

**FREEDOM OF INFORMATION
DISCLOSURE LOG – Quarter 4 2011/2012**

Ref	Date	Title of Request / Link	Page No
0216/11	January 2012	Departmental Structures	3-4
0217/11	January 2012	Confidentiality and Data Breaches	4
0218/11	January 2012	Injuries sustained during suspected metal or cable theft	4
0219/11	January 2012	Spend & Organisational Structure	5-6
0220/11	January 2012	Geographical area and postcodes covered by Walsall Healthcare NHS Trust	6-7
0221/11	January 2012	Head of Information Governance Details	7
0222/11	January 2012	Health Visitors caseload numbers	7
0223/11	January 2012	WHO Surgical safety checklist	8
0224/11	January 2012	Pest Control Services	8-9
0225/11	January 2012	Clinical Commissioning	9
0226/11	January 2012	Hepatitis C	9-10
0227/11	January 2012	Walsall Hospitals property request	10-11
0228/11	January 2012	AAC Devices	11
0229/11	January 2012	Graphic Design and Print Services	11
0230/11	January 2012	Urinary Incontinence	12
0231/11	January 2012	Overseas Testing of Blood Samples	12
0232/11	January 2012	Lone Worker Devices	13
0233/11	January 2012	Disposal of Human Tissue	13-14
0234/11	January 2012	Policy on handling enquiries	14
0235/11	January 2012	ICT contract	14-15
0236/11	January 2012	Supply of Agency Staff	16
0237/11	January 2012	DNAR Policy and Form	17
0238/11	January 2012	FY1/2 Doctors Employed	16
0239/11	January 2012	Losses and special payments	17
0240/11	January 2012	Complaints relating to Maternity Unit	17-18
0241/11	January 2012	Bariatric Beds	18
0242/11	January 2012	Elective procedures	18-20
0243/11	January 2012	Dignity and Nutrition Inspection	20-21
0244/11	January 2012	Joint/Ventures	21
0245/11	January 2012	Fascia Iliaca Blocks	21
0246/11	January 2012	Patients entering A&E with Seizures	22
0247/11	January 2012	Maternity Statistics	22-25
0248/11	January 2012	Data Warehouse	25-26
0249/11	January 2012	Workforce Performance Report	26-27
0250/11	January 2012	Hospital Capital Spending	27
0251/11	February 2012	Car Park Charges	28-29
0252/11	February 2012	Audiology	29-31
0253/11	February 2012	Steis System	31-35
0254/11	February 2012	Case Review	35
0255/11	February 2012	A&E Patients	35-36
0256/11	February 2012	Maternity Units and bed Occupancy	37-38
0257/11	February 2012	QIPP Plans	38-39

Ref	Date	Title of Request / Link	Page No
0259/11	February 2012	Parking and Security	39-40
0260/11	February 2012	Pest Control	40
0261/11	February 2012	Prescribing Formulary	40-44
0263/11	February 2012	Compromise Agreements	44
0264/11	February 2012	Vascular Surgery	45
0265/11	February 2012	Information Legislation	46
0266/11	February 2012	Salaries of Staff	46-47
0267/11	February 2012	Deceased Patients without Next of Kin	47
0268/11	February 2012	Treatment of Foreign Nationals	48-49
0269/11	February 2012	Patient Discharges	48
0270/11	February 2012	Treatment of Eye Conditions	48-49
0271/11	February 2012	Estates Strategy	49
0272/11	February 2012	Treatment for FGM	50
0273/11	February 2012	Speech and Language Therapy Waiting Times	50-51
0274/11	February 2012	Community DSN Team	51
0275/11	February 2012	Prescribing Rebate Scheme	52-53
0276/11	February 2012	Agency Spend	52-53
0277/11	March 2012	Outpatients Letters	53
0278/11	March 2012	Selective Dorsal Rhizotomy	53
0279/11	March 2012	Bed Shortages	53-54
0280/11	March 2012	Mobile Phone Contract	54
0281/11	March 2012	Patients Treated	54-55
0282/11	March 2012	Employed staff specifically with Infection Control	55
0283/11	March 2012	Advertising at the Hospitals	55-56
0284/11	March 2012	IT/IM&T Department	57-59
0285/11	March 2012	The Trusts Hardware Maintenance and Costs	59-60
0286/11	March 2012	Rheumatoid Arthritis	61
0287/11	March 2012	Trust IT Department	61-62
0288/11	March 2012	Nurses with Degrees	63
0289/11	March 2012	Staff Numbers	63
0290/11	March 2012	Overseas Visitors	64-68
0291/11	March 2012	Private Sector Delivery of Public Service	69-70
0292/11	March 2012	ICT Contracts	71-72
0293/11	March 2012	Accommodation for Patients	72
0294/11	March 2012	NHS Trust staff receiving Private Medical Care paid for by the Trust	72
0295/11	March 2012	Audiology	72-75
0296/11	March 2012	Clinical Systems Messaging Interfaces	76-77
0297/11	March 2012	Copy of Audited Accounts 2012/11 and Cost of Circumcision Operation	78

**0216/11
Departmental Structures**

1. Can you advise me on the following departments to include the Structures within the department (include PAs and administration) and also within the organisation, banding and hours per week they work.
 - Governance department - can you also advise me what divisions the team work in.
Please see below and attached Governance structure.
 - Health and safety department:
Structure and hours contracted to work per week

Designation	Working hours per week
Head of health and Safety Non Clinical	37.5
Skills Trainer	37.5
Nurse	37.5
Fire Safety Advisor	37.5
Health and Safety Advisor	37.5
Health and Safety Advisor	22.5
Admin and Clerical	37.5

- Clinical audit department
Please see below
- Freedom of information department. How many requests do you get per year for 2010-2011 and 2012 to date and can you advise me of the numbers for media and non media requests
Please see below

2. Do you have a position within the organisation that manages polices (either on sharepoint or other software). What banding are they and how many hours do they work per week.

Can you also advise me where this person sits within the Trust, who manages them?

Please see attached Governance structure.

<ul style="list-style-type: none"> • Governance department - can you also advise me what divisions the team work in 	<ul style="list-style-type: none"> • The Governance team works across all the divisions in the Trust • We do not disclose the banding of staff members • Governance structure attached
<ul style="list-style-type: none"> • Clinical audit department 	<ul style="list-style-type: none"> • There is no clinical audit department in the organisation. Clinical audit is a function contained within the Governance

<ul style="list-style-type: none"> Freedom of information department. How many requests do you get per year for 2010-2011 and 2012 to date and can you advise me of the numbers for media and non media requests 	<p style="text-align: center;">Dept</p> <ul style="list-style-type: none"> There is no freedom of information department in the organisation. Freedom of information is a function contained within the Governance Department. Walsall Healthcare NHS Trust became a Trust in April 2011. From April 2011- December 2011 the total number of FOIs received is 215 Media Requests = 54 Non Media Requests = 161.
---	---

0217/11

Confidentiality and Data Breaches

- How many confidentiality and data breaches have there been at your Trust in:
 - 2011;
 - 2010;
 - 2009
- Breaking it down into each year, could you please provide details of what happened in each case.

Data breaches:

There were no electronic data breaches for 2009 and 2010.

There has been one electronic data breach in the month of September 2011 a hearing took place and this was dealt with internally.

Please note that the information provided below is only relating to patient records breach of confidentiality however, if you require further information please do not hesitate to contact me.

0218/11

Injuries sustained during suspected metal or cable theft

In the past five calendar years, on how many occasions have people presented themselves at hospitals in the trust with injuries sustained during suspected metal or cable theft?

Please state which hospital, the month and year of each occurrence as well as a description of the injuries, the injured person's gender and approximate age, and any details of the alleged theft given at the hospital.

Please note that the Trust does not record this information.

**0219/11
Spend & Organisational Structure**

I would be very grateful if you could please supply:

- Agency spend data for 2010/2011 and 2011/2012 for the Trust
Please see below
- An organisational structure including manager names and locations for the following departments:

Speech and language Therapy (Trust wide) **Available upon request**

Occupational Therapy (Trust wide) **Please see below and available upon request**

Physiotherapy (Trust wide) **Please see below and available upon request**

Please note that the Trust does not release individual staff names and email addresses this is withheld under section 40 (personal information)

Family Health Diagnostics - Walsall Manor Hospital

Therapies Manager – 1x (Band 7 1WTE)
1 WTE Band 5 Physiotherapist
1.3 Band 6 WTE Physiotherapist (2 posts)
0.5 WTE Band 7 Physiotherapist

Planned Care - Walsall Manor Hospital

8A Principal Therapist		8A Principal Therapist	
WTE	Role	WTE	Role
0.64	OT	4.75	0.86 OT, 3.89 Physio
2	1 OT, 1 Physio	3.5	1 OT, 2.5 Physio
2	1 OT, 1 Physio	5	2 OT, 3 Physio
1	Generic CSW	1	Generic CSW
	1 OT, 1 Physio		
2	CSW	1	Physio CSW
			1 OT, 0.3
		2.3	Physio

An analysis of our Agency spend for the year 2010-11 and 2011-12 to date

Agency Spend 2010-2011- Full Year

Agency Staff	Trust Totals
Medical Staff	£1,489,664
PTB & Pharmacy	£513,888
Nursing & Midwifery	£1,187,097
Admin	£144,317
Ancillary	£391,419
Estates	£65,504
PAMS	£444,678
Senior Manager	£34,500
Other Scientific & tech	£87,032
Total	£4,358,099

Agency Spend 2011 - 2012 - Up To Month 09 December 2011

Agency Staff	Trust Totals
Medical Staff	£1,109,144
PTB & Pharmacy	£282,943
Nursing & Midwifery	£250,201
Admin	£245,062
Ancillary	£240,317
Estates	£55,310
PAMS	£296,650
Senior Manager	£126,982
Other Scientific & tech	£123,951
Total	£2,730,560

0220/11

Geographical area and postcodes covered by Walsall Healthcare NHS Trust

Walsall Healthcare serves a population of 253,500 people. Could you please let me know what geographical area this covers and if possible what postcodes they are?

Requester's clarification

I am about to commence writing the Organ Donation Annual Report and Business Plan for 2012/13. Information I would like to include is the amount of people that are on the Organ Donor Register in this area. I understand from your own Annual Report that Walsall Healthcare serves a population of 253,500 people. Could you please let me know what geographical area this covers and if possible what postcodes they are?

Patients that are registered with a Walsall GP are seen as our local patient population and therefore it is difficult to give an exact list of post codes we cover because of cross boundary patients being registered with a Walsall GP.

Please see attached a list of postcodes identified as responsible to Walsall Healthcare NHS Trust.

0221/11
Head of Information Governance Details

Could you please provide me with the details for the Head of Information Governance or, if not in post, the next best person.

By details, I mean:

Email address
Forename & Surname
Phone Number

Senior Information Risk Officer Details:
Dawn Kenny
dawn.kenny@walsallhealthcare.nhs.uk
01922 721172 Ext 7775

Head of Governance, Compliance and Risk Details:
Judith Morris
Judith.morris@walsallhealthcare.nhs.uk
01922 721172 Ext 7510

0222/11
Health Visitors Caseload Numbers

Would you be so kind as to provide:

Health Visitor caseload numbers of children for 2006,2007,2008,2009.2010 and 2011.

Please provide average (mean) caseload size, median and range)

Health Visitor Caseloads (0-5 Year olds)								
2006	2007	2008	2009	2010	2011	Average	Range	Median
12128	14816	16490	18001	19382	20735	16925.33	8607	17245.5

0223/11

WHO Surgical Safety Checklist

Q1) Do you use the WHO surgical safety checklist for any operative procedure **in the Labour ward/Delivery suite**? **Yes**

Q2) Do you audit the rate of compliance? **Yes**

Q3) If yes - What is the compliance rate overall? (If you audit it in a different way, please provide this audit data.) – **Between 90% -100%**

Q4) Have you locally adapted the WHO surgical safety checklist to suit your needs? **No, we use the national one**

Q5) Is the WHO surgical safety checklist used for –

- **Yes Elective Surgery**
- **Emergency Surgery**

- **The Trust also audits the use of the WHO surgical safety checklist when we audit 3rd degree tears and as part of the continuous LSCS audit.**

0224/11

Pest Control Services

- How many sightings of pests have there been at hospitals within the Trust in the past financial year?

There were 11 sightings between 1/1/11 to 31/12/11

- What was seen, at which hospital, in which department, and when?

There were 11 call outs as follows:

Feb 2011	<ul style="list-style-type: none">• Rodent external by West Wing entrance
March 2011	<ul style="list-style-type: none">• Biting insects Cytology
July 2011	<ul style="list-style-type: none">• Pigeon nest internal by distribution centre• Rodent inpatient area• Rodent external by distribution yard /old laundry site
August 2011	<ul style="list-style-type: none">• Biting insect inpatient area• Fruit fly's staff rest room
September 2011	<ul style="list-style-type: none">• Rodent external by old laundry site

November 2011	<ul style="list-style-type: none"> • Rats external by West Wing entrance • Rats A&E car park • Silver fish inpatient area
----------------------	---

- How many times were pest control called, and how much was each firm paid and for what work, and which hospital, in which department and when - again during the past financial year?

**The pest control were called 11 times
Fixed contract price + £60 for pigeon removal**

- Has the trust taken any extra preventative action in each case during the past financial year? If so, please provide a description of what action was taken and how much it cost to implement?

**The Trust has weekly scheduled inspections from the pest control contractor.
External bait boxes are moved to the problem area at no cost.**

0225/11

Clinical Commissioning

- A list of all Clinical Commissioning Groups that come under your area
- The board members of those Clinical Commissioning Groups
- If any of the Clinical Commissioning Groups are now Subcommittees of the PCT Cluster Board
- If any of the Clinical Commissioning Groups are working by locality and if so what are the localities

Please could you contact Andy Rust at NHS Walsall, Jubilee House direct as they will be able to provide this information.

0226/11

Hepatitis C

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

Please could you supply the following information:

- **Referral Pathways / Care Pathways / Prescribing Guidelines for Hepatitis-C**

If the Trust holds this information and is in a position to pass this information on, then I would like to submit the following request for Re-using the information:-

Request for Re-use

We (Cegedim Relationship Management) request permission to re-use on our database the information received as a result of this request.

Patients are referred to the viral hepatitis clinic by standard formal referral routes i.e. written GP / referral letters / ward referrals.

Patients are treated according to NICE guidance / EASL guidelines & in controversial/difficult cases discussed with Dr Mutimer at the Queen Elizabeth Hospital.

**0227/11
Walsall Hospitals Property Request**

For each building in the authority which is used primarily as office space for Secondary Care Trust employees, please supply the following:

1) Building identification.

(Please note that we are only enquiring about buildings which are primarily used as office space for Walsall Hospitals NHS Trust employees.)

2) Postcode.

3) Net Internal Area (NIA) of the building – sq m.

4) Staff.

a) Approximate total number (FTE) of office based staff for the building.

b) *Optional:* If you also have available the total headcount of office based staff for the building, please indicate this.

5) Tenure. Please indicate if the property is **either:**

a) owned by your organisation (freehold or leasehold)

b) managed under a PFI agreement

c) rented or leased

1) BUILDING IDENTIFICATION	2) POSTCODE	3) NET INTERNAL AREA(sq m)	4) STAFF		5) TENURE		
			a) FTE	b) Total headcount	a) Owned (freehold or leasehold)	b) Managed under a PFI agreement	c) Rented or leased
Please choose either a) or b) or c)							
<i>Example building 1</i>	<i>MW1</i>	<i>7,000</i>	<i>000</i>	<i>700</i>	<i>N</i>	<i>N</i>	<i>Y</i>
<i>Example building 2</i>	<i>EC1 0DP</i>	<i>300</i>	<i>00</i>	<i>20</i>	<i>Y</i>	<i>N</i>	<i>N</i>
Building 1							
Building 2							
Building 3							
...							

6) For each of the buildings that is rented or leased please supply the following, if available

a) The approximate annual rental cost

b) Any known lease break dates

7) For all buildings you have detailed, please supply the operational costs for the latest year available, *excluding* rent.

We expect that this will normally include rates, net service charge, maintenance, cleaning, utilities, security etc. but please supply the headline figure that you usually use, specifying what is included / excluded only if necessary.

Where it is not possible to break this down by individual building, please provide a total figure for your estate.

Available upon request.

0228/11

AAC Devices

Would you please send me details of augmentative and alternative communication devices supplied/purchased by your trust between 31st March 2006 and 1st April 2011. I would like the information broken down by product name (So for example Dynavox Xpress, iPod touch with TapToTalk, BigMack) year, and if the device was purchased for an adult or a child (and, as I understand more than one PCT may commission you, by PCT as well).

In summary, I am attempting to find out how many people who have poor or no speech have a speech aid, in particular electronic speech aids, and I would like to know how many have been supplied by the trust during the last five years.

Please consider this the formal request for breakdown by years

Available upon request

0229/11

Graphic Design and Print Services

1 How does your Trust source Graphic Design and Print Services? **We use a freelance graphic designer. For print jobs we obtain quotes from three suppliers.**

2 What is the forecasted spend on graphic design in 2011/2012? **Approximately £10,000.**

3 Does the Trust have its own print room? If so, what percentage of jobs are handled internally on behalf of the Trust and other customers? **No.**

4 What is the forecasted spend on external print expenditure in 2011/2012? **Approximately £12,500.**

5 What is the size of the communications team? **4 x full time staff, 2 x part time staff.**

0230/11

Urinary Incontinence

I understand that two procedures are now regularly used in the treatment of urinary incontinence, namely:

- Injections of Botulinum toxin type A preparations
- Posterior tibial nerve stimulation (PTNS)

To allow me to develop a quantification of care delivered, please would you tell me the number of patients you currently have who are undergoing one or other of these two courses of treatment for the last 12 months.

I would also like to know if there are any other “competitive” treatments being used by you. If so what they are and the number of patients currently undergoing such courses of treatment.

Thus the data required is as follows, for urinary incontinence treatment:

Treatment	Number of Patients Currently undergoing a Course of Treatment	Comments
Botulinum toxin type A Injections		
Posterior tibial nerve stimulation (PTNS)		
Other 1 – please specify		
Other 2 – please specify		

The Trust has developed a business case for offering these treatment options to our patients and this is still going through the approval process.

To date we have the kit to offer posterior tibial nerve stimulation but we have not yet performed this on any patients and are awaiting the completion of business case.

0231/11

Overseas Testing of Blood Samples

Please advise whether your Board or Trust provides overseas testing of blood Samples.

If the answer is yes can you advise me of the commencement dates of this practice, the locations of where the testing is provided and the annual cost to the NHS for this overseas service.

The Trust does not provide overseas blood testing.

0232/11

Lone worker devices

The information I am requesting relates to the 2009 framework agreement for the provision of lone worker services between NHS Business Services Authority and Reliance Secure Task Management Limited. My questions are as follows:

1. Please confirm whether your trust has any lone worker devices purchased through the above agreement.
2. Please provide the number of devices purchased.
3. Please provide the date that your trust purchased the devices, the contract length and value of the contract.
4. Please list the departments or job titles of the device users in your trust.
5. Please provide the job title of the 'Local Security Management Specialist' in your organisation.
6. If possible, please list the name and contact details (phone, email) of this person.

The Trust does not buy into any Lone Working devices provided by Reliance.

0233/11

Disposal of Human Tissue

Please provide a breakdown of all instances where a person's organ(s) have been, or are thought to have been, removed during post-mortem examinations and either disposed of or retained for more than one month, without permission from the patient's family. This should not include organ donation. Please provide this information dating back as far back as possible and up until the present day.

Please provide an Excel spreadsheet with a breakdown showing every instance. For each instance, please provide as much of the following additional information as is available:

- (1) Whether the disposal/retention definitely occurred, or whether it is merely thought to be a possibility;
- (2) What organ(s) were disposed or retained;
- (3) The age of the person whose organ(s) were removed.
- (3) The date that the organ(s) were removed;
- (4) How long the organ(s) were retained for;
- (5) Whether or not relatives have so far been informed about the disposal/retention;

Please also state the number of organs currently being held following post-mortem examinations without the express permission of the patients' relatives. Again, this should not include organ donation.

- 1. There are two types of post mortems conducted in the Walsall Manor Hospital Mortuary. Hospital PMs are performed with the family's consent and we strictly act according their wishes. No organs are retained during these investigations. With family's approval we sometimes take small amount of tissue for histological investigations but they are disposed of, returned to the body or family, or kept in the department in the form of wax blocks and slides, depending on the family's wishes.**
- 2. HM Coroner's PMs are conducted under Coroner's jurisdiction. The tissue and organs are sampled during the PM with Coroner's permission in order to**

determine the cause of death. Coroner is the owner of the tissue until the final inquest. In meantime he writes to the families asking for their instruction regarding the destiny of the tissue, after the final inquest. Again, we strictly follow the family's wishes. If families do not reply we inform the Coroner about the development and if no instructions are received we dispose of tissue in dignified manner within the 10 weeks of completed inquest.

We were inspected by Human Tissue Authority (HTA) in 2010. During the inspection HTA conducted audits of whereabouts of post mortem tissue. We were granted unconditional license after the inspection.

We do not have in our possession organs or tissue which are kept against family's or Coroner's wishes.

All material stored in the mortuary is either there for research purposes (as instructed by family) or awaiting disposal on completion of inquest. The tissue is disposed bi-monthly in dignified manner.

The only whole organ we store at the moment is brain. We are waiting for the final inquest to return it to the family of the deceased, as they instructed us to do.

0234/11

Policy on handling enquiries

Do you have a written policy on handling enquiries (either by telephone or in person including the police) about patients:

- In you Emergency Department
- In your Hospital

The Trust does not have a specific policy but are governed by Caldicott principals and guidelines.

0235/11

ICT Contract

I would like to submit a Freedom of Information Request relating to specific a ICT contract(s) for:

- Server and Virtualisation Support/Maintenance contract(s)- Please can you send me the contract(s) separately and not a combined total value or number of suppliers. If there is more than one supplier for a particular contract please state which of these suppliers the main one is.

For each of the types of ICT contract above can you please send me the following data types:

1. Contract Title:
2. Existing/Current Supplier:
3. Hardware Brand(s):

4. Number of Users:
5. Operating System (Platform) : (Windows, Linux, Unix etc.)
6. Total number of Servers (per supplier):
7. Number of Virtual Servers: (of the total number of server how many are virtual)
8. Total Contract Value: (For the whole duration of the contract, if the total value sent is per annum please state this in the response)
9. Duration: (Please can you also include notes if the contract includes any contract extension periods.)
10. Contract Expiry Date:
11. Contract Review Date: (An approximate date of when the organisation is planning to review this particular contract.)
12. Brief Contract Description:
13. Internal Contact: (The person from within the organisation that is responsible for reviewing and renewing this particular contract. Please include there full name, job title, direct contact number and direct email address.)

Available upon request.

0236/11

Supply of Agency Staff

Please can you provide me with further information on the supply of agency Staff to your trust. Please could you advise on the agency/locum spend for Nursing and Medical Locums during:

2010 (Q1 – 1st Jan – 31st March)
 2010 (Q2 – 1st April – 30th June)
 2010 (Q3 – 1st July – 30th September)
 2010 (Q4 – 1st October – 31st December)
 2011 (Q1 – 1st Jan – 31st March)
 2011 (Q2 – 1st April – 30th June)
 2011 (Q3 – 1st July – 30th September)
 2011 (Q3 – 1st October – 31st December)

Please see below, the information provided is not available for each quarter and is only available for each year.

Please outline details of any current framework or preferred supplier list in place for the supply of agency/locum staff within Nursing and Medical Locums along with details on any renewal dates or plans to re-procure the agreements.

The Trust uses the following Government Procurement Services Frameworks

Medical Locums - Ref No; CM/AMN/07/4820 covering period 01/07/08 - 30/06/12

Agency Nurses - Ref No: CM/ANS/08/4961 covering period 01/10/09 - 30/09/12

Procurement are reviewing the options regarding available Frameworks and collaborations with other Trusts

AGENCY & LOCUM SPEND			07/08	08/09	09/10	10/11	11/12 MTH 8
	Medics	Agency	887,655	830,664	1,871,915	1,582,696	912,045
		Locum	2,419,246	2,228,455	2,950,135	2,388,355	2,174,360
			3,306,901	3,059,119	4,822,050	3,971,051	3,086,405
	Nurses		597,389	373,466	474,670	1,194,759	238,849
	Professional Allied Medical Services	Agency	275,125	236,673	361,714	444,677	278,676
		Locum	-	13,738	20,954	6,253	10,261
	Pathology / Pharmacy	Agency	177,555	232,412	429,708	420,854	250,626
		Locum	24,671	53,072	224,599	296,661	227,827
	Total		4,381,641	3,968,480	6,333,695	6,334,255	4,092,644

**0237/11
DNAR Policy and Form**

Under the freedom of information act can you provide me with your trust's policy on do-not-attempt-resuscitation decisions and also a copy of the adult do-not-attempt-resuscitation form that is used to document the decision in patient notes.

[Available upon request](#)

**0238/11
FY1/2 Doctors employed**

Please can you provide the number of Doctors you employed at the 1st January 2012 in the following grades:

FY1
FY2

[Walsall Healthcare NHS Trust employed 34 FY1 and 32 FY2 doctors on 1 January 2012.](#)

0239/11

Losses and special payments

In your financial accounts for the financial year 2010/2011 did you have a section for “losses and special payments”? **YES**

1. If so how much money was accounted for in the 2010/2011 financial year as being “losses and special payments”? (Please note I am aware that the loss may have occurred many years earlier but I am interested in items which were accounted for in the last financial year, irrespective of when the loss took place.)

The Trust had losses & special payments of £104,008 for the year 2010/2011.

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

- **£10,000 compensation under legal obligation re trip down pothole**
- **£10,000 compensation under legal obligation re knee injury sustained whilst removing an item from a cupboard**
- **£10,000 compensation under legal obligation re slip in puddle of water**

3. What was the total paid on claims for property lost by patients and how much related to a) Dentures, b) Spectacles and c) Hearing Aids?

The total amount on claims for patients' lost property was £2,639.34

- | | | |
|------------------------|----------|------------------|
| a) Dentures | - | £1,400.40 |
| b) Spectacles | - | £719.50 |
| c) Hearing aids | - | £nil |

0240/11

Complaints relating to Maternity Unit

1. If you have a maternity unit within your trust how many patients or members of the public made a complaint relating to the maternity unit in the 2010/2011 financial year?

There have been a total of 22 complaints relating to the maternity unit.

2. Where a complaint was made please provide a heading under a category that it may have been classified under (eg. Rudeness, medical competence etc) AND a brief summary detailing the nature of that complaint.

3. Have any of your Midwives appeared before a disciplinary panel and/or been dismissed as a result of an incident when undertaking their duties in the last five years?

2010-2011

Complaint Description	
Failure/delay in diagnosis	
Communications and Attitude	
Care and Monitoring	
Treatment and Delays	
Admission / Discharge / Transfer	

0241/11

Bariatric Beds

The total number of bariatric beds (specialist beds for obese patients) in your trust, broken down over the last five years.

There have been no purchases since 2006, over the last 5 years the Trust has hired Bariatric beds. The spreadsheet provided gives records of the number of days that we have rented the beds.

- The cost of renting or purchasing these bariatric beds, broken down over the last five years.

Bariatric Beds Hire & Purchase From 08/09 to 11/12

Bariatric Beds Hire	08/09	09/10	10/11	11/12 April to December
	Sub-Total	Sub-Total	Sub-Total	Sub-Total
Hire of Bariatric Beds				
	35,660	109,936	15,656	2,820

- The amount paid to medical recruitment firms over the last five years, including the names of the companies. **Information available upon request**

0242/11

Elective Procedures

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

i Hip replacements **192**

ii Knee replacements **296**

iii Bariatric Surgery **269**

iv Hernia Operations **535**

v Tonsillectomies **320**

vi Adenoid Operations **25**

vii Gallstone operations **365**

Viii Hysterectomies **152**

Viii Cataract operations **1116**

2) Please set out the number of individual elective procedures that took place in your Trust in 2011 for the following categories-

i Hip replacements **211**

ii Knee replacements **275**

iii Bariatric Surgery **180**

iv Hernia Operations **501**

v Tonsillectomies **237**

vi Adenoid Operations **16**

vii Gallstone operations **383**

Viii Hysterectomies **152**

Viii Cataract operations **991**

3) Please set out the average waiting time (in days), within your trust, for each of the following procedures in 2010-

(i) Hip replacements **60**

(ii) Knee replacements **25**

(iii) Bariatric Surgery **0**

iv) Hernia Operations **46.2**

(v) Tonsillectomies **47.1**

(vi) Adenoid Operations **49.4**

(vii) Gallstone operations **57.6**

(Viii) Hysterectomies **37.8**

(Viii) Cataract operations **52.8**

4) Please set out the average waiting time (in days), within your trust, for each of the following procedures in 2011-

(i) Hip replacements **0**

(ii) Knee replacements **116**

(iii) Bariatric Surgery **19.5**

iv) Hernia Operations **59.9**

(v) Tonsillectomies **35.2**

(vi) Adenoid Operations **10**

(vii) Gallstone operations **59.8**

(Viii) Hysterectomies **45**

(Viii) Cataract operations **52**

0243/11

Dignity and Nutrition Inspection

In response to a request by the Secretary of State, the CQC planned and delivered a series of 100 unannounced inspections of acute NHS hospitals in England between March and June 2011, looking at standards of dignity and nutrition on wards caring for elderly people. Your hospital was one of those 100 inspected.

This process has been described as the Dignity and Nutrition Inspections (DANI).

a) Confirmation of the date the initial inspection occurred at your hospital

The initial inspection occurred on 13 April 2011.

b) Copies of all correspondence received by you (your Trust) from the CQC, and all correspondence provided by you to the CQC, in advance of that inspection.

Walsall Healthcare NHS Trust had an unannounced visit therefore no correspondences were received from the CQC in advance of the inspection.

c) A copy of your response following that inspection

Please see attached an action plan sent to CQC.

d) The date(s) of all subsequent inspections undertaken by CQC in connection with the DANI process, in relation to those hospital(s)

On 8 November 2011 the Trust had an unannounced visit from the CQC which focussed on outcomes 1, 4, 7, 8, 14 and 16. Please see attached.

e) Copies of all correspondence received by you from the CQC, and provided by your Trust to the CQC, as a consequence of subsequent inspections of those hospitals

Following the visit in November 2011 the CQC verbally requested the following information in relation to DANI.

f) If no further inspections occurred, copies of any additional correspondence received by you from the CQC, together with any correspondence provided by your Trust to the CQC, in connection with this process.

N/A

g) Whether any staff member was referred by your Trust to the Nursing and Midwifery Council as a consequence of these inspections.

N/A

h) Whether any staff member was referred to the Independent Safeguarding Authority as a consequence of these inspections.

N/A

i) Whether any member of your staff was referred to the NMC by anyone else and, if so, by who?

N/A

j) Whether any member of your staff was referred to the ISA by anyone else and, if so, by who?

N/A

0244/11

Joint / Ventures

I would like to see a copy of any documentation relating to any joint venture. Strategic estates partnership, local assets backed vehicle or sale-and-leaseback arrangements between the trust and a third party, either a company, charity or combination of the two.

The Trust is not aware of any documentation relating to any joint venture.

0245/11

Fascia Iliaca Blocks

Dear FOI Team,

Thank you for quick response to my request. However I would like to inform you that I am officially withdrawing my request for information under the Freedom of Information Act regarding fascia iliaca blocks. I would like to take this opportunity to apologise for any inconvenience this has caused.

0246/11

Patients entering A&E with Seizures

Patients entering A&E DEPARTMENT WITH SEIZURES

When a patient enters A&E department with cluster seizures how long do the department leave the patient fitting before the decision is decided to abort the seizures?

- What medication does the trust give for aborting the seizures?

This is discussed with the Medical registrar as per trust guidelines, please see attached guideline.

If the trust suspect the patient may be having pseudo seizures does the trust;

- Do a pain reactive test to see if the patient react to pain? - **Yes**
- Does the trust call the duty psychiatric down to assess the mental state of the patient? – **No**

Where there is a case in a patient presents as unusual seizures;

- What are the clinical signs of the seizures?

Variable signs including confusion, aggressive behaviour, drowsiness

- Does the trust discuss with the patient they are unusual the patient needs to see neurology?

Yes

- Does the trust discharge the patient diagnosing them as pseudo seizures

No

0247/11

Maternity Statistics

1. Total spending on maternity services for 2009/10, 2010/11 and 2011/12, broken down by financial year (budgeted/forecast figures may be used to give a full-year figure for 2011/12; please do not provide a part-year figure)

Figures as follows:

2011/12	2010/11	2009/10
21,131,562	19,877,828	16,931,911

This includes Antenatal, Post Natal and Neonatal Services.

The 2009/10 and 2010/11 figures are as per Reference costs. The 2011/12 figure is quarter 3 Service Line Reported extrapolated

- The number of midwives in the staffing establishment, measured as FTE and headcount, separately for 2009/10, 2010/11, and as of Jan 2012 (or most recent available data)

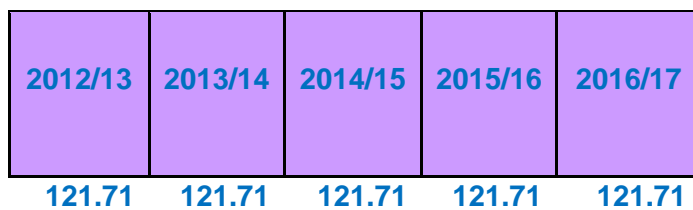
Mn included (4 FTE and 4 HC for each year)

	2010	2011	2012
FTE	114.01	114.2	119.79
HC	146	143	149

- The forecast number of midwives in the staffing establishment, measured as FTE and headcount, for 2012/13, 2013/14, and 2014/15

Figures are subject to change with birth rate, but a new midwifery led unit is to be delivered 2012/13.

Figures allow for this unit and an increase in staff during this year and into next year will ensure we are ready for the unit.



- The target maternity bed occupancy rate for 2009/10, 2010/11, 2011/12, and any future target rates as far as 2014/15, broken down by financial year

No target rates set.

- The actual maternity bed occupancy rate in 2009/10, 2010/11, and 2011/12, broken down by financial year

No target rates set.

- The number of recorded maternal deaths at the Trust for 2009/10, 2010/11 and 2011/12, broken down by financial year

- This includes deaths of the mother and deaths of the child. With deaths of the mother, this is restricted to women whose death was directly related to childbirth and/or labour, and does not include antenatal deaths or those with accidental or incidental causes.
- With deaths of the child, this includes stillbirths and early neonatal mortality, but not late neonatal mortality. If the Trust's records do not distinguish between early and late neonatal mortality, please exclude neonatal mortality altogether and state that this is the case. The most important thing is that the Trust applies the same criteria to the date for all three years.
- When providing the data, please distinguish between statistics for deaths of the mother and deaths of the child.

There were two deaths within the last five years that match criteria for this.

7. The number of recorded maternal injuries at the Trust for 2009/10, 2010/11 and 2011/12, broken down by financial year

Focus	April 2009 - March 2010	April 2010 - March 2011	April 2011 - Jan 2012
Failure to detect congenital abnormality/rubella/other	0	2	13
Failure to interpret USS/follow up or act on	1	0	10
Failure to adequately monitor 1st stage of labour	0	0	3
Failure to diagnose pre-eclampsia	1	0	0
Failure to make timely response to admin FHR	1	1	0
Repeated attempts of forceps delivery and/or ventouse	1	0	0
Failure/delay in rescue by paediatrician	2	0	2
Failure/delay in availability of Special Care Baby Unit beds	19	44	23
Perineal tear - 1st, 2nd or 3rd degree	40	40	48
Unplanned homebirth	9	8	3
Major post-partum haemorrhage	78	94	109
Shoulder dystocia	38	31	30
Complication of birth	120	182	127
Laceration during LSCS (baby)	3	0	0
Neonatal death by natural causes	6	4	9
TOTAL	319	406	377

8. Total spending on compensation payouts relating to maternity cases for 2009/10, 2010/11 and 2011/12, broken down by financial year

This info is not available on the NHSLA fact sheet and it will take a significant amount of work to pull it out

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.

9. A list of the maternity units and wards run by the Trust

The maternity unit runs its service from 1 acute site. The unit has responsibility for:

1 delivery suite

1 fetal assessment unit

1 triage unit

1 Neonatal Unit

2 antenatal/postnatal wards (32-35 beds)

The antenatal services are spread across the acute site for high risk women (approx 15 clinics per week) and across GP surgeries for low risk women. Post natal care is delivered (following discharge from hospital) from a selection of venues e.g. Pts home address, postnatal clinics in children's centres.

0248/11

Data Warehouse

Question	Response
Please enter your NHS organisation code	
Does your organisation have a datawarehouse, holding at the least, patient activity data	Yes
When was the datawarehouse procured?	
Who is the supplier of this datawarehouse?	Lonsdale Informatics/ Bluefish Intelligence – company name change I think
What is the name of the datawarehouse software?	Bluefish Explorer
What reporting or Business Intelligence tools are used with the datawarehouse?	SSRS, SSIS
Is the datawarehouse used to prepare data for sending to the Secondary Uses Service (SUS)?	Yes for some of the data sets
How many source systems does the datawarehouse receive data from?	Atleast 2 (Iilie and iPM)
What is the source system for outpatient appointments?	iPM, PMS
What is the source system for inpatient activity?	PMS
What is the source system for A&E attendances?	PMS
Please list all the name & supplier of the other source systems and the type of data held in each e.g. radiology, financial, community etc	
Does the datawarehouse calculate Referral to Treatment periods?	Yes for community services
Does the datawarehouse calculate Commissioning information e.g. assign contracts to activity	No, Access database does this
What is the email address of the person responsible for the datawarehouse?	
How long did the implementation take? When did project start and what is the current status of implementation?	

Through what process was the datawarehouse procured e.g. OJEU	
How many unique users accessed reports in the datawarehouse in November 2011. If possible, separate the users into clinical and non-clinical.	

**0249/11
Workforce Performance Report**

The November 2011 Workforce performance report which was circulated to member of the JNC states that there were (as of Nov 30 2011) 97.96 FTE vacancies among Registered Nurses and Midwives.

Could you please provide me with full details of:

The figures that have been provided from our Finance dept are not strictly vacancies but differences between the funded establishment and the actual staff in post. Sometimes this will be negative – i.e. we have more staff in a particular area than we are funded for.

ESR Staff Group	Finance Detail	M.P.E. Budget	M.P.E. Actual	Vacancy
Nursing and Midwifery Registered	Midwifery Qualified PB5-7	111.79	109.71	2.08
Nursing and Midwifery Registered	Midwifery Qualified PB8	2.00	2.00	0.00
Nursing and Midwifery Registered	Nurse Consultant	0.00	0.00	0.00
Nursing and Midwifery Registered	Nurse Local Pay	0.00	0.00	0.00
Nursing and Midwifery Registered	Nurse Manager PB8a	39.46	39.66	-0.20
Nursing and Midwifery Registered	Nurse Qualified PB5-7	923.95	827.87	96.08
Nursing and Midwifery Registered	Nursery Nurse Band 5-8a	1.00	1.00	0.00

- Where these vacancies are (dept/ward etc)
Available upon request
- Band of vacancy
Available upon request
- How long the posts have been vacant
The Trust is unable to identify how long these posts have been vacant for.
- How the posts are being covered whilst vacant
All posts are covered by bank or agency

5. Reasons for vacancy if known
We are unable to identify the reasons for vacancy

0250/11

Hospital Capital Spending

1. Total number of beds at your hospital (for in patients):
The number of inpatient beds is 558
2. How do you expect your hospital's overall **First Half 2012 capital equipment** spend to compare with what was spent on capital equipment in **First Half 2011**? Up/flat/down. Cite % change and explain.

The forecast spend for the first half of 2012 (period Jan 2012 to Jun 2012) is predicted to be 65% higher than the actual spend for the first half of 2011 (period Jan 2011 to Jun 2011). This is essentially due to the differences in the profile spend for the two years which is determined by priority of need and lead times for equipment purchase. The actual spend for the financial year 2011/2012 and 2012/2013 is expected to remain the same.

3. How do you expect your hospital's **overall 2012** capital equipment spending to compare with your **overall 2011** spending? Up/flat/down. Cite % change year-to-year and explain.

The capital equipment spend for the financial year 2011/2012 is forecast to be 78% lower than in 2010/2011, this was due to the purchase of a new CT scanner in 2010/2011. Capital equipment spend for the financial year 2012/2013 is predicted to be 8% higher than in 2011/2012.

4. The spend in 2010/2011 on operating theatre equipment was considerably higher due to the opening of a new operating theatre within the new hospital building.

	4. % change in spending 2011/2012 vs 2010/2011.	% change in spending 2012/2013 vs 2011/2012.	5. Rank in order of priority for 2012.
Hospital Beds	Managed contract	Managed contract	Managed contract
Operating Theatre equipment	-88%	+19%	1
Radiation oncology	The Trust has not purchased any Radiation Oncology equipment.	The Trust has not purchased any Radiation Oncology equipment.	The Trust has not purchased any Radiation Oncology equipment.
Robotic surgery systems	The Trust has not purchased any Robotic surgery equipment.	The Trust has not purchased any Robotic surgery equipment.	The Trust has not purchased any Robotic surgery equipment.

0251/11

Car Park Charges

PUBLIC CHARGING

1. What is your current tariff for public parking? Please indicate the time band and the charges that apply per price band

Up to 30 Minutes - **£1.00**

30 Minutes – 1 Hour - **£2.00**

1 – 2 Hours - **£3.00**

2 – 3 Hours - **£4.00**

3 – 4 Hours - **£5.00**

Over 4 Hours - **£6.00**

Lost Parking Tickets - **£6.00**

2. Do you charge Blue Badge [disabled] holders? If so, at what rates?

Same rates apply to all Patients and Visitors

3. What Concessionary schemes do you operate? E.g. Oncology / Renal / weekly permits...etc...

We operate Weekly Concessionary Permits at a charge of £10.00 with the exception of Cancer & Chemotherapy patients.

4. Have you or do you intend to change your tariff for parking in 2012? If so, what will be the new price bands?

Not at present.

STAFF CHARGING

1. What is your current charging rate for staff parking?

Inner Zone Permit Holders – Full Time Hours - (+18.5 Hours) = : £180.00 per annum

Part Time Hours - (-18.5 Hours) : £ 90.00 per annum

Outer Zone Permit Holders – Full Time Hours - (18.5 Hours +) : £120.00 per annum

Part Time Hours – (18.5 Hours-) : £ 60.00 per annum

2. Please indicate at what rate part-time staff are charged. What is your definition of part-time?

**Inner Zone Permit Holders - Part Time Hours - Less than 18.5 Hours: £ 90.00 per annum.
Part time is less 18.5 hours per week.**

Outer Zone Permit Holders – Part Time Hours – Less than 18.5 Hours: £ 60.00 per annum.

- Please indicate whether you have any priority parking areas for staff and if so, what rates apply

Inner Zone Priority Holders who gain access to all Car Parks with the exception of Visitor Car Parks. Please see (5.) for Details.

- Have you or do you intend to change your tariff for staff parking in 2012? If so, what will be the new price bands?

Currently under review.

**0252/11
Audiology**

- How many audiology assessments of children were carried out in 2008-9, 2009-10, 2010-11?

AUDIOLOGY SCREENING IN SCHOOLS

Financial Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2008_2009	44	27	0	0	56	323	338	311	127	587	297	439	2549
2009_2010	139	350	164	125	1	12	33	157	22	87	204	39	1333
2010_2011	83	5	1	1	0	151	340	571	82	600	260	504	2598

Audiology Screening taking place in Schools during the financial Years above (April - March)

- How many audiology assessments in total were carried out in 2008-9, 2009-10, 2010-2011?
- How many patients in XXXXX area were legally registered as hearing impaired in 2008-9, 2009-10, 2010-11?
- How many procedures to fit hearing devices were conducted in 2008-9, 2009-10, 2010-11?

	2010-11	2009-10	2008-09
Fitting of Hearing Aids and Counseling: Assessments	2540	1903	1682

- How many pacemakers were implanted in 2008-9, 2009-10, 2010 -11?

**2008 150
2009 165
2010 227**

- How many pacemaker follow-up assessments were conducted in 2008-9, 2009 -10, 2010-11?

2008 1244
 2009 1410
 2010 1652

- How many exercise stress tests were conducted in 2008-9, 2009 -10, 2010-11?

2008 1269
 2009 1250
 2010 966

- How many echocardiographs were conducted in 2008-9, 2009 -10, 2010 -11?

2008 4094
 2009 3315
 2010 3858

- How many trans rectal ultrasounds were performed in 2008-9, 2009-10, 2010-11?

We do not perform trans rectal ultrasound examinations

- How many patients were diagnosed with primary swallowing disorders in 2008-9, 2009-10, 2010-11?

QryFOI252Swallowing	
YearEndFinancial	Expr1
31/03/2009	456
31/03/2010	468
31/03/2011	453

- How many EEGs were conducted in 2008-9, 2009-10, 2010-11?

2008 595
 2009 667
 2010 587

- How many nerve conducted studies were conducted in 2008-9, 2009-10, 2010-11?

2008 1016
 2009 1108
 2010 1019

- How many EMG investigations were conducted in 2008-9, 2009-10, 2010-11?

Included in above

- How many patients were diagnosed with neurological diseases in 2008-9, 2009-10, 2010-11?

Clarification required, sent on a separate email

- How many lung function tests were conducted in 2008-9, 2009-10, 2010-11?

2008 8489
2009 7077
2010 6531

- How many measurements of dynamic and static lung volumes were conducted in 2008-9, 2009-10, 2010-11?

Not sure how this differs from above need clarification from requester

- How many sleep studies were conducted in 2008-9, 2009-10, 2010-11?

2008 1316
2009 1275
2010 1437

- How many cardio-pulmonary exercise tests were conducted in 2008-9, 2009-10, 2010-11?

2008 7
2009 4
2010 34

0253/11 Steis System

- I would therefore be grateful if you could provide the number of SI's reported for the following financial years:-

2009-2010
2010-2011
2011-2012

Please see below

- Please can you also include the steis category and also the numbers of incidents reported per categories - for each of the financial years

Please see below

- If the category 'other' has been used, can you advise more details regarding the incident please

Please see below

- Please can you advise me of your local never events which have been agreed with your local pct and the numbers reported against these categories for 2011-2012 financial year.

Please see below

- Can you advise me the number of retained cannula on discharge that you have reported through your organisation, either through Steis, or your incident reporting system for the year 2011-2012

Please see below

- Who completes your SI investigations, what grade(s) and job titles? (is this a dedicated source in the Trust or added on to other roles). Do they have dedicated time taken out of their 'day job' to undertake the SI investigations?

Please see below

- Can you advise me of the number of 12 hour A&E trolley breaches that you have had during 2011-2012 and your definition of your 12 hour trolley breach. (Is it from presentation in the department until transfer or taken from decision to admit to transfer?)
- Who manages the CAS Alert System within the Trust.
Is this corporately managed and by whom
what grade and hours worked, is it a separate role or included in the governance structure?

The CAS Alert System is managed by the Head of Governance and the process is included in the governance structure.

Year	Total			
2009-2010	28			
2010-2011	86			
2011-2012	272			
		2009-2010	2010-2011	2011-2012
Accident whilst in Hospital		0	1	0
Allegation against Health Care Professional		0	1	1
Ambulance (general)		1	2	0
Assault by Inpatient		0	0	1
Attempted suicide by inpatient (in receipt of mental health services)		0	1	0
Attempted suicide by inpatient (not in receipt of mental health services)		0	1	0
Child death		1	3	6
Child serious injury		2	0	0
Communicable disease and		0	1	1

Infection issue			
Communication issue	2	0	0
Confidential information leak	2	3	0
C Diff & Health Care Acquired Infection	2	3	17
Delayed diagnosis	5	7	7
Dentistry	0	0	1
Drug incident (general)	3	1	1
Drug incident (chemotherapy)	0	0	2
Failure to act upon test results	0	1	0
Failure to obtain consent	1	0	0
Hospital equipment failure	0	1	2
Hospital transfer issue	0	0	1
Infected healthcare worker	0	1	1
Maternity service	1	1	0
Maternity service – intrapartum death	0	0	1
Maternity service – intrauterine death	0	1	5
Maternity service – unplanned admission to ITU	0	2	7
Maternity service – unexpected neonatal death	0	1	0
Medical equipment failure	1	0	0
MRSA Bacteraemia	5	7	0
Other	1	4	7
Pressure Ulcers (Grade 3 or 4)	0	27	172
Safeguarding Vulnerable Adult	0	0	1
Slips / Trips / Falls	0	6	16
Sub-optimal care of the deteriorating pt	0	3	3
Surgical error	0	2	1
Transfusion incident	0	0	1
Unexpected death of inpatient (not in receipt of mental health services)	0	2	1
Unexpected death (general)	1	3	6
Venous Thromboembolism (VTE)	0	0	1
Ward Closure	0	0	9

There were 12 incidents reported as “other” and which related to:

1. Blocked tracheostomy tube requiring admission to ITU
2. Overdose of inotrope required for nuclear bone scan
3. Patient admitted from police custody suffered cardiac arrest due to atrial fibrillation and underlying alcohol liver disease.
4. Patient diagnosed with necrotising pancreatitis but delay in review by medical staff - pt died.

5. Patient frequented various hospitals to gain thrombolysis treatment – patient underwent CT scan to exclude a stroke and discharged himself when thrombolysis was refused.
6. The analysers for cholesterol testing were inaccurate and resulted in re-testing. One sixth of the samples had a result amended by greater than 1 deviation.
7. Patient sustained a perforation to the bladder following a recent catheterisation. Bladder repair carried out.
8. Pottassium was prescribed but was administered via the wrong route.
9. Patient had a feeding naso-gastric tube passed but unable to confirm placement in stomach – following chest x-ray the tube was found in lungs and a lung perforation had occurred.
10. Female catheter was inserted into a male patient.
11. 2 patients underwent TRUS biopsy procedures but both samples had been inadvertently been placed in the same formalin pot.
12. Female catheter inserted into a male patient.

Please see list of Local Never Events for 2011/12.

We have only reported 4 Local Never Events during this time period and all relate to the deterioration of pressure ulcers from grade 2 to grade 4.

We cannot provide data on the number of retained cannulas on discharge because our reporting system does not specifically reflect this issue.

Serious Incident investigations are facilitated by a Band 7 Patient Safety Manager (who undertakes this function as part of their job role). Additionally, there would be a Lead Investigator who would have been nominated by the Medical Director. Dependant upon the nature of the Serious Incident, the role of Lead Investigator would be undertaken by a Ward Manager (Band 7) as part of their job role or in more specialist cases and requiring extra clinical input by a Consultant (this is not part of their job role).

Local Never Events 2011/12

Locally specified events	Provider	Definition
Retained swabs post surgical procedure	WHT	A swab unintentionally retained following an operative procedure, an operation or other invasive procedure except where a decision is made to retain a swab.
Falls from a trolley	WHT	Where any patient falls from theatre tables, A&E trolleys or examination tables, resulting in a fracture, serious injury or death
Medical device malfunction	WHT D&WM HPT	Device that malfunctions or cannot be used when required due to the device not being serviced within required timeframe that results in serious medical harm.
Misidentification of Patient	WHT D&WM HPT	The misidentification of a patient that results in treatment being given to the incorrectly identified patient resulting in serious harm or death.
Catheters	WHT D&WM HPT	Where urethral damage arises from use of a female length urinary catheter in a male
Safeguarding Children	WHT	Non mobile babies presenting with bruises allowed home

	D&WM HPT	then returning with serious injuries
Suicide of Mental Health inpatient	D&WM HPT	Suicide on an mental health inpatient ward of patient detained under the mental Health Act
Deterioration of identified grade 1 or 2 pressure ulcer to a grade 4	WHT D&WM HPT	Unless during continual assessment a clinical evidenced reason is identified that would indicate that the deterioration of the ulcer to a grade 4 is deemed unpreventable even when there is full patient compliance and implementation of the care plan.
Death or serious harm to patient due to relevant equipment for known medical condition is not available	WHT	On completion of a diagnosis a patient must be cared for in a place where there is timely access to relevant equipment i.e. oxygen, suction, defibrillator
Doubling up in A&E cubicles/bays where there is a risk of infection control i.e. patient with vomiting, diarrhoea,	WHT	In times of capacity pressures when the practice of doubling up in A&E cubicles/bays authorised there must be no occasion when a patient who is known to have sickness or diarrhoea is placed in a cubicle with anyone else.
Post 48 hour MRSA with identified source as peripheral cannula, CVP line, catheter, Hickman line	WHT	When the identified source of a case of post 48 hour MRSA bacteraemia is known to have originated from a peripheral cannula, CVP line, Hickman line or catheter
No fall/injury of patient when in a hoist	WHT	When an inappropriate hoist is used and or a hoist is used incorrectly with a patient and they incur an injury or fall as a direct result.

**0254/11
Case Review**

Request and response information available upon request

**0255/11
A&E Patients**

All questions relate to A&E patients at the Manor Hospital, Walsall.

1. During the first aforementioned period how many people were treated for Choking (or the nearest coded category)
2. During the second aforementioned period how many people were treated for Choking (or the nearest coded category)
3. During the first aforementioned period how many people were treated for Burns (or the nearest coded category)
4. During the second aforementioned period how many people were treated for Burns (or the nearest coded category)

5. During the first aforementioned period how many people were treated for Fractures (or the nearest coded category)
6. During the second aforementioned period how many people were treated for Fractures (or the nearest coded category)
7. During the first aforementioned period how many people were treated a Head Injury (or the nearest coded category)
8. During the second aforementioned period how many people were treated a Head Injury (or the nearest coded category)
9. During the first aforementioned period how many people were treated for Poisoning (or the nearest coded category)
10. During the second aforementioned period how many people were treated for Poisoning (or the nearest coded category)
11. During the first aforementioned periods how many people were treated for Strains and Sprains (or the nearest coded category)
12. During the second aforementioned periods how many people were treated for Strains and Sprains (or the nearest coded category)
13. During the first aforementioned period how many people were treated for Strokes (or the nearest coded category)
14. During the second aforementioned period how many people were treated for Strokes (or the nearest coded category)
15. During the first aforementioned period how many people were treated for Heart Attacks (or the nearest coded category)
16. During the second aforementioned period how many people were treated for Heart Attacks (or the nearest coded category)
17. During the first aforementioned period how many people were treated for Seizures (or the nearest coded category)
18. During the second aforementioned period how many people were treated for Seizures (or the nearest coded category)
19. During the first aforementioned period how many people were treated for Allergies (or the nearest coded category)
20. During the second aforementioned period how many people were treated for Allergies (or the nearest coded category)

Information available upon request

0256/11

Maternity units and bed occupancy

1. The number of delivery episodes performed by the Trust's maternity units each year for 2009/10, 2010/11, and so far in 2011/12

Figures taken from IpEpisode data and a sense check against the deliveries data from the maternity questions shows parity (they wont be exact as Episode data is based on episode end rather than delivery date)

- The percentage of women seen for their first antenatal assessment within the first 12 weeks of pregnancy, each year for 2009/10, 2010/11, and so far in 2011/12

First Antenatal Assessment – figures are available for 10/11 and 11/12

- For each acute unit operated by the Trust, please provide the bed occupancy rate for each month in 2009/10, 2010/11, and so far in 2011/12

I am unsure whether acute unit means area / site or something different, so have produced figures across all ward areas that we have marked as acute (as per 4).

- If the Trust does not record bed occupancy rates by individual acute unit, please provide Trust-wide figures instead

I am unsure whether acute unit means area / site or something different, so have produced figures across all ward areas that we have marked as acute (as per 4).

Please state the month to which the 2011/12 data is correct.

Please see below

Count of Delivery episodes by Financial Year (2011/2012 figures up to Jan 2012)

YearFinancial	DeliveryEpisodes
Year 2009/10	3649
Year 2010/11	3859
Year 2011/12	3691

Assessments within 12wks + 6 days

YTD figures for 2010/11 = 90.10%

YTD figures for 2011/12 (Apr 11 – Jan 12) = 91.70%

Acute Occupancy April 2009 - January 2012 by Month

YearFinancial	Month	Percentage Occupancy
Year 2009/10	2009 (04) Apr	87.92%
Year 2009/10	2009 (05) May	87.70%
Year 2009/10	2009 (06) Jun	87.38%
Year 2009/10	2009 (07) Jul	87.52%
Year 2009/10	2009 (08) Aug	85.06%
Year 2009/10	2009 (09) Sep	87.24%
Year 2009/10	2009 (10) Oct	91.24%
Year 2009/10	2009 (11) Nov	92.84%
Year 2009/10	2009 (12) Dec	91.38%

Year 2009/10	2010 (01) Jan	94.93%
Year 2009/10	2010 (02) Feb	93.45%
Year 2009/10	2010 (03) Mar	94.65%
Year 2010/11	2010 (04) Apr	92.20%
Year 2010/11	2010 (05) May	91.18%
Year 2010/11	2010 (06) Jun	91.67%
Year 2010/11	2010 (07) Jul	91.97%
Year 2010/11	2010 (08) Aug	90.53%
Year 2010/11	2010 (09) Sep	93.61%
Year 2010/11	2010 (10) Oct	95.06%
Year 2010/11	2010 (11) Nov	94.51%
Year 2010/11	2010 (12) Dec	92.89%
Year 2010/11	2011 (01) Jan	95.95%
Year 2010/11	2011 (02) Feb	95.53%
Year 2010/11	2011 (03) Mar	93.50%
Year 2011/12	2011 (04) Apr	90.53%
Year 2011/12	2011 (05) May	91.73%
Year 2011/12	2011 (06) Jun	90.25%
Year 2011/12	2011 (07) Jul	92.32%
Year 2011/12	2011 (08) Aug	88.79%
Year 2011/12	2011 (09) Sep	85.45%
Year 2011/12	2011 (10) Oct	87.23%
Year 2011/12	2011 (11) Nov	87.65%
Year 2011/12	2011 (12) Dec	88.62%
Year 2011/12	2012 (01) Jan	93.57%

**0257/11
QIPP Plans**

1. for each month from October 2011-February 2012, the year-to-date savings required under the Trust's original 2011/12 QIPP plans/targets
2. for each month from October 2011-February 2012, the year-to-date savings actually achieved as part of QIPP
3. where a year-to-date shortfall against QIPP savings plans/targets has existed for any month from October 2011-February 2012, a list of the measures (and corresponding level of intended savings) implemented (or agreed to be implemented) by the Trust to help make up the shortfall, where these are additional to the original QIPP plan (whether an additional measure, or an additional saving via an existing measure - e.g. doubling the originally planned procurement efficiencies)

Throughout this request, the range of months is inclusive.

The following table covers point 1 & 2. For point 3: any underperformance on this year's QIPP is incorporated into next year's target.

Month	Year to Date Plan £'000	Year to Date Actual £'000	Variance from Plan £'000
October	(2,825)	(1,969)	856
November	(3,229)	(2,398)	831
December	(3,633)	(2,568)	1,065
January	(4,036)	(2,501)	1,535
February	(4,440)	(2,627)	1,813

0259/11

Parking & Security

- How many Car Parks do you have?

2 Visitor car parks
7 Staff car parks

- Who operates the Car Parks? (eg Name of Car Parking Company)

Trust owned/maintained

- If operated on a contractual basis, when does the current contract end? (Date, Month & Year)

N/A

- Who provides the security to the Car Parks?

In house Security

- Can you please name the Security Operator?

N/A

- If the security to the Car Parks is provided on a contractual basis, when does the current contract end? (Date, Month & Year)

N/A

- If the Car Parks are run/operated by a Private Finance Initiative (PFI), can you please provide the name of the company/contractor?

N/A

0260/11
Pest Control

1. In the last six months (1.8.11 to 31.1.12) how many times have you had to call out a specialist pest control agency to deal with an infestation at any of your hospital premises?

Cannon Pest Control have been called out five times between 1.8.11 - 31.1.12

2. For the month of August 2011 and the month of January 2012 please provide me with copies of any reports that were completed by any pest control worker/agency explaining what the problem was, where it was and how they dealt with it.

There was one call out in August 2011, no call outs in January 2012, available upon request

0261/11
Formulary

I would like to request a copy of your current Prescribing Formulary. If you do not produce a formulary but use one from another Trust, please indicate which.

I would be grateful if you could answer the following questions if this information is not contained within the formulary;

- The name of the committee which updates the above?
- Review dates and next scheduled update dates?
- Which other organisations use the formulary?

I would also ask if the Trust has a separate Wound Care Formulary, and if so, would like to request a copy.

If the Trust holds this information and is in a position to pass this information on, then I would like to submit the following request for Re-using the information:-

Request for Re-use

We request permission to re-use on our database the information received as a result of this request. This is a commercial database with all publication details staying true to the publisher. Please include your Organisation and Job title.

Please see below

1. Our current prescribing formulary can be obtained from the NHS – Walsall Meds Management site. This is the joint Walsall (Primary and Secondary Care) Formulary.

2. Various sub-committees are formed for each of the main long term committee e.g. Asthma, Diabetes, CVD, COPD Osteoporosis and all these sub-committees would report into the Medicines Management Quality Boards. The Formulary sub-group are responsible in bringing all these together.

3. Review dates listed below in table

Document	Date agreed	Uploaded/status	Expected review date
Acetylcholinesterase inhibitors- Donepezil-Galantamine-Rivastigmine-Memantine ESCA	July 2011	Live	August 2012
Anaphylaxis in Community	June 2010	Live	Aug 2013
Antibiotic Formulary	June 2010	Live	June 2012
Antiplatelet flow chart for aspirin intolerance	February 2012	Live	February 2013
Antiplatelet for MI, ACS and Stent	February 2012	Live	February 2013
Antiplatelet for Stroke TIA and PAD	February 2012	Live	February 2013
Antipsychotics in Dementia Guidelines	February 2010	Live	February 2012
Aspirin in Primary Prevention Patient Leaflet	February 2012	Live	February 2013
Asthma	April 2011	Live	April 2012
Atrial Fibrillation Guidelines	May 2011	Live	May 2013
Azathioprine ESCA	August 2010	Under review	August 2011
CKD Formulary Section	September 2011	Live	September 2012
CKD Diabetic Chart	October 2008	Live	March 2013
CKD Hypertension Chart	March 2009	Live	March 2013
CKD in Patients with and eGFR<60	October 2008	Live	March 2013
Coeliac Disease Guidelines	October 2010	Live-under review	October 2011
Commercial Sponsoship and Joint Working with the Pharmaceutical Industry	September 2009	Live	September 2012
Constipation	June 2011	Live	June 2012
Constipation in Children	November 2011	Live	November 2012
COPD Formulary Section	September 2011	Live	September 2012
Depression Formulary	December 2011	Live	December 2012

Document	Date agreed	Uploaded/status	Expected review date
Dermatology	October 2010	Live	October 2011
Diabetes Formulary Section	December 2011	Live	December 2012
Diabetes Guidelines	December 2010	Updating	December 2011
Dronedarone ESCA	December 2011	Live	December 2012
Dyspepsia Formulary Section	September 2011	Live	November 2012
ED formulary section	January 2012	Live	January 2013
Epilepsy Formulary Section	April 2010	Live-awaiting NICE	October 2011
Growth Hormone in Children Practice Guideline	April 2011	Live	April 2013
Heart Failure Guidelines	July 2011	Live	July 2013
Hydroxychloroquine ESCA	August 2010	Under review	August 2011
Hypertension Formulary Section and associated charts	October 2011	Live	November 2012
Irritable Bowel Syndrome	December 2010	Live	December 2011
Leflunomide ESCA	August 2010	Under review	August 2011
Leg Ulcer Management Guidelines and Paperwork	March 2008	Live	March 2012
Lipid lowering drugs	November 2011	Live	November 2012
Malnutrition in Adults Guidelines and Sip Feeds in Primary Care	July 2011	Live	July 2013
Medicines Management Strategy	September 2008	Live	September 2011
Melatonin ESCA	December 2010	Live	December 2012
Methotrexate ESCA IBD	August 10	Under review	August 2011
Methotrexate ESCA RA	August 10	Under review	August

Document	Date agreed	Uploaded/status	Expected review date
			2011
Methyphenidate ESCA	January 2011	Live	January 2013
Mixing Drugs in Syringe NMP	November 2008	Current	As necessary
Mouthcare in Palliative Care	March 2011	Live	March 2012
Neuropathic pain and associated documents	November 2010	Live	November 2012
Non-Medical Prescribing Operational Policy	May 2010	Live	May 2012
Non-neuropathic pain	November 2010	Live	November 2012
Obesity Formulary Section	May 2011	Live	April 2012
Osteoarthritis Formulary	September 2011	Live	September 2012
Osteoporosis Sections	February 2011	Live	February 2012
Parkinson's Disease	April 2011	Live	April 2012
Penicilliamine ESCA	August 2011	Under review	August 2011
Peripheral Arterial Disease algorithm	July 2011	Live	July 2012
Primary Prevention of CVD	September 2011	Live	September 2012
Repeat Prescribing, Medication Review and Medicines Reconciliation Policy	May 2010	Live	May 2012
Safe and Secure Handling of Medicines policy	July 2010	Live	July 2012
Secondary prevention of CVD	September 2011	Live	September 2012
Smoking Cessation	April 2011	Live	November 2012
Sodium Aurthiomalate ESCA	August 2010	Under review	August 2011
SOP for Management of CDs	August 2011	Live	September 2013
Statin Flow Charts	June 2010	Live-awaiting NICE	June 2011

Document	Date agreed	Uploaded/status	Expected review date
Stroke Formulary Section	April 2011	Live	April 2012
Sulfasalazine ESCA RA	August 2010	Under review	August 2011
Travel Vaccine and Travel Health	March 2011	Live	March 2012
Urinary Continence	April 2011	Live	April 2012
Vancomycin protocol -oral use of injection	April 2011	Live	April 2013
Vitamin D deficiency in Adults	February 2011	Live	February 2013
Wound Formulary and Poster and Guide	September 2009	under review	

4. NHS Walsall -PCT use this Formulary as this is a joint Formulary as mentioned above.
5. Wound care listed above and under review at moment.

0263/11

Compromise Agreements

1. How many staff have left under a compromise agreement from April 2009 onwards?

24 staff

2. Where possible please provide a breakdown of which financial year the staff members left in?

2009/10 = 0; 2010/11 = 5; 2011/12 = 19

3. How many of these were subject to a confidentiality clause as part of that agreement?

A Confidentiality clause is built into the MARS scheme

4. How many staff who left under a compromise agreement had a clinical background?

1 Allied Health Professional; 1 Healthcare Scientist + 2 Clinical Support Workers

5. How many staff who left under a compromise agreement were on the Nursing and Midwifery Council register?

1

6. How many staff who left under a compromise agreement made a protected disclosure under the Public Interest Disclosure Act 1998?

Nil

7. How much money did the organisation pay out as a result of compromise agreements?

£375,801.21 to 24 individuals

0264/11

Vascular Surgery

1. Currently how many vascular surgeons are working at your Trust, please include wte for consultants and numbers of junior doctors?

There are 3 wte vascular surgeons attached to Walsall Healthcare NHS Trust. There are no specific juniors assigned to vascular surgeons, as we share the juniors over the general surgical department.

2. What on call rota do the vascular surgical consultants cover currently?

We have a Black Country Vascular Network. Currently there are 11 surgeons taking part in the vascular on call. This may change when the vascular Hub is implemented.

3. What catchment area do they cover?

The Black Country vascular surgeons cover the whole of the Black Country, which includes Walsall, Wolverhampton and Dudley.

4. Is a review planned or has one been performed regarding vascular surgery reconfiguration in your area, please provide dates of review?

Vascular service is going to be centralised and the hub has been awarded to Russell's Hall Hospital. Reconfiguration of vascular services is well under way.

5. If a review has occurred what was the outcome?

Centralisation of all arterial surgery on one side, although the hub has been awarded to Dudley, implementation date is not clear at present.

6. Will there be centralisation of services in your area?

Yes

7. If there is centralisation, which will be the hub hospital, how many consultant vascular surgeons will be employed (wte), what rota will be employed and what catchment area will be covered?

The hub has been offered to Russell's Hall Hospital, Dudley and the number of vascular consultant's surgeons is under discussion at present. Catchment area will be Walsall, Wolverhampton and Dudley.

0265/11

Information Legislation

1.
 - a) The current supplier, or suppliers of your trust's accounting and finance IT system or systems.
 - b) For each such system, the contract value, start and end dates if available.

Please see below

2.
 - a) The current supplier, or suppliers of your trust's human resources and payroll IT system or systems.

McKesson supply the trust's human resources and payroll IT system or systems.

- b) For each such system, the contract value, start and end dates if available.

This is a contract between McKesson and the NHS – as such there is currently no cost to the Trust with this arrangement. There are individual costs for various connections to 3rd party systems, but not for the core system, at present.

3.
 - a) The current supplier, or suppliers of your trust's procurement IT system or systems.
 - b) For each such system, the contract value, start and end dates if available.

For finance and procurement systems we are contracted until 30/9/16 with Capita IB Solutions, current contract value £52,000 per year

0266/11

Salaries for Staff

Please provide details of salaries paid and of performance-related bonuses and recruitment and retention payments paid to members of the Walsall Healthcare NHS Trust executive team (or of the two former organizations which combined to become Walsall Healthcare NHS Trust), relating to the last 3 financial years and an estimate of the performance-related bonuses to be paid at the end of the financial year 2011/12

Information relating to the salaries of the whole board of the former Walsall Hospitals NHS Trust are contained in the Annual Reports and Accounts which are available on the intranet for the years 2010/11, 2009/10 and 2008/09

Performance related pay was not awarded to any of the Executive Team members of the former Walsall Hospitals NHS Trust in 2010/11 nor will it be awarded to any member of the exec team at Walsall Healthcare NHS Trust at the end of 2011/12. The salary payments contained in the 2009/10 and 2008/09 annual report and accounts contain any performance related pay in the total shown.

With regard to Walsall Community Health, this request should be directed to NHS Walsall Primary Care NHS Trust for pre April 2011 enquiries.

0267/11

Deceased patients without next of kin

My request is for information regarding persons who have died with no known next of kin and/or any referred for public / welfare funerals since 1/11/11 to the present day.

Also to include any 'pending' cases that may shortly pass to the Treasury Solicitor and any cases where the Deceased died before 1/11/11, but were not included in your last response to me for whatever reason.

Therefore, I would appreciate it if you could send me:

the Deceased's date of death

1. the Deceased's surname
2. the date the matter was passed (or simply if you believe the case will be passed) to the Treasury Solicitor (or Duchy of Lancaster or Cornwall or Q<R in Scotland)
3. the area of the Deceased's last known home address at death expressed as a postcode area

The Trust is not aware of any claims for patients that have died intestate prior to the 1st January 2011 to the present date that will be passed or is waiting to be passed to the Treasury Solicitor.

0268/11

Treatment of foreign nationals

How many foreign nationals have been declined treatment after referral from their GP because they have been deemed ineligible for secondary care for the NHS in 2009/10, 2010/11 and 2011/12 so far? *For the 2011/12 data please specify the period covered.

This Information not held

Please provide details of the treatments foreign nationals were refused on the basis of them being deemed ineligible for secondary care after being referred by GPs NHS in 2009/10, 2010/11 and 2011/12 so far?

This Information not held

How many foreign nationals have been treated at your hospitals after being referred by GPs in 2009/10, 2010/11 and 2011/12 so far? What organisation(s) reimburse you for this care (i.e. PCTs, GP practices)?

This Information not held

What is the value of secondary care given to foreign nationals in 2009/10, 2010/11 and 2011/12 (so far)? How much have you been reimbursed for this care to date, and how much remains outstanding?

The value of secondary care given to foreign nationals is £10,473.94 (2009/10), £3,982 (2010/11) and £12,635.81 (2011/12).

The amount reimbursed for this care to date is £7,639.94, and £19,451.81 remains outstanding.

**0269/11
Patient Discharges**

Please provide the most up-to-date information you hold about the number of patient discharges which take place between 11pm-6am. Please provide these both in absolute numbers and as a percentage of total discharges. Please also provide the same information for the previous five years.

Year	Total Number of discharges between 11pm-6am	Total number of discharges between 11pm-6am as a % of total discharges
2011 -2012	1397	2.92%
2010 - 2011	1953	3.40%
2009 - 2010	1497	2.67%
2008 - 2009	2546	3.98%
2007 - 2008	2241	3.53%

**0270/11
Treatment of Eye Conditions**

On Age Related Macular Degeneration (AMD)

- Your policy on the treatment of wet AMD. In particular, the use of Avastin (bevacizumab) and Lucentis (ranibizumab) for this condition.
- Minutes and papers relating to any board meetings where this policy was discussed / approved.
- The information you give to patients to explain your policy on treating wAMD, in particular the treatment options including Avastin and Lucentis.

We do not provide AMD treatment service at this hospital (Walsall Manor). All patients are referred to Wolverhampton Eye Infirmary, New Cross Hospital

On cataract:

- Your current policy on cataract surgery. In particular the criteria used to decide:
- when a patient is eligible for surgery
- whether the patient can have surgery in both eyes if they have a cataract in both

These are the guidelines that we all follow:

The decision to list a patient for cataract surgery is made after taking into account various factors such as:

- **Patient's visual symptoms (overall quality of vision and not Snellen acuity alone)**
- **Degree of cataract**
- **Co-morbidities such as diabetic retinopathy, macular degeneration, glaucoma etc**
- **Patient's willingness to go ahead with the surgical procedure**

If a patient has bilateral cataract and each eye fulfils the eligibility criteria as mentioned above then surgery is offered for both eyes (one eye at a time)

On glaucoma:

- What proportion of your glaucoma follow-up appointments are delayed or cancelled?

We are in the process of updating our system to capture this information for all glaucoma patients.

0271/11 Strategy

Please can you email me a copy of the Trust's:

- IM&T/ICT Strategy

The Trusts IMT strategy is currently being reviewed however, if you require one at a later date please let me know.

- Estates Strategy

Available upon request

0272/11 Treatment for FGM

1. How many women sought hospital treatment for female genital mutilation at Walsall Healthcare NHS Trust in each year since 2006; and

None

2. How many of these women were admitted and/or underwent surgery

N/A

0273/11

Speech & Language Therapy Waiting Times

Up to and including 28th February 2012, please provide me with the following information re: paediatric speech and language therapy (SLT) waiting times:

[2 sections A+B with 6 questions in each section]

A. Between referral to your SLT service, and the completion of an assessment by a member of the SLT team, please provide details of:

1. The overall number of children (under 18 years old) currently waiting to be assessed;
2. The total number of children (under 18) who have been waiting between 0-9 weeks;
3. The total number of children (under 18) who have been waiting between 10-18 weeks;
4. The total number of children (under 18) who have been waiting between 19-36 weeks;
5. The total number of children (under 18) who have been waiting over 36 weeks;
6. The total number of children (under 18), if any, who are waiting for assessment but are not included in categories A2-A5 for any reason

Please see below

B. Between an assessment being completed, and the first SLT session taking place (in cases where SLT has been assessed as necessary for a child), please provide details of:

1. The overall number of children (under 18 years old) currently waiting to begin therapy following assessment;
2. The total number of children (under 18) who have been waiting between 0-9 weeks;
3. The total number of children (under 18) who have been waiting between 10-18 weeks;
4. The total number of children (under 18) who have been waiting between 19-36 weeks;
5. The total number of children (under 18) who have been waiting over 36 weeks
6. The total number of children (under 18), if any, who are waiting for SLT sessions to begin but are not included in categories B2-B5 for any reason

Please see below

Please consult records as far back in time as necessary so as to include all children currently on SLT waiting lists.

Please see below

Waiting Times for Speech and Language Therapy (29/2/12)

		Total	0-9 weeks	10-18	19-36	36+
A	Initial Assessment	357	30	327* * Maximum wait - 12 weeks	0	0
B	Treatment	93	42	28	19	4

0274/11

Community DSN Team

Please could you send me a list of your community DSN team and which practices they individually cover.

Available upon request

0275/11

Prescribing Rebate Schemes

We are carrying out a survey of NHS organisations across England to see if the use of prescribing rebate schemes is becoming more common. We would be very grateful if you could help by answering the questions below.

1) Is the Trust using any of the following schemes as a way of saving money / improving access to specific pharmaceutical products?

- Prescribing Rebate Scheme
- Patient Access Scheme Rebate
- Locally Agreed Procurement Arrangements

Patient Access Schemes are listed on the NICE website (see link below). We would access these as required

<http://www.nice.org.uk/aboutnice/howwework/paslu/ListOfPatientAccessSchemesApprovedAsPartOfANICEAppraisal.jsp>

2) If Yes to any of the above, then which drugs / therapeutic areas are involved?

Prescribing Rebate Schemes are used in primary care.

3) If Yes to any of the above, then is this a current scheme (2011/12) or scheme planned for 2012/13?

In terms of locally agreed arrangements, we being a small to medium size DGH pursue an approach of collaborative procurement and therefore have negligible local agreements as these offer us least value for money. We pursue our pharmaceutical purchasing as part of the East Midlands Pharmacy Purchasing consortium and the Dept of Health Commercial medicines unit. CMU contracting arrangements are described on the CMU website <http://cmu.dh.gov.uk/medicines/>. In so doing the volume and value of the business is such

that it is tendered via OJEU (either by CMU contracts, and wholesaler contract tender) with only unlicensed medicines for individual patients being exempted (which is something we are investigating with our purchasing consortium).

We would be happy to share the results of our survey with you (individual organisations will not be identified). Please let us know if you would you like to see a copy of the results.

Yes please

0276/11

Agency spend

Recruitment Agency spend for the period January – December 2011

Total spend on Agency staff workers

As a percentage of total staff cost

Broken down by the following disciplines

- Nursing
- Doctors
- Non clinical / Non medical
- Allied Health / Health Science Services

AGENCY & LOCUM SPEND				09/10	10/11	11/12 MTH 10	
	Medics	Agency		1,871,915	1,582,696	1,297,779	
		Locum		2,950,135	2,388,355	2,720,795	
				4,822,050	3,971,051	4,018,574	
	Nurses			474,670	1,194,759	275,883	
	PAMS	Agency		361,714	444,677	334,779	
		Locum		20,954	6,253	16,931	
	PTB	Agency		429,708	420,854	315,186	
		Locum		224,599	296,661	287,681	
	Total						

					6,333,695	6,334,255	5,249,034	

**0277/11
Outpatient Letters**

What do you currently do for outpatients letters?

1) Do you print and distribute them in-house or do you outsource the work?

Letters are printed on site

2) If they are sent in an envelope, are the envelopes hand or machine inserted?

Combination of both as some letters require inserts. Majority of letters are machine folded

3) Finally, who would be the best person to talk to at your hospital to present and discuss this product?

Details below

**Outpatient Service Delivery Manager
01922 721172 ext 6808**

**0278/11
Selective Dorsal Rhizotomy**

- (a) perform Selective Dorsal Rhizotomy and
- (b) what criteria you have for a patient to qualify to receive this treatment.

We do not perform this Procedure at Walsall Healthcare and would make referral to a specialist centre where this may be a treatment option. Due to the nature of this procedure Patients would normally already be under the management of such specialist teams.

**0279/11
Bed Shortages**

- Please tell me for each of the last five years (2007, 2008, 2009, 2010, 2011) how many in-patients who were NOT clinically fit to be discharged from a hospital run by your NHS trust were moved to a) a nursing home b) a hotel room because their bed was needed for a higher priority patient.

- For each patient, please tell me a) their sex b) their condition c) the hospital that didn't have a bed available for them

- For each of the last five years, please tell me the cost to the hospital trust of this practice (i.e. the cost of renting a hotel room, the cost of the nursing home place)

This information is not held by the Trust.

**0280/11
Mobile Phone Contract**

1. Existing Supplier(s) - If there is more than one supplier please split the contract up
2. Total contract value- If there isn't a total contract value please can you provide me with the latest annual spend on mobile phone.
3. Number of Users- Number of connections with network provider
4. Duration of the contract- please state if the contract also include contract extensions
5. Contract Start Date- please provide me with the month and year and day if possible
6. Contract Expiry Date- please provide me with the month and year and day if possible
7. Contract Review Date- please provide me with the month and year and day if possible
8. The person within the Council responsible for this particular contract. Can you send me the full contact details Contact Name, Job Title, Contact Number and direct email address.

This FOI request was sent to the PCT

**0281/11
Patients Treated**

- a) how many European Economic Area (excluding British citizens) were treated for each of the following years:
- i) 2010-11;
 - ii) 2009-10; and
 - iii) 2008-09.
- b) how many Non-European Economic Area (excluding British citizens) were treated for the following years:
- i) 2010-11;
 - ii) 2009-10; and
 - iii) 2008-09.

Year Financial	European	Non European
-------------------	----------	--------------

Year 2008/09	7	15
Year 2009/10	7	7
Year 2010/11	12	9

0282/11

Employed staff specifically in infection prevention

Please can you let me know how many whole time equivalent staff are employed specifically in infection prevention within your trust (covering all sites where infection prevention staff are employed).

Please break down into the following professions:

- nurses/practitioners
- Scientists
- Doctors
- antibiotic pharmacists

Nurses / Practitioners = 6.4 fte

Scientists = 0

Doctors = 2 fte

Antibiotic pharmacists = 1 fte

0283/11

Advertising at the hospital

- a) Do you have any contracts for advertising on A & E leaflets, medical cards/clinical leaflets/guides, within the hospital?
- b) Do you have any contracts for advertising in A & E on posters and leaflet dispensers?
- c) Do you have any contracts for advertising either via appt cards or via posters/leaflets in OPD.

If so, for each part of the above, please can you tell me separately the following under the Freedom of Information Act:

- who is the contract/agreement with - signatory and company name.

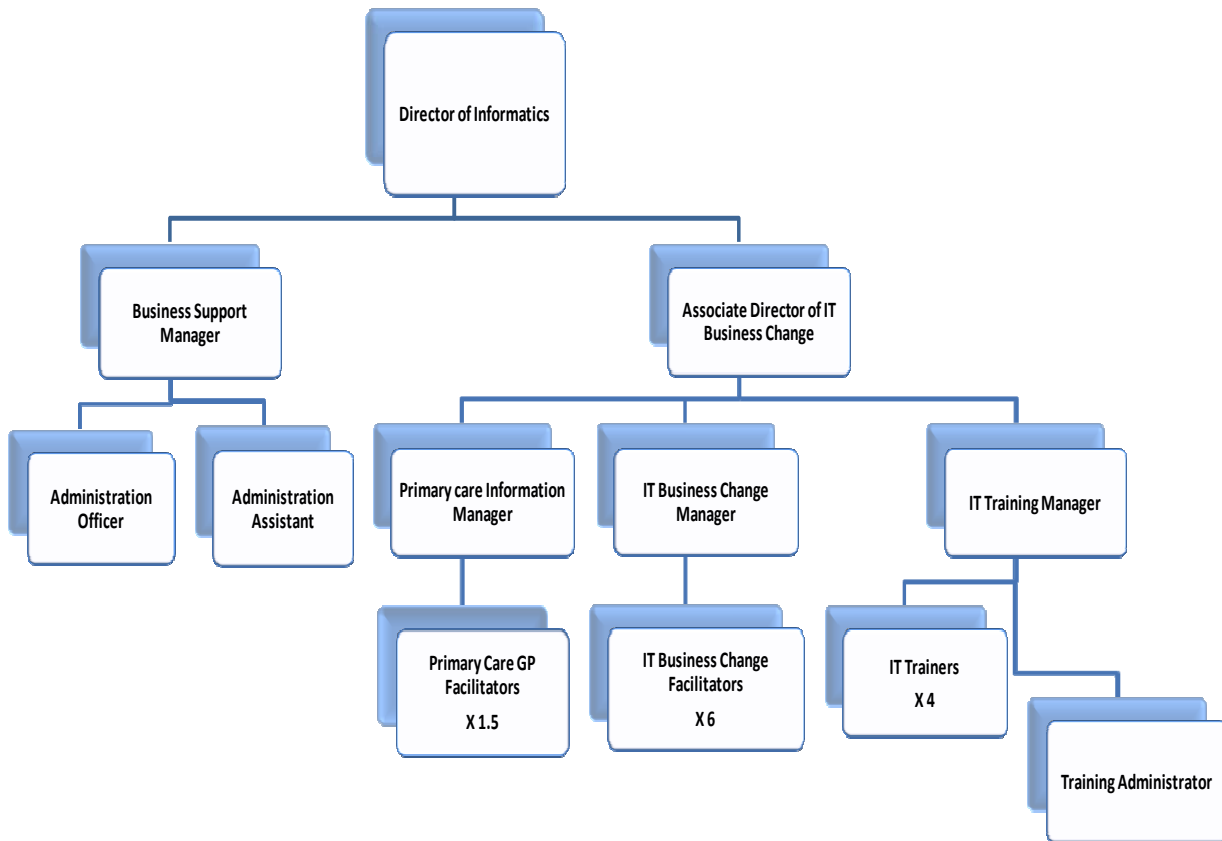
- the date the contract started and the date the contract will end including any notice periods etc. or whether any rolling contracts exist and at what stage must notice be given to end the contract?
- does the contract generate additional income for the trust and if so how much
- who signed the contract at each hospital.
- who is responsible for procurement/tenders

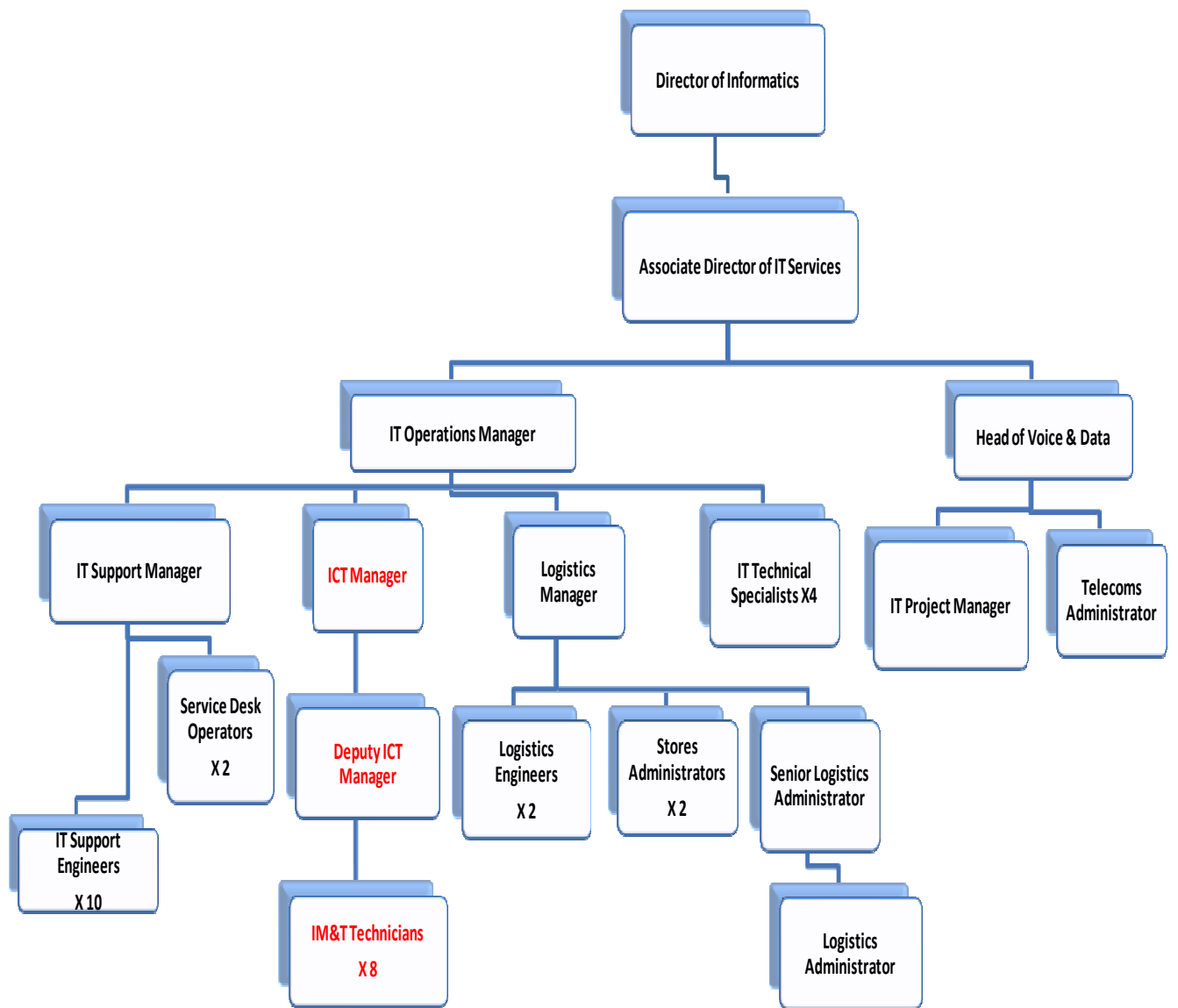
Walsall Healthcare NHS Trust has no record of any contracted arrangement in place.

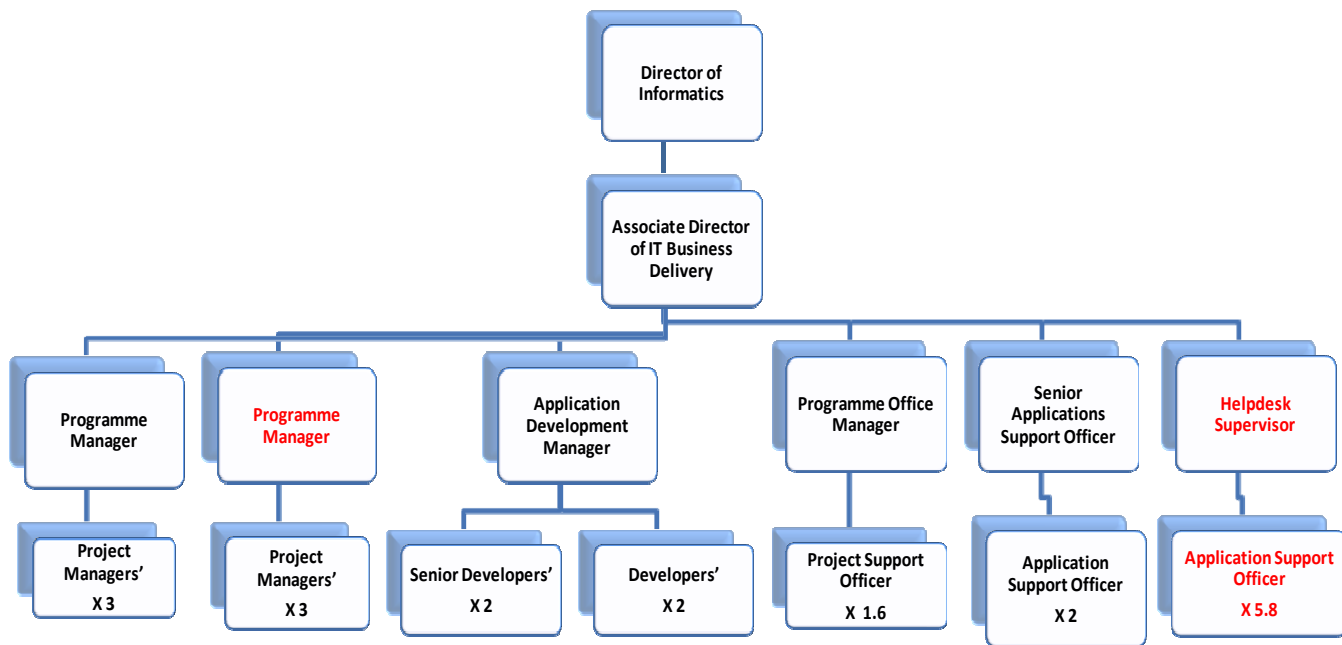
0284/11

IT/ IM&T Department

The structure of your IT/IM&T department







0285/11

The Trust’s hardware maintenance and costs

I would like to request the following breakdown of the Trust’s hardware maintenance and costs:

A list of the models of physical servers, storage devices, tape libraries, network switches and routers under support contracts or manufacturer's warranty (if any); the cost and duration of said support contracts (if any), with start and end dates and service level associated with the equipment; the names of the suppliers of aforementioned support contracts.

I would also request the name of the person/s in your organisation responsible for the hardware support contracts.

Server and Virtualisation Support/Maintenance contract(s)- Please can you send me the contract(s) separately and not a combined total value or number of suppliers. If there is more than one supplier for a particular contract please state which of these suppliers the main one is.
 For each of the types of ICT contract above can you please send me the following data types:

Contract Title:	Existing/ Current Supplier:	Hardware Brand(s):	No of Users:	Operating System (Platform) : (Windows, Linux, Unix etc.)	Total number of Servers (per supplier):	Number of Virtual Servers: (of the total number of server how many are virtual)	Total Contract Value: (For the whole duration of the contract, if the total value sent is per annum please state this in the response)	Duration: (Please can you also include notes if the contract includes any contract extension periods.)	Contract Expiry Date:	Contract Review Date: (An approximate date of when the organisation is planning to review this particular contract.)	Brief Contract Description:	Internal Contact:
Manor	Dell	M600	Unknown	Win 2008 & VMWare & Citrix	2	69	Server supplied with 3 years warranty	3 years from date of supply	Disparate, ranges from: Mar 2013 to Feb 2014	Dell Warranty	Informatics, Director of Informatics	

0286/11

Rheumatoid Arthritis

Please could you supply the following information:

- Referral Pathways / Care Pathways for Rheumatoid Arthritis;
- Prescribing Guidelines for Rheumatoid Arthritis;
- Treatment protocols for Rheumatoid Arthritis;
- Disease Strategies/Long-Term Disease Strategies for Rheumatoid Arthritis.
-

Referral is via registered GP to the organisation for Consultant Rheumatologist and Nurse Specialist Assessment. Patients requiring treatment return on an outpatient basis and also have direct access to nurse led clinics and informal advice and support. The treatment and monitoring protocols requested in the FOI request are attached.

0287/11

Trust's IT Department

Could you send me a structure chart for the Trust's IT department with the names and e-mail addresses for the following, or equivalent roles;

Director of IT/informatics
Head of IT/Informatics
Service desk manager
Security manager

Structure IT Department – **Please see below**

Director of IT/informatics – **Director of IT / Informatics - Steve Darkes, Contact telephone number 01922 721172**

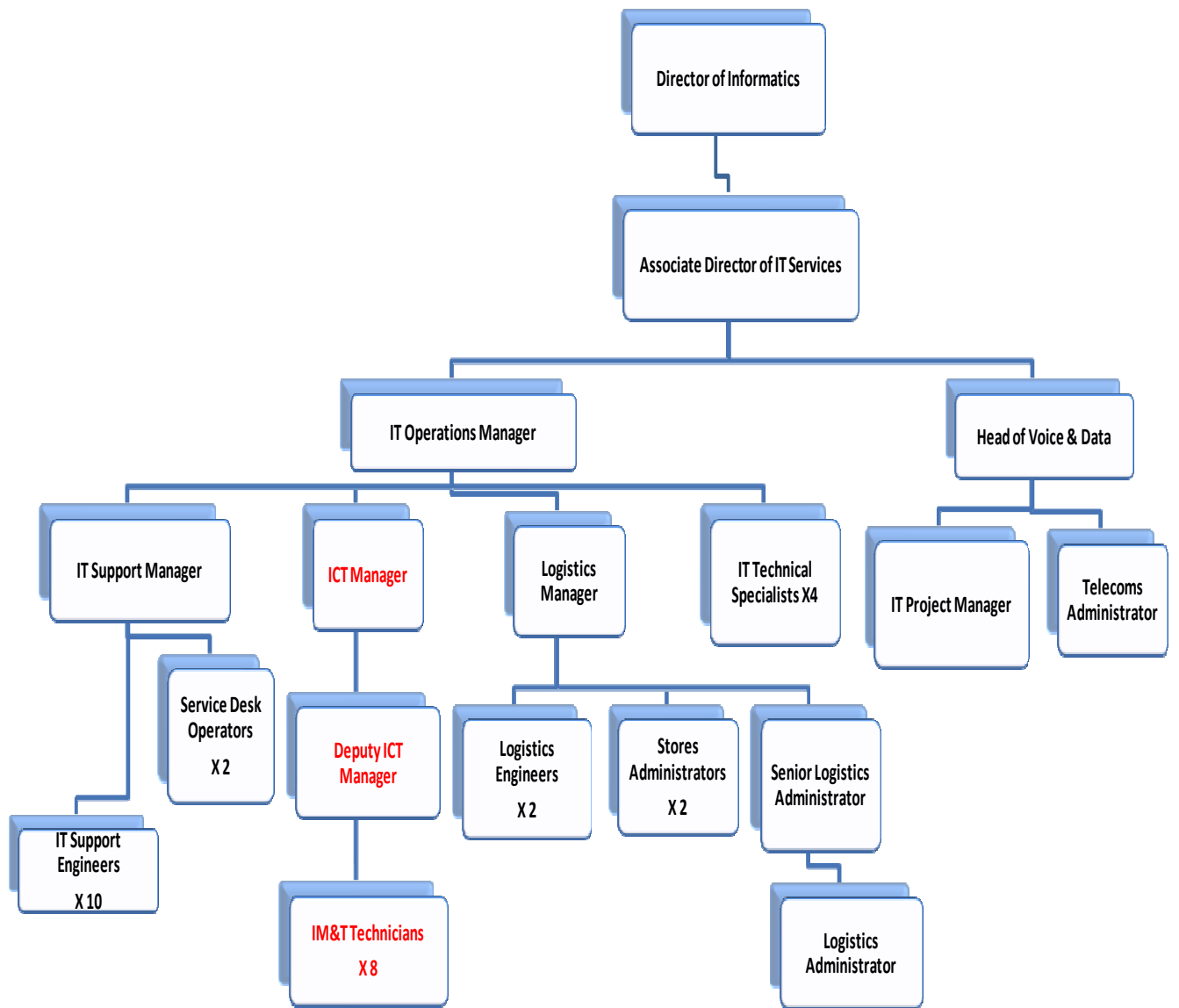
Head of IT/Informatics – **Director of IT / Informatics - Steve Darkes, Contact telephone number 01922 721172**

Service desk manager

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

Security manager

Divisional Director - Neil Hathaway, contact telephone number 01922 721172



0288/11

Nurses with Degrees

1. How many nurses do you employ? –
Head Count = 1167
FTE = 1037.6 Figures as at 19 March 2012 and represents substantive Qualified Nursing personnel.
2. Of those, how many have a nursing degree? – **Currently this information is not available centrally.**
3. Over the last year 2011/2012 i.e. 1 April 2011 until now how many individual registered nurses, who have a nursing diploma, has the trust funded to top up to a degree?
15 registered nurses have commenced year 1 of a clinical degree during 2011/12.
4 registered nurses are undertaking year 2 studies to complete their degree.
128 registered nurses and midwives have undertaken individual degree level modules to support their clinical role during 2011/12.
4. Of those, how many were funded:

4a) entirely (please provide a figure) – **All 147 requests for funding for either full degree or modules contributing to degree have been funded in full.**
4b) partly (provide a figure)
5. Has the trust set any funding aside for the next financial year i.e. 2012/1013 to fund Nurses to top up their diplomas to degrees?
Yes – funding will be identified to support nurses to access both the top up clinical and fast track degrees. Confirmation of funding is pending decision of allocation by regional strategic health authority.
6. Do you know how many of your nurses have funded themselves to do the degree? –
Currently this information is not available centrally

0289/11

Staff Numbers

Roughly how many over 55 staff there are at your Trust?

605 employees are over 55 years of age (This equates to 470.24 FTE)

0290/11

Overseas Visitors

Please provide the following information for each of your hospitals for each of the following financial years: 2008/9; 2009/10; 2010/11; 2011/12.

- How many patients did you identify as non-exempt overseas visitors?
- What was the cash total of all the invoices raised for non-exempt overseas patients?

Of this cash total:-

- How much was received as prepayment before treatment?
- How much has been recovered post treatment?
- How much is still outstanding? This figure should not include debt written off
- How much outstanding debt has been sent to a debt recovery agency?
- How much debt has been written off (i.e. there are no longer any attempts to recover the money)?

Since 2008:

- What is the largest outstanding debt run up by a single patient and for what treatment?

For each of the same financial years for each hospital, please tell us:

- How many patients did you identify as exempt from charges as residents of an EEA country or Switzerland under Regulation 9?
- How much did those patients' bills amount to?
- How much did you invoice your host Primary Care Trust for patients exempt under Regulation 9?
- What sum did you record and report to the Department of Work and Pensions Overseas Healthcare Team?

Further, please tell us the following information for each Hospital in your Trust:

- Is there an overseas visitors' manager?
- If not, is there someone who has overseas visitors' manager role as part of their job? What is their job title?
- How do you identify patients as not ordinarily resident in the UK and therefore eligible for charging? Do you use this approach with all patients that are admitted to your hospital?
- Do you use a pre-attendance form (PAF)?

- Do you do any checks as a matter of course as to whether someone has been resident in the UK for the last twelve months when they are admitted to the hospital?

Please provide the following information for each of your hospitals for each of the following financial years: 2008/9; 2009/10; 2010/11; 2011/12

	2008/09	2009/10	2010/11	2011/2012
• How many patients did you identify as non-exempt overseas visitors?	16	11	4	12
• What was the cash total of all the invoices raised for non-exempt overseas patients?	£27,753.00	£10,679.94	£3,982.00	£12,786.81
Of this cash total:-				
• How much was received as prepayment before treatment?	0	0	0	0
• How much has been recovered post treatment?	£206.00	£5,910.94	£362.00	£1,367.00
• How much is still outstanding? This figure should not include debt written off	£0.00	£0.00	£0.00	£11,419.81
• How much outstanding debt has been sent to a debt recovery agency?	£18,437.00	£4,563.00	£3,620.00	
• How much debt has been written off (i.e. there are no longer any attempts to recover the money)?	£18,437.00	£4,563.00	£3,620.00	£0.00

Since 2008:

- What is the largest outstanding debt run up by a single patient and for what treatment?

£10,168.00 Stroke Rehabilitation

For each of the same financial years for each hospital, please tell us:

- How many patients did you identify as exempt from charges as residents of an EEA country or Switzerland under Regulation 9?

47 46 59 38

- How much did those patients' bills amount to?
- How much did you invoice your host Primary Care Trust for patients exempt under Regulation 9?
- What sum did you record and report to the Department of Work and Pensions Overseas Healthcare Team?

Patients are not billed as they are exempt. The cost for the procedure is the National Tariff price plus local market forces factor which is invoiced to the host PCT as per below.

£23,487.00 £18,163.00 £32,527.00 £10,452.00

As above As above As above As above

Further, please tell us the following information for each Hospital in your Trust:

- Is there an overseas visitors' manager? **No**
- If not, is there someone who has overseas visitors' manager role as part of their job? What is their job title? **Health Records Manager**
- How do you identify patients as not ordinarily resident in the UK and therefore eligible for charging? Do you use this approach with all patients that are admitted to your hospital? **The Trust follows the Overseas Visitors Policy which is currently under review**
- Do you use a pre-attendance form (PAF)? **No**
- Do you do any checks as a matter of course as to whether someone has been resident in the UK for the last twelve months when they are admitted to the hospital? **The Trust follows the Overseas Visitors Policy which is currently under review**

0291/11

Private sector delivery of public services

a) Total expenditure with third-party providers for the provision of the service in the financial year in 2010/2011 (please also indicate when your financial year runs to/from)

b) If the provision of the service was open for competitive tender in 2011 (or that the provision of the service in 2011 was chosen as a result of a competitive tender in a previous year). If only a proportion of the service was open to tender, please provide the split by value terms (for example, X% of total expenditure on the delivery of the service is open for competitive tender from third-party providers, irrespective of whether a third-party provider was chosen as part of the tender process). If the split by value is not available, then please indicate the number of hospitals that a given service was open to competitive tender compared to total hospitals in the coverage area.

c) If the service was provided in-house or if it was outsourced to a third party provider. If the service provision was mixed, please provide the split between providers by value. (Please note that staff-related pay and wages is to be included within the cost of service provision)

Security is part outsourced to Olympian, and catering is wholly outsourced to Avenance.

- 1) Hospital Catering
- 2) Hospital Cleaning
- 3) Hospital Security
- 4) Clinical services – Community physiotherapy
- 5) Clinical services – Diagnostic ultrasound
- 6) Clinical services – Pathology services
- 7) Clinical services – Sexual health services

1) Hospital Catering Services

The hospital catering services was outsourced to “Anglia Crown Ltd” and service was stopped in-house from June 2010. The Total Spend for the financial year 2010/11 was £1.2m out of which the charges incurred from Anglia Crown was £321k and prior services provided by the Trust was a total cost of £838k. The cost to the Trust also reflected the transition period during which the new build was under-way.

2) Hospital Cleaning Services

The hospital cleaning services was provided in-house in 2010/11. The total cost to the Trust was £3.9m, and this was largely due to the cost of staff.

3) Hospital Security Services

The hospital security service in 2010/11 was partly outsourced. The total cost of providing the service was £587k, out of which £264k was the outsourced (“Olympian Security Services”) with the remaining cost of £323k provided by the Trust.

4) Clinical Services – Community Physiotherapy

The Community Physiotherapy service was not a service provided in 2010/11 by the Trust. This service integrated following the merger of the community services (previously provided by the PCT) and the Acute Services.

5) Clinical Services – Diagnostic Ultrasound

The diagnostic ultrasound service is a service provided by the Trust. The total cost of the service in 2010/11 was £4.8m; however included is the MRI Scanning aspect of this service was outsourced to In-Health. The total charge for this service was £469k and this service has been an ongoing agreement between both organizations.

6) Clinical Services – Pathology Services

The Pathology Services is an in-house service. The total cost of this service in 2010/11 was £11.4m, however there are some “Referred Tests” aspects of this services that are carried out by other organizations – totaling £391k. The major organizations used for this external services are:-

- a. Addenbrookes - £14k
- b. Imperial College - £32k
- c. University Hospital Birmingham - £15k
- d. Birmingham University - £145k
- e. Birmingham City Hospital - £103k

7) Clinical Services – Sexual Health Services

The Sexual Health service is an in-house service. The total cost of this service in 2010/11 was £3.3m; however included is the “Referred Test” aspect of this service that are carried out by other organizations – totaling £130k for the year. There are two major tests;

- The Lymphocyte Marker – provided by Heart of England FT with a total cost of £45k incurred in 2010/11; and
- The HIV Viral Test – provided by the Health Protection Agency with a total cost of £85k incurred in 2010/11.

0292/11
ICT Contracts

- Existing Supplier- If there are various supplier please split up into individual contracts

Please see below

- Hardware Brand

Please see below

- Contract Description

Please see below

- Total Contract Value- please state if you have provided an annual figure

Please see below

- Duration of the contract- please provide me with a particular month as well as the year. And whether there are any extension periods on the contracts.

Please see below

- Expiry date of the contract- please provide me with a particular month as well as the year.

Please see below

- Contract review date- please provide me with a particular month as well as the year.

Please see below

- Internal contact responsible for reviewing and renewing contracts please include there full name, job titles direct contact number and direct email address. If in some cases this cannot be release please just send me there job title.

Operations Director
Skanska Facilities Services
Walsall Manor Hospital
Mike.bartlam@skanska.co.uk
Tel M 07753830061

Tel W 01922721172

The expiry of the maintenance agreement for the LAN project is presently 30 years after steady state commencement date being May 2011, with a benchmarking at 10 year intervals, first being December 2017.

0293/11

Accommodation for Patients

1. In the last calendar year, 2011, how much did your Trust pay to provide accommodation for patients in hotel rooms (by hotel rooms I actually mean a room in a commercial hotel)?
2. How many patient nights did you get for this sum?
3. Please state the name and address of the hotel where the largest number of patient nights were purchased from in 2011, what this cost was and how many patient nights it represented?

The Trust has had no expenditure for this therefore nil return

0294/11

NHS Trust staff receiving private medical care paid for by the Trust

How many NHS staff in your Trust have received private medical treatment paid for by your NHS trust in each of the following calendar years, 2009, 2010 and 2011 and what was the total cost of those treatments in each of the calendar years?

Where a private patient is seen in the Trust the Private Patient Policy is adhered to and the patient is charged for the care received, we have no record of any member of staff receiving free private patient treatment.

0295/11

Audiology

1. Please let us know the name and postcode of your audiology department?

Name of Hospital/Trust: **Walsall Healthcare NHS Trust**

City/Town: **Walsall**

Postal Code: **WS2 9PS**

Bilateral Hearing Aids

2. Do you routinely offer bilateral hearing aids where clinically appropriate? (Please tick one box only)

Where clinically appropriate we always offer two hearing aids.....



We offer one hearing aid in the first instance unless someone specifically requests two hearing aids.....

We only offer one hearing aid per patient.....

The patient has to go back to their GP for another referral if they request a second hearing aid.....

3. If you do not routinely offer two hearing aids where clinically appropriate is this due to efficiency savings to budgets that have taken place in the last 18 months?

Yes

No

Comment: (If it is not due to efficiency savings please give reasons why you do not routinely offer bilateral hearing aids where clinically appropriate)

4. If you do routinely offer two hearing aids where clinically appropriate is this policy under threat in the coming year due to budget reductions?

Yes

No

Comment:

Tinnitus Services

6. Which of the following tinnitus services do you offer to patients, where clinically appropriate? (please tick all that apply)

Hearing therapy or a referral for hearing therapy.....

Specialist tinnitus support or a referral for specialist tinnitus support.....

Cognitive behavioural therapy (CBT) or a referral for CBT.....

Information about products and other services.....

We don't routinely offer tinnitus service

Other (please specify)

7. Have your tinnitus services been reduced due to efficiency savings to budgets that have taken place in the last 18 months?

Yes

No

8. If "yes" what reductions have taken place?

Hearing therapy has been cut or reduced.....

Specialist tinnitus support has been cut or reduced.....

CBT provision has been cut or reduced.....

Time spent providing information about products and other services has been cut or reduced.....

Other (please give details)

9. If your tinnitus services have not been reduced are tinnitus services under threat in the coming year due to budget reductions?

Yes

No

Don't know

If "yes" please give details or comment below:

10. Have you seen any other impacts of budget reductions?

- Increase in waiting times.....
- Reduction in follow up appointments.....
- Reduction in available information resources.....
- Reduction in the number of specialist staff available for complex cases

- No other impacts.....

Other (please specify)

_____Don't know_____

11. Are there any examples of best practice and innovative responses to the spending cuts you would like to share? (Please describe in the box below)

No

12. Please provide the best point of contact if we should want to find out more about audiology services (optional).

Name: _____Audiology _____

Department: _____Audiology Department_____

Email address: _____

Telephone number: ___01922 721172 Ext 7628_____

0296/11

Clinical Systems Messaging Interfaces

I request details of system messaging interfaces developed over the last 2 financial years (2010/11, 2011/12) for your trust, specifically the type, associated system, supplier cost and internal development time taken. This request should initially be directed at your Informatics or IT department.

Please see below.

System Messaging Interface Details - Data collection template

For interfaces commissioned/developed between 01/04/2010 to 31/03/2012

Trust Name:

Walsall Healthcare NHS Trust

Date	Outbound System				Inbound System				Message Standard	Message Type/Purpose	Complexity	Dev Days
	System	Supplier	Cost (£,000)	ITK Spec (Y/N)	System	Supplier	Cost (£,000)	ITK Spec (Y/N)				
31/10/2011	STAR PAS to Rhapsody	Mckesson	NA	No	Rhapsody	Orion	0	No	HL7	ADT	Low	10
31/10/2011	Rhapsody (TIE)	Orion	0	No	Potertrack	Portertrack	0	No	HL7	ADT	Low	10
01/07/2010	Rhapsody (TIE)	Orion	0	No	Endosoft	Endosoft	8	No	HL7	ADT	Low	10
01/07/2011	Rhapsody (TIE)	Orion	0	No	Escribe	Nuance	0	No	HL7	ADT	Low	10
31/12/2010	Rhapsody (TIE)	Orion	0	No	Badger Neonatal	Clevermed	5	No	HL7	ADT	Low	10
31/01/2012	Rhapsody (TIE)	Orion	0	No	Badger Maternity	Clevermed	5	No	HL7	ADT	Low	10
31/03/2011	ICE	Sunquest	5	No	Rhapsody	Orion	0	No	HL7	ORU/OMG/OML	High	20
31/03/2011	ICE	Sunquest	5	No	WInPath	Clinysis	6	No	HL7	ORU/OML	High	20
31/03/2011	ICE	Sunquest	5	No	CRIS	HSS	6	No	HL7	ORU/ORL	High	20
31/03/2011	CRIS	HSS	6	No	Fusion	Internal	0	No	HL7	ORU/OMG/OML	High	20
31/03/2011	WINPATH	Clinisys	6	No	Fusion	Internal	0	No	HL7	ORM/ORU	High	20
01/06/2010	Rhapsody (TIE)	Orion	0	No	Infoflex	CIMS	5	No	HL7	ADT	Low	10
01/07/2010	Endosoft	Endosoft	8	No	Fusion	Internal	0	No	HL7	ORU	Low	10

0297/11

Copy of Audited Accounts 2010-11 and cost of Circumcision Operation

A copy of the audited accounts for 2010-11 and 2011-12.

Please see attached. (Information available upon request)

What is the cost of a circumcision operation and 1 nights stay in hospital.

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