 14, and 15

Between 1 – 5

070/11

Annual Income from Claims Management

The annual income received by the Trust from Claims Management Companies / Claims Handlers / Personal Injury Solicitors for the advertisement of services to potential personal injury claimants per financial years 2006 – 2007, 2007 – 2008, 2008 – 2009, 2009 – 2010 and 2010 – 2011.

Walsall Healthcare NHS Trust has received zero payments for the years quoted above.

071/11

Human Organs

A) How many human organs are currently being held in accordance with the 2004 Human Tissue act?

We have one human organ retained at request of HM Coroner and in accordance with the Human Tissue Act, No other organs are retained by the organisation

B) How many of those tissues are currently being held with out the consent of a relative?

None

072/11

Empty Dwellings

1. How many empty dwellings owned by your NHS Trust are currently empty? How many of these have been empty longer than 12 months?

There are currently 27 empty since March 2011 none have been empty longer than 12 months.

2. What is the greatest length of time a dwelling owned by your department has been, and is currently still, empty? What is the address of this property?

4 Wilbraham Road, beginning of March 2011

3. How much did your department spend on maintenance and on-going security for empty dwellings in the last financial year?

Maintenance and Security is a part of organisation Trust arrangements.
The maintenance cost was £11,291

4. a) What specific measures do you use to safeguard empty dwellings against risks (such as squatting)?

Checked on a weekly basis by Trust staff.

b) How much has it cost, in the last financial year, to secure empty dwellings owned by the NHS Trust from risks (such as squatters)?

Security is a part of the Trust arrangements. Security is a site wide service given by the Trust, there is no dedicated security for accommodation.

5. How many empty dwellings that were owned by your NHS Trust have been transferred to another organisation under your control within the last two years?

None

073/11

PFI Contracts

For all Private Finance Initiative contracts signed by your trust since 1 May 1997, please could you provide the below information. In each instance, please indicate which specific hospital or PFI project the answer refers to (if for example your trust has more than one ongoing PFI project).

1. As part of the terms and conditions relating to Private Finance Initiative contracts signed by your trust, please could you confirm whether your trust is obliged to use a given contractor for any building maintenance or repair facilities. If this is the case, please provide the name of the contractor you are obliged to use and a description of the service (i.e. cleaning, or changing of lightbulbs etc) that they are required to undertake when necessary.

Skanska Facilities Services are the current hard FM provider who provide maintenance services.

2. For those contractors your trust is obliged to use (if this is applicable), please can you provide the tariff costs for all building maintenance and repair facilities supplied to your trust by those contractors. For example, for any maintenance or repair programmes (such as a new plug socket needing to be installed) - and this falls within the terms and conditions of the arranged PFI contract - please indicate the name of the contractor, the cost of the item (such as a light bulb or plug socket etc), any servicing costs, and any associated repair costs. Please provide these details for all relevant building maintenance and repair facilities.

Repair and maintenance costs are included within the contractual obligations. Additional works costs are detailed within the project agreement however the trust is not obliged to use a specific contractor.

3. Please provide the 5 most expensive payments made by your trust to contractors you are obliged to use under PFI terms and conditions for building maintenance and repair. Please provide details of the name of the contractor, a description of the service provided, and the total cost to your trust.

4. IF THERE IS SUFFICIENT TIME TO ANSWER THIS QUESTION IN ADDITION TO QUESTIONS 1, 2 AND 3 WITHIN THE 18 HOUR TIME FRAME, please could you provide all emails and attachments sent between your trust and the following individuals between 1 May 1997 and the present day relating to any PFI contracts your trust might hold:

Not applicable

a. John Healey (now Shadow Health Secretary) b. Liz Kendall (now Shadow Health Minister) c. Ed Balls (now Shadow Chancellor of the Exchequer) d. Ed Miliband (now Leader of the Opposition)

5. In addition to the previous email requesting information on whether the trust is obliged to use a given contractor for any building maintenance or repairs, please could you provide information on whether the trust is obliged to use a given contractor for any non clinical support services. Once more, for those contractors your trust is obligated to use, please can you provide the name of the contractor, the tariff cost of the servicing and any other associated costs for these non clinical support services, for example; security, cleaning, laundry, catering etc. Could you please provide these details for all non clinical support services.

These are currently in house services

074/11

Trust Formulary

I would be most grateful to receive the most recent copy of the Walsall Hospitals NHS Trust Formulary, and also the Woundcare formulary. If the Trust does not publish its own formulary, please could I have a copy of the current guidelines used by the Trust.

Please could you also tell me which other organisations, if any, use the formulary / guidelines.

Walsall Healthcare NHS Trust (formed following the integration of Walsall Hospitals NHS Trust and Walsall Community Health) operates a shared formulary with Walsall PCT.

Walsall Healthcare NHS Trust does not own the information which you are requesting, it is owned by NHS Walsall.

Please contact them on foi@walsall.nhs.uk

Please find attached as appendix 1 the Trust Medicines policy.

075/11

Trips Abroad

From our preliminary assessment, we have estimated that it will cost more than the 'appropriate limit' to consider your request.

076/11

Trust Documentation

1. Current Medicines Management Policy

Please see the attached document identified as appendix 1.

2. Risk Management policy/strategy or document which describes the Board Assurance Framework process covering the April 2010 - March 2011 period

Please see the attached documents identified as appendix 2, 3 & 4.

3. Board of Directors minutes from April 2010 - March 2011.

Trust Board papers are published monthly on the Trust website; therefore, this component of your request is refused under exemption 21(3) of the Freedom of Information Act 2000; Information available by other means. However, in the spirit of the act, please find below links to the appropriate web pages.

For 2011 - <http://www.walsallhealthcare.nhs.uk/about-us/the-board/board-papers.aspx>

For 2010 - <http://www.walsallhealthcare.nhs.uk/about-us/the-board/board-papers-2010.aspx>

4. Board Assurance Framework covering April 2010 - March 2011

The Board Assurance Framework has been withheld under exemption 41 information provided in confidence.

077/11

WEEE Tender

I would like to request the following information from either the procurement department or the Waste Management/Recycling department.

- Date of the next tender for the "Collection and Disposal of WEEE (Waste Electrical and Electronic Equipment) and Batteries.
- Also a copy of the previous successful tender for the collection and disposal of WEEE.

Walsall Healthcare NHS Trust does not have a contractual agreement with any provider for the services you describe.

078/11

Unlicensed Medicines

1. Number of patients prescribed Firdapse in 2011

Zero (0)

2. Number of patients prescribed 3,4-Diaminopyridine in 2010 and 2011

Zero (0)

3. Number of Patients prescribed amifampridine

Zero (0)

4. The number of patients with LEMS treated by your trust.

This information will be sent to you by August 5th 2011.

5. Copy of all emails containing the word Firdapse

Following your clarification; in the first instance, the emails of the Director of Pharmacy were searched to identify any emails containing the phrase 'Firdapse' from the past 12 months.

These emails constitute a discussion between staff at several Trusts and Walsall Healthcare NHS Trust cannot release information from other organisations staff.

Walsall Healthcare operates a disparate email system which cannot be searched centrally; as a result, the process for searching the email system of staff other than the Director of Pharmacy would breach the FOI time limit.

6. Copy of all emails containing the word 3,4-Diaminopyridine

No emails containing this phrase were identified on the Director of Pharmacy email account.

7. Copy of all emails containing the word 3,4-Dap

No emails containing this phrase were identified on the Director of Pharmacy email account.

8. Copy of all emails containing the word amifampridine

No emails containing this phrase were identified on the Director of Pharmacy email account.

9. Copy of all documents containing the word Firdapse

10. Copy of all documents containing the word 3,4-Diaminopyridine

11. Copy of all documents containing the word 3,4-Dap

12. Copy of all documents containing the word amifampridine

As per your request, in the first instance the system of the Director of Pharmacy was checked and no documents matching your specification were identified.

A wider search was conducted of all networked drives in use to identify relevant documents. Due to the number of documents identified, it would surpass the 18 time limit to review and anonymise all the identified documents.