

**FREEDOM OF INFORMATION
DISCLOSURE LOG – Quarter 2 July-September 2012**

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068/12

Hospital ward closures

A list of any hospital wards under control of the Trust that have been permanently closed down since May 2010 – please give the number of beds contained within each ward when operating at full capacity

Ward 12 - 27 beds

Ward 14- 27 beds

A list of any hospital ward under control of the Trust that has had more than 20% of its previous bed capacity permanently reduced since May 2010 – please give the number of beds contained within each ward that was closed, together with the number of beds remaining open within each affected ward

None

Where hospital wards or beds have closed (as detailed in response to points 1 and 2), please detail if the services and/or bed capacity provided within these wards have been transferred to either (a) new wards; (b) new capacity at existing wards; or (c) new capacity in NHS community settings (if possible, in each case please provide the new bed capacity that is replacing the closed bed capacity)

Ward 20 increased from 5 day operating to 7 day operating and increased IP capacity to 24 beds

A list of any hospital wards under control of the Trust that have been temporarily shut for a duration of at least two weeks at a time since May 2010 – please state from and until when the ward was shut, the bed capacity within each ward when operating fully, and the reason for the closure. For the purposes of part 4 of this request, a ward is 'shut' if there are no patients in it throughout the duration of the time period, regardless of whether it has been officially closed.

None

Any reduction in the regular opening hours of a hospital ward under control of the Trust since May 2010, where the reduction was in place either permanently or for at least a month. Please state which ward was affected, what the reduction was, when it was effective from and until, and the reason for the reduction

None

Any downgrading in the status or function of a hospital ward under control of the Trust since May 2010

Ward 2 converted to Step Down/Pre discharge unit and formally designated non-acute effective November 2011

This unit was developed in October 2011 with 33 beds. Commissioned by the PCT but run by the Acute Trust for reablement patients after they were deemed clinically stable and ready for discharge.

Any current plans to introduce any of the measures covered in parts 1-6 at any point in the future. This includes (but is not limited to) measures that are pre-consultation, in consultation, or where the timeframe for the plans to come into effect have yet to be finalized **Cost Improvement Programs currently in preparation, may include but no specific plan as yet, in relation to the reduction of a further 2 Acute wards (27 beds in March 2013 and circa 30 beds in March 2014). Between now and then, the Trust has launched and will implement an Urgent and Emergency Care Improvement Programme that will develop new models of care and configuration of acute beds and enhancement of community services so that a reduction in acute beds can be safely achieved.**

The number of hours the Trust required to fulfil this request

2 hours

Parts 1, 3 and 7 include where wards have been, could be or will be permanently closed as a result of the permanent closure of an entire hospital (or comparable setting) in which they were/are located.

Part 4 excludes temporary closures caused by building works.

Part 5 excludes reduced hours caused by building works. Where weekend opening hours have been reduced, the minimum timeframe falling within this part of the request is reduced hours each weekend for a month. Or, where the reduction is only on Tuesdays, for example, the minimum timeframe is reduced hours every Tuesday for a month. The reduced schedule of opening hours should have been in place for at least a month – it need not have actually applied to every single day of the month.

Part 5 includes centrally sanctioned reductions in opening hours, and any other reductions that are recorded centrally, either within the Trust or within the hospital. It does not include any ad hoc reductions in opening hours that are not recorded centrally within the Trust or the hospital.

069/12

Accident and Emergency

- The average time between a patient being referred from Accident and Emergency to a speciality team and being admitted on to a ward. (I understand this data is available from the Symphony system, which gives the time the patient is referred, then the time they leave A&E).
90.49 minutes
- The longest time a patient has waited between being referred from Accident and Emergency and being admitted to a ward.
710 minutes (Verified by Accident & Emergency dept)
- What is your percentage bed occupancy?
87.32% (Using General & Acute overnight sessions as sourced from KH03 Returns)

070/12

Board minutes

Board of Directors Minutes for 8th September 2011 and 3rd May 2012 as the links are not working.

Information available upon request.

071/12

Chiropody / Podiatry services

Does the Trust provide toenail cutting as part of its chiropody and podiatry services?

In podiatry we provide toenail cutting to those patients identified in the following that cannot cut their own nails and do not have family or carers who can do this for them.

3.2 Priority Groups:

- **Service users with long term conditions including diabetes, vascular disease, rheumatoid arthritis and neurological conditions such as stroke and Parkinson`s Disease**
- **Service users vulnerable to ulceration**
- **Service users who are at risk of or have a history of multiple falls**
- **Homeless people**
- **Children**
- **Service users with a lower limb pathology**

072/12

Venometer Amtec Medical Device

I was reading an FOI disclosure log from Walsall Hospitals NHS

(<http://www.walsallhealthcare.nhs.uk/media/101577/disclosure%20log%20q4%202010.pdf>)

which has the Venometer from Amtec Medical listed.

Please can you confirm if your Trust still uses this device? And if so, where is it located?

The Trust utilizes a venometer in Haematology.

073/12

Energy Generators

Which haemostatic dissection energy devices does the Trust currently use (e.g. Harmonic Scalpel, Harmonic Ace, Enseal, Ligasure, Lotus Bcision, PK/Halo PKS)?

How many energy hand pieces are used per year?

The hand piece that is processed by HSDU is the Harmonic Scalpel. In 2011 this had been processed 40 times.

Are the energy hand pieces on contract(s)?

When do the contract (s) end?

Are the contracts linked to free of charge supply of energy generators?

Yes hand pieces are linked to the free supply of machines.

074/12

Marketing and Communication Outsourcing

1. What is the role of communication and marketing in your organization? Does your organization have an objective on communication and marketing?

We do have a Communication and marketing Department within the Trust whose role is to effectively manage the reputation of Walsall Healthcare NHS Trust in the eyes of our key stakeholders – staff, patients, visitors, GPs, partner organisations, the local community, the media. This work involves us linking to our key stakeholders to ensure we are clear about the messages they receive from us, most particularly the GP that refer to our services.

We also support the various Directorates within the Trust to provide key information relating to changes in their services, support the development of key internal campaigns and communications aimed at improve the services we provide to improve the patients and staff experience.

We are responsible for ensuring that key corporate documents are written, designed and produced within organisation standards and suitable for a wide audience i,e the Annual Report, the Quality report, the Annual Plan, the Integrated Business Plan. However, the full cost of this work is not covered within the Department with Directorates contributing to the cost.

2. What is the size of the communications team/marketing department?

There are 4.6 wte permanent members in the team, and a modern apprentice who is funded non recurrently.

Head of Corporate Communications and Marketing 1 wte
Communications Manager 1 wte
Marketing Executive 1wte
GP Liaison Officer/Business Market Analyst 0.6 wte
Webmaster and Marketing (working across Trust and PCT) 1 wte
Modern Apprentice 1 wte (non recurrently funded)

3. Does your organization source communications and marketing services externally? If yes, what kind of services that you employed? Can you provide me the figure of expenditure from 2009 to current financial year or the most recent available?

Yes, we do access freelance writers for specific pieces of work on specific and large scale campaigns. Over the period for which you have asked for information a number of exceptional activities were undertaken within the Trust. In particular, the new hospital development,, including the rebranding work, the implementation of Transforming services when a new integrated organisation was created incorporating hospital and community staff which required specific communication was required.

The figures we have provided below reflect only those figures directly related to the Communications and Marketing Department. Other expenditure supported by the Department team but funded from Directorate budgets have not been included as this information is contained in Directorate budgets and an analysis was possible in the time available.

4. Does your organization have its own print room? If so, what percentages of jobs are handled internally on behalf of the Trust and other customers?

As we do not have a print room, we therefore source all printing as required externally.

5. How does your organization source Graphic Design and Print Services?

We have a list of suppliers and obtain three quotes for every job where necessary.

We are increasingly looking to the skills of our own staff to undertake some artwork, particularly as it relates to intranet and web based material.

6. Do you source Graphic Design and Print Services externally? If yes, can you provide me the figure of expenditure from 2009 to current financial year or the most recent available?

See attached

Some of this expenditure was non recurrent during the period and aimed at specific schemes as identified

7. What is the forecasted spend on graphic design in 2011/ 2012 and 2012/2013?

We do not forecast spend on graphic design specifically, opting to budget for the overall cost of potential campaigns. As stated above we also support the development of campaigns across the Trust which are not included in the Departments budget.

8. What is the forecasted spend on external print expenditure in 2011/ 2012 and 2012/2013?

This is included in the figures for question 7

9. Who should I contact in asking for interview participation on the study of provision of marketing and communication services in NHS?

Anne Baines, Director of Strategy

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anne.baines@walsallhealthcare.nhs.uk

	2009/2010	Notes	2010/2011	Notes	2011/2012
Graphic Design and Print	Total spent: £52,240.27		Total spent: £39,844.25		Total spent: £16,346.84
Communications and Marketing Consultancy Services	Total spent: £281,005.3	During 2009/2010 , the Trust launched a staff organisational engagement development programme. In addition, the organisation was re-branded/ marketed due to the opening of the brand new redeveloped Walsall Manor Hospital. Also during this year the Trust launched its highly successful 'Give Infection the Elbow' Campaign.	Total spent: £199,901.46	During 2010/2011 the organisation opened its brand new hospital redevelopment and staged a community engagement programme. which included a number of large scale community focussed events. In addition, this year the organisation integrated with Walsall Community Health and underwent a re-brand. .	Total spent: £13,662.5 In this year the reprint of a number of operational leaflets was transferred to Directorates as so no longer is reflected in the spend. This was agreed through the appropriate patients leaflet policy.

075/12

FOI Statistics

I am a UK Archives and Records Management student who is currently researching the practical implications and workings of the FOI Act. In particular, I am trying to ascertain the number of vexatious and/or repeated requests refused under section 14 of the FOI Act, as recent discussions by the Commons Select Committee seem to imply that this is becoming a growing problem for public authorities.

On account of the excellent disclosure logs published on your website, I have been able to extract some of the data I need by myself. I am therefore writing to request the following information:

1. The total number of FOI requests received by Walsall Healthcare NHS Trust for each calendar year, from 2005 to 2008 inclusive.

Year	Total Number of FOI Requests Received
2005	22
2006	32
2007	23
2008	47

Please note that the figures provided are for Walsall Hospitals NHS Trust as Walsall Healthcare NHS Trust was not formed until April 2011.

2. The number of FOI requests refused under section 14 (vexatious or repeated requests) each calendar year, from 2005 to 2008 inclusive.

From 2005 to 2008 there were no FOI requests refused under section 14.

076/12

Price and Supply of Products

We are a Healthcare agency working with the NHS and a number of other clients in the healthcare area. In accordance to the right of information under the Freedom of Information Act 2000, I would like to request information regarding the price and supply of products listed in Appendix 1.

Please provide

- The Quantity of each product listed during the last financial year
- The average price of each product
 - If this varies, please supply the quantity bought at each price
- The source for each of the different products
 - NHS Supply Chain
 - Direct from Manufacturer
 - Other (please specify)

For the avoidance of doubt, we do not require any information that may identify individual patients or pharmacists or that may otherwise be categorised as personal data.

Please could you redirect the request to <http://www.supplychain.nhs.uk> as they will be able to provide the information.

077/12

Never events and policies in theatres

- 1) How many operating theatres do you have within your Trust? **11**
- 2) Do you have cardiac surgery at your Trust? If so how many theatres are used for cardiac surgery? **no**
- 3) Do you have neurosurgery at your Trust? If so how many theatres are used for neurosurgery? **no**
- 4) Do you have a written policy / procedure for swabs and instruments used during surgery at your Trust? **Identification and Recording of Swabs, Instruments and Sharps in the Perioperative Environment**
- 5) Do you have any written exceptions for items which do not need to be counted before or after surgery?
 - a. If so please give details **Please see attached policy**

- 6) Do you have a written policy / procedure regarding the use of throat packs during anaesthesia and surgery? **Identification and Recording of Swabs, Instruments and Sharps in the Perioperative Environment**
- a. If so, does this policy require a verbal check for every surgical case, or are there only specific occasions when this check is carried out? **This is completed using the WHO checklist**
- 7) Do you have a written policy / procedure regarding the checking of pregnancy in applicable patients prior to anaesthesia and surgery? **The WHO checklist is used**
- a. When and where is the final check for possible pregnancy undertaken? **arrivals**
- 8) Have you had any Never Events related to surgery within the last 12 months (1st April 2011 to 31st March 2012)? **No**
- a. If so, please provide headline details (number of each type of Never Event, degree of harm to the patient).
- b. Have you had any serious harm events related to surgery requiring high level investigation, which are not classified as Never Events (e.g. fires, drug mislabelling) **Please see table below**
- c. If so, please provide headline details (number of each type of Never Event, degree of harm to the patient).

Number of Incidents	Incident Type	Speciality	Degree of Harm
1	Dentistry	Maxilo facial	Near Miss
1	Unexpected Death	Trauma and Orthopaedics	Catastrophic
1	Other	Urology	Moderate
1	Surgical Incident	General Surgery and Anaesthetics	Major – Incident did not cause death
1	Surgical Incident	General Surgery	Catastrophic
1	Surgical Incident	General Surgery/ Vascular	Major – Incident did not cause death
Total - 6			

The answers to questions 4-7 are likely to be held within Trust policies, peri-operative and operative records. Sending copies of relevant documents, plus any additional explanation, is likely to constitute satisfactory answers to questions 4 -7. If your Trust covers more than one distinct hospitals providing surgical care, please provide separate information for each. Treatment centres operated by non-NHS organisations do not need to be included.

078/12

Waiting List Initiative Payments

Could you provide a list of the total amount of 'Waiting List Initiative' payments paid out by the Trust.

In year 2011/12 the Trust's expenditure on 'Waiting List Initiative' was £1,666,009.

079/12

Ectopic Pregnancy Foetal Remains

Could you send me a copy or link to what your procedure was/is for ectopic pregnancy foetal remains in 1999?

Due to the timeframe we are unable to locate a copy of the procedure however; any recognizable foetal parts found during Histological examination in 1999 were sent to the Mortuary and entered in to the foetal remains book. A foetal disposal form would be raised with the ward / department sending the specimen and then the recognizable foetus or foetal parts would have had a dignified disposal by cremation.

Walsall Healthcare NHS Trust has a policy for dignified disposal of any foetal remains identified during tissue examination.

080/12

Treatments for Specified Diseases

For the latest 6 month period, please supply the number of patients receiving the below treatments for the specified diseases. If possible, please complete the tables supplied.

Details below for you (for the period Jan – Jun 2012):

Drug	Number of patients diagnosed with Chronic Myeloid Leukaemia (CML) receiving the drug
Imatinib	9
Dasatinib	Nil
Nilotinib	3

Drug	Number of patients diagnosed with Gastro Intestinal Stromal Tumour (GIST) receiving the drug
Imatinib	Nil
Dasatinib	Nil
Sunitinib	Nil

Drug	Number of patients diagnosed with Renal Cell Carcinoma (RCC)
Everolimus	2
Sunitinib	10
Sorefanib	Nil
Pazopanib	1

081/12

Tenders Direct

- Suppliers who applied for inclusion on each framework/contract below and were successful & not successful at the PQQ & ITT stages.*
Roche Diagnostics – successful
Tosoh Bioscience Ltd – not successful
Genmed.me Ltd – not successful
Ortho Clinical Diagnostics– not successful
- Contract values of each framework/contract (& any sub lots), year to date
£657,269 year 1
- Start date & duration of framework
1/10/11 to 30/9/18
- Is there an extension clause in the framework(s)/contract(s) and, if so, the duration of the extension?
No extension
- Has a decision been made yet on whether the framework(s)/contract(s) are being either extended **or** renewed?
No

082/12

Corporate Structure

Under the Freedom of Information Act could you please provide me with a corporate structure chart and/or the names of your:

- Executive Directors
- Corporate Leads
- Service Directors
- Medical Directors

Please click link to access structure chart:

<https://www.walsallhealthcare.nhs.uk/media/159862/trust%20structures%20log%20v7%20june%202012.pdf>

083/12

Corneal graft materials

- Since 2009, how many people have been on the waiting list for a corneal graft? (Please give figures for each year since 2009).
- Since 2009, how many corneal grafts has your hospital performed a) for NHS patients b) for private patients?
- How many people are on your current waiting list for a corneal graft?

- Of those who are waiting how many are a) NHS patients b) private patients?
- Since 2009, what has been the waiting time of each a) NHS patient, and b) private patient?
- What has been the average wait for each corneal graft (please give figures for each year since 2009)?
- Since 2009 what has been the average wait for each corneal graft for a) NHS patients b) private patients? (Please give figures for each year since 2009).
- Are people placed on the waiting list for graft after diagnosis for a corneal graft or when graft material becomes available?
- How many a) NHS and b) private patients have been diagnosed as needing a graft but are not on yet on the waiting list because the graft material is not available for a) NHS patients b) private patients
- After confirmation of the need for corneal graft, what is the time gap between request for graft material and arrival of graft material?
- After confirmation of the need for corneal graft, what is the time gap between request for graft material and arrival of graft material for a) NHS patients b) private patients.
- How many requests for corneal graft material were unsuccessful, i.e. no graft material was provided by the eye bank?
- How many successful requests for corneal material were delivered but not then used for a procedure?
- What were the reasons for not using the graft material?
- How many surgeons in total have you had performing corneal graft surgery in 2009, 2010, 2011 and 2012?
- Which eye bank do you source your corneal material from?

Walsall Healthcare NHS Trust does not undertake corneal grafts

084/12

Trade Unions

1. The total amount of money paid to all trade unions for financial years a) 2010-11 and b) 2011-12. Where possible please provide a list of total payments made to each different trade union. However if this disaggregated information is not available please continue to provide a total figure for trade union payments. In response to this question, please only include direct payments to the unions from your organisation, not membership dues deducted from staff salaries.

We have not made payments to Unions for the years 10/11 and 11/12 other than unions subs that are deducted through payroll

2. Please state:
 - a. Which trade unions your organisation provide staff time to work on trade union duties and / or activities (sometimes called 'Trade Union facility time') in i) 2010-11 and ii) 2011-12.
 - b. The number of full time equivalent staff that were provided for each trade union in i) 2010-11 and ii) 2011-12.

15 different unions are represented at the Trust for approx 4000 staff.

All reps are provided with reasonable time off to represent their members

Since April 2011 there is 2.3 FTE funding allocated to assist with one full time representative who is the staff side chair leaving 1.3 FTE funding to support union facility time. It is not envisaged this will not change in the near future. The funding is divvied up by the unions not management.

Essentially apart from the staff side chair 1 FTE is allocated to Unison and 0.3 FTE is allocated to RCN

The 1 FTE for Staff Side Chair represent the whole union body

3. Does your organisation automatically deduct trade union subscriptions from staff salaries in the payroll process in order to pass them on to the union? If so, how much did your organisation charge each union for this service in a) 2010-11 and b) 2011-12?

The Trust does not automatically make deductions from payroll for union subs, this is done on the consent of staff.

085/12

Innovation, Health and Wealth

1. Has your Trust received direction or other communications from the Department of Health on the implementation of actions published in *Innovation, Health and Wealth, Accelerating Adoption and Diffusion in the NHS?*

- a. If yes, please provide details

No

2. Has your Trust board discussed the implementation of actions published in *Innovation, Health and Wealth, Accelerating Adoption and Diffusion in the NHS?*

- a. If yes, please provide details and minutes of meetings

Not specifically on the documentation itself but as part of the integration and transformation agenda areas on, telehealth i.e. assistive technology, dementia, paediatrics, the use of IT in supporting better patient care have been discussed at a number of levels across the organisation.

3. Does your Trust have i) an action plan and ii) a timeline for the implementation of actions published in *Innovation, Health and Wealth, Accelerating Adoption and Diffusion in the NHS?*

- a. If yes, please provide details

Not specifically for this document but for example, we are working with the local authority on the use and role that assistive technology plays in supporting better patient management and this is governed by project management principles. This is also relevant to dementia where we have a steering group chaired by the director of nursing that has on it multi-disciplinary staff and issues on dementia care are discussed, again governed by project principles.

4. Has your Trust received communications on the adoption of each of these high impact innovations set out in *Innovation, Health and Wealth, Accelerating Adoption and Diffusion in the NHS* :
- a. assistive technologies
 - b. oesophageal doppler monitoring
 - c. child in a chair in a day
 - d. digital by default
 - e. carers for people with dementia

The trust has a significant and active transformation programme in place where a number of these initiatives / suggestions are already being undertaken / actioned. The original document in Dec 2011 highlights a number of areas of good practice which have been or will be explored in the future.

5. What communications your Trust has received on the adoption of each of these high impact innovations set out in *Innovation, Health and Wealth, Accelerating Adoption and Diffusion in the NHS*:
- a. assistive technologies
 - b. oesophageal doppler monitoring
 - c. child in a chair in a day
 - d. digital by default
 - e. carers for people with dementia

The trust has a significant and active transformation programme in place where a number of these initiatives / suggestions are already being undertaken / actioned. The original document in Dec 2011 highlights a number of areas of good practice which have been or will be explored in the future.

6. What progress your Trust has made on the introduction of each of these high impact innovations set out in *Innovation, Health and Wealth, Accelerating Adoption and Diffusion in the NHS*:
- a. assistive technologies
 - b. oesophageal doppler monitoring
 - c. child in a chair in a day
 - d. digital by default
 - e. carers for people with dementia

- A. Assistive Technologies - the trust is rolling out a programme of use of assistive technology with support from the local authority. Cardiology is the first specialty where this approach to supporting patients is being used
- B. Oesophageal Doppler Monitoring - is available to be and is being used within the organisation but only for selected patients
- C. Child in a Chair in a Day - unknown initiative
- D. Digital by Default - the use of electronic media to give non-confidential information is an area which is being explored as part of a wider transformation programme, however this is in very early stages

- E. Carers for People with Dementia - the trust has put in place a programme for the wider dementia agenda. This included establishing dementia cafes (where patients, carers can come together to discuss topics and issues to do with dementia). We have also, through joint funding and partnerships set up dementia support workers who support both patients and carers with managing dementia and some of the challenges this brings. The trust is launching a new integrated dementia pathway and as part of this key information from organisation such as age UK are actively encouraged to be discussed.

086/12

Allied Health Professional Managers and Team Leaders

I am looking to obtain a list of all Allied Health Professional Managers and Team Leaders for the different areas of each profession, for example, the Occupational Therapy Team Leader for Intermediate Care or the Physiotherapy Team Leader for Paediatrics, etc. that work in the Trust. I would be grateful for names, telephone numbers and email addresses for:

1. Occupational Therapy
2. Physiotherapy
3. Radiography
4. Dietetics
5. Podiatry
6. Speech and Language Therapy

Please find below the direct link to our Trust Structures Log on our website, link as below:

<https://www.walsallhealthcare.nhs.uk/about-us/freedom-of-information.aspx>

087/2012

Acute Oncology Service

1. **a) Please confirm or deny whether your emergency department has established an acute oncology service.**
b) If confirmed please provide details of the acute oncology service provided by your emergency department.

The trust has an established acute oncology service that emergency department refers to and as access but it is not a service developed from there; ED can refer to acute oncology or fast track slots for clinic if they do not feel patients need to be admitted. Members of the ED attend the acute oncology team and have assisted in the development of protocols and guidelines

2. **a) Please confirm or deny whether your Trust has arrangements in place to ensure staff are appropriately trained to provide chemotherapy services.**
b) If confirmed, please provide details of the arrangements in place in your Trust to ensure staff are appropriately trained to provide chemotherapy services.

All registered nurses have to complete the clinical chemotherapy competencies, complete the national recognised chemotherapy course via the University and also have an annual update at UHB. The nurses also have to complete an annual practical assessment on the chemotherapy unit.

3. **a) Please confirm or deny whether your Trust undertakes a routine audit of emergency admissions for patients with cancer and cancer treatment-related complications.**
b) If confirmed, please provide details of the most recent audit of emergency admissions for patients with cancer and cancer treatment-related complications undertaken by your Trust.

We have completed audit of emergency admissions for cancer/cancer complications for all patients during 2010/11 and a one month period October 2011. We have now set-up alert system for identifying all cancer/cancer related complication patient admissions. These are being logged and audit is ongoing through the acute oncology database

4. **a) Please confirm or deny whether your Trust has taken steps to ensure that patients are fully involved in decisions regarding their chemotherapy care and treatment.**
b) If confirmed, please provide details of the steps taken to ensure that patients should be fully involved in decisions regarding their chemotherapy care and treatment.

Yes. Patients all receive individual new patient assessment / talks with the nursing staff. They also spend time with the consultant where decisions are jointly made about treatment options and where they then sign for their treatments.

5. **a) Please confirm or deny whether your Trust has local guidelines in place for the prescribing, prescription verification and dispensing of chemotherapy by appropriately trained staff.**
b) If confirmed, please supply details of the local guidelines.

We have a local policy for chemotherapy verification – please see attached.

6. **a) Please confirm or deny whether your Trust maintains up-to-date lists of staff that are designated to prescribe (either first or subsequent cycles), check prescriptions and dispense chemotherapy.**
b) If confirmed, please specify the last date that these lists were updated.

Yes. A list is maintained in pharmacy of staff designated to prescribe chemotherapy and updated on a regular basis – at least 6 monthly when the registrar's rotation takes place.

7. **a) Please confirm or deny whether your Trust has an agreed protocol book in place covering treatment guidelines for the management of common chemotherapy toxicities.**
b) If confirmed, please provide a copy of the latest protocol book used by your Trust.

We have some locally developed guidelines for treatment protocols for all cancer related/complications but are adopting Pan Birmingham protocols once these are finalised and accepted

8. **a) Please confirm or deny what steps have been taken to effectively plan the capacity of chemotherapy services by your Trust.**
b) If confirmed, please provide details of the steps taken by your Trust to plan the capacity of chemotherapy services delivered by your Trust.

An electronic booking system is used by the chemotherapy unit to plan capacity. This is used throughout the Pan Birmingham Cancer Network. It is called Bookwise.

9. **a) Please confirm or deny whether your Trust has undertaken steps to survey patients' views on their experience of receiving chemotherapy.**
b) If confirmed, please provide details of the steps your Trust has undertaken to survey patients' views on their experience of receiving chemotherapy.

The Trust has taken part in several Pan Birmingham Cancer Network patient surveys. The current one is taking place and will be completed by end August.

10. **a) Please confirm or deny whether your Trust provides information, education, support and advice to cancer patients receiving chemotherapy services provided by your Trust.**
b) If confirmed, please provide details of the information, education, support and advice to cancer patients receiving chemotherapy services provided by your Trust.

Yes. Pan Birmingham Cancer Network patient information is used at Walsall. The unit also provides a patient support group led by the clinical psychologists and lead chemotherapy nurse. Staff are always available to answer any questions and sign post to other disciplines as required.

11. **a) Please confirm or deny whether your Trust has local guidelines in place for urgent assessment and managing complications with cancer patients receiving chemotherapy.**
b) If confirmed, please provide details of the local guidelines.

Yes we have a developed acute oncology assessment service- covering assessment within 24 hours of admission by a member of the acute oncology team – please see attached.

12. **a) Please confirm or deny whether your Trust has policies in place for the treatment of patients suffering febrile neutropenia as a consequence of chemotherapy.**
b) If confirmed, please provide details of the policies.

Yes we have revised our local guidelines and developed a treatment algorithm -please see attached.

13. **a) Please confirm or deny whether your Trust has local guidelines in place for urgent assessment and managing complications with cancer patients receiving chemotherapy.**
b) If confirmed, please provide details of the local guidelines.

Yes we have a developed acute oncology assessment service- covering assessment within 24 hours of admission by a member of the acute oncology team – please see attached.

14. **a) Please confirm or deny whether your Trust provides personalised care plans for patients following the completion of a programme of chemotherapy.**
b) If confirmed, please provide details of the number of patients that received personalised care plans following the completion of a programme of chemotherapy in i) 2009/10 ii) 2010/11 iii) 2011/12.

We are in early stages of developing a triplicate copy of the end of treatment summary following completion of chemotherapy treatment. This pilot has just started with involvement of 3 cancer sites; lung, colorectal & head and neck

15. **a) Please confirm or deny whether your Trust has leadership teams in place for elective chemotherapy services and acute oncology services.**
b) If confirmed, please provide details of the memberships of these teams.

Acute oncology services are led by the dedicated member of the acute oncology team- AOS nurse consultant with involvement and active participation of major stakeholders ; ED, AMU, rehab, management, nursing, oncology/haematology, admin

16. **a) Please confirm or deny whether your Trust provides personalised care plans for patients following the completion of a programme of chemotherapy.**
b) If confirmed, please provide details of the number of patients that received personalised care plans following the completion of a programme of chemotherapy in i) 2009/10 ii) 2010/11 iii) 2011/12

No but the teams have just commenced a pilot of an end of treatment summary which will be a triple document – one for patient notes, one copy for GP and one copy to patient.

17. **a) Please confirm or deny whether your Trust has leadership teams in place for elective chemotherapy services and acute oncology services.**
b) If confirmed, please provide details of the memberships of these teams.

The Trust has an Acute Oncology Team in place chaired by a medical oncologist with the consultant oncology nurse as deputy. Members of the group include an A and E consultant, medical consultant, palliative care team members, cancer team members, pharmacists etc. There is also a chemotherapy group chaired by the nurse consultant – membership includes chemotherapy nurses, consultants, managers, pharmacists etc. A mortality group also meets – this is a sub group of the acute oncology team service which meets regularly to discuss all cases of patients who have died whilst on chemotherapy treatments and that have been referred to the coroner.

088/12

Patient Catering

1. Approximately what percentage of eggs bought by hospitals in your Trust each year are cage-free (i.e. what percentage of eggs are either barn, free range or organic eggs)?
2. Approximately what percentage of chicken bought by hospitals in your Trust each year meets RSPCA welfare standards (i.e. is certified to meet Freedom Food standards)?
3. Approximately what percentage of pork bought by hospitals in your Trust each year meets RSPCA welfare standards (i.e. certified to meet Freedom Food standards)?

Due to the Trust having several supply streams the answer has been broken down as follows:

Chilled food supplier

Eggs - All British lion eggs from enriched cage eggs
Chicken - All chicken is Red Tractor Farm Assurance approved
Pork - All pork is EU Welfare standard

Foods prepared on site

Eggs - All British lion eggs
Chicken (Halal) - All chicken RSPCA Welfare standard

089/12

Power Failure

I wish to know, for the period 1st January 2010 to the present. Details of any, and all, instances of power failure within any hospital.

I would like details of both mains power failure, and failure of backup generators.

For each failure I would like to know the following:

Date.

The duration of the power failure.

Hospital.

The exact cause of failure.

For all power outages; details of any associated loss of life, instances where harm, or death, might have been a consequence or failure to be able to provide normal service provision.

Also details of who is responsible for maintenance of the back up generators - Trust internal staff or external maintenance company? If it is an external maintenance company - the

company name.

Please see response below:

Date	Cause	Impact
04/04/2010	External power failure	No adverse clinical impact reported
29/12/2010	External power failure	Generator issue – power outage in some areas for 7 minutes. Disruption to theatre but no adverse clinical impact reported. Issue with generator rectified. On-going IT issue in Maternity – no impact on clinical care.
11/01/2011	External power failure	No adverse clinical impact reported
30/01/2011	External power failure	No adverse clinical impact reported
31/01/2011	Generator failure following previous days outage	<p>Generator issue due to restoration of mains supply – power loss for 1 hour 14 minutes. Plans were put in place to rectify the issue. Power outage related in the main to Maternity resulted in:</p> <ul style="list-style-type: none"> • Short closure of the Delivery Suite to admission • Reduction in monitoring as per local guidance – no adverse outcomes • Caesarean section performed in another theatre – no adverse outcome • Access to blood bank fridge – potential risk – resolved with user education
11/04/2011	External power failure	No adverse clinical impact reported

19/04/2011	External power failure	Disruption to theatre work – no patients cancelled, no adverse clinical impacted reported. CT scanner – poor patient experience as delay – no adverse clinical impact reported. Some delay with patients within Imaging and Accident and Emergency but no adverse clinical impact reported.
12/05/2011	Earth fault problem	Disruption to theatre case but no adverse clinical impact reported and mobile UPS to theatre to improve resilience.
10/11/2011	External power failure	No adverse clinical impact reported
11/01/2012	External power failure	No adverse clinical impact reported
14/11/2011	External power failure	No adverse clinical impact reported
19/01/2012	External power failure	No adverse clinical impact reported

It is difficult to state how long the power was off as In all instances the generator took the essential loads with immediate effect unless specified above and therefore there would have been an approximate 5-20 second interruption to supply.

There are uninterruptable (UPS) systems within critical areas to essential supply so they would not be subject to outages unless there is concurrent generator issue. Mains power back to the hospital would be dependent on the external power provider.

Maintenance of the generators is a weekly off load run, monthly on load run carried out by our PFI Hard Facilities Management Partners – Skanska Facilities Management and two visits per year for maintenance and load bank testing via external company Addicott electric.

The power outages from April 2010 – May 2011 were subject to a Root Cause Analysis and submitted to the Strategic Health Authority.

090/12

Prescribing Formulary

Can you please advise me where I can find the Prescribing Formulary 2012 for Walsall Healthcare NHST or whether you still use NHS Walsall?

Walsall Healthcare NHS Trust uses a joint formulary with NHS Walsall, which can be accessed via the link below:

http://adminprimarycare.xwalsall.nhs.uk/Medman/Formulary_by_topic_master_page.asp

091/12

Spend on staffing

I am currently seeking the Spend on staffing for the following area's

- **Agency – Nursing**
- **Agency - Healthcare Assistants**
- **Agency – Doctors/Locums**

The Agencies that currently supply these services to the Trust

Nurse Staffing Agencies

Advantage Healthcare Group
Apex Health and Social Care
British Nursing Association (BNA)
Kare Plus Nursing Agency
Medacs
Medbank Healthcare
Meridian Health
Nursing Personnel
Orion Locums
PK Care
Primera Healthcare (Routes)
Pulse Nursing Agency
Routes Healthcare (Birmingham Framework)

Servoca Nursing
Team 24
The Flame Lily
Thornbury nursing agency

Medical Staffing Agencies

Medacs	Medicure Ltd
DRC	Mediplacements Limited
Medecho	Medpro Group
Nationwide	Medsol Healthcare Services Ltd
Resuscitate	Medteam Healthcare Limited
Total Assist	Merco Recruitment Ltd
Anaes Agency	Mild Professional Care Ltd
Athona	Minutes Medical Staffing Ltd
ID Medical	MN Ashraf
Thames	Mylocum Ltd
Accident and Emergency Agency Limited	Northwest Locums Limited
Ambition Recruitment Services Ltd	Orion Locums Limited
Britannic Medical Services Ltd	Pioneer Recruitment Ltd
Capital Care Services (UK) Ltd.	Pulse Healthcare Ltd trading as Pulse Doctors
Care Providers	Reed
Castlerock Care Services Limited	Richmond
Clinical Employment Services Limited (CES)	RMR Recruitment Ltd.
Doctors On Call Ltd	Scanloc
dr-locums	Serving The Nation Locums Limited
Evergood Associates Limited	Sonographers Medical Ltd
First Medical Staffing Solutions Limited	Steadfast Medical Consultancy Ltd
Geneva Health International Ltd	Templars Medical Agency

GSL UK Limited	The Consultants Agency Ltd
Hays Healthcare	United Medicare Ltd
Holt Medical Recruitment	The Locum Consultancy
InterAct Consulting (Reality HR)	Medical Professional Personnel Limited
kcare nursing agency Ltd	Medicspro Ltd

Broken down for 2010 & 2011 by Quarter as per your financial year

- **Q1 = 01st April - 30 June**
- **Q2 = 01st July - 30th September**
- **Q3 = 01st October - 31st December**
- **Q4 = 01st January - 31st March**

The spend for Agency by quarter for the two years

	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	
Agency Staff 2010-11	Qtr 1 Totals	Qtr 2 Totals	Qtr 3 Totals	Qtr 4 Totals	Yearly Totals
Medical Staff (Doctors)	361,539	449,324	320,594	451,239	1,582,696
Nursing & Midwifery	172,003	262,669	355,552	404,535	1,194,759
Ancillary (HCA'S)	38,418	42,336	34,268	194,509	309,531
Total	571,960	754,329	710,414	1,050,283	3,086,986

	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	
Agency Staff 2011-12	Qtr 1 Totals	Qtr 2 Totals	Qtr 3 Totals	Qtr 4 Totals	Yearly Totals
Medical Staff (Doctors)	472,515	269,445	367,184	761,140	1,870,284
Nursing & Midwifery	175,386	50,936	23,879	321,778	571,979
Ancillary (HCA'S)	156,255	39,207	44,855	90,283	330,600
Total	804,156	359,588	435,918	1,173,201	2,772,863

I would also be grateful if you could also let me know following

- Which agencies are currently providing these services to the Trust**
- The appropriate framework they are working on**
- When the suppliers under the framework will be reviewed.**

Agency Nursing and Healthcare Assistants are obtained through Government Procurement Services and Healthcare Trust Europe Frameworks

Medical Locums/Doctors are obtained through Government Procurement Services Frameworks

All options available for the above services are currently being reviewed

092/12

Data Reporting Errors

Recently it emerged that data collection errors at Imperial Healthcare NHS Trust meant that the PCT was made aware that the records of thousands of patients who had been referred under the two week wait rule for a cancer diagnosis were incomplete. This meant that their records did not contain details of whether they had been seen by a consultant or received test results.

Could you please provide us with the following information under the Freedom of Information Act 2000.

1. Have there been any problems with patient records being incomplete due to 'data reporting', 'data collection' or equivalently titled errors in the last three years?
Walsall Healthcare NHS Trust has not had any problems with patient records being incomplete due to 'data reporting', 'data collection' or equivalently titled errors in the last three years
2. How many patient records (if any) have been found to be incomplete due to 'data reporting', 'data collection' or equivalently titled errors in the last three years? Could you provide a breakdown of how many patient records for patients referred under the two-week-wait referral pathway were found to be incomplete. Could you provide this information broken down for 2010, 2011 and 2012.
Not applicable
3. If errors were discovered, what date (s) was the PCT made aware of the errors?
Not applicable
4. Were Local Medical Committees informed of the errors in patient records? If so, could you provide the date and attach any correspondence.
Not applicable
5. Were GPs informed of the errors in patient records? If so, could you provide the date and attach any correspondence.
Not applicable

093/12 Software Systems

The attached spreadsheet contains details of a number of different software systems that your trust has previously provided us with details of through a previous Freedom of Information request. Since providing us with the information, the contracts of those systems

have either already expired or are due to expire before the end of 2012. I'd like to confirm whether the trust is still using the relevant systems (If so, please provide the details of any new contract end dates for each software system) or whether the trust has replaced those systems with new ones (If so, please provide all the requested details of the new software system).

Please note the attached Excel file contains two worksheets. The first worksheet is an introductory one to explain the file and how to complete the information. The second worksheet contains the questions and details of the software systems whose contacts have expired since you last told us about them.

To summarise, for each software system listed in the file please answer by completing the attached spreadsheet and returning back to me:

1. Is the system still being used? *(If yes, please move to question 2, if no please move to straight to question 4)*
2. Is a new contract in place? *(If yes, move to question 3, if no please explain)*
3. What is the new contract expiration date?
4. If a different new replacement system has been installed – please provide details of: *(please only answer this if a new replacement system has been installed)*
 - a. Software developer/supplier name
 - b. System product name
 - c. Version number
 - d. Procured through NPfIT?
 - e. Local Service Provider (if applicable)
 - f. Date installed
 - g. No of licenses
 - h. No of peak time users
 - i. Contract expiration date
 - j. When do you plan to replace system
 - k. Is it locally or remotely hosted
 - l. Names of other systems it integrates with
 - m. Is the system outsourced – if so, name of outsourcing company

Information available upon request.

094/12

Hospital Meals

How many calories on average are in each of the trusts hospital meals please?

Can you break this down so I have the figures for breakfast, lunch and dinner please?

Average for Breakfast=186kcal

Average for Lunch (main meal) = 683kcal

Average for Evening meal =472Kcal

095/12

Non-English Speaking Staff

- 1) **How many non-English-speaking staff members there are at the trust's hospitals please?** Walsall Healthcare NHS Trust does not employ anyone who cannot speak English or limited English as it would be a requirement to be able to carry out their job.
- 2) **How many workers only speak limited English?** Walsall Healthcare NHS Trust does not employ anyone who cannot speak English or limited English as it would be a requirement to be able to carry out their job.
- 3) **How many workers are there in total?** 3980
- 4) **Did the trust spend money on translators last financial year? How much?**
£132,694.00

096/12

Operation Debt

How many operations on non EU patients took place last year?

1

How many of these have yet to be paid for?

This has not yet been paid.

How much money does this equate to in outstanding payments owed to the trust.

£752

How many payments for operations on non EU patients are outstanding in total? (ie not just last year)

12 operations in the last 5 calendar years totalling £26143 including £752 relating to last year

How much does this equate to in money owed to the trust.

The amount still owed to the Trust is £18173 including £752 relating to last year

097/12

Gastric Band Operations

- How many gastric band operations have been performed on obese people within the trust in the past two financial years? Please separate the information requested by financial year

- How much does each gastric band cost to fit and how much was the total cost of these operations in the past two financial years? Please separate the information requested by financial year.

- How many people were meanwhile refused these operations during the same period? Please separate the information requested by financial year.

Gastric Band Operations

OPCS code	G303	Partitioning of Stomach using Band	
		2010/11	2011/12
No Of Patients		49	78
Cost		163,440	260,170

As for the numbers refused, we have taken this to mean numbers for whom the respective PCT declined to provide funding on the grounds that their referral criteria had not been met.

From April 2012 to Mid July 2012 we had 114 referrals from GPS for all kinds of weight reduction surgery. Of these, 28 (24%) had funding declined by PCTs on the grounds that the patients did not meet their referral criteria. Applying this % to the actual operations for the two years cited gives an estimated figure of 15 for 2010/11 and 24 for 2011/12.

Note that , at the point at which the PCT decides to fund or not fund , the exact type of surgery (band, bypass etc) will not have been decided on so it is impossible to say exactly how many of each kind of operation has been “refused”.

098/12 MCAT

1. In your trust, do you operate a Musculoskeletal Community Assessment Triage [MCAT] service?

If so, how many extended scope practitioners do you have within the MCAT services, please name where possible?

Yes we have an Orthopaedic Clinical Assessment service.

We have 3 clinicians' equal to 2.67 WTE.

2. Does your trust have a specific clinic for the treatment of Spondular Arthropathies?

No

3. How many NHS employed physiotherapists work at for your trust?

Walsall Healthcare NHS Trust has 59 qualified physiotherapists in total

4. How many of these physiotherapists have a registered specialty including musculoskeletal, orthopaedic and rheumatic care?

Walsall Healthcare NHS Trust has 10 registered specialists.

099/12

ICT and Telecommunications

I want to submit a freedom of information request for the following information relating to ICT & Telecommunications:

Current Fixed Line Provider- Supplier's name

Fixed Line Renewal Date- please provide day, month and year (month and year is also acceptable). If this is a rolling contract please provide me with the rolling date of the contract.

Fixed Line- Duration

Number of Lines

Minutes Provider- Supplier's name

Minutes Renewal Date- please provide day, month and year (month and year is also acceptable). If this is a rolling contract please provide me with the rolling date of the contract.

Minutes Monthly Spend- Monthly average spend

Minute's Duration: the contract duration and not the actual minutes

Number of Extensions

Fixed Broadband Provider- Supplier's name

Fixed Broadband Renewal Date- please provide day, month and year (month and year is also acceptable). If this is a rolling contract please provide me with the rolling date of the contract.

Fixed Broadband Annual Spend- Annual average spend

VOIP/PBX Installation Date: - please provide day, month and year (month and year is also acceptable).

Renewal Date on any leased Telephony systems - please provide day, month and year (month and year is also acceptable). If this is a rolling contract please provide me with the rolling date of the contract.

Lease Provider- Supplier's name.

WAN Provider- please provide me with the main supplier(s)

WAN Renewal Date- please provide day, month and year (month and year is also acceptable). If this is a rolling contract please provide me with the rolling date of the contract.

WAN Annual Spend- Annual average spend

If your organisation has a managed services contract which includes all or two out of three of the services stated above please state which of these is included with the contract. It would also be for me to if there are any other service support areas that are included within these contracts.

Managed Service Contract

- Contract Title
- Supplier's Name
- Services Included
- Total Contract Value
- Duration
- Expiry Date- please provide day, month and year (month and year is also acceptable)
- Review Date- please provide day, month and year (month and year is also acceptable)
- Internal Contact: please can you send me there full contact details including contact number and email and job title.

Information to be processed.

0100/12

Agency Nurses

- 1) The number of shifts filled by agency nurses between January 1st 2012 – June 30th 2012. **2530 shifts filled**

The highest shift rate paid to a nurse in this period. **£124.16 per hour (Christmas day rate for 2011 -12)**

2) The number of shifts filled by agency nurses between January 1st 2011 -June 30th 2011. **3640 shifts filled**

The highest shift rate paid to a nurse in this period. **£137.81 per hour (Christmas day rate)**

0101/12

Venometer Amtec Medical Device

I am interested in a piece of equipment called the Venometer from Amtec Medical which is used to detect deep vein thrombosis in your Haematology Department. Please can you tell me when its current service & maintenance contract expires, and how to tender for the contract when it is up for renewal?

The device has been condemned and is no longer under service contract.

0102/12

PFI scheme information

No. of Staffed Beds in Walsall Manor Hospital, split into these categories: All Acute, Acute Medical, Acute Surgical, Geriatric Long Stay and Intensive Care for years 2008, 2009,2010,2011,2012

No. of beds in community facilities (nursing homes) within the PCT

Catchment population of Walsall Manor Hospital

Throughput (Admissions per staffed bed per year)

Inpatient admission rates

1a)Number of staffed beds in the hospital (each year from 2008-2012)

	Daycase Beds			Inpatient Beds						Other Beds				
Years	Medical	Surgical	Total DC	CritCare	Maternity	Paediatric	Surgical	Medical	Total IP	SWIFT	Maternity	Discharge Lounge	Paediatric	Total Other

2008/09	12	29	41	14	38	30	131	339	552	0	17	15	4	36
2009/10	12	21	33	14	35	33	137	324	542	0	17	15	4	36
2010/11	9	19	28	14	32	36	137	315	533	0	17	15	4	36
2011/12	12	20	32	13	32	36	139	276	496	14	17	15	4	50
20012/13 (Apr-Jul)	12	28	40	13	32	35	146	266	492	34	20	15	4	73

1b) Throughput (admissions per staffed bed per year) (each year from 2008-2012)

1c) Catchment population for the Hospital

Years	All Admissions	DC Admissions	Admissions per Bed	Admissions per 1000 Population	Population	Inpatient Admissions Rate
2008/09	56737	24670	90.2	222	255.1	22%
2009/10	56386	24044	92.3	220	255.9	22%
2010/11	57590	24429	96.4	224	256.9	22%
2011/12	58747	25410	102	227	259.0	23%
20012/13 (Apr-Jul) prorated	61545	27054	102	236	260.3	24%

1d) No. of beds in Community facilities (nursing homes etc. associated with the trust)

Years	Community MH Beds	Community MH Admissions	Population	Admissions per 1000 Population	Admissions per Bed	Inpatient Admissions Rate
2008/09	113	326	255.1	1.3	2.9	0.13%
2009/10	32	25	255.9	0.1	0.8	0.01%

2010/11	19	23	256.9	0.1	1.2	0.01%
2011/12	0	0	259.0	0.0	0.0	0.00%
20012/13 (Apr-Jul) prorated	0	0	260.3	0.0	0.0	0.00%

Note:

2012/13 forecasting is pro-rated

All beds are staffed

Years are financial years

0103/12

Glove Policy

Can you please supply me with a copy of your glove policy, any policy that relates to a patients dignity whilst under your care.

Please note that the Privacy and Dignity policy is currently under review.

How many doctors were on duty in A&E on the 1st August 2012 during the hours of between 10 am – 5pm and also on duty on the Acute Medical Ward between the hours of 4pm – 11pm. How many of them were new?

ACCIDENT & EMERGENCY (10AM-5PM)

2 x Consultants

Middle Grades:
(Non new)

- 1 x 8am-5pm
- 2 x 9am-6pm
- 1 x 10am-7pm
- 1 x 2pm-11pm
- 1 x 3pm-midnight
- 1 x 4pm – 1am

Junior Doctors:

- 1 new: 12pm-4pm
- 1 new: 12pm-5pm
- 1 x 11am-7pm
- 1 x 8am-6pm

1 x Physician Assistant 9am-5pm

We also had 3 new junior doctors at induction (9am-5pm) who would have been made available in the event of an emergency

ACUTE MEDICAL UNIT

2 x Consultants

Middle Grades: 1 x 9am-10pm (ward cover)
1 new on induction 9am-5pm but available in the event of an emergency

1 on-call 11am-11.30m
1 on-call 11pm-11.30am

Junior Doctors: 2 new junior doctors at induction (9am-5pm) who would have been made available in the event of an emergency

3 x 9am-5pm
1 x on-call 11am-11.30pm
1 x on-call 11pm-11.30am
1 x on-call 11am-11pm
1 x on-call 3pm-midnight

I would also like to have a copy of the policy/procedure that staff should follow when they have a patient suffering from mental health on their ward.

0104/12

Unpaid Bills

1. What is the total in unpaid bills owed to your Hospital Trust for (a) the 2010/2011 and (b) the 2011/2012 financial years including monies already written off from foreign nationality patients who have been billed by the Trust, i.e. those not eligible for free NHS care?

The total outstanding for:

a) 2010/2011 is £3620

b) 2011/2012 is £11268.81

2. In the total figure for each financial year what is the biggest outstanding bill and please give a brief description of the care that it relates to together with the nationality or country of residence of the patient?

The biggest bill outstanding for:

a) 2010/2011 is £2172 patient country of residence USA

b) 2011/2012 is £5028 patient country of residence India

0105/12

Urinary Continence Services

1. Number of incontinence pads procured for use by patients attending Walsall Healthcare continence clinics in 2010/11 and 2011/12 (NHS year)
We are unable to breakdown the figures for individual clinics.
2. Total number of all incontinence pads procured for use in Walsall Healthcare Trust in 2010/11 and 2011/12 (NHS year)
2010/11 number of incontinence pads procured is 68705.
2011/12 number of incontinence pads procured is 57716
3. Cost of incontinence pads procured for use by patients attending Walsall Healthcare continence clinics 2010/11 and 2011/12 (NHS year)
We are unable to breakdown the figures for individual clinics.
4. Total cost of all incontinence pads procured for use in Walsall Healthcare Trust in 2010/11 and 2011/12 (NHS year)
2010 / 11 total cost of £12227.09
2011/2012 total cost of £11110.50
5. Any care pathway documents that are relevant to urinary continence services e.g. care pathway for urinary urge incontinence

Please see attached

0106/12

Income Management System

I am currently working on a project on standardised financial reporting within the NHS, to this end I would like to make a freedom of information request.

Do you have an Income Management system (other than SUS) to monitor and manage income from patient activity. **YES**

Is your Income Management system an in house solution or provided by a 3rd Party? **IN HOUSE**

If your Income Management system is provided by a 3rd Party, what is the name of the Supplier? **N/A**

Do you have a Patient Level Costing System to analyse patient resource usage and associated costs? **YES**

Is your Patient Level Costing System an in house solution or provided by a 3rd Party? **3RD PARTY**

If your Patient Level Costing System is provided by a 3rd Party, what is the name of the Supplier? **BELLIS JONES HILL**

Does the Finance Department use Qlikview to distribute financial information across the Trust?
YES

If yes, which supplier supports this? **BELLIS JONES HILL**

0107/12

Medical Locum Expenditure

I am making a request under the Freedom of Information Act 2000 and ask that you provide me with further information on the supply of medical agency staff to your trust/authority from 2009 to 2012 to include the following information:

- 1 Cost to the trust/authority
- 2 Grade
- 3 Supplier/Agency
- 4 Speciality

Medical Staffing Agency Costs 2009-10

Divisional Senior Medical Staff

	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Yearly Totals
	Qtr Totals	Qtr Totals	Qtr Totals	Qtr Totals	Yearly Totals
General Medicine	-	110,883	91,627	3,649	206,159
ENT	-	-	32,824	41,988	74,812
Anaesthetics	39,095	3,006	(2,984)	(1)	39,116
Total	39,095	113,889	121,467	45,636	320,087

Divisional Junior Medical Staff

	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Yearly Totals
	Qtr Totals	Qtr Totals	Qtr Totals	Qtr Totals	Yearly Totals
Elderly	11,285	10,759	(1,548)	8,503	28,999

General Medicine	61,195	64,403	25,744	74,075	225,417
Trauma & Orthopaedics	36,920	81,497	70,893	80,400	269,710
General Surgery	60,657	57,544	4,892	997	124,090
Paediatrics	8,719	602	2,239	27,237	38,797
Obstetrics & Gynaecology	56,683	28,925	38,619	17,081	141,308
Anaesthetics	100,874	116,361	148,419	274,760	640,414
Accident & Emergency	(995)	3,456	(1,855)	6,251	6,857
Total	335,338	363,547	287,403	489,304	1,475,592

Divisional Grand Total

	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Yearly Totals
	Qtr Totals	Qtr Totals	Qtr Totals	Qtr Totals	Yearly Totals
Elderly	11,285	121,642	(112,431)	8,503	28,999
General Medicine	61,195	64,403	228,254	77,724	431,576
Trauma & Orthopaedics	36,920	81,497	70,893	80,400	269,710
General Surgery	60,657	57,544	4,892	997	124,090
ENT	-	-	32,824	41,988	74,812
Paediatrics	8,719	602	2,239	27,237	38,797
Obstetrics & Gynaecology	56,683	28,925	38,619	17,081	141,308
Anaesthetics	139,969	119,367	145,435	274,759	679,530
Accident & Emergency	(995)	3,456	(1,855)	6,251	6,857
Total Divisional	374,433	477,436	408,870	534,940	1,795,679

Non-Divisional Seniors & Juniors

	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Yearly Totals
	Qtr Totals	Qtr Totals	Qtr Totals	Qtr Totals	Yearly Totals
Waiting list	-	-	755	-	755
Occupational Health	17,884	15,351	20,248	21,998	75,481
Total Non-Divisional	17,884	15,351	21,003	21,998	76,236

	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Yearly Totals
	Qtr Totals	Qtr Totals	Qtr Totals	Qtr Totals	Yearly Totals

Total All Medical Staffing	392,317	492,787	429,873	556,938	1,871,915

Medical Staffing Agency Costs 2010-11

Divisional Senior Medical Staff

	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Yearly Totals
	Qtr Totals	Qtr Totals	Qtr Totals	Qtr Totals	Yearly Totals
General Medicine	21,116	20,955	20,959	41,367	104,397
Accident & Emergency	-	-	14,745	2,695	17,440
Miscellaneous	-	-	8,098	(5,030)	3,068
Total	21,116	20,955	43,802	39,032	124,905

Divisional Junior Medical Staff

	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Yearly Totals
	Qtr Totals	Qtr Totals	Qtr Totals	Qtr Totals	Yearly Totals
Elderly	560	(3)	11,558	48,451	60,566
General Medicine	86,424	56,740	134,232	179,800	457,196
Trauma & Orthopaedics	19,694	80,573	26,068	7,940	134,275
General Surgery	(1,478)	1,172	33,587	30,703	63,984
ENT	-	-	1,053	-	1,053
Paediatrics	56,275	58,235	26,980	(4,501)	136,989
Obstetrics & Gynaecology	9,079	58,035	27,616	2,402	97,132
Anaesthetics	152,163	159,718	(27,097)	64,705	349,489
Non OMG Medical Staff	-	-	634	(634)	-
Total	322,717	414,470	234,631	328,866	1,300,684

Divisional Grand Total

	Apr - Jun	Jul - Sep	Oct - Dec	Jan - Mar	Yearly Totals
	Qtr Totals	Qtr Totals	Qtr Totals	Qtr Totals	Yearly Totals
Elderly	560	(3)	11,558	48,451	60,566
General Medicine	107,540	77,695	155,191	221,167	561,593
Trauma & Orthopaedics	19,694	80,573	26,068	7,940	134,275

General Surgery	(1,478)	1,172	33,587	30,703	63,984
ENT	-	-	1,053	-	1,053
Paediatrics	56,275	58,235	26,980	(4,501)	136,989
Obstetrics & Gynaecology	9,079	58,035	27,616	2,402	97,132
Anaesthetics	152,163	159,718	(27,097)	64,705	349,489
Accident & Emergency	2,290	-	24,529	57,765	84,584
Non OMG Medical Staff	-	-	634	(634)	-
Others	-	-	8,098	(5,030)	3,068
	346,123	435,425	288,217	422,968	1,492,733

Non-Divisional Seniors & Juniors

	Qtr Totals	Qtr Totals	Qtr Totals	Qtr Totals	Yearly Totals
Occupational Health	15,416	13,898	32,378	28,271	89,963
Total Non-Divisional	15,416	13,898	32,378	28,271	89,963

	Qtr Totals	Qtr Totals	Qtr Totals	Qtr Totals	Yearly Totals
		-	-	-	-
Total All Medical Staffing	361,539	449,323	320,595	451,239	1,582,696

Medical Staffing Agency Costs 2011-12

Divisional Senior Medical Staff	Qtr Totals	Qtr Totals	Qtr Totals	Qtr Totals	Yearly Totals
Elderly	5837	16858	-16858		5837
General Medicine	129760	73472	18321	147605	369158
General Surgery		-3068	24883	-12842	8973
ENT					
Anaesthetics					
Accident & Emergency	3409	-1		137201	140609
Imaging				24653	24653
Non OMG	-3068	3068	17920	-20988	-3068
Total	135938	90329	44266	275629	546162

Divisional Junior Medical Staff	Qtr Totals	Qtr Totals	Qtr Totals	Qtr Totals	Yearly Totals

Elderly	1029	2831	31477	63068	98405
General Medicine	104527	62800	61556	60300	289183
Trauma & Orthopaedics	4085	585	33511	19942	58123
General Surgery	76572	18323	12787	67250	174932
ENT		1191	19		1210
Paediatrics	25466	13454	17169	17593	73682
Obstetrics & Gynaecology	6276	936	46481	97892	151585
Anaesthetics	53112	32465	43665	65642	194884
Accident & Emergency	58469	29207	59352	67704	214732
Others					
Total	329536	161792	306017	459391	1256736

Non-Divisional Seniors & Juniors	Qtr Totals	Qtr Totals	Qtr Totals	Qtr Totals	Yearly Totals
Occupational Health	7040	17325	16900	26119	67384
Total Non-Divisional	7040	17325	16900	26119	67384

	Qtr Totals	Qtr Totals	Qtr Totals	Qtr Totals	Yearly Totals
Total All Medical Staffing	472514	269446	367183	761139	1870282

Nurse Staffing Agencies

Advantage Healthcare Group
Apex Health and Social Care
British Nursing Association (BNA)
Kare Plus Nursing Agency
Medacs
Medbank Healthcare
Meridian Health
Nursing Personnel
Orion Locums
PK Care
Primera Healthcare (Routes)
Pulse Nursing Agency
Routes Healthcare (Birmingham Framework)
Servoca Nursing

Team 24
The Flame Lily
Thornbury nursing agency

Medical Staffing Agencies

Medacs	Medicure Ltd
DRC	Mediplacements Limited
Medecho	Medpro Group
Nationwide	Medsol Healthcare Services Ltd
Resuscitate	Medteam Healthcare Limited
Total Assist	Merco Recruitment Ltd
Anaes Agency	Mild Professional Care Ltd
Athona	Minutes Medical Staffing Ltd
ID Medical	MN Ashraf
Thames	Mylocum Ltd
Accident and Emergency Agency Limited	Northwest Locums Limited
Ambition Recruitment Services Ltd	Orion Locums Limited
Britannic Medical Services Ltd	Pioneer Recruitment Ltd
Capital Care Services (UK) Ltd.	Pulse Healthcare Ltd trading as Pulse Doctors
Care Providers	Reed
Castlerock Care Services Limited	Richmond
Clinical Employment Services Limited (CES)	RMR Recruitment Ltd.
Doctors On Call Ltd	Scanloc
dr-locums	Serving The Nation Locums Limited
Evergood Associates Limited	Sonographers Medical Ltd
First Medical Staffing Solutions Limited	Steadfast Medical Consultancy Ltd
Geneva Health International Ltd	Templars Medical Agency
GSL UK Limited	The Consultants Agency Ltd
Hays Healthcare	United Medicare Ltd
Holt Medical Recruitment	The Locum Consultancy
InterAct Consulting (Reality HR)	Medical Professional Personnel Limited
kcare nursing agency Ltd	Medicspro Ltd

0108/12

External Providers

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

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

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

If there are still resources left to fulfill this request, then please provide the same information every year for the last three years.

To clarify, when I refer to external providers I only mean those providers who are directly involved in the treatment of patients. External contracts for cleaning or hospital maintenance do not need to be included.

Year	Amount	Provider	Specialty
	£		
2011/12	-	N/a	N/a
2010/11	116,200	Spire Healthcare	Bariatric Surgery
	37,066	Royal Orthopaedic Hospital	Orthopaedics
2009/10	28,290	Spire Healthcare	Bariatric Surgery

0109/12 Recruitment Agency Spend

Recruitment Agency spend for the period January – December 2011

1	Total spend on agency staff workers	£4,226,234
2	As a percentage of total staff cost	% 3.19
3	Broken down by the following disciplines:	
a	Nursing	£654,736
b	Doctors	£1,560,383
C	Non clinical non medical	£1,576,289
D	Allied Health / Health Science Services	£434,826

0110/12 Doctors

Questions	Response
Please state the number of doctors at your trust(s) who retired October 2011 to 5 th April 2012 and have since been re-hired by your trust(s) on new full time employment contract.	1-5
Separately, please also state the number of doctors who retired during this time period and are now being paid by your trust(s) on a non-full time employment basis. For these doctors, please separately state the number who are working part time, freelance, and other.	1-5

0111/12

Patient Experience Data Collection

I was hoping to find out who you are currently contracted with for your patient experience data collection and reporting.

I would like to know the company, length of contract and value of contract, including details of what is included if possible and the contract end date.

A summary of the details for the Patient Survey contract;

Questions	Response
Company	Patient Perspective
Contract start date	01/06/2011
Contract end date	31/05/2013
Value of contract 1st year	£26,750
Value of contract 2nd year	£27,500
Details of contact	National inpatient survey Maternity Survey Paediatrics Survey Community Survey A&E survey OPD Survey

0112/12

Car Parking Charges

I would like to know how much the trust has raised through charges for each year since 2001, and whether or not individual charges have been increased since then.

1. Car parking income from 2006-07 to month 4 (July 2012) of 2012-13. We don't have any records of transactions prior to this.

Walsall Healthcare NHS Trust - Car Parking Income Figures From 2006-07 To Date

	Car Parking Income On Report 635	Full Year 06/07	Full Year 07/08	Full Year 08/09	Full Year 09/10	Full Year 10/11	Full Year 11/12	Up To Mth 4 Only 12/13
X6051-68704	Income Car Parking - Staff Associates	- £112,735	- £111,505	- £105,203	- £125,307	- £182,121	- -£197,470	- -£67,125
X6051-68705	Income Car Parking - Other	- £356,883	- £383,410	- £428,953	- £526,531	- £556,273	- -£815,931	- -£325,327
X6051-68723	Income Car Parking - Fines		-£3,367	-£4,580	-£1,086	-£682	-£14,406	
	Grand Totals	- £469,618	- £498,282	- £538,736	- £652,924	- £739,076	- £1,027,807	- -£392,452

Please Note :

06/07 + 07/08 + 08/09 + 09/10 + 10/11 + 11/12
Are Full Years Income

The year 12/13 shows income up to month 4
only

2. Car parking income changes charged to staff and visitors.

Car Parking charges for Visitors

2001 to 2005 £2.00 per visit – token issued at entrance barrier

2005 to May 2010 £1.00 per first hour rising to £5.00 for 24 hours

Disabled/Volunteers/Chemotherapy – free of charge

June 2010 to present £1.00 per first ½ hour rising to £6.00 for 24 hours

Volunteers/Chemotherapy - Free of Charge

Disabled pay normal rate no concessions

Concessionary 7 day passes

2001 to April 2006 £7.00

May 2006 to present day £10.00

Staff Car parking Charges

2001 to October 2006 £26.05 per annum

November 2006 to November 2009
Inner Zone £120.00 Full time
Inner Zone £ 60.00 Part time
Outer Zone £ 60.00 Full time
Outer Zone £ 30.00 Part time

December 2009 to Present
Inner Zone £180.00 Full time
Inner Zone £ 120.00 Part time
Outer Zone £ 120.00 Full time
Outer Zone £ 60.00 Part time

Disabled staff Free of charge

0113/12

Ineligible patients

A) What are the total amount of invoices raised in your Trust for patients who got NHS treatment, where the patients did not qualify for this said treatment:

Please provide:

FOI Request	Response
A one figure for financial year 2009/10	£10679.94
A one figure for financial year 2010/11	£3982
A one figure for financial year 2011/12	£12786.81

0114/12

NHS Invoices

1) What is the value of NHS treatment defined as unrecoverable in your Trust from patients who attended the hospital for NHS treatment, where the patients were not entitled to treatment under the NHS where they were treated in financial year 2011/12 within your trust?

ZERO

2) What is the value of NHS treatment that has been defined as unrecoverable in your Trust from patients who attended the hospital for NHS treatment, where the patients were not entitled to treatment under the NHS where they were treated in financial year 2010/2011?

ZERO

3) What is the value of NHS treatment that has been defined as unrecoverable in your Trust from patients who attended the hospital for NHS treatment, where the patients were not entitled to treatment under the NHS where they were treated in financial year 2009/2010?

ZERO

0115/12

Incontinence services

I am currently undertaking some research into urinary continence services and use of incontinence pads by continence service providers. I would be pleased if you were able to provide me with the following information:

1. Number and cost of incontinence pads procured for use by continence services provided by Walsall Healthcare NHS Trust in 2010/11 and 2011/12 (NHS year)

2010/2011 – 2373174 (NB: We only began supplying as from 28th June 2010)

2011/2012 – 3541767

2010/2011 – £403546.09 (NB: We only began supplying as from 28th June 2010)
2011/2012 – £602086.92

2. Total number and total cost of incontinence pads procured for use in all departments at Walsall Healthcare NHS Trust in 2010/11 and 2011/12 (NHS year)
We are unable to breakdown the figures for individual departments.
3. Any care pathway documents that are relevant to urinary continence services e.g. care pathway for urinary urge incontinence, continence symptoms referral guide, continence pathway redesign
Please see attached

Could please detail in your response which organisation(s) your answers refer to?
Walsall Healthcare NHS Trust

0116/12

Tenders Direct

I would be most grateful if you would provide me, under the Freedom of Information Act, details in respect of the following framework agreements:

- suppliers who applied for inclusion on each framework below and were successful & not successful at the PQQ & ITT stages.*
- Contract values of each framework (& any sub lots), year to date
- Start date & duration of framework
- Is there an extension clause in the framework(s)/contract(s) and, if so, the duration of the extension?
- Has a decision been made yet on whether the framework(s)/contract(s) are being either extended **or** renewed?

*For clarity, the details of the successful and unsuccessful suppliers are kept in the strictest confidence by 7House. These details are used only to contact and support suppliers regarding their bidding activity for the contracts listed below.

Framework Agreement Contract

UK-Birmingham: managed bed and pressure area care service

Date of Contract

Date Published: 07 November 2007

Notice Summary

ID: 260567-2007

Title: UK-Birmingham: managed bed and pressure area care service

Document Type: Invitation to Tender Notice

Published By: Healthtrust Europe Llp (Formerly Nhs Healthcare Purchasing Consortium (Hpc))

Date Published: 07 November 2007

Deadline 04 December 2007
Date:

If you are seeking details against this framework then it will need to be redirected to the new organisation HealthTrust Europe (HTE).

0117/12

Multiple Sclerosis

We would like to understand how Walsall Healthcare NHS Trust deals with the treatment of Multiple Sclerosis and therefore we would like to request any documents that are used to cover this treatment area. In particular, we would like:

- Treatment protocols
- Patient Care-pathways
- Disease Strategies
- Prescribing Guidelines

Multiple Sclerosis is a complex neurological condition, the symptoms of which will affect a person throughout their lifetime. By the nature of the disease trajectory, a person with MS can experience an accumulation of disability affecting mobility, personal care and cognition. The implications of which require adjustment of a persons, social, health, emotional and psychological requirements to maximise their quality of life and well being. Majority of people are diagnosed between the ages of 20 – 40 at a time when a person tends to be juggling relationships, family, work and career development. For a person this is usually the phase of life which is most productive and when demands are heightened.

All services within Walsall Healthcare NHS Trust will provide care for people with MS, whether specifically under neurological services, or secondary due to symptoms of MS.

Newly diagnosed people with CIS/MS

A Consultant Neurologist will confirm the diagnosis of Clinically Isolated Syndrome (CIS) or Multiple Sclerosis with a client. For clients living within Walsall borough majority will be known to Consultant Neurologist (1 WTE) at Manor Hospital. A percentage though will be diagnosed by Consultant Neurologists at QEH, New Cross Hospital, City Hospital then referred to CNS-MS/Community Neurological Rehabilitation Team. A newly diagnosed client is usually seen by CNS-MS within 2 weeks of receipt of referral for holistic assessment, education on CIS/MS, symptom management, quality of life. They then proceed through to being given an appointment in MS Clinic Dartmouth House held by Consultant Physician in Rehabilitation Medicine and CNS-MS. Following this any client who requires therapy input for person centred goals is given an appointment in the joint therapy clinic run by Occupational Therapist and Physiotherapist, CNRT. An active rehabilitation program is then established in partnership with client. Each client is given an annual MS Clinic appointment at Dartmouth House. Appointments are arranged by CNS-MS in between booked clinic appointment at each client's requirements. Usually those who are newly diagnosed may request 3 – 6 monthly appointments for first year. Once known to the service a client can contact CNRT in-between booked appointments if a requirement arises.

Relapsing/remitting MS

For clients experiencing a relapsing/pattern of MS education is essential for them to understand about true/pseudo relapses, services to assist if a neurological disturbance arises. The CNS-MS holds two tandem MS Out-patient Clinics per month with Consultant Neurologist, Manor Hospital. Three joint MS clinics are held per month at Dartmouth House by CNS-MS and Consultant in Rehabilitation Medicine. All client's are educated that if they experience a neurological disturbance lasting 24-48hours to contact GP and CNRT. On contact by phone call or text by client/GP, the CNS-MS/member of CNRT will triage client information about symptoms, any underlying noxious stimuli etc. If appropriate the client is then booked into the next available MS clinic either at Manor Hospital or Dartmouth House for assessment. Usually this is arranged within the same week or week after. If no clinic dates are available CNS-MS will conduct home visit for assessment. If diagnosed that a client is experiencing a true disabling MS relapse affecting mobility/activities of daily living, pulse steroid treatment may be clinically indicated. If so and client verbally consents to receive treatment, Consultant Neurologist/Consultant Physician in Rehabilitation Medicine will prescribe a three day course of intravenous 1gm Methyl-prednisolone. This is arranged either as a day case Medical Day Case Unit (MDCU), or at home treatment given by Clinical Intervention Team (NICE guidelines). For clients who have not received steroids before the first pulse treatment is arranged at MDCU. For those who have received treatment previously, a client will choose whether to have it at home or MDCU. Clients experiencing a functional impairment either from true relapse receiving steroids/those following a natural recovery or pseudo-relapse are seen by therapy members CNRT for rehabilitation program to maximise functional recovery post relapse. A client following assessment is given a three month follow up in MS clinic.

Disease modifying therapy (DMT)

For clients with relapsing/remitting MS there are ABN guidelines regarding assessment and eligibility for disease modifying therapy. The Consultant Neurologist at Manor Hospital is a DMT prescriber. Therefore assessment is provided at Manor Hospital. For clients assessed as eligible for first line treatment (Beta-interferon's & Copaxone) by Consultant Neurologist, CNS-MS then provides education and support in understanding about treatment options for client to choose which medication to commence. Once prescribed the client is supported by CNS-MS both clinic and home visits to establish proficient self-injection regime. Clients on DMT see Consultant Neurologist for annual assessment and CNS in between.

For clients experiencing aggressive relapsing/remitting MS or those who have used DMT but still experiencing frequent relapses, Consultant Neurologist may refer client to Regional MS Centre, QEH for second line treatments e.g. Tysabri/Fingolimod.

Rehabilitation

CNRT provides interdisciplinary rehabilitation within community setting for clients. For those whose requirements indicate a more intensive rehabilitation approach, Consultant Physician in Rehabilitation will admit clients to neuro-rehabilitation unit, West Park Hospital. This usually consists on average 4 – 6 weeks stay, on discharge followed up in community by CNRT.

(See copy of CNRT leaflet)

For MS clients who experience a sudden increase in physical disability/episode of illness, but remain medically stable but at risk a GP or AHP will refer client to Intermediate Care Team for rapid response to establish therapy treatment/equipment provision/care input. ICT then liaise with CNRT about client and transfer of care when appropriate with their care plan.

Symptom management

Members of neurological services in Walsall work in partnership with clients/family/carers on education of symptoms, management, treatment plans, medication regime. Symptoms of MS are multifaceted impacting on each other therefore staff work with client/other health professionals to understand how to promote effective symptom management. More frequent symptoms are fatigue, spasticity, neurological pain, bladder and bowel dysfunction. (NICE guidelines referred to for management of MS, neurological pain, bladder & bowel).

Both Consultant's and CNS-MS (Non-medical prescriber) regularly prescribe medication for symptom management/advise GP's regarding repeat medication/following increasing/incremental regimes.

Effective bladder and bowel management is essential in reducing any underlying noxious stimuli that can increase secondary triggers that can increase other MS symptoms e.g.spasticity. A joint initiative between Continence Services and CNRT established a monthly Neurological-Bladder & Bowel Clinic at Dartmouth House. For MS clients with complex symptoms they are given an appointment for assessment. The clinic is held by Consultant Physician in Rehabilitation Medicine and Continence Advisor. Following assessment, a treatment plan is devised for client to follow. Support is then provided by home visit from Continence Advisor/Generic Worker/CNS-MS. A follow up three monthly clinic review appointment is made to assess effectiveness.

Emotional and Psychological well being

Low level emotional and psychological care is provided for clients by Generic Workers supervised by Neuro-Psychologist (0.5 WTE) on CNRT. Those with complex requirements are seen by Neuro-Psychologist.

Multi-disciplinary working

CNRT members collaborate with clients consent in partnership with other health, social services, council, housing, welfare rights and third party sector colleagues regarding client care. Also with Job Centre, Disability Employment Advisor, Access to Work colleagues within Department of Work and Pensions. Cross boundary CNRT work with other neurology and rehabilitation centres e.g. clients referred for intrathecal Baclofen pump/lycra splinting at West Midlands Regional Rehabilitation Centre.

The Black Country Branch of MS Society provides valuable support for both clients and staff. CNRT members work in partnership with MS Society with client/carer requirements, study days, training days. Financial assistance is provided for people with MS within the borough from MS society to assist with their requirements e.g. education, equipment, holidays, adapting vehicles.

Palliative care

For clients who have through the disease trajectory reached end stage, palliative care services, district nursing and other services are usually involved. CNRT members provide advice on symptom management/ensuring comfort of client e.g. client with severe spasticity of lower limbs causing difficulty with personal care/toileting, botox injections may be utilised.

0118/12**Health Visitor Numbers and Caseload Sizes 2006-2012**

1. Health Visitor caseload numbers of children for 2006,2007,2008,2009,2010 and 2011.
(please provide average (mean) caseload size, median and range)

	2006	2007	2008	2009	2010	2011
Average	713.4	823.1	867.9	947.4	1077	1296
Range	1382	1642	1831	2077	2416	2777
median	780	856.5	758	792	1056	1501

2. Numbers of Health Visitors /Public Health Nurse Practitioners at grade 6 AfC
Numbers of Public Health Nurses at grade 5 AfC
Numbers of Nursery Nurses at grade 4 AfC
for the following years 2006,2007,2008,2009,2010,2011

Numbers of staff within HV service has been collated from service records but the Trust only has information from 2009

Health Visitor team staff in post		
2009	2010	2011
Clinical Leads Total WTE – 3.0	Clinical Leads Total WTE – 6.0	Band 7 Clinical Leads/Specialist HV's Total WTE – 7.0
Health Visitors Total WTE – 21.40	Health Visitors Total WTE – 22.35	Health Visitors Total WTE – 24.87
Band 5 Staff Nurses Total WTE – 1.53	Band 5 Staff Nurses Total WTE – 1.51	Band 5 Staff Nurses WTE – 2.64
Band 4 Nursery Nurses Total WTE – 16.49	Band 4 Nursery Nurses Total WTE – 18.12	Band 4 Nursery Nurses WTE – 18.56

0119/12**Specialist Health Visitors 2006-2012**

For the years 2006-2012 can you state for each year the numbers of Specialist Health Visitors (Public Health Nurse Practitioners) AfC grade 7 working in the following areas:

1. Haemoglobinopathies
2. Children with Special Needs
3. Homeless and Homeless Families
4. Gypsies and Travellers
5. Asylum Seekers and Refugees
6. Community Development

7. Hospital Paediatric Liaison

	2006	2007	2008	2009	2010	2011	2012
Haemoglobinopathies	0	0	0	0	0	0	0
Children with Special Needs	1-5	1-5	1-5	1-5	1-5	1-5	1-5
Homeless and Homeless Families	0	0	0	0	0	0	0
Gypsies and Travelers	1-5	1-5	1-5	1-5	1-5	1-5	1-5
Asylum Seekers and Refugees	0	0	0	0	0	0	0
Community Development - Breastfeeding	1-5	1-5	1-5	1-5	1-5	1-5	1-5
Hospital Paediatric Liaison	1-5	1-5	1-5	1-5	1-5	1-5	1-5

0120/12

Health Visitors needing extra support

Would you please be so kind as to provide the numbers of children under the age of 5 years under the care of the Health Visiting Service during each of the years 2006-2011 who:

1. Had a Child Protection Plan
2. Were identified as 'Children in Need'
3. Were identified as 'Children with Special Needs'
4. Were identified as living in families/homes where at least one adult was identified as needing extra support.

We are unable to provide information for questions 3&4 as this is not recorded on Care Plus.

Questions 1&2 - Children Under 5 under the care of the Health Visiting Service during 2006 - 2011

Date of Birth Age Ranges for 2011	0	1	2	3	4	5
	1/1/2011 - 31/12/2011	1/1/2010 - 31/12/2010	1/1/2009 - 31/12/2009	1/1/2008 - 31/12/2008	1/1/2007 - 31/8/2007	1/1/2006 - 31/8/2006
NUMBER OF CHILDREN	42	78	103	101	94	115
Child Protection	16	26	27	20	16	13

Plan						
Child In Need	6	10	15	8	8	6

Date of Birth Age Ranges for 2010	0	1	2	3	4	5
	1/1/2010 - 31/12/2010	1/1/2009 - 31/12/2009	1/1/2008 - 31/12/2008	1/1/2007 - 31/8/2007	1/1/2006 - 31/8/2006	1/1/2005 - 31/8/2005
NUMBER OF CHILDREN	50	81	87	82	106	75
Child Protection Plan	6	1-5	1-5	1-5	1-5	1-5
Child In Need	1-5	1-5	0	1-5	1-5	1-5

Date of Birth Age Ranges for 2009	0	1	2	3	4	5
	1/1/2009 - 31/12/2009	1/1/2008 - 31/12/2008	1/1/2007 - 31/8/2007	1/1/2006 - 31/8/2006	1/1/2005 - 31/8/2005	1/1/2004 - 31/8/2004
NUMBER OF CHILDREN	115	115	106	140	98	102
Child Protection Plan	0	12	12	23	16	13
Child In Need						

Date of Birth Age Ranges for 2008	0	1	2	3	4	5
	1/1/2008 - 31/12/2008	1/1/2007 - 31/8/2007	1/1/2006 - 31/8/2006	1/1/2005 - 31/8/2005	1/1/2004 - 31/8/2004	1/1/2003 - 31/8/2003
NUMBER OF CHILDREN	115	106	140	98	102	94
Child Protection Plan	12	12	23	16	13	15
Child In Need						

Date of Birth Age Ranges for 2007	0	1	2	3	4	5
	1/1/2007 - 31/8/2007	1/1/2006 - 31/8/2006	1/1/2005 - 31/8/2005	1/1/2004 - 31/8/2004	1/1/2003 - 31/8/2003	1/1/2002 - 31/8/2002

NUMBER OF CHILDREN	106	138	98	102	92	79
Child Protection Plan	12	22	17	14	15	9
Child In Need						

Date of Birth Age Ranges for 2006	0	1	2	3	4	5
	1/1/2006 - 31/8/2006	1/1/2005 - 31/8/2005	1/1/2004 - 31/8/2004	1/1/2003 - 31/8/2003	1/1/2002 - 31/8/2002	1/1/2001 - 31/8/2001
NUMBER OF CHILDREN	217	82	84	76	66	63
Child Protection Plan	35	20	14	13	9	10
Child In Need						

0121/12
Pathology Services

About CE marking: In the European Union (EU) IVDs are regulated by an EU Directive – the In Vitro Diagnostic Medical Device Directive. EU Directives must be transposed into the law of each member state and suppliers have to conform to the national law – in the UK this falls under ‘Consumer Protection’ legislation. Suppliers apply a ‘CE’ mark to their products to indicate compliance.

The requests are as follows:

Question	Blood Science	Microbiology	Histopathology
<p>Request 1: Please confirm or deny whether your pathology laboratory uses tests developed in house that are not regulated by CE marking. A If confirmed, please provide details, including: For which disease areas tests are used that have been developed in house and are not regulated by CE marking How many of the tests developed in house that are not regulated by CE marking were used in a) 2010/11 and b) 2011/12</p>	<p>We have no test that is developed in house, we only use commercially purchased kits.</p>	<p>We do not have any in-house tests which are not covered by CE marking</p>	<p>We have immunocytochemistry tests which are not CE marked that are used for cancer diagnosis. This is not an unusual situation for diagnostic immunocytochemistry and common to most if not all pathology laboratories. 41 primary antibodies used in these tests have been in use for the last two years.</p>
<p>Request 2: Please confirm or deny whether your pathology laboratory collects information on safety incidents relating to i. Commercially developed pathology tests and ii. pathology tests developed in house that are not regulated by CE marking</p>	<p>Any safety incidents are reported via our internal reporting processes via Safeguard and our quality management system. We will also receive field safety notices from the company if they decide they have an issue that requires our action.</p>	<p>). i). We record any safety incidents in the department, if any were to involve any commercially-developed tests then that would be noted on the incident report. As a department, however though, we are not required to “collect information” on this subject. ii) Because of my answer to req 1, this is not applicable.</p>	<p>The laboratory does not collect information specifically for commercial or in-house tests however we report clinical incidents to the Trust and they would be submitted here should they occur.</p>
<p>Request 3: Please confirm or deny whether your pathology laboratory has in place guidance for the appropriate use of i. commercially developed pathology tests and pathology tests developed in house that are not regulated by CE marking</p>	<p>All our processes are governed by standard operating procedures and COSSH assessments</p>	<p>). i). I can confirm that this department has in place guidance on the appropriate use of commercially developed tests. This guidance is usually supplied by the supplier in the form of “kit inserts”. ii). Because of my answer to req 1, this is not applicable.</p>	<p>All tests used in the department are controlled each time they are run. The development of new tests is recorded and validated internally, even with commercial kits. All testing is also subject to external quality assessment schemes and assessed regularly.</p>

0122/12

Ophthalmology Departments

How many hospitals do you have in your trust that have an ophthalmology department?

One

Please name each of these?

Manor Hospital

With reference to **each** of these hospitals:

How many ophthalmology consultants work in this hospital?

Five

How many are on full time contracts (ten sessions or more) per week?

This Trust does not employ Ophthalmologists; we “buy” sessions from a neighbouring Trust so we do not have this information

According to the work plans attached to their contracts, how many clinical sessions are they contracted to carry out each week? Please provide the figures for the last two years.

Again we do not have this information; we “buy” a number of outpatient and theatre sessions pa

How many ophthalmology theatre sessions have been scheduled over the last two years?

There were 280 Theatre Sessions available for Ophthalmology from 1st September 2010 until 31st August 2012.

How many ophthalmology theatre sessions for cornea replacement have been scheduled over the last two years?

There were 280 Theatre Sessions available for Ophthalmology from 1st September 2010 until 31st August 2012.

0123/12

Computer Tomography & Magnetic Resonance Imaging research

It would be greatly appreciated if you could please supply me with responses to the following enquiries in the space provided below:

1. How many Computer Tomography (CT) units you ordered since March 31 st 2012?
None
2. If you have placed an order for one or more CT's since March 31 st 2012 please state if this was via, NHS supply chain, national/regional framework, a current or new managed service, OJUE advertised tender, local framework or other (if other please state)
NA
3. If you have placed an order for one or more CT's since March 31 st 2012 please state if this was funded via, charitable donation, trust capital, lease, other debt source, managed service or other (if other please state)
NA
4. Were build / enabling works included in the CT order?
NA
5. Do you intend to place an order(s) for one or more CT's in the next 18months? If so please state the estimated expected date of order.
No
6. How many Magnetic Resonance Imaging (MRI) units you have you ordered since March 31 st 2012?
None
7. If you have placed an order for one or more MRI's since March 31 st 2012 please state if this is via, NHS supply chain, national/regional framework, a current or new managed service, OJUE advertised tender, local framework or other (if other please state)
NA
8. Were build / enabling works included in the MRI order?
NA
9. Do you intend to place an order(s) for one or more MRI's in the next 18months? if so please state estimated expected date of order.
No

0124/12

Hernia Repair

Question	Result
1a. How many Inguinal Hernia Repair procedures were performed in the period 1 st January 2011 to 31 st December 2011 by Walsall Healthcare NHS Trust? (or the most recent 12 month period you have available recorded data)	325
1b. Of the total procedures (referred to in 1a) how many were performed laparoscopically?	28
1c. Of the total procedures (referred to in 1a) how many were performed by a conventional open surgical procedure?	297
1d. Of the total procedures (referred to in 1a) how many were performed as a day case procedure?	220
2a. How many Ventral/incisional Hernia Repair procedures were performed in the period 1 st January 2011 to 31 st December 2011 by Walsall Healthcare NHS Trust ?(or the most recent 12 month period you have available recorded data)	129
2b. Of the total procedures (referred to in 2a) how many were performed laparoscopically?	39
2c. Of the total procedures (referred to in 2a) how many were performed by a conventional open surgical procedure?	90
2d. Of the total procedures (referred to in 3a) how many were performed as a day case procedure? (<i>taken this to refer to 2a</i>)	25
3a. How many Umbilical Hernia Repair procedures were performed in the period 1 st January 2011 to 31 st December 2011 by Walsall Healthcare NHS Trust? (or the most recent 12 month period you have available recorded data)	147
3b. Of the total procedures (referred to in 3a) how many were performed laparoscopically?	28
3c. Of the total procedures (referred to in 3a) how many were performed by a conventional open surgical procedure?	119
3d. Of the total procedures (referred to in 3a) how many were performed as a day case procedure?	80
4a. How many Parastomal Hernia Repair procedures were performed in the period 1 st January 2011 to 31 st December 2011 by Walsall Healthcare NHS Trust? (or the most recent 12 month period you have available recorded data)	48
4b. Of the total procedures (referred to in 4a) how many were performed for Recurrent Parastomal Hernia?	0

4b. Of the total procedures (referred to in 4a) how many were performed laparoscopically?	13
5a. How many Ventral Rectopexy procedures were performed in the period 1 st January 2011 to 31 st December 2011 by Walsall Healthcare NHS Trust? (or the most recent 12 month period you have available recorded data)	5
5b. Of the total procedures (referred to in 4a) how many were performed laparoscopically? <i>(taken this to refer to 5a)</i>	0
6a. How many Anal Fistula procedures were performed in the period 1 st January 2011 to 31 st December 2011 at Walsall Healthcare NHS Trust? (or the most recent 12 month period you have available recorded data)	87
6b. Of the total procedures (referred to in 1a) how many were performed as a day case procedure? <i>(taken this to refer to 6a)</i>	71
7a. How many Parastomal Hernia Repair procedures were performed in the period 1 st January 2011 to 31 st December 2011 at Walsall Healthcare NHS Trust?(or the most recent 12 month period you have available recorded data) <i>(Same as 4a)</i>	48
7b. Of the total procedures (referred to in 2a) how many were performed laparoscopically? <i>(taken this to refer to 7a)</i>	13
7c. Of the total procedures (referred to in 2a) how many were performed by a conventional open surgical procedure? <i>(taken this to refer to 7a)</i>	35
7d. Of the total procedures (referred to in 2a) how many were performed as a day case procedure? <i>(taken this to refer to 7a)</i>	14
8a. How many AbdominoPerineal Resection / extra Levator AbdominoPerineal Resection procedures were performed in the period 1 st January 2011 to 31 st December 2011 at Walsall Healthcare NHS Trust? (or the most recent 12 month period you have available recorded data)	6
8b. Of the total procedures (referred to in 3a) how many were performed laparoscopically? <i>(taken this to refer to 8a)</i>	0
8c. Of the total procedures (referred to in 3a) how many were performed by a conventional open surgical procedure? <i>(taken this to refer to 8a)</i>	6
9a. How many Diaphragmatic Hernia/Hiatal Hernia/Hiatus Hernia procedures were performed in the period 1 st January 2011 to 31 st December 2011 at Walsall Healthcare NHS Trust? (or the most recent 12 month period you have available recorded data)	9
9b. Of the total procedures (referred to in 4a) how many were performed laparoscopically? <i>(taken this to refer to 9a)</i>	7
9c. Of the total procedures (referred to in 4a) how many were performed by a conventional open surgical procedure? <i>(taken this to refer to 9a)</i>	2

9d. Of the total procedures (referred to in 4a) how many were performed as a day case procedure? <i>(taken this to refer to 9a)</i>	0
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0125/12

Consultants Letters

I am writing to you on behalf of the Rt Hon John F Spellar MP. Under the Freedom of Information Act, please tell me if Walsall Hospitals NHS Trust send consultants' letters electronically to the Indian subcontinent for typing and returned to the UK for printing, editing and signature. If this is the case what number of letters is estimated to have been sent in 2011-12?

The Trust does not send any consultants' letters / information to the Indian subcontinent for typing. All our letters are typed on site.

0126/12

Invoices sent out as a result of care provided

A The total sum of the invoices sent out as a result of care provided to individuals subject to charging (excluding private patients) in the last financial year

The total invoices for 11/12 £12786.81

B The total amount actually received to date in payment from individuals subject to charging (excluding private patients) in the last financial year

The total amount now collected for these invoices is £1518

C Any other revenue generated from caring for individuals subject to charging (excluding private patients) in the last financial year that is not covered by A and B

Other revenue ZERO

0127/12

Wound care/continence/stoma products

Does your organization have any of the following in wound care, continence products and / or stoma products;

1. Direct purchase agreements
2. Rebate arrangements
3. Company sponsorship
4. Receive free or reduced priced stock

If the answer is yes please can you complete the attached table

Please see below

Therapeutic area	Name of company with partnership arrangement	Is a direct purchase agreement in existence? If answer is yes, Is the stock purchased at below drug tariff price?	Is a rebate scheme in existence?	Is sponsorship received? If yes please state whether this is staff posts, product, training grants or details of other sponsorship	Do you receive free stock? For example patient starter packs. Sample stock for patient use.	Were any of your arrangements subject to a competitive tender exercise?
Wound Care (Formulary)	Various Suppliers	No through NHS Supply Chain	No	No	No	Yes – Currently tendering via NHS Supply Chain
Continence Products	Abena	Yes – No items not on drug tariff	No	No	No	Yes
Stoma products	Various Suppliers	No through NHS Supply Chain	No	No	No	No

0128/12

National VTE Prevention Best Practice

Please find attached a FOI request from the All-Party Parliamentary Thrombosis Group into compliance of your Trust's VTE prevention policies with national VTE prevention best practice.

[Information available upon request](#)

0129/12

Disciplinary proceedings

The Royal College of Midwives (RCM) collects equality and diversity data from members that we represent in disciplinary proceedings. We have found from our data that older midwives are overrepresented in disciplinary hearings. With this in mind, the RCM is undertaking research into the involvement of midwives in disciplinary proceedings.

[Information available upon request](#)

0130/12

ICT Budget and Strategy

I request you to complete the table below with the relevant requested information on the trust's ICT expenditure.

1. What is the trust's overall budget for 2012/13?
2. Please complete the table below with the relevant requested information on the trust's ICT expenditure.

Category	ICT Spend 2011/12		ICT budget 2012/13	
ICT total (please split capital and revenue)				
Hardware total				
Software total				
ICT Services total				
Hardware maintenance				
Software maintenance				
IT outsourcing				
IT consultancy				
Bespoke Software				
Implementing new systems				
System integration				
Training				
Communications total				
IM&T Staff total				

Other ICT costs (please specify)		
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3. How many IM&T staff does the trust employ in 2011/12?
4. What did the Trust spend overall in 2011/12 and is budgeted to spend overall in 2012/13 on: **(please split hardware, software, staff and implementation costs)**
 - a. PAS (Patient Administration system)
 - b. Order Communications
 - c. Diagnostic Reporting
 - d. Letters with coding
 - e. Scheduling
 - f. E-Prescribing
 - g. PACS (Picture Archiving Communication System)
 - h. Each of the trust's Departmental IT systems (e.g. Maternity, RIS, Pathology etc.) and if possible please list which departments that spend includes?
 - i. Other IT projects above a value of £50k.
 - j. Please provide details of the projects included in previous question
5. Kindly provide me with a copy of your latest ICT Plan.

Information to be processed.

0131/12

IM&T Strategy

In accordance with the Freedom of Information Act please may I request a copy of your latest IM&T Strategy.

I plan to use this document in my research into future IT Plans within the NHS.

If you call your IM&T Strategy by another name such as IT Plan or forecast document can you please provide this.

Our IM&T Strategy is currently under review and is due to be ratified in October/November 2012.

0132/12

Ethnic makeup of staff

Information to be processed

0133/12

Lone Worker Framework Agreement

Information to be processed

0134/12
Staff dismissed/disciplined for racism

[Information to be processed](#)

0135/12
Whistleblowing

[Information to be processed](#)

0136/12
Treatment of HIV

[Information to be processed](#)

0137/12
Contact Names and Email Addresses

[Information to be processed](#)

0138/12
Midstream urine samples

[Information to be processed](#)

0139/12
Doctors Spend

[Information to be processed](#)

0140/12
Allied Health Professionals spend

[Information to be processed](#)

0141/12
Directorate structure

[Information to be processed](#)

