

**FREEDOM OF INFORMATION
DISCLOSURE LOG – Quarter 2 July-September 2013**

Ref	Date	Title of Request / Link	Page No
090/13	July 2013	Black alerts in hospitals	6
091/13	July 2013	Obesity, Overweight and Malnutrition incidence levels	6
092/13	July 2013	Workforce Planning	7
093/13	July 2013	Patients attending hospital with related conditions	9
094/13	July 2013	Private Finance Initiative	13
095/13	July 2013	Losses and Special Payments	13
096/13	July 2013	communications department spends	13
097/13	July 2013	National Joint Registry	14
098/13	July 2013	Pneumonia Guidelines (Management).	15
099/13	July 2013	ISB 0160 Clinical Risk Management	15
0100/13	July 2013	Sharps	15
0101/13	July 2013	Equal Pay Claims	16
0102/13	July 2013	Uniform Policy	17
0103/13	July 2013	Information Governance Policies	18
0104/13	July 2013	Prevalence of C.Diff (approved by SH)	19
0105/13	July 2013	Websites and Claims	19
0106/13	July 2013	Private Patients	20
0107/13	July 2013	Agency Workers	22
0108/13	July 2013	Whistleblowing procedure/Grievance Procedure	23
0109/13	July 2013	Antenatal Classes	23
0110/13	July 2013	Hospital Admissions	24
0111/13	July 2013	Policy/Scheme - carry out voluntary work	24
0112/13	July 2013	Urinary Catheter in situ	25
0113/13	July 2013	Clostridium difficile cases	25
0114/13	July 2013	Domestic Violence Cases	25

Ref	Date	Title of Request / Link	Page No
0115/13	July 2013	Nebulizers	26
0116/13	July 2013	Never Events	26
0117/13	July 2013	DNACPR Policy	27
0118/13	July 2013	Maternity Units	27
0119/13	July 2013	Midwife-led birthing centre	28
0120/13	July 2013	A&E Department	28
0121/13	July 2013	Maternity Unit and Midwife-led Unit	29
0122/13	July 2013	Expenses	29
0123/13	July 2013	Asthma	29
0124/13	July 2013	Healthcare support workers	30
0125/13	July 2013	External consultants	31
0126/13	July 2013	Sustain - better food and farming	33
0127/13	July 2013	Number of Bed bug infestations (financial year 2012/2013)	34
0128/13	July 2013	SUI Reported	34
0129/13	July 2013	Total Headcount of Staff	48
0130/13	July 2013	Money spent - Management Consultants	48
0131/13	July 2013	Number of hospital beds	50
0132/13	July 2013	Private Expenditure	50
0133/13	July 2013	Money paid to Trade Unions	50
0134/13	July 2013	PFI Contract	51
0135/13	July 2013	Cleaning and Hygiene Products	52
0136/13	July 2013	Dental Care Service	53
0137/13	July 2013	Private patient income	53
0138/13	August 2013	Circumcision complications	54
0139/13	August 2013	Non-Clinical spends request withdrawn	54
0140/13	August 2013	Expenditure spent by the authority	55
0141/13	August 2013	Framework Agencies	56

Ref	Date	Title of Request / Link	Page No
0142/13	August 2013	Medical Physics/Radiation Protection (request withdrawn)	56
0143/13	August 2013	Locum spends for Nurses	56
0144/13	August 2013	Organisational Structures	58
0145/13	August 2013	A&E staffing	58
0146/13	August 2013	Trust Spend	58
0147/13	August 2013	Arthroplasty Questionnaire	59
0148/13	August 2013	Largest amount paid to doctors	62
0149/13	August 2013	Pest Control	62
0150/13	August 2013	Injuries in hospital	63
0151/13	August 2013	Foreign patients treated	64
0152/13	August 2013	Cauda Equina Syndrome	64
0153/13	August 2013	Elective Vitrectomy Procedures	65
0154/13	August 2013	Care Campaign Questionnaire	66
0155/13	August 2013	Walsall Healthcare staff	66
0156/13	August 2013	EHIC Treatment	67
0157/13	August 2013	Suicide Statistics	67
0158/13	August 2013	Chiropodists/Podiatrists	67
0159/13	August 2013	Consultant Vacancies	68
0160/13	August 2013	Injuries in hospital	68
0161/13	August 2013	Wi-fi contracts	69
0162/13	August 2013	Scheduled operations	70
0163/13	August 2013	Number of Registered Nurses	71
0164/13	August 2013	Locum doctors employed through agency	72
0165/13	August 2013	Contact Details - Medical Staffing	72
0166/13	August 2013	Car Leasing	72
0167/13	August 2013	Critical Care Outreach Teams	74
0168/13	August 2013	Artwork	75

Ref	Date	Title of Request / Link	Page No
0169/13	August 2013	Spent on travelling abroad and recruitment costs	75
0170/13	August 2013	Overpayments to Staff	75
0171/13	August 2013	Locum Staff Spend Jan-June 2014	76
0172/13	August 2013	A&E	76
0173/13	August 2013	Procedures carried out - Distal angioplasties	76
0174/13	August 2013	Fire Alarm Systems	78
0175/13	August 2013	Contact Details - IMT Department	79
0176/13	August 2013	Eye Conditions	80
0177/13	August 2013	Tattoo Removal	80
0178/13	August 2013	Service Reviews	80
0179/13	August 2013	Clinical Leaders in senior management	81
0180/13	August 2013	urinary catheter	83
0181/13	August 2013	Organisation Chart for the HR	85
0182/13	August 2013	Staff side arrangement policy	85
0183/13	Sept 2013	Obesity	85
0184/13	Sept 2013	Hardware Maintenance and costs	86
0185/13	Sept 2013	Pressure Sores	87
0186/13	Sept 2013	VTE	87
0187/13	Sept 2013	Misuse of Social Media	92
0188/13	Sept 2013	Female Genital Mutilation	93
0189/13	Sept 2013	Bliss Financial Support Survey	93
0190/13	Sept 2013	Informatics Strategy	94
0191/13	Sept 2013	Class A substances	94
0192/13	Sept 2013	Circumcision complications	94
0193/13	Sept 2013	Disposal of fetal remains	95
0194/13	Sept 2013	Telephone Maintenance	95
0195/13	Sept 2013	Employment Scheme take up	96

Ref	Date	Title of Request / Link	Page No
0196/13	Sept 2013	Names of drugs	97
0197/13	Sept 2013	A & E	97
0198/13	Sept 2013	Obesity	97
0199/13	Sept 2013	Agency Spend	100
0200/13	Sept 2013	Healthcare Assistants	104
0201/13	Sept 2013	Type 2 Diabetes Education Programme Provision	104
0202/13	Sept 2013	Theatre uniforms and specialist requirements	105
0203/13	Sept 2013	Antibiotic policy for elective primary joint replacement in orthopaedics	106
0204/13	Sept 2013	Cancelled operations	106
0205/13	Sept 2013	Contact Details for Staff	107
0206/13	Sept 2013	List of agencies / suppliers used for Medical Locums	107
0207/13	Sept 2013	Inpatient Ward Information	110
0208/13	Sept 2013	Block /Assured contract	110
0209/13	Sept 2013	Fleet Management -contract information	110
0210/13	Sept 2013	Employee Sickness Data	111
0211/13	Sept 2013	Female Genital Mutilation	112
0212/13	Sept 2013	Pest Infestations	112
0213/13	Sept 2013	IT Contracting	114
0214/13	Sept 2013	Residents of Willenhall	115
0215/13	Sept 2013	Meat Purchased	115
0216/13	Sept 2013	Tier 3 Obesity services - NHS Walsall	116
0217/13	Sept 2013	Cloud Computing	116
0218/13	Sept 2013	Speech Therapy	117
0219/13	Sept 2013	Recycling and Waste Maintenance and Support Contracts	117

090/13

Black alerts in hospitals

Black alert is a hospital's most severe status level, on the apex of a 'traffic light' system of green, amber and red. It's issued when:

"all actions have failed to contain service pressure and the local health economy is unable to deliver comprehensive emergency care."

This means the hospital is at full capacity: admissions are temporarily closed, escalation beds are in use, patients are waiting in A&E for beds, and routine surgery is being cancelled.

I would therefore like to find out:

- the number of BLACK alerts in the Trust for the years 2012/2013, 2011/2012, 2010/2011, 2009/2010, and 2008/2009

The Trust does not report black alerts however; the alerts that are reported are categorized as red, amber, green and yellow and red equates to a level 4. The information provided below is reported 3 times a day and the rag rating score can change anytime of the day.

Please note the information is not available from 2008-2010 as the electronic web based EMS system was not in place at that point in time.

- the number of RED alerts in the Trust for the years 2012/2013, 2011/2012, 2010/2011, 2009/2010, and 2008/2009

Sept – Dec 2011 – 0 times

Jan – Dec 2012 – 0 times

Jan – May 2013 – 14 times

- the number of AMBER alerts in the Trust for the years 2012/2013, 2011/2012, 2010/2011, 2009/2010, and 2008/2009

Sept – Dec 2011 – 4 times

Jan – Dec 2012 – 136 times

Jan – May 2013 – 71 times

- the number of GREEN alerts in the Trust for the years 2012/2013, 2011/2012, 2010/2011, 2009/2010, and 2008/2009

Sept – Dec 2011 – 105 times

Jan – Dec 2012 – 144 times

Jan – May 2013 – 86 times

- if possible, can I have the number of black, red, amber and green alerts broken down into the 12 months of each year

091/13

Obesity, Overweight and Malnutrition incidence levels

Please supply the most recent data held by all Public Walsall Authorities showing the most up to date Obesity, Overweight and Malnutrition incidence levels of all Walsall citizens in 2013, [Adults and those from 6 to 19 years of age].

Please provide this information giving demographic age spread of 10 years and gender split data sets.

Please redirect your request to Walsall Public Health which is based at Walsall Council.

092/13

Workforce Planning

Please reply to the following eight questions.

- 1) Please state how many registered nurses are currently employed by your organisation - giving the answer in head count and full time equivalent posts.

	<u>Registered Nurses as at 22/07/2013</u>	
	Headcount	FTE
Community Nurse	206	183.78
Community Practitioner	2	2.00
Enrolled Nurse	5	3.80
Midwife	182	150.64
Modern Matron	6	5.43
Nurse Manager	43	42.15
Sister/Charge Nurse	139	130.81
Specialist Nurse Practitioner	116	107.09
Staff Nurse	496	436.29
Student District Nurse	3	3.00
Student Health Visitor	17	17.00
	1215	1081.98

- 2) Please state how many healthcare assistants are currently employed by your organisation - giving the answer in head count and full time equivalent posts.

	<u>Healthcare Assistants to Nursing as at 22/07/2013</u>	
	Headcount	FTE
Healthcare Assistant	350	307.49

- 3) Do you know how many of your registered nurse employees and healthcare assistants are due to reach state retirement age by January 1, 2015?
- If yes, please state how many of your registered nurse employees have said they plan to retire by January 1, 2015.
 - If yes, please state how many of your healthcare assistants have said they plan to retire by January 1, 2015.
 - Please give the answer in head count and full time equivalent posts.
 - Please also provide a full breakdown of posts – for example, midwives, nurses, health visitors, healthcare assistants etc

	<u>Registered Nurses who will be 60 Years Old as at 01/01/2015</u>	
Reporting Role	Headcount	FTE
Community Nurse	6	3.79
Enrolled Nurse	1	0.53
Midwife	10	4.73
Modern Matron	1	0.43
Nurse Manager	1	0.88
Sister/Charge Nurse	8	7.25
Specialist Nurse Practitioner	5	4.20
Staff Nurse	21	16.20
	53	38.01

	<u>Healthcare Assistants to Nursing who will be 60 Years Old as at 01/01/2015</u>	
	Headcount	FTE
Healthcare Assistant	34	29.15

- 4) If you do not know how many of your nurse workforce is due to retire by January 1, 2015, please outline any initiatives your organisation has planned to find out and when this work will begin.

N/A

- 5) Does your organisation have any recruitment initiatives planned to recruit extra nurses in the next six months? If yes, please provide details.

We plan to recruit Clinical Support Workers and Staff Nurses within the next 6 months. We will approx. recruit 40 permanent Staff Nurses and approximately 54 permanent Clinical Support Workers. We will approximately recruit 20 fixed term Staff Nurses and approximately 30 fixed term Clinical Support Workers.

- 6) Does your organisation operate any initiative to allow nurses to work flexible hours when they reach retirement age? If yes, please provide details.

Nurses approaching retirement age can access the Trust's flexible working policy to agree flexible hours.

- 7) Does your organisation operate any initiatives to allow nurses to work beyond state retirement age if they wish to do so? If yes, please provide details.

By law nurses are allowed to work beyond state retirement age if they wish.

- 8) Please also provide details of any scheme you may have planned to alleviate any predicted staffing shortfalls.

As above in answer to question 5.

093/13

Patients attending hospital with related conditions

For each of the last five financial years (2008/09, 2009/10, 2010/11, 2011/12, 2012/13), we would like to know:

- 1) How many boys and girls aged 11 years old and under, 12-14 years old and 15-17 years old attended an emergency department for:
a) an alcohol related condition
b) a drug related condition
c) both an alcohol and a drug related condition**

- 2. How many boys and girls aged 11 years and under, 12-14 years old and 15-17 years old were referred directly (non emergency) to a hospital or a clinic for:
a) an alcohol related condition
b) a drug related condition
c) both an alcohol and a drug related condition**

- 3) How many boys and girls aged 11 years and under, 12-14 years old and 15-17 years old stayed in hospital for one night or more for:
a) an alcohol related condition
b) a drug related condition
c) both an alcohol and a drug related condition**

Please see below:

TABLE A - Alcohol related general admissions (emergency)

	2008/9		2009/10		2010/11		2011/12		2012/13	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Age 11 and under	0	0	0	1 - 5	0	0	1 - 5	0	0	0
Age 12-14	12	14	11	11	1 - 5	9	7	5	1 - 5	7
Age 15-17	30	19	23	31	11	18	23	19	26	32

TABLE B - Alcohol related admissions (non emergency)

	2008/9		2009/10		2010/11		2011/12		2012/13	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Age 11 and under	0	1 - 5	1 - 5	1 - 5	0	0	0	0	0	0
Age 12-14	0	0	0	0	0	0	0	0	0	0
Age 15-17	0	0	0	0	0	0	0	0	0	0

TABLE C - Alcohol related emissions (staying in hospital for one night or more)

	2008/9		2009/10		2010/11		2011/12		2012/13	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Age 11 and under	0	0	0	0	0	0	0	0	0	0
Age 12-14	0	0	0	0	0	0	0	0	0	0
Age 15-17	0	0	0	0	0	0	0	0	0	0

TABLE D - Drug related general admissions (emergency)

	2008/9		2009/10		2010/11		2011/12		2012/13	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Age 11 and under	10	5	6	5	1-5	1-5	1-5	5	5	1 - 5
Age 12-14	1-5	17	5	18	1-5	16	1-5	18	1-5	22
Age 15-17	18	44	21	55	22	47	15	48	12	51

TABLE E - Drug related admissions (non emergency)

	2008/9		2009/10		2010/11		2011/12		2012/13	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Age 11 and under	0	0	0	0	0	0	0	0	0	0
Age 12-14	0	0	0	0	0	0	0	1-5	0	1-5
Age 15-17	1-5	0	0	0	0	0	8	13	1-5	23

TABLE F - Drug related admissions (staying in hospital for one night or more)

	2008/9		2009/10		2010/11		2011/12		2012/13	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Age 11 and under	0	0	0	0	0	0	0	0	0	0
Age 12-14	0	0	0	0	0	0	0	1-5	0	1-5
Age 15-17	0	0	0	0	0	0	1-5	0	0	0

TABLE G - Alcohol and drug related general admissions (emergency)

	2008/9		2009/10		2010/11		2011/12		2012/13	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Age 11 and under	10	5	6	41400	41395	41395	82790	5	5	41395
Age 12-14	41407	31	16	29	82790	25	41402	23	82790	29
Age 15-17	48	63	44	86	33	65	38	67	38	83

TABLE H - Alcohol and drug related admissions (non emergency)

	2008/9		2009/10		2010/11		2011/12		2012/13	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Age 11 and under	0	1-5	1-5	1-5	0	0	0	0	0	0
Age 12-14	0	0	0	0	0	0	0	1-5	0	1-5
Age 15-17	1-5	0	0	0	0	0	8	13	1-5	23

TABLE I - Alcohol and drug related admissions (staying in hospital for one night or more)

	2008/9		2009/10		2010/11		2011/12		2012/13	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
Age 11 and under	0	0	0	0	0	0	0	0	0	0
Age 12-14	0	0	0	0	0	0	0	1-5	0	1-5
Age 15-17	0	0	0	0	0	0	1-5	0	0	0

094/13

Private Finance Initiative

I act as a Project Consultant (Compliance) on behalf of a Client undertaking a Development Project who is seeking funding from a private investor, who has shown interest in supporting the funding for this Humanitarian Project and in this regard has Provided a Proof of Funds Statement.

On this statement it clearly indicates a payment received from the Walsall NHS Trust. The amount is substantial.

I have accessed the audited accounts for the Walsall NHS Trust 2010/11 and 2011/12 and whilst the accounts make reference to PFI payment as “recorded as operating expenses”, the accounts do not indicate to whom the amount[s] was paid, nor the actual amount. This information is really immaterial to me, the key factors that I would appreciate information on are as follows :

1. Is Ahmad Mustafa Dafer the PFI investor in the Walsall NHS Trust, I believe in the Construction of a new hospital.?
&
2. Do the Walsall NHS Trust under PFI Contract make annual payments to Account# 00990274 – Sort Code 40-0515. Account Holder Ahmad M.Dafer?

We do not hold the information therefore please could you redirect your request to:

Andrea Edkins

Edkins@hcp.co.uk

095/13

Losses and special payments

I would like to see a list of the losses and special payments recorded for the financial years 2011-12 and 2012-13.

The finance department will have a record of this, as it forms part of the annual accounting process for the trust.

This should include what the loss or special payment was for and how much it was for.

Information available upon request.

096/13

Communications Department Spends

1 - The total spend by your Trust on public relations/media/press/communication staff for the financial years a) 2010-11 b) 2011-12 and c) 2012-13.

2010/2011	2011/2012	2012/2013
£84, 104 (exc on costs)	£83, 092 (exc on costs)	£83, 981 (exc on costs)
£106,256 (inc on costs)	£105,182 (inc on costs)	£106, 298 (inc on costs)

2 - The number of staff employed by your Trust in the public relations / media / press / communication department in each of - the above years.

Years 2010- 2011

2FTE:

Years 2011- 2012

2 FTE:

Years 2012 13

2 FTE:

3 - The salary of the highest individual earner in the public relations/media/press/communication department in your Trust and his or her job title in each of the above years.

2010/2011	Head of Corporate Communications and Marketing – Senior Managers Pay Band 8b
2011/2012	Head of Corporate Communications and Marketing - Senior Managers Pay Band 8b
2012/2013	Head of Corporate Communications and Marketing - Senior Managers Pay Band 8b

4 - The amount spent by your Trust in each of the above years on external public relations/media/press/communications agencies.

All of our media and communications are managed in-house. There is an occasional need to outsource some additional support. Please see below:

2010/2011	2011/2012	2012/2013
£4690 Opening of new hospital supported by PR agency	£2360 copywriting	£ 2400 Copywriting

097/13

NJR / Walsall Manor / Joint Replacement Procedures

The NJR is a mandatory audit to which the trust must submit details of all Hip, Knee, Ankle, Elbow & Shoulder replacement operations.

In order to determine trust compliance I need to know exactly how many such operations have been performed at your hospital.

Please can you supply a table of operation numbers carried out at Manor hospital during the Financial Year 2012/13

	Hips	Knees	Ankles	Elbows	Shoulders	Total
Manor	335	276	0	4	43	658

Please find the information as requested using the OPCS codes supplied however, the figures above may include a few NOF's in here that had hip arthroplasty hence they would not be on the NJR

098/13

Pneumonia Guidelines

I am looking for current trust guidelines and protocol on the management of pneumonia. This is for the purpose of clinical audit.

Information available upon request.

099/13

ISB 0160 Clinical Risk Management

Concerning : ISB 0160 Clinical Risk Management: its Application in the Deployment and Use of Health IT Systems.

Please supply copies of the Trust policy and guidance for ensuring compliance with ISB 0160 (previously DSCN 18/2009) when implementing IT systems.

Please find the attached as evidence complimentary processes that ensure compliance with ISB 0160 (previously DSCN 18/2009) when implementing IT systems.

Information available upon request.

0100/13

Sharps

1 Have you revised your sharps policy and published it to staff following the adoption of EU Directive 2010/32/EU in May 2010, through UK statutory instrument, 2013 No.645, the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013?

The Policy already includes information from the directives and therefore no changes were required to update, however policy is due for review and new reference will be added when updated.

2 Does your sharps policy specifically state that staff should use safety-engineered sharps devices wherever possible?

Policy states - Where available 'needleless devices' or equipment designed with additional safety features should be used.

3 Does your sharps policy make it mandatory for staff to use safety-engineered sharps devices in the majority of procedures?

Policy states - Where available 'needleless devices' or equipment designed with additional safety features should be used – unable to make mandatory unless devices are available.

4 In 2009, prior to the adoption of EU Directive 2010/32/EU, what proportion of sharps procedures in Walsall Healthcare NHS Trust used safety-engineered devices (defined in terms of volume of procedures)? The answer to this question may be given as a percentage band / decile e.g. 20-30%

We are unable to identify the amount as this is not recorded.

5 Now that the implementation deadline of May 2013 for EU Directive 2010/32/EU had passed, and the UK statutory instrument, 2013 No.645, The Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 has come into force on 11th May, what proportion of sharps procedures in Walsall Healthcare NHS Trust are now using safety devices (defined in terms of

volume of procedures)? The answer to this question may be given as a percentage band / decile e.g. 70-80%

The Trust is not aware of any clinical areas in the Trust who are currently using sharps fitted with an engineering safety device. However specific areas based on the needle stick incident trend have been identified and will be targeted to trial the new products.

Since the beginning of 2010, has Walsall Healthcare NHS Trust been the subject of any lawsuits or other claims for compensation (e.g. union sponsored settlements) following a sharps injury to a member of staff? If yes, please provide anonymised details, specifically:

Date of lawsuit / claim

Injury suffered

Compensation settlement amount agreed

Sharps Injuries per year:

2010 – 95

2011 – 108

2012 – 92

2011	Sharps Injury	Admitted	£5,690.08
2012	Needle Stick Injury	Under NHSLA Investigation	
2012	Needle Stick Injury	Under NHSLA Investigation	
2012	Sharps	Under NHSLA Investigation	
2013	Sharps	Under NHSLA Investigation	

0101/13

Equal Pay Claims

Since 2003 how much has been paid out by the NHS in settlement of equal pay claims or potential equal pay claims?

£24,000

To how many women and how many men have such payments been made?

12 women / 0 men

Has the NHS budgeted for future payments for potential equal pay claims and if so for how much?

Non applicable

**0102/13
Uniform Policy**

I would like to know the uniform policy for nursing staff by their role, for example, a charge nurse wears a navy dress with a red trim and a red belt, the director of nursing wears a red dress, and a senior healthcare assistant wears a white tunic and blue trousers.

The Director of Nursing wears black with yellow epaulettes
The Associate Director of Nursing wears navy with mandarin collar
The Heads of Nursing wear black with red epaulettes
The matrons wear navy with red trim and red belts if they wear dresses
The senior sisters wear navy blue with white trim
The junior sisters wear navy strips with white trim
The band 5's wear sky blue with white trim
The band 3 and 4 wear light blue with white trim

All female nurses wear navy trousers and male nurses wear black trousers

Nurses working in AMU, A&E and HDU/ITU wear scrubs of the same colour

Specifically, I would like to know any nursing staff or healthcare assistants wear hats as part of their uniform. If yes, I would like to know when this was introduced and why.

No

I would like to know if your director of nursing wears a uniform, and if so, when this was introduced and why.

As above, this has been in place since 2010

I would like to know what sizes your uniforms come in (for example, sizes 6 to 22 and small, medium, large) and which size is the most requested/ordered.

Female Tunics Sizes from 30" Bust to 50" Bust as standard (Size 8 to Size 28).

Female Trousers sizes from 32" Hip to 52" hip as standard (Size 8 to Size 28)

Male tunics size from 34" chest to 50" chest as standard.

Male trousers sizes from 28" waist to 44" waist as standard.

The most popular size for female tunics is a size 34" (Size 12).

The most popular size for female trousers is a size 36" (Size 12).

The most popular size for a dress is Size 34" (Size 12).

The most popular size for male tunics is a size 38".

The most popular size for male trousers is a size 38".

I would like to know when the current uniform policy was introduced and the reason(s) for the introduction of the policy. For example, if the change in policy was due to patient feedback, I would like to know what the feedback was.

The uniform was changed in 2011 as the Trust became an integrated organisation and we moved to one uniform across the organisation as there had been differences before

If the current uniform policy for nursing staff and healthcare assistants was introduced since January 2010, I would like to know:

When it was introduced - During 2011

The total cost of providing new uniforms and name badges to nursing staff and healthcare assistants due to the change in uniform policy.

£93618.99

A breakdown of the previous uniform policy for nursing staff and healthcare assistants – for example, a matron wore a red dress with a navy belt, and so on.

Heads of Nursing - Black Tunic and trousers

Heads of Therapies – Black Tunic and trousers

Sisters – Navy Tunic and black trousers

Staff Nurse – Blue Tunic and black trousers

Clinical Support – Pale blue Tunic and navy trousers

Specialist Nurses – Lilac Tunic and black trousers

Housekeeping – Green/white striped tunic and navy trousers – Supervisor

Housekeeper – Aqua/white striped tunic and navy trousers.

Allied Healthcare Professionals – White tunic with epaulettes to denote department.

If your uniform policy has not changed since January 2010, I would like to know when it is next up for review, and if there are any plans to change the uniform policy in the next 12 months.

It is currently under review

0103/13

Information Governance Policies

Policy for Producing Patient Information
Records Lifecycle Management Policy
Information Governance Framework
Information Governance Policy

I am pleased to attach the policies to this email. Please note that the Policy for Producing Patient Information is currently under review and is therefore not available at this time.

Information available upon request.

0104/13

Prevalence of C.Diff

The Patients Association is a health and social care charity, guided by the motto “listening to patients, speaking up for change”. We operate a National Helpline which brings patients’, their families’ and medical professionals’ views and concerns to our attention.

We understand that you are extremely busy and would really appreciate the time taken to complete this survey.

Please find the attached completed survey.

Information available upon request.

0105/13 – Websites and Claims

I would like to know the top ten websites visited by staff on trust run computers inside hospital wards. I would like this broken down by the number of hits each have received, the amount of time (in minutes) each one has been visited in total and where they were visited. I would also like to know the total amount of time spent on Facebook on computers in hospital wards. I would like this information since 2010

We are not able to separate the data to “wards”, and thus this response is inclusive of all Walsall Healthcare NHS Trust employee usage, and thus includes both clinical and non-clinical staff. In addition to this, we don’t have data going back until 2010, thus the response below includes usage between: 29.3.12 – 18.7.13, which are the dates that we have data available for.

		No of Hits (top 10)	Time Spent
1	Bandwidth Internet Radio and TV	31,493,309	6334:41:53
2	IT Search Engines and Portals	22,048,666	28884:47:27
3	IT	20,003,344	33083:36:11
4	Miscellaneous Uncategorised	8,247,719	4859:21:50
5	Business and Economy	5,112,136	17363:18:34
6	Health	4,606,294	32176:49:48
7	Shopping	4,461,919	4733:46:09
8	Education Reference Materials	3,785,040	3204:21:39
9	Internet Communication General Email	3,370,710	00:04:25
10	Travel	2,863,889	00:19:37

Facebook Response:

Facebook Site	Duration	No of Hits
www.facebook.com	1347:06:46	1,499,202.00
s-static.ak.facebook.com	250:49:43	119,424.00
connect.facebook.net	171:26:38	170,017.00
static.ak.facebook.com	121:33:37	103,595.00
Total for Facebook	1890:56:44	1,892,238.00

I would like a list of all the claims that have been made by staff since 2009 for theft, insurance, loss, compensation or injury. I would like a list including when the claim was made, where the claim was made, details of the claim (i.e. what happened) how much was claimed and whether the money was paid out.

Please see attached - Information available upon request.

**0106/13
Private Patients**

-How much this NHS Trust has earned from privately-funded operations/treatments since October 1st 2012. - **£20,703.**

- A breakdown by each individual private operation of fees earned since October 1st 2012 – **See below.**

FEE	DESCRIPTION OF TREATMENT
£400.00	CONSULTATION & DAY CASE TREATED ON WARD
£108.00	BIOCHEMISTRY BLOOD TEST
£54.00	HAEMATOLOGY BLOOD TEST
£54.00	IMMUNOLOGY BLOOD TEST
£81.00	BIOCHEMISTRY BLOOD TEST
£159.00	BARIUM SWALLOW (MEAL) & US ABDOMEN
£174.00	ENDOSCOPY BASIC CHARGE
£397.00	CIRCUMCISION
£79.00	US SCAN
£400.00	CONSULTATION & DAY CASE TREATED ON WARD
£270.00	CIRCUMCISION
£556.00	THEATRE CHARGE
£316.00	NON INTENSIVE WARD COSTS
£307.00	RENOGRAM MAG 3
£100.00	U/S RIGHT SHOULDER
£189.00	BIOCHEMISTRY BLOOD TEST
£54.00	HAEMATOLOGY BLOOD TEST
£400.00	CONSULTATION & DAY CASE TREATED ON WARD
£130.00	X-RAY KNEE
£270.00	CIRCUMCISION
£81.00	CONSULTATION
£270.00	CIRCUMCISION
£400.00	CONSULTATION & DAY CASE TREATED ON WARD
£562.00	THEATRE CHARGE
£319.00	NON INTENSIVE WARD COSTS
£319.00	NON INTENSIVE WARD COSTS
£562.00	THEATRE CHARGE
£562.00	THEATRE CHARGE

£319.00 NON INTENSIVE WARD COSTS
 £319.00 NON INTENSIVE WARD COSTS
 £562.00 THEATRE CHARGE
 £481.00 CONSULTATIONS & DAY CASE TREATED ON WARD
 £266.00 MINOR OPERATION, CONSULTATION & BLOOD TESTS
 £200.00 CIRCUMCISION
 £200.00 CIRCUMCISION
 £2,186.00 THEATRE CHARGE
 £345.00 NON INTENSIVE WARD COSTS
 £108.00 BIOCHEMISTRY BLOOD TEST
 £27.00 IMMUNOLOGY BLOOD TEST
 £81.00 HAEMATOLOGY BLOOD TEST
 £108.00 BIOCHEMISTRY BLOOD TEST
 £27.00 HAEMATOLOGY BLOOD TEST
 £108.00 HAEMATOLOGY BLOOD TEST
 £81.00 IMMUNOLOGY BLOOD TEST
 £108.00 BIOCHEMISTRY BLOOD TEST
 £500.00 CIRCUMCISION
 £54.00 IMMUNOLOGY BLOOD TEST
 £54.00 BIOCHEMISTRY BLOOD TEST
 £27.00 HAEMATOLOGY BLOOD TEST
 £267.00 CIRCUMCISION
 £267.00 CIRCUMCISION
 £400.00 CONSULTATION & DAY CASE TREATED ON WARD
 £67.00 U/S ABDOMEN / PELVIS
 £291.00 NUCLEAR MED CHEST XRAY
 £67.00 US ABDOMEN
 £162.00 BIOCHEMISTRY BLOOD TEST
 £81.00 IMMUNOLOGY BLOOD TEST
 £81.00 BIOCHEMISTRY BLOOD TEST
 £108.00 IMMUNOLOGY BLOOD TEST
 £27.00 BIOCHEMISTRY BLOOD TEST
 -£393.00 CIRCUMCISION
 CONSULTATION & DAY CASE TREATED ON WARD & BLOOD
 £454.00 TESTS
 £54.00 BLOOD TESTS
 £81.00 CONSULTATION
 £131.00 MINOR OPERATION
 £270.00 CIRCUMCISION
 £270.00 CIRCUMCISION
 £135.00 BIOCHEMISTRY BLOOD TEST
 £54.00 HAEMATOLOGY BLOOD TEST
 £27.00 IMMUNOLOGY BLOOD TEST
 £81.00 BIOCHEMISTRY BLOOD TEST
 £27.00 IMMUNOLOGY BLOOD TEST
 £54.00 HAEMATOLOGY BLOOD TEST
 £81.00 BIOCHEMISTRY BLOOD TEST
 £216.00 HAEMATOLOGY BLOOD TEST
 £27.00 IMMUNOLOGY BLOOD TEST
 £214.00 NM BONE SCAN
 £214.00 NM BONE SCAN
 £214.00 NM BONE SCAN
 £214.00 NM BONE SCAN
 £214.00 NM BONE SCAN

£54.00	BIOCHEMISTRY BLOOD TEST
£81.00	BIOCHEMISTRY BLOOD TEST
£27.00	HAEMATOLOGY BLOOD TEST
£27.00	IMMUNOLOGY BLOOD TEST
£212.00	MINOR OPERATION & CONSULTATION
£54.00	HAEMATOLOGY BLOOD TEST
£27.00	IMMUNOLOGY BLOOD TEST
£135.00	BIOCHEMISTRY BLOOD TEST
£122.00	BARIUM SWALLOW (MEAL)
£307.00	RENOGRAM WITH DIURETICS
£54.00	HAEMATOLOGY BLOOD TEST
£108.00	IMMUNOLOGY BLOOD TEST
£27.00	BIOCHEMISTRY BLOOD TEST
£81.00	IMMUNOLOGY BLOOD TEST
£54.00	HAEMATOLOGY BLOOD TEST
£122.00	BARIUM SWALLOW (MEAL)
£185.00	TERMINATION
£270.00	CIRCUMCISION
£54.00	MICROBIOLOGY BLOOD TEST
£297.00	BIOCHEMISTRY BLOOD TEST
£214.00	NM BONE SCAN

£20,703.00 TOTAL

- How much this NHS trust earned from privately-funded operations/treatments in the nine months from October 2011 to July 2012 (if it is not possible to select the figures specifically for this nine-month time period, please could you give me the figure for the 12-month financial year ending in April 2012). - **£11,603**

- Does this NHS trust currently have a private patient unit? – **NO**.
- If it does, are there plans to extend it?
- If it doesn't, are there plans to open one?

There are no plans to open a dedicated private patient unit within our currently approved Estates Strategy

0107/13

Agency Spend

- **A breakdown of the Trusts spend on agency workers for the last full calendar year (January 2012-December 2012), in particular relating to medical locums, agency nursing and agency AHP's.**

Apr to Dec 11	Apr to Mar 12	Jan to Mar 12	Apr to Dec 12	Jan 12 to Dec 12 Spend	
1,109,143	1,870,282	761,139	1,167,553	1,928,692	Medical Locums
250,200	595,948	345,748	664,450	1,010,198	Agency Nursing
296,649	385,361	88,712	140,367	229,079	Agency AHPs

- **Details of any service level agreements that the Trust currently have with suppliers of agency workers, including names of contracted suppliers and the agreements expiry/renewal dates.**

I can advise that the Trust has no direct Service Level Agreements in place with any of the agencies it utilises.

0108/13

Whistleblowing procedure / Grievance Procedure

I would be grateful if you could provide me with the number of staff at Walsall Healthcare NHS Trust who have used the Trust's: in each of the last 5 years.

a) Whistleblowing procedure

2009 = 1-10

2010 = 1-10

2011 = 1-10

2012 = 1-10

2013 = 1-10

b) Grievance procedure

2009 = 0

2010 = 1-10

2011 = 1-10

2012 = 11

2013 = 1-10

Due to the small numbers we have listed the figures between 1-10 as there is a potential for breach of Data Protection.

0109/13

Antenatal Classes

- 1. The number of hours of free NHS antenatal class provision offered to individual patients in Walsall Healthcare NHS Trust in each of the following financial years: 2009/10, 2010/11, 2011/12, 2012/13, 2013/14.**

2009/10

Women / partners could choose from 1 Saturday twice a month and we also offered 3 evening sessions per week at various children centres.

Every Saturday and Sunday couples were offered a tour of the unit and information about delivery / immediate postnatal issues.

2010/11

Couples were offered twice monthly all day Saturday / Sunday sessions.
Every sat and Sunday couples were offered a tour of the unit and information about delivery / immediate postnatal issues.

2011/12

Couples were offered twice monthly all day Saturday/Sunday sessions.
Every sat and Sunday couples were offered a tour of the unit and information about delivery / immediate postnatal issues for 2011.
2012 everyone who delivered at Walsall was given a CD.

Evening sessions were 2 hours
Sat/sun sessions were 10.00 - 16.00 hrs.

2. The total amount of money spent providing NHS antenatal classes in Walsall Healthcare NHS Trust in: 2009/10, 2010/11, 2011/12, 2012/13, 2013/14.

National Childbirth Trust are commissioned to provide free antenatal care which they offer in 8 different venues / times. The tour is again offered by CD but it can also be accessed by the website.

**0110/13
Hospital Admissions**

I am a member of My NHS Walsall, investigating ways to reduce hospital admissions due to non-compliance/non-adherence to medicines.

Can you please supply the information listed below to help with the investigation.

a) 2011-12 or 2012-13 total number of admissions?

For 2012-2013
InPatient spells: 4029
Daycase Spells: 26557
Emergency Spells: 32576

b) Percentage (%) recorded as through non-compliance/non-adherence to medicines?

For 2012-2013
Total number of InPatients with 'non-compliance' coded in the diagnosis = 250
Non-compliance as a percentage of Inpatient spells (Not daycase or emergency) = 6.21%

c) Cost of a single admission?

The average cost (as measured by tariff) of the 250 patients identified as having been coded with Non Compliance was £2656 in 2012/13.

**0111/13
Policy/Scheme - carry out voluntary work**

Please can you tell me whether the hospital trust has any scheme or policy whereby non-clinical staff are encouraged to carry out voluntary work on wards to assist with nursing duties.

If yes to question 1 please provide further details such as a) when the policy was introduced b) which employees are encouraged to partake c) which wards it applies to d) their specific duties

There is no specific policy in relation to staff undertaking voluntary roles. There is a Trust Volunteer Policy that is currently under review which relates to the use of volunteers in a wide range of roles and sets out the recruitment process, induction and training, supervision and support, payment of expenses and code of conduct for volunteers. Staff would be welcome to contact the volunteering service to discuss opportunities for volunteering should they be interested.

0112/13

Urinary Catheter in situ

- **your most recent annual figure for the number of patients fitted with a urinary catheter in situ;**
“patient being fitted with a catheter during their stay.”

for 01/04/2012-31/03/2013 **1278**

- **your most recent annual figure for the number of patients who developed a Catheter-Associated Urinary Tract Infection; and**
“those coded only.”

for 01/04/2012-31/03/2013 **2202**

- **a description of your policy, if any, for preventing Catheter-Associated Urinary Tract Infections**

Please see attached (information available upon request)- Protocol for indwelling urinary catheterization and Trial without catheter and intermittent catheterization protocol.

0113/13

Clostridium difficile cases

Please find attached Freedom of Information Request from the Infection Control Team at Rotherham NHS Foundation Trust.

Please find attached completed questionnaire.
Information available upon request.

0114/13

Domestic Violence Cases

Please provide the following in excel and email format for 2011 and 2012 and include a breakdown of male / female, age or adult / child and ethnic origin:

1. Number of domestic violence cases treated at hospital?

For the financial years 2011-2012 and 2012-2013 there were between 1 – 10 patients treated for domestic violence.

Due to the small number of patients identified we are unable to release the exact figures, ages, sex or ethnic origin under the Data Protection Act 1998.

2. Number of admissions following suspected domestic violence?

There were between 1 – 10 admissions for the period specified. Due to the small number of patients identified we are unable to release the exact figures under the Data Protection Act 1998.

3. Number of medical examinations to evidence domestic violence?

This information is not available.

0115/13

Nebulizers

Please could you give me the following information for treatments over the last year (or April 2012 – March 2013 if that is the appropriate reporting timescale)

What model (s) of nebulizer does the Trust currently use?

Pulmostar 4650U

How many nebulizers are purchased / have been purchased (by model)?

135

How many patients were treated with each model of nebulizer by age group?

This information is not recorded

0116/13

Never Events

I am writing to make a request under the Freedom of Information Act for information on 'Never Events' at the Trust.

1. a) For 2012/13, a breakdown of all 'Never Events'. For each 'Never Event' please provide a full description of the event (not just the code), the date or approximate date of the event, the sex of any patients involved, whether the patient suffered injury or death due to the event, the job titles of any staff involved, and the outcome of any disciplinary action against staff involved.

b) Please also provide a copy of any written report into each 'Never Event', redacting any personal information.

2. a/b) The same for 2011/12

For 2012/13 there were between 1 – 10 Never Event's. Due to the small number we are unable to release the exact figure and relating information due to the Data Protection Act 1998.

For 2011/12 there were between 1 – 10 Never Event's. Due to the small number we are unable to release the exact figure and relating information due to the Data Protection Act 1998.

**0117/13
DNACPR policy**

I would like to request the DNACPR (Do Not Atttempt Cardiopulmonary Resuscitation) policy of your trust, please. If this is not a separate document could you please send me your resuscitation policy instead.

We are conducting a national evaluation of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) decisions in the NHS which is funded (subject to contract) by the National Institute for Health Research Health Services and Delivery Research Programme.

The project will summarise the research evidence around DNACPR decisions, will explore the reasons why conflict and complaints arise and identify inconsistencies in implementation of national guidelines across the NHS. The study will further seek examples of best practice.

One element of the project is to examine current acute hospital, community and ambulance service DNACPR policies to identify inconsistencies and examples of best practice across NHS organisations.

Please see attached.

Information available upon request.

**0118/13
Maternity Units**

1. The names of the hospitals in your hospital trust area that have maternity units (i.e. not midwife-led birthing centres).

Walsall Manor Hospital.

2. The average birth: whole time equivalent (WTE) midwife ratios in each of these hospital maternity units in the following financial years: 2009/10, 2010/11, 2011/12, 2012/13, 2013/14.

Year Financial	Total Deliveries for Year	WTE midwives in post all bands in April of financial year	Ratio
Year 2009/10	3677	107.63	01:34
Year 2010/11	3888	109.44	01:35
Year		110.78	01:40

2011/12	4455		
Year 2012/13	4620	146.045	01:31

0119/13

Midwife-led Birthing Centre

1. The names of any midwife-led birthing centres in your hospital trust area.

The midwifery led unit is called the Walsall midwifery-led unit.

2. The average birth: whole time equivalent (WTE) midwife ratios in each of these birthing centres in the following financial years: 2009/10, 2010/11, 2011/12, 2012/13, 2013/14.

It only opened in April 2012 and last year delivered 166 babies. It is a community based service run by a dedicated midwifery team of 35WTE

0120/13

A&E

Please state if you have had any discussions in the past 12 months about closing an A&E department. If you have had discussions, please state the details of these discussions (i.e. when, and who said what). Please state if you may close any ward in the next year, and if so what ward and when. Please also state if you definitely will close any ward in the next year, and if so what ward and when.

The A&E department closure has never happened.

If you have closed an A&E ward in since 1 January 2009, please state the name of the A&E department closed.

Please also state the number of deaths at A&E at each hospital you cover per year since January 2009. Please state the number of deaths separately for each year since 2009.

If you have closed an A&E ward in since 1 January 2009, please also state the heart attack survival rate (please state the number of patients who arrived at the hospital for heart attacks and the number of people who survived) at each hospital you cover, every year since 1 January 2009. Please state the heart attack survival rate (the number of people admitted for heart attacks and the number of people who survived) separately for each year since 2009.

Please also state the number of deaths at A&E at each hospital you cover per year since January 2009. Please state the number of deaths separately for each year since 2009.

A&E Deaths Count	
Year Calendar	Count
Year 2009	159
Year 2010	189
Year 2011	153
Year 2012	171

Please state the heart attack survival rate (the number of people admitted for heart attacks and the number of people who survived) separately for each year since 2009.

Year Calendar	Heart Attack	Did not die	% Survival Rate
Year 2009	2095	1681	80.24%
Year 2010	2436	2014	82.68%
Year 2011	2276	1889	83.00%
Year 2012	2470	2112	85.51%

0121/13

Maternity Unit and Midwife-led Unit

1. The number of women in each hospital maternity unit and midwife-led birthing centre in your hospital trust area, who received one to one midwifery support when in established labour in the following financial years: 2009/10, 2010/11, 2011/12, 2012/13, 2013/14.

All women at all times receive one to one care in labour in this unit.

2. The number of women in each hospital maternity unit and midwife-led birthing centre in your hospital trust area, who did not receive one to one midwifery support when in established labour in the following financial years: 2009/10, 2010/11, 2011/12, 2012/13, 2013/14

0

3. The percentage of women in each hospital maternity unit and midwife-led birthing centre in your hospital trust area, who received one to one midwifery support when in established labour, in the following financial years: 2009/10, 2010/11, 2011/12, 2012/13, 2013/14.

100%

0122/13

Expenses claimed

In the 2011/2012 and 2012/2013 financial years what was the most expensive restaurant bill claimed on expenses by any of the Trust's executives/ directors? Please state the name and address of the restaurant, how many people were dining and the job title of the director/executive who claimed the meal on expenses.

In the 2011/2012 and 2012/2013 financial years we have paid no restaurant bills.

0123/13

Asthma

I would be grateful if you could let me know the following information regarding asthma.

In your trust over the past 12 months for patients with asthma please provide the number of patients as follows:

1. How many patients have been diagnosed as having severe asthma, i.e. BTS steps 4 or 5?
2. How many patients have been diagnosed as having severe allergic asthma, i.e. severe persistent confirmed allergic IgE-mediated asthma?
3. How many asthma patients are you treating with a combination of all 3 of the following:
Inhaled high-dose corticosteroids AND
Long-acting beta2 agonists AND
Oral corticosteroids (4 or more courses in the past 12 months);
Of these how many are also currently receiving, or have trialled:
Leukotriene receptor antagonists
Theophyllines
4. How many patients have been treated with Omalizumab [Xolair] – split into Asthma patients and Non-Asthma patients convenient please complete the following table to answer these questions:

Number of patients diagnosed as severe asthma, i.e. BTS steps 4 or 5	5223
Number of patients diagnosed as having severe allergic asthma, i.e. severe persistent confirmed allergic IgE-mediated asthma	58
How many asthma patients are you treating with a combination of all 3 of the following; Inhaled high-dose corticosteroids AND Long-acting beta2 agonists AND Oral corticosteroids (4 or more courses in the past 12 months)	Nil
Of these how many are also currently or have trialled Leukotriene receptor antagonists or Theophyllines	Nil
How many patients have been treated with Omalizumab [Xolair] – split into Asthma patients and Non-Asthma patients	Asthma 1-10
	Other nil

0124/13

Healthcare Support workers

1a) Does your organisation run an induction programme for healthcare support workers on Agenda for Change (AfC) bands 2,3 and 4?

1b) If yes, how long is the induction process?

An induction programme takes place for newly appointed Clinical Support Workers for 1 week. An induction for appointed staff and their progression to a level 2 or a level 3 takes place of one day. Currently there are no level 4 candidates.

2a) Does your organisation require a minimum qualification for healthcare support workers on AfC bands 2, 3 and 4?

2b) If yes, please state what the requirements are.

Dependent upon the requirements of the recruitment process the recruitment may specify that the candidate has already achieved a level 2 QCF qualification in health or the equivalent. However the recruitment may also specify no qualifications required meeting the personal specifications but the appointed candidate may be asked to undertake a level 2 QCF qualification within a given time frame.

3a) Is your director of nursing fully responsible for the recruitment and training of support workers?

3b) If no, who is?

Yes the director of nursing is responsible for the recruitment of support workers, in conjunction with the recruitment department.

4) What title do you give your support workers? For instance, are they known as nursing assistants, nursing auxiliaries, healthcare assistant or healthcare support worker? Please state their exact title.

The support workers within the Trust have the title of Clinical Support Workers.

5) How many healthcare support workers did you support to progress into nursing in 2011 and in 2012?

5b) How many healthcare support workers do you plan to support into nursing in 2013 and in 2014.

5c) Please detail the support you provide.

In 2011 and 2012 there were 6 candidates per year who were supported into nurse training through the secondment process, in 2013 there are 10 candidates who will be supported within the secondment process. Unfortunately we do not have the figures for 2014 at this time.

0125/13

External consultants

I would be grateful if you could supply the following details of external consultants used by Walsall Healthcare NHS Trust in each of the last three years:

1. Names of companies used
2. Total spend by company
3. Service provided by company

2010 – 2011

Value	Item	Supplier
£14,388	Development of Marketing Strategy	PLM Communications
£22,538	Developing Clinical Strategy	Nicola Wall
£47,312	Health Coding Consultants	Westhill Consulting
£50,000	IT Consultancy	Avaio
£10,252	Tcs Dilligence Review	Capita Symonds
£11,688	Estates Feasibility Study	D&B Associates
£1,500	Valuation Of HSDU Site	GVA Grimley
£1,028	Estates Works Consultancy	Hollow Brookes LLP
£4,563	Estates Works Consultancy	Mike Tippins Design
£7,480	Quality Mgt System ISO 9001 Review	Plasmed Ltd
£13,652	Estates Feasibility Study	PWC
£8,976	Estates Valuations Report	Valuations Office
£187,417	PFI Consultancy	Sedgewick Igoe Consultants
£115,953	Due Diligence Review For Transformation Services	KPMG
£20,318	PFI Legal Work	Pinsent Masons
£2,134	Independent Paediatric Review	Private Individuals
£84,223	Interim Chief Executive	Alium
£7,000	Recruitment Advice for Specialist Role	Private Individual
£7,425	Executive Search Costs	Saxton Bampfyfide
£617,847		

2011 – 2012

Value	Item	Supplier
£11,997	TCS Dilligence Review	Capita Symonds
£5,500	Walsall Manor Carbon Strategy	Capita Symonds
£8,296	Estates Consultancy	GB Partneship
£9,500	Review Of Manor Hospital Rateable Value	Lambert Smith Hampton
£3,740	Valuation Report	Valuations Office Agency
£74,261	FT Readiness Review	Chantrey Vellacott
£24,750	Marketing Assessment Work	Sellery Consulting
£88,390	Organiastional Development Survey	April Strategy
£49,830	Strategic Leadership For Nursing	Skills For Health Ltd
£48,055	IM&T Development	Contemprary
£39,235	Interim Chief Exec	Alium
£1,613	PFI Legal Work	Pinsent Masons
£205,870	Management Consultancy	Sedgwick Igoe
£11,215	HR Consultancy	Colin Holden
£582,251		

2012 – 2013

Value	Item	Supplier
£913,400	Service Transformation Development Work	At Kearney
£10,362	Organiastional Development Survey	April Strategy
£40,853	FT Readiness Stage 2	Chantrey Vellacott
£83,112	Board Development Programme	Deloitte
£33,989	Board Governance Assurance Framework	Foresight Partnership
£45,000	Patient Experience Feedback	I Want Great Care
£137,518	Management Consultancy	Sedgwick Igoe
£30,878	Marketing Assessment Work	Sellery Consulting
£71,262	Pathology Network Director	Matchtech Group
£14,400	Valuation Of Works	Gva Grimley
£9,000	Asset Utilisation Report	Gva Grimley
£15,000	Long Term Financl Review	The Murray Partnership
£35,442	Patient Administration System Project Support	Carl Taylor It Professional Services
£2,381	HR Consultancy	Hollywood Consulting
£3,051	2012 NHS Staff Survey	Quality Health Ltd
£13,307	HR Consultancy	Colin Holden
£2,625	PFI Legal Work	Pinsent Masocns
£1,935	Intensive Care Unit Business Case	Hollow Brookes & Partners
£23,643	Estates Consultancy	The Design Buro
£4,200	Estates Feasibility Study	DTZ
£1,080	Legionella Risk Assessment	Hydrop Ecs
£679	Iso 9001 Certification Work	Intertek Certification Ltd
£17,000	50% Funding For Acute Liasion Nurse	Walsall Council
£9,552	Health Economics Consultancy	University Of Bham
£1,519,669		

0126/13

Sustain: Better food and farming

1. What is the annual total catering budget for patient food in your Trust (in £s)?

The annual budget for provisions (catering) is £783,382 as at month 4.

2. How much does your Trust spend on ingredients (i.e. cost of food ingredients only and not other catering costs e.g. labour, equipment and management costs) for each patient per day

Total annual cost - £900,194

£ 2.19 per patient per day

3. For food served to patients, how much does your Trust spend each year on:

- a. Meat - **£6,400 –cooked meats only (also meat products in prepared meals purchased for patients)**
- b. Milk - **£54,600**
- c. Fruit & Vegetables - **£36,400**

4. For food served to patients, how much does your Trust spend each year on:

- a. Meat which is certified to meet Assured Food Standards or LEAF marque standard, i.e. has a Red Tractor or LEAF logo on it? **£6,400**
- b. Milk which is certified to meet Assured Food Standards or LEAF marque standard, i.e. has a Red Tractor or LEAF logo on it? **£54,600**
- c. Fruit and Vegetables which is certified to meet Assured Food Standards or LEAF marque standard, i.e. has a Red Tractor or LEAF logo on it? **£36,400**

5. For food served to patients, how much does your Trust spend each year on tea and coffee?

Tea - £7754 Coffee - £7301

6. For food served to patients, how much does your Trust spend each year on tea and coffee which is certified to meet Fairtrade standards (i.e. has a Fairtrade logo on it) or Rainforest Alliance standards (i.e. has a Rainforest Alliance logo on it)?

Tea - £7754 Coffee - £7301

7. For food served to patients, how much does your Trust spend each year on fish? **£23,650**

8. For food served to patients, how much does your Trust spend each year on fish which is certified by the Marine Stewardship Council (i.e. has a Marine Stewardship Council (MSC) logo on it)?

£16,000

9. How many of the hospitals managed by your Trust require patient food to meet the British Dietetic Association's 'The Nutrition and Hydration Digest' (Commonly known as Digest)?

1 - Manor Hospital

0127/13

Number of Bed bug infestations (financial year 2012/2013)

Please provide a breakdown of the number of call outs for bed bug infestations in your hospital.

If there is more than one hospital in the Trust, please supply details for each hospital.

Please state:

- a. the date the call out occurred
- b. the location of the infestation e.g. name of ward
- c. brief details of items affected e.g. beds, cabinets
- c. any remedial action taken
- d. total number of call outs for bed bug infestations during the year

Please provide this information for financial year 2012/2013.

I would be grateful if you would provide this information in Excel or Word format and not a PDF document.

We have never had any reports of bedbugs within the Trust.

0128/13

SUIs reported

Please provide details of all Serious Untoward Incidents reported to the trust between 1 July 2010 and 30 June 2013.

Please break down each incident by date, the location at which it occurred, what exactly occurred, and any departments associated with a specific incident.

Please see below a list of SI's reported by the Trust from 1st July 2010 to 30th June 2013. From April 2012 we integrated with the Community for reporting SI's. Please note that the ward areas has been recorded as generic to a ward environment.

Date of Incident:	Location of Incident:	Type of Incident
Jul-10	Patient's home	Child Death
	Ward areas	Other - Cardiac arrest whilst in police custody in A&E
	Operating theatre	Surgical Error
	Ward areas	Other - Failure to respond to deteriorating patient
	Theatres	Confidential Information Leak
	Ward areas	Sub-optimal care of the deteriorating patient
Aug-10	Ward areas	Pressure ulcer - (Grade 3 or 4)
	Ward areas	Pressure ulcer Grade 3
	Admin offices	Confidential Information Leak
	Ward areas	Allegation Against HC Professional (assault)
Sep-10	Laboratory	MRSA Bacteraemia
	Labour ward and delivery	Maternity Services - Maternal unplanned admission to ITU

Date of Incident:	Location of Incident:	Type of Incident
	Ward areas	Pressure ulcer Grade 3
	Other	Infected Health Care Worker
Oct-10	Ward areas	Slips/Trips/Falls
	Ward areas	Pressure ulcer Grade 3
	Front desk reception	Confidential Information Leak
	Ward areas	Pressure ulcer Grade 4
	Ward areas	Hospital Equipment Failure
	Outside building	Attempted Suicide by Inpatient (in receipt)
	Ward areas	C.Diff & Health Care Acquired Infections
	Intensive care/High dependency unit	Pressure ulcer Grade 3
	Accident and emergency	Child Death
Nov-10	Ward areas	Slips/Trips/Falls
	Ward areas	Pressure ulcer Grade 3
	Outpatient department	Delayed diagnosis
Dec-10	Ward areas	MRSA Bacteraemia
	Ward areas	Pressure ulcer Grade 3
	Ward areas	Pressure ulcer Grade 3
	Accident and emergency	Ambulance (general)
	Ward areas	Pressure ulcer Grade 3
	Labour ward and delivery	Maternity Services - Intrauterine death
	Accident and emergency	Ambulance (general)
	Intensive care/High dependency unit	Pressure ulcer Grade 3
	Neonatal intensive care unit	Maternity Services - Unexpected neonatal death
Jan-11	Ward areas	Pressure ulcer Grade 3
	Operating theatre	Sub-optimal care of the deteriorating patient
	Ward areas	Pressure ulcer Grade 3
	Ward areas	C.Diff & Health Care Acquired Infections
	Ward areas	Pressure ulcer Grade 3
	Ward areas	MRSA Bacteraemia
	Ward areas	Pressure ulcer Grade 3
	Intensive care/High dependency unit	Unexpected Death of Inpatient (not in receipt)
	Ward areas	Attempted Suicide by Inpatient (not in receipt)
	Ward areas	Pressure ulcer Grade 3
	Ward areas	MRSA Bacteraemia
	Ward areas	Slips/Trips/Falls
	Ward areas	Pressure ulcer Grade 3
	Ward areas	Pressure ulcer Grade 3
	Labour ward and delivery	Maternity service
	Ward areas	Slips/Trips/Falls
Feb-11	Ward areas	Pressure ulcer Grade 3
	Ward areas	MRSA Bacteraemia
	Ward areas	Communicable Disease and Infection Issue
	Ward areas	Delayed diagnosis

Date of Incident:	Location of Incident:	Type of Incident
	Ward areas	C.Diff & Health Care Acquired Infections
	Ward areas	MRSA Bacteraemia
	Ward areas	Delayed diagnosis
	Accident and emergency	Other - Attempting to receive thrombolysis treatment - not required.
	Ward areas	Slips/Trips/Falls
Mar-11	Ward areas	Pressure ulcer Grade 3
	Ward areas	Sub-optimal care of the deteriorating patient
	Ward areas	Pressure ulcer Grade 3
	Ward areas	Child Death
	Ward areas	Pressure ulcer Grade 4
	Ward areas	Pressure ulcer Grade 3
	Ward areas	Ward Closure
	Ward areas	Pressure ulcer Grade 3
	Intensive care/High dependency unit	MRSA Bacteraemia
	Ward areas	Slips/Trips/Falls
	Ward areas	Pressure ulcer Grade 3
	Labour ward and delivery	Maternity Services - Maternal unplanned admission to ITU
	Ward areas	Pressure ulcer Grade 3
	Accident and emergency	Delayed diagnosis
	Ward areas	Failure to act upon test results
	Operating theatre	Surgical Error
	Ward areas	Pressure ulcer Grade 3
	Ward areas	Unexpected Death (general)
Apr-11	Residential care/group/NHS nursing home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 4
	Hospital grounds	Pressure ulcer - (Grade 3 or 4)
	Patient's home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Ward areas	Slips/Trips/Falls
	Labour ward and delivery	Maternity Services - Maternal unplanned admission to ITU
	Patient's home	Pressure ulcer - (Grade 3 or 4)
	Ward areas	Unexpected Death (general)
	Residential care/group/NHS nursing home	Pressure ulcer Grade 4
	Patient's home	Pressure ulcer Grade 3
	Ward areas	Pressure ulcer Grade 4
	Ward areas	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Operating theatre	Hospital Equipment Failure
	Ward areas	Hospital Transfer Issue
	Patient's home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Ward areas	Slips/Trips/Falls

Date of Incident:	Location of Incident:	Type of Incident
	Patient's home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 4
	Hospital grounds	Pressure ulcer - (Grade 3 or 4)
	Ward areas	Pressure ulcer Grade 3
	Ward areas	Sub-optimal care of the deteriorating patient
	Ward areas	Pressure ulcer Grade 3
	Ward areas	Slips/Trips/Falls
May-11	Patient's home	Pressure ulcer Grade 3
	Residentia home	Pressure ulcer Grade 4
	Ward areas	C.Diff & Health Care Acquired Infections
	Accident and emergency	Unexpected Death of Inpatient (not in receipt)
	Operating theatre	Hospital Equipment Failure
	Ward areas	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Laboratory	Other - Cholesterol testing inaccurate using analysis equipment
	Patient's home	Pressure ulcer Grade 3
	Labour Ward and delivery	Maternity Services - Intrauterine death
	Patient's home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Ward areas	Slips/Trips/Falls
	Patient's home	Pressure ulcer Grade 3
	Ward areas	C.Diff & Health Care Acquired Infections
	Labour ward and delivery	Maternity Services - Maternal unplanned admission to ITU
	Labour ward and delivery	Maternity Services - Intrauterine death
	Labour ward and delivery	Maternity Services - Maternal unplanned admission to ITU
Jun-11	Ward areas	Pressure ulcer Grade 4
	Patient's home	Pressure ulcer Grade 3
	Residential care/group/NHS nursing home	Pressure ulcer Grade 3
	Residential care/group/NHS nursing home	Pressure ulcer Grade 4
	Patient's home	Pressure ulcer Grade 3
	Ward areas	Pressure ulcer Grade 4
	Labour ward and delivery	Maternity Services - Maternal unplanned admission to ITU
	Patient's home	Pressure ulcer Grade 3
	Ward areas	Assault by Inpatient (not in receipt)
	Patient's home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Residential care/group/NHS nursing home	Pressure ulcer Grade 3
	Residential care/group/NHS nursing home	Pressure ulcer Grade 4
	Ward areas	Pressure ulcer Grade 3
	Ward areas	Pressure ulcer Grade 4

Date of Incident:	Location of Incident:	Type of Incident
	Ward areas	Pressure ulcer Grade 3
	Residential care/group/NHS nursing home	Pressure ulcer Grade 3
	Ward areas	Pressure ulcer Grade 3
	Ward areas	Pressure ulcer Grade 4
	Patient's home	Pressure ulcer Grade 3
	Residential care/group/NHS nursing home	C.Diff & Health Care Acquired Infections
	Accident and emergency	Venous Thromboembolism (VTE)
	Ward areas	C.Diff & Health Care Acquired Infections
	Patient's home	Pressure ulcer Grade 3
	Ward areas	Pressure ulcer Grade 3
	Ward areas	Slips/Trips/Falls
	Patient's home	Pressure ulcer Grade 3
	Residential care/group/NHS nursing home	Pressure ulcer Grade 4
Jul-11	Ward areas	Pressure ulcer Grade 4
	Ward areas	Pressure ulcer Grade 3
	Ward areas	Pressure ulcer Grade 3
	Residential care/group/NHS nursing home	Pressure ulcer Grade 3
	Ward areas	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Ward areas	Pressure ulcer Grade 4
	Patient's home	Pressure ulcer Grade 3
	Ward areas	Pressure ulcer Grade 3
	Residential care/group/NHS nursing home	Pressure ulcer Grade 3
	Ward areas	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Ward areas	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
Aug-11	Ward areas	Pressure ulcer Grade 4
	Ward areas	Pressure ulcer Grade 3
	Ward areas	Pressure ulcer Grade 3
	Ward areas	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 4
	Intensive care/High dependency unit	Pressure ulcer Grade 3
	Ward areas	Pressure ulcer Grade 3
	Ward areas	Slips/Trips/Falls
	Ward areas	Pressure ulcer Grade 4
	Ward areas	Other - Perforated Bladder
	Residential care/group/NHS nursing home	Pressure ulcer Grade 4
	Intensive care/High dependency unit	Pressure ulcer Grade 3
	Please Select	Pressure ulcer Grade 3
	Please Select	Pressure ulcer Grade 3
	Please Select	Pressure ulcer Grade 3

Date of Incident:	Location of Incident:	Type of Incident
	Ward areas	Sub-optimal care of the deteriorating patient
	Neonatal intensive care unit	Child Death
	Ward areas	Slips/Trips/Falls
	Patient's home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 4
	Ward areas	Pressure ulcer Grade 3
Sep-11	Ward areas	C.Diff & Health Care Acquired Infections
	Other - Staff member (Patient's Home)	Infected Health Care Worker
	Patient's home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 4
	Accident and emergency	Delayed diagnosis
	Ward areas	Slips/Trips/Falls
	Patient's home	Pressure ulcer Grade 3
	Ward areas	Sub-optimal care of the deteriorating patient
	Intensive care/High dependency unit	C.Diff & Health Care Acquired Infections
	Residential care/group/NHS nursing home	Pressure ulcer Grade 3
	Ward areas	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 4
	Ward areas	Pressure ulcer Grade 4
	Patient's home	Pressure ulcer Grade 4
	Residential care/group/NHS nursing home	Unexpected Death (general)
	Patient's home	Pressure ulcer Grade 3
	Residential care/group/NHS nursing home	Pressure ulcer Grade 4
	Ward areas	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
Oct-11	Ward areas	Pressure ulcer Grade 3
	Ward areas	Allegation Against HC Professional (assault)
	Dental surgery	Dentistry
	Accident and emergency	Child Death
	Ward areas	Pressure ulcer Grade 3
	Day Hospital	Delayed diagnosis
	Ward areas	Surgical Error
	Ward areas	C.Diff & Health Care Acquired Infections
	Patient's home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 4
	Patient's home	Safeguarding Vulnerable Adult

Date of Incident:	Location of Incident:	Type of Incident
	Ward areas	C.Diff & Health Care Acquired Infections
	Ward areas	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Patient's home	Other - Female catheter inserted into male patient
	Accident and emergency	Delayed diagnosis
	Ward areas	Delayed diagnosis
	Ward areas	Pressure ulcer Grade 3
	Labour ward and delivery	Maternity Services - Maternal unplanned admission to ITU
Nov-11	Patient's home	Pressure ulcer Grade 4
	Residential care/group/NHS nursing home	Pressure ulcer Grade 3
	Labour ward and delivery	Maternity Services - Intrauterine death
	Ward areas	Pressure ulcer Grade 3
	Ward areas	Pressure ulcer Grade 4
	Labour ward and delivery	Maternity Services - Intrauterine death
	Patient's home	Pressure ulcer Grade 3
	Residential care/group/NHS nursing home	Pressure ulcer Grade 4
	Patient's home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 4
	Ward areas	Slips/Trips/Falls
	Ward areas	Pressure ulcer - (Grade 3 or 4)
	Patient's home	Pressure ulcer Grade 4
	Patient's home	Pressure ulcer Grade 3
	Outpatient department	Slips/Trips/Falls
	Labour ward and delivery	Maternity Services - Maternal unplanned admission to ITU
	Patient's home	Pressure ulcer Grade 3
	Outpatient department	Drug Incident (general)
	Patient's home	Pressure ulcer Grade 4
	Ward areas	Pressure ulcer Grade 4
	Ward areas	Pressure ulcer Grade 4
	Ward areas	Pressure ulcer Grade 4
	Ward areas	Pressure ulcer Grade 4
	Ward areas	C.Diff & Health Care Acquired Infections
	Ward areas	Delayed diagnosis
	Ward areas	Pressure ulcer Grade 4
	Patient's home	Pressure ulcer Grade 4
	Ward areas	Pressure ulcer Grade 4
	Ward areas	Communicable Disease and Infection Issue
	Ward areas	C.Diff & Health Care Acquired Infections
	Ward areas	Pressure ulcer Grade 4
	Labour ward and delivery	Maternity Services - Maternal unplanned admission to ITU
Dec-11	Labour ward and delivery	Maternity Services - Intrapartum death
	Ward areas	Unexpected Death (general)
	Labour ward and delivery	Maternity Services - Intrauterine death

Date of Incident:	Location of Incident:	Type of Incident
	Residential care/group/NHS nursing home	Pressure ulcer Grade 3
	Ward areas	Slips/Trips/Falls
	Ward areas	Unexpected Death (general)
	Residential care/group/NHS nursing home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Patient's home	Drug Incident (general)
	Patient's home	Pressure ulcer Grade 3
	Ward areas	Slips/Trips/Falls
	Ward areas	Pressure ulcer Grade 3
	Accident and emergency	Delayed diagnosis
	Ward areas	Pressure ulcer Grade 4
	Ward areas	Pressure ulcer Grade 3
	Ward areas	C.Diff & Health Care Acquired Infections
	Residential care/group/NHS nursing home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Ward areas	Slips/Trips/Falls
	Patient's home	Pressure ulcer Grade 4
	Patient's home	Pressure ulcer Grade 4
	Residential care/group/NHS nursing home	Pressure ulcer Grade 3
	Ward areas	Ward / Unit Closure
	Patient's home	Pressure ulcer Grade 3
	Ward areas	Child Death
Jan-12	Patient's home	Pressure ulcer Grade 4
	Residential care/group/NHS nursing home	Pressure ulcer Grade 3
	Ward areas	Drug incident (Chemotherapy)
	Outpatient department	Other
	Ward areas	Drug incident (Chemotherapy)
	Ward areas	Slips/Trips/Falls
	Urology	Delayed diagnosis
	Ward areas	Ward Closure
	Ward areas	Slips/Trips/Falls
	Ward areas	Ward Closure
	Residential care/group/NHS nursing home	Pressure ulcer Grade 3
	Residential care/group/NHS nursing home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 4
	Accident and emergency	Child Death
	Residential care/group/NHS nursing home	Ward / Unit Closure
	Patient's home	Pressure ulcer Grade 3
	Ward areas	Ward / Unit Closure
	Patient's home	Pressure ulcer Grade 3
	Ward areas	Pressure ulcer Grade 3
	Residential care/group/NHS nursing home	Unexpected Death of Inpatient (not in receipt)

Date of Incident:	Location of Incident:	Type of Incident
	Ward areas	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Ward areas	Pressure ulcer Grade 3
Feb-12	Community	Other - Biopsy procedure - mixed samples
	Ward areas	Ward / Unit Closure
	Radiology department	Delayed diagnosis
	Other - MRSA specimen taken in A&E	C.Diff & Health Care Acquired Infections
	Residential care/group/NHS nursing home	Pressure ulcer Grade 3
	Ward areas	C.Diff & Health Care Acquired Infections
	Patients home	Pressure ulcer Grade 3
	Theatres	Transfusion Incident
	Residential care/group/NHS nursing home	Pressure ulcer Grade 3
	Ward areas	Other - Misplaced Nasogastric Tube
	Discharge Lounge	Pressure ulcer Grade 3
	Patient's home	Child Death
	Residential care/group/NHS nursing home	Pressure ulcer Grade 3
	Ward areas	Ward Closure
	Ward areas	C.Diff & Health Care Acquired Infections
	Patients home	Pressure ulcer Grade 3
	Ward areas	Pressure ulcer Grade 3
	Ward areas	Ward Closure
	Ward areas	C.Diff & Health Care Acquired Infections
	Accident and emergency	Other - Intravenous Pottassium related error
	Ward areas	Slips/Trips/Falls
	Ward areas	C.Diff & Health Care Acquired Infections
	Residential care/group/NHS nursing home	Pressure ulcer - (Grade 3 or 4)
	Neonatal intensive care unit	Maternity Services - Unexpected neonatal death
Mar-12	Ward areas	Ward Closure
	Patient's home	Pressure ulcer Grade 3
	Residential care/group/NHS nursing home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Ward areas	C.Diff & Health Care Acquired Infections
	Ward areas	Delayed diagnosis
	Operating theatre	Unexpected Death (general)
	Residential care/group/NHS nursing home	Pressure ulcer Grade 3
	Patients home	Pressure ulcer Grade 3
	Labour ward and delivery	Maternity Services - Unexpected neonatal death
	Ward areas	Sub-optimal care of the deteriorating patient
	Theatres	Unexpected Death (general)
	Ward areas	Other - Cardiac arrest certified dead but patient revived
	Ward areas	Pressure ulcer Grade 4
	Labour ward and delivery	Maternity Services - Maternal unplanned admission to ITU

Date of Incident:	Location of Incident:	Type of Incident
	Ward areas	Attempted Suicide by Inpatient (in receipt)
	Patient's home	Pressure ulcer Grade 3
	patients home	Pressure ulcer Grade 3
	Ward areas	Pressure ulcer - (Grade 3 or 4)
	Ward areas	Pressure ulcer Grade 3
	Ward areas	Communicable Disease and Infection Issue
	Intensive care/High dependency unit	Pressure ulcer Grade 4
	Patient's home	Pressure ulcer Grade 3
Apr-12	Ward areas	Slips/Trips/Falls
	Intensive care/High dependency unit	C.Diff & Health Care Acquired Infections
	patients home	Pressure ulcer Grade 4
	Ward areas	Pressure ulcer Grade 3
	Community Midwives	Screening Issues
	Ward areas	Pressure ulcer - (Grade 3 or 4)
	Ward areas	Pressure ulcer - (Grade 3 or 4)
	Ward areas	Sub-optimal care of the deteriorating patient
	Other	Other - Perforated Bladder
	Ward areas	Slips/Trips/Falls
	Residential care/group/NHS nursing home	Pressure ulcer Grade 3
	Ward areas	Communicable Disease and Infection Issue
May-12	Neonatal intensive care unit	Maternity Services - Unexpected neonatal death
	Ward areas	Transfusion Incident
	Residential care/group/NHS nursing home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 4
	Intensive care/High dependency unit	C.Diff & Health Care Acquired Infections
	Accident and emergency	Child Death
	Ward areas	Ward Closure
	Patient's home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Ward areas	Ward / Unit Closure
	Patient's home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Operating theatre	Delayed diagnosis
	Please Select	Pressure ulcer Grade 3
	Community	Child Death
	Ward areas	Pressure ulcer Grade 3
	Labour ward and delivery	Maternity Services - Unexpected admission to NICU (neonatal intensive care unit)
	Patients home	Pressure ulcer Grade 3
	Ward areas	Slips/Trips/Falls

Date of Incident:	Location of Incident:	Type of Incident
Jun-12	Patient's home	Pressure ulcer Grade 3
	Labour ward and delivery	Maternity Services - Intrauterine death
	Ward areas	Attempted Suicide by Inpatient (not in receipt)
	Patients home	Pressure ulcer Grade 4
	Patient's home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Accident and emergency	Unexpected Death (general)
	Microbiology	Delayed diagnosis
	Labour ward and delivery	Maternity Services - Intrauterine death
	patients home	Pressure ulcer Grade 3
	Ward areas	Allegation against HC non-Professional
	Ward areas	Pressure ulcer Grade 3
	Ward areas	Other - Sub-optimal nutritional care
Jul-12	Recovery room	Sub-optimal care of the deteriorating patient
	Patient's home	Pressure ulcer Grade 3
	patients home	Pressure ulcer Grade 3
	Residential care/group/NHS nursing home	Pressure ulcer Grade 3
	Radiology department	Delayed diagnosis
	patients home	Pressure ulcer Grade 3
	Ward areas	C.Diff & Health Care Acquired Infections
	Residential care/group/NHS nursing home	Pressure ulcer Grade 3
	Ward areas	Slips/Trips/Falls
	Patient's home	Pressure ulcer Grade 3
	Residential care/group/NHS nursing home	Pressure ulcer Grade 4
	patients home	Pressure ulcer Grade 3
	Labour ward and delivery	Maternity service
Aug-12	Outpatient department	Delayed diagnosis
	Patient's home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Ward areas	Slips/Trips/Falls
	Patient's home	Pressure ulcer Grade 3
	Ward areas	Assault by Inpatient (not in receipt)
	Patient's home	Pressure ulcer Grade 3
	Ward areas	Slips/Trips/Falls
	Patient's home	Pressure ulcer Grade 3
	Outpatient department	Surgical Error
	Labour ward and delivery	Maternity Services - Maternal unplanned admission to ITU
	Patient's home	Pressure ulcer Grade 3
	Residential care/group/NHS nursing home	Pressure ulcer Grade 3
Sep-12	Operating theatre	Delayed diagnosis
	Patient's home	Pressure ulcer Grade 3
	Ward areas	Slips/Trips/Falls
	Patient's home	Pressure ulcer Grade 3

Date of Incident:	Location of Incident:	Type of Incident
	Patient's home	Pressure ulcer Grade 3
	Ward areas	Slips/Trips/Falls
	Labour ward and delivery	Maternity Services - Intrauterine death
	Medical records	Other - Sub-optimal nutritional care picked up in mortality audit
	Medical records	Other - Sub-optimal nutritional care picked up in mortality audit
	Patient's home	Pressure ulcer Grade 3
	Patients home	Pressure ulcer Grade 3
	Residential care/group/NHS nursing home	Pressure ulcer Grade 3
	Ward areas	Assault by Inpatient (not in receipt)
	Residential care/group/NHS nursing home	Pressure ulcer Grade 3
	Intermediate Care	Pressure ulcer Grade 3
	Ward areas	Slips/Trips/Falls
	Ward areas	Slips/Trips/Falls
	Patient's home	Pressure ulcer Grade 3
	Ward areas	Delayed diagnosis
	Patient's home	Pressure ulcer Grade 3
Oct-12	Patient's home	Pressure ulcer Grade 4
	Labour ward and delivery	Maternity Services - Intrauterine death
	Intensive care/High dependency unit	Drug Incident (general)
	Patient's home	Pressure ulcer Grade 3
	Labour ward and delivery	Maternity Services - Maternal unplanned admission to ITU
	Ward areas	Delayed diagnosis
	Patient's home	Pressure ulcer Grade 3
	Residential care/group/NHS nursing home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Accident and emergency	Sub-optimal care of the deteriorating patient
	Ward areas	Delayed diagnosis
	Patients home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Accident and emergency	Allegation Against HC Professional
	Labour ward and delivery	Maternity Services - Maternal unplanned admission to ITU
	Operating theatre	Other - Pre-surgery developed heart block
Nov-12	Labour ward and delivery	Maternity Services - Unexpected admission to NICU (neonatal intensive care unit)
	Health centre/clinic	HIV Infected HC Professional
	Outpatient department	Delayed diagnosis
	Patient's home	Pressure ulcer Grade 3
	Ward areas	Sub-optimal care of the deteriorating patient
	Ward areas	Slips/Trips/Falls

Date of Incident:	Location of Incident:	Type of Incident
	Patient's home	Pressure ulcer Grade 3
	Labour ward and delivery	Child Death
	Ward areas	Slips/Trips/Falls
	Patients home	Pressure ulcer Grade 3
Dec-12	Accident and emergency	Sub-optimal care of the deteriorating patient
	Ward areas	Ward Closure
	Ward areas	MRSA Bacteraemia
	Residential care/group/NHS nursing home	Ward / Unit Closure
	Ward areas	Ward Closure
	Ward areas	Pressure ulcer Grade 3
	Ward areas	Ward / Unit Closure
	Ward areas	Ward Closure
	Ward areas	Sub-optimal care of the deteriorating patient
	Residential care/group/NHS nursing home	Pressure ulcer Grade 3
Jan-13	Operating theatre	Surgical Error
	Labour ward and delivery	Maternity Services - Unexpected admission to NICU (neonatal intensive care unit)
	Labour ward and delivery	Maternity Services - Unexpected admission to NICU (neonatal intensive care unit)
	Ward areas	Slips/Trips/Falls
	Ward areas	C.Diff & Health Care Acquired Infections
	Street/main corridor	Allegation against HC non-Professional
Feb-13	Patient's home	Pressure ulcer Grade 3
	Labour ward and delivery	Maternity Services - Intrapartum death
	Radiology department	Slips/Trips/Falls
	Ward areas	Pressure ulcer Grade 3
	Ward areas	Drug Incident (general)
	Ward areas	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 4
	Accident and emergency	Sub-optimal care of the deteriorating patient
	Ward areas	Sub-optimal care of the deteriorating patient
	Other - Ward Areas/Patient's Home	Pressure ulcer Grade 3
	Ward areas	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 4
	Ward areas	Slips/Trips/Falls
	Labour ward and delivery	Maternity Services - Unexpected admission to NICU (neonatal intensive care unit)
	Patient's home	Pressure ulcer Grade 3
	Ward areas	Pressure ulcer Grade 3
	Ward areas	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
Mar-13	Ward areas	Slips/Trips/Falls
	Ward areas	Sub-optimal care of the deteriorating patient

Date of Incident:	Location of Incident:	Type of Incident
	Ward areas	C.Diff & Health Care Acquired Infections
	Ward areas	Allegation against HC non-Professional
	Patient's home	Pressure ulcer Grade 3
	Ward areas	Slips/Trips/Falls
	Ward areas	MRSA Bacteraemia
	Ward areas	Slips/Trips/Falls
	Patient's home	Pressure ulcer Grade 4
	Outpatient department	Delayed diagnosis
	Patient's home	Pressure ulcer Grade 3
Apr-13	Ward areas	Ward Closure
	Ward areas	Ward Closure
	Patient's home	Pressure ulcer Grade 4
	Patient's home	Pressure ulcer Grade 3
	Ward areas	Surgical Error
	Radiology department	Delayed diagnosis
	Ward areas	C.Diff & Health Care Acquired Infections
	Patient's home	Pressure ulcer Grade 3
	Ward areas	Slips/Trips/Falls
	Ward areas	Sub-optimal care of the deteriorating patient
	Ward areas	C.Diff & Health Care Acquired Infections
	Ward areas	Slips/Trips/Falls
	Ward areas	Sub-optimal care of the deteriorating patient
	Residential care/group/NHS nursing home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
	Ward areas	Ward Closure
	Patient's home	Pressure ulcer Grade 3
	Patient's home	Pressure ulcer Grade 3
May-13	Neonatal intensive care unit	Safeguarding Vulnerable Child
	Patient's home	Pressure ulcer Grade 3
	Ward areas	MRSA Bacteraemia
	Patient's home	Pressure ulcer Grade 3
	Ward areas	Venous Thromboembolism (VTE)
	Ward areas	Ward / Unit Closure
	Patient's home	Pressure ulcer Grade 4
	Ward areas	Accident Whilst in Hospital
Jun-13	Ward areas	Pressure ulcer Grade 4
	Operating theatre	Unexpected Death (general)
	Antenatal clinic	Screening Issues
	Ward areas	Slips/Trips/Falls
	Radiology department	Delayed diagnosis

0129/13

Total headcount of staff

Please find attached completed request.
Information available upon request.

0130/13

Money spent with Management consultants

I would like to make a request under the freedom of information act 2000 for the amount of money spent by the trust with management consultants from July 2010 to the present day. Please provide the name of the firm, total spend, and the reason for engaging them on every occasion since 1 July 2010.

2010 – 2011

Value	Item	Supplier
£14,388	Development of Marketing Strategy	PLM Communications
£22,538	Developing Clinical Strategy	Nicola Wall
£47,312	Health Coding Consultants	Westhill Consulting
£50,000	IT Consultancy	Avaio
£10,252	Tcs Dilligence Review	Capita Symonds
£11,688	Estates Feasibility Study	D&B Associates
£1,500	Valuation Of HSDU Site	GVA Grimley
£1,028	Estates Works Consultancy	Hollow Brookes LLP
£4,563	Estates Works Consultancy	Mike Tippins Design
£7,480	Quality Mgt System ISO 9001 Review	Plasmed Ltd
£13,652	Estates Feasibility Study	PWC
£8,976	Estates Valuations Report	Valuations Office
£187,417	PFI Consultancy	Sedgewick Igoe Consultants
£115,953	Due Diligence Review For Transformation Services	KPMG
£20,318	PFI Legal Work	Pinsent Masons
£2,134	Independent Paediatric Review	Private Individuals
£84,223	Interim Chief Executive	Alium
£7,000	Recruitment Advice for Specialist Role	Private Individual
£7,425	Executive Search Costs	Saxton Bampfyld
£617,847		

2011 – 2012

Value	Item	Supplier
£11,997	TCS Dilligence Review	Capita Symonds
£5,500	Walsall Manor Carbon Strategy	Capita Symonds
£8,296	Estates Consultancy	GB Partneship
£9,500	Review Of Manor Hospital Rateable Value	Lambert Smith Hampton
£3,740	Valuation Report	Valuations Office Agency
£74,261	FT Readiness Review	Chantrey Vellacott
£24,750	Marketing Assessment Work	Sellery Consulting
£88,390	Organiastional Development Survey	April Strategy
£49,830	Strategic Leadership For Nursing	Skills For Health Ltd
£48,055	IM&T Development	Contemporary
£39,235	Interim Chief Exec	Alium
£1,613	PFI Legal Work	Pinsent Masons
£205,870	Management Consultancy	Sedgwick Igoe
£11,215	HR Consultancy	Colin Holden
£582,251		

2012 – 2013

Value	Item	Supplier
£913,400	Service Transformation Development Work	At Kearney
£10,362	Organiastional Development Survey	April Strategy
£40,853	FT Readiness Stage 2	Chantrey Vellacott
£83,112	Board Development Programme	Deloitte
£33,989	Board Governance Assurance Framework	Foresight Partnership
£45,000	Patient Experience Feedback	I Want Great Care
£137,518	Management Consultancy	Sedgwick Igoe
£30,878	Marketing Assessment Work	Sellery Consulting
£71,262	Pathology Network Director	Matchtech Group
£14,400	Valuation Of Works	Gva Grimley
£9,000	Asset Utilisation Report	Gva Grimley
£15,000	Long Term Financial Review	The Murray Partnership
£35,442	Patient Administration System Project Support	Carl Taylor It Professional Services
£2,381	HR Consultancy	Hollywood Consulting
£3,051	2012 NHS Staff Survey	Quality Health Ltd
£13,307	HR Consultancy	Colin Holden
£2,625	PFI Legal Work	Pinsent Masocns
£1,935	Intensive Care Unit Business Case	Hollow Brookes & Partners
£23,643	Estates Consultancy	The Design Buro
£4,200	Estates Feasibility Study	DTZ
£1,080	Legionella Risk Assessment	Hydrop Ecs
£679	Iso 9001 Certification Work	Intertek Certification Ltd
£17,000	50% Funding For Acute Liasion Nurse	Walsall Council
£9,552	Health Economics Consultancy	University Of Bham
£1,519,669		

0131/13

Number of hospital beds

I am doing a Database update for Draeger Medical to ensure our information for the Manor Hospital is correct. Please could you provide us with the following information:

Total Number of beds

General and Acute overnight beds 461.6

Maternity overnight beds 33.0

Daycase only 26.5

Number of Operating Rooms – 13

Number of Labour and Delivery Rooms – 10

Level of NIC – 2

Number of NICU Beds – 2

Number of ICC Spaces (if applicable) – 5

Number of SCBUC Spaces (if applicable) – 11

Number of Neonatal HDUC / Step down Spaces (if applicable) – 2

Number of ICU Beds – 5

Number of HDU Beds – 8

Number of CCU Beds – 5

Number of Recovery beds – 26 recovery spaces

Number of A&E beds – A&E do not have any Inpatient beds

0132/13

Annual Expenditure

Please can you provide expenditure by eClass code for all purchases made via NHS Supply Chain for the financial year 12/13?

Please can you provide this in the same format as you provided me with for my previous request (reference 048/13).

Please see attached.

Information available upon request.

0133/13

Money paid to Trade Unions

1. A list of trade unions which received payments from your organisation and the total amounts paid to each union for financial years a) 2011-12 and b) 2012-13. If it is not possible to list the amount paid to each union, please provide a total amount paid to all unions. Please do not include membership dues or salary costs. Please only include direct payments.

No Unions received any payments from the Trust in any year except deductions made from employees' salaries for union fees

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) 2011-12 and ii) 2012-13.

a) Since April 2011 there is 2.3 FTE funding allocated to assist with one full time rep who is staff side chair and 1.3 reps to support union facility time. Unison and RCN

b) The number of full-time equivalent (FTE) staff that were provided for each trade union in i) 2011-12 and ii) 2012-13. For example, if a member of staff spends 2 days per week on union business, this is equal to 0.4 FTE.

b) RCN 0.3 FTE and Unison 1 FTE. The Full time Chair covers all unions

3.

a) Does your organisation provide the facility to deduct trade union subscriptions from staff salaries in the payroll process?

Yes

b) If so, for each union please state what your organisation charged for this service (whether as a fixed amount per employee or a percentage), and the total amount collected in:

i) 2011-12

ii) 2012-13

b) No charge is being made from any union or has ever been made for the deductions being made from payroll

Please note that the guidelines issued by ACAS state that: “An employee who is a member of an independent trade union recognised by the employer in respect of that description of employee is to be permitted reasonable time off during working hours to take part in any trade union activity. An employee who is a member of an independent and recognised trade union is also permitted to take reasonable time off during working hours for the purposes of accessing the services of a Union Learning Representative (provided those services are services for which the Union Learning Representative is entitled to time off).”

0134/13

Private Finance Initiative

It is my understanding that you wanted clarification as to why the amount declared as being paid to the Walsall Hospital Project Company Plc totalled £13 million when the accounts denote a figure of £11.386m.

The 2010-11 Annual Accounts refer within note 25.1 the total charged to expenditure being £11.386m, though this is net of VAT (as this is reclaimable for the Trust and thus not recorded as expenditure). To arrive at the figure paid over to Walsall Hospital Company Plc Vat is required to be added to this value, and thus the original statement that the Trust made a payment totalling approximately £13m to its PFI partner is correct.

I can confirm that no single payment was made in March 2011 totalling £13m.

An administrative error occurred in the original email communication, with the PFI partner organisation being The Walsall Hospital Company Plc (the Project element included in error).

0135/13

Cleaning and Hygiene products

Under the Freedom of Information Act could you please furnish me with the answers to the following questions within the statutory period allocated:-

1. Hand towels:-

Supplier:

Manufacturer and Manufacturers code:

Case Size:

Cost per Case:

Annual usage:

1. Hand Towels

Annual Spend £123432.99

Brand Names/Suppliers:

Tork Advanced, Tork Universal

EnMotion

Scott, Scott Extra

Lotus Professional

2. Toilet Rolls:-

Supplier:

Manufacturer and Manufacturers code:

Case Size:

Cost per Case:

Annual usage:

2.Toilet roll

Annual spend £29175.91

Brand Names/Suppliers:

Kimberley Clark Hostess

Scott Performance

Lotus Professional

Tork

Merton Cleaning Supplies

3. Soap:-

Supplier:

Manufacturer and Manufacturers code:

Case Size:

Cost per Case:

Annual usage:

3.Soap

Annual Spend £24841.03

Brand Names/Suppliers:

Seraman Sensitive

Softaskin

Plane Talking

Tork

Gojo

4. Machine Dishwash Detergent:-

Supplier:

Manufacturer and Manufacturers code:

Case Size:

Cost per Case:

Annual usage:

4.Dishwash Detergent

Annual Spend £5516.42

Brand Names/Suppliers:

Eco Lab

Glaze Tablets

Hospec

Arrow Cleaning and Hygiene Solutions

Industrial Supplies Direct

We are unable to release individual costs for items under section 43 Commercially sensitive however, we have released the overall annual spend.

5. When were the contracts last market tested to ensure best value?

5. A total spend of £167,698.58 is purchased through NHS Supply Chain Frameworks for which we benchmark products on an ongoing basis. We are currently reviewing toilet paper.

0136/13

Dental Care Services

The attached request for information is being made under the Freedom of Information Act.

If your organisation does not provide these services, please give contact details of the service that covers your area.

Please can you redirect your request to the Clinical Commissioning Groups as this does not sit with us.

0137/13

Private patient income

1. How much has the Trust budgeted to receive in private patient income in 2013/14?
£21,919.
2. How much did the Trust budget to receive in private patient income in 2012/13?
£74,000.
3. How much did the Trust actually receive in private patient income in 2012/13?
£22,179.
4. How much did the Trust budget to receive in private patient income in 2011/12?
£74,000.

5. How much did the Trust actually receive in private patient income in 2011/12?
£14,312.
6. How much did the Trust budget to receive in private patient income in 2010/11?
£88,444.
7. How much did the Trust actually receive in private patient income in 2010/11?
£51,151.

0138/13

Circumcision complications

Please would it be possible to let me know how many patients have attended hospital with complications following on from a circumcision operation in each of the last three years?

12/13 – 1-10

11/12 – 1-10

10/11 – 1-10

Due to the low numbers we are unable to give the exact figures due to the Data Protection Act.

Can you tell me how many of those cases were deemed to be life threatening?

None

If possible, could you break the figures down and tell me how many of the total number were male and how many were female.

All male

If possible I would also like to know the ages and ethnicity of those treated.

Due to the low number of patients treated we are unable to release the age and ethnicity due to the Data Protection Act.

Again, if this is possible, could you also tell me how many of the original circumcision procedures (which resulted in the complications) were undertaken by private practice/private individuals?

None

Would you also be able to tell me how many, if any of the cases, resulted in a referral to the police or other agency and why?

None

0139/13

Non-clinical Spends

I would like to know

- **Agencies Used**
- **Agency Spend (cost for the trust to use)permanent and temporary**
- **what type of jobs the recruited for you**

I would prefer to receive this information electronically, preferably as a data set, e.g. in Excel, NOT as a PDF.

Further to your email below just to confirm FOI request 0139/13 has been withdrawn as requested.

0140/13

Expenditure spent by the authority

Under the Freedom of Information Act 2000 I seek the following information about the expenditure spent by the authority and relative information listed below:

- Recruitment agencies used for both permanent and temporary assignments
- Spend for each type of healthcare personnel that was required – see below
- Types of roles that agencies were used to recruit for – see below

I would prefer to receive this information electronically, preferably as a data set, e.g. in Excel, NOT as a PDF.

Permanent Staffing

1	2	3
Recruitment Agencies used	Spend for Healthcare Personnel	Types of Roles
CY Executive Resourcing	0	Director of Finance
Meridian	0	Domicillary Staff (Housekeeping)

Temporary Staffing

1	2	3	
Recruitment Agencies used	Spend for Healthcare Personnel	Types of Roles	Types of Roles
Arrows Group	2887	Ward Nursing Staff	
BNA	16695	Ward Nursing Staff	
HCL	49548	Ward Nursing Staff	
ID Medical	114067	Ward Nursing Staff	
Kare Plus	213453	Ward Nursing Staff	
Mayday	-	Ward Nursing Staff	
Medacs	251363	Ward Nursing Staff	
Medbank Healthcare	650	Ward Nursing Staff	
Meridian	22096	Ward Nursing Staff	Domicillary Staff (Housekeeping)
MSI	5600	Ward Nursing Staff	
NRS Global	29006	Ward Nursing Staff	
Nursing Personnel	40065	Ward Nursing Staff	
Primera	286	Ward Nursing Staff	
Pulse	155710	Ward Nursing Staff	Allied Health Professio
Robin Recruitment	176080	Ward Nursing Staff	
Servoca	2178	Ward Nursing Staff	
SWIIS	0	Ward Nursing Staff	
Team 24	2231	Ward Nursing Staff	
Thornbury	400233	Ward Nursing Staff	
Atlantis Medical	7999	Allied Health Professionals	
Care 4 Health	-	Allied Health Professionals	

HCL		Allied Health Professionals
Piers Meadows	40322	Allied Health Professionals
Pulse		Allied Health Professionals
Real Staffing	64800	Allied Health Professionals
Reed	27463	Allied Health Professionals
RIG	3395	Allied Health Professionals
Yourworld	307133	Allied Health Professionals
Medisec UK	0	Admin - Medical Secretaries

See below a breakdown of the temp staff costs for each type of personnel and the types of roles they were employed in.

Temporary Staff

Breakdown of Agency Staff by Healthcare Group	April to March 12/13	Job Roles
Medical Agency	1,626,833	Consultants, Staff Grades, Juniors
Ancillary Agency	309,781	Healthcare Assistants
Nursing Agency	1,432,207	Qualified Nursing (Band 5 & above)
Other Scientific & Technical Staff	158,135	Pharmacy Therapists i.e. Physio, Occupational Therapists, Speech and Language
PAMS	196,371	Therapists
PTB	270,523	Lab Staff (pathology)/Clinical Measurement
Total Agency by healthcare group	3,993,850	

**0141/13
Framework Agencies**

I would like to know:

Total off framework (unapproved supplier) spend.
Please

Names of the different agencies and their spends with the specialism's and grades which were required.
2011-12 and 2012-13

**0142/13
Medical Physics/Radiation Protection**

Request withdrawn

**0143/13
Locum spends for Nurses**

Under the Freedom of Information Act 2000 I seek the following information about the Locum spends for Nurses for the financial year 2012-2013, in particular:

- The total expenditure on agency nurses across the trust. – see below
- The agencies that were used – see below
- A breakdown of the spend by nurse band/grade – we are only able to provide the total spent however, not a breakdown by nurse band/grade as this will take over 18 hours to compile.

Question 3 – From our preliminary assessment, we have estimated that it will cost more than the ‘appropriate limit’ to consider your request. Section 12 of the Act makes provision for public authorities to refuse requests for information where the cost of dealing with them would exceed the appropriate limit, which for the NHS is set at £450. This represents the estimated cost of one person spending 2.5 working days in determining whether the department holds the information, locating, retrieving and extracting the information.

Question 1

Total spent on Nurse Agency 2012/13 was £1,432,207

Question 2

Question 3

Name of Agency	Total Spent (£)
Advantage Healthcare Group	2,199.55
Arrows Group	2,886.73
British Nursing Association (BNA)	16,694.62
ID Medical	114,066.52
Kare Plus Nursing Agency	213,452.82
Medacs	251,362.70
Medbank Healthcare	649.70
Meridian Health	22,095.66
Nursing Personnel	40,064.84
Orion Locums	285.55
Prime Time Recruitment	347.11
Primera Healthcare	286.00
Pulse Nursing Agency	155,709.91
Robin Recruitment Healthcare	176,080.05
Routes Healthcare West Midlands	31,172.66
Servoca/Firstpoint Nursing	2,177.70
Team 24	2,231.05
Thornbury nursing agency	400,232.54
xMedacs	211.70
Grand Total	1,432,207.41

0144/13

Organisational structures

I am writing to request the organisational structure chart of Walsall Healthcare NHS Trust under the Freedom of Information Act. I would like to place particular emphasis on the structures of any Finance, IT, HR, Strategic, Operational, Procurement or Contract departments and management staff.

Please see attached structures for IT, HR and Procurement. We are in the process of updating the Finance structure and will forward a copy once it is complete.

Information available upon request.

0145/13

A&E staffing

1) What is the current budgeted FTE/WTE establishment of the following in your trust's Accident & Emergency Department(s) (if you have one):

- a) consultants
- b) other staff doctors
- c) nurses

Please see below

2) What is the current (02/08/13) actual number of FTE/WTE staff in your trust's Accident & Emergency Department(s) (if you have one):

- a) consultants
- b) other staff doctors
- c) nurses

Please see below

3) How many patients were registered as having attended your A&E Department(s) between 0000 Monday 15th July 2013 and 2359 Sunday 21st July 2013?

1961 attenders

	Question 1	Question 2
	Budgeted WTE	Actual WTE
a Consultants	6.00	6.00
b Other Staff Docs	23.00	24.58
c Nurses	42.30	36.16

0146/13

Trust Spend

The total Trust spend on medical locum staff in the last 2 years – either financial or calendar year (estimate if not known)

The total Trust spend on other agency staff, above and beyond point 1, in the last 2 years – either financial or calendar year (estimate if not known)

If available the breakdown of spend by staff group i.e. doctor, nurse, AHP, Admin and Clerical, HSS).

Who is responsible in the Trust for the management and commissioning of medical locum/agency staff

Question 1

April to March
11/12 12/13

Medical Locums (Medical locums are paid by Trust and are not agency)	3,329,077	3,313,558
Medical Agency	1,870,282	1,626,833
Total on Medical Temp Staffing	5,199,359	4,940,391

Question 2	April to March	
	11/12	12/13
Other Agency	311,326	68,800
Admin & Clerical Agency	330,600	309,781
Ancillary Agency	72,095	
Estates Agency	595,948	1,432,207
Nursing Agency	249,638	158,135
Other Scientific & Technical Staff	385,361	196,371
PAMS	389,563	270,523
PTB	145,361	296,599
Senior Managers		
Total Other Agency exc Medical Staff	2,479,892	2,732,416

Question 3	April to March	
Breakdown of Agency Staff by Group	11/12	12/13
Medical Agency	1,870,282	1,626,833
Admin & Clerical Agency	311,326	68,800
Ancillary Agency	330,600	309,781
Estates Agency	72,095	
Nursing Agency	595,948	1,432,207
Other Scientific & Technical Staff	249,638	158,135
PAMS	385,361	196,371
PTB	389,563	270,523
Senior Managers	145,361	296,599
Total All Agency by staff group	4,350,174	4,359,249

Question 4

Who is responsible in the Trust for the management and commissioning of medical locum/agency staff

Procurement, Medical Staffing and the Nurse Bank

0147/13

Arthroplasty Questionnaire

Under the Freedom of Information Act, please provide answers to the following questions.

Arthroplasty Freedom of Information Request Questionnaire

Completed By:
On Behalf of: Walsall Healthcare NHS Trust

Date: 16/09/2013
Email:

1. Does the NHS Trust provide **arthroplasty (joint replacement services)**? **Yes**

2. What is the average length of time patients wait for a **hip replacement** from referral?

What is the average length of time patients wait for a **hip replacement revision** from referral?

What is the average length of time patients wait for a **knee replacement** from referral?

What is the average length of time patients wait for a **knee replacement revision** from referral?

See below table

3. What is the maximum length of time patients wait for a **hip replacement** from referral?

What is the maximum length of time patients wait for a **hip replacement revision** from referral?

What is the maximum length of time patients wait for a **knee replacement** from referral?

What is the maximum length of time patients wait for a **knee replacement revision** from referral?

Below answers for questions 2&3

Month	Pts	CdGrp	Avg Wait	Max Wait
2013 (04) Apr	221	Hip replacement	83	220
2013 (04) Apr	349	Knee Revision	52	174
2013 (05) May	457	Hip replacement	69	293
2013 (05) May	16	Hip Revision	17	17
2013 (05) May	992	Knee Revision	62	352
2013 (06) Jun	446	Hip replacement	70	268
2013 (06) Jun	23	Hip Revision	11	11
2013 (06) Jun	699	Knee Revision	79	243
2013 (07) Jul	226	Hip replacement	91	458
2013 (07) Jul	358	Knee Revision	74	668

4. What is the average length of time patients wait for a **hip replacement** prior to referral?

Not recorded

What is the average length of time patients wait for a **hip replacement revision** prior to referral?

Not recorded

What is the average length of time patients wait for a **knee replacement** prior to referral?

Not recorded

What is the average length of time patients wait for a **knee replacement revision** prior to referral?

Not recorded

5. What is the maximum length of time patients wait for a **hip replacement** prior to referral?
Not recorded

What is the maximum length of time patients wait for a **hip replacement revision** prior to referral?
Not recorded

What is the maximum length of time patients wait for a **knee replacement** prior to referral?
Not recorded

What is the maximum length of time patients wait for a **knee replacement revision** prior to referral?
Not recorded

6. Are your Commissioners applying more stringent conditions before referring patients to your Trust? **Yes**

If Yes, what restrictive conditions? **Hip and Knee Replacement Surgery procedures are incorporated within the Black Country Commissioning Policy for Procedures of Limited Clinical Value**

7. Does the Trust record patient outcomes on discharge:
a) For hip replacement patients on the Oxford Hip Score **Yes**
b) For knee replacement patients on the Oxford Knee Score **Yes**

8. Does the Trust have place strategies to improve patient outcomes from arthroplasty?
Yes No

No, but a consultant has recently been designated to look into outcomes to try and develop these strategies

9. Does the Trust have place strategies to improve its PROMs scores from arthroplasty procedures?
No

No, but a consultant has recently been designated to look into outcomes to try and develop these strategies

10. What are the Trust's surgical site infection (SSI) rates for:
a) Hip replacement patients? **Last mandatory figures 2012/13 = 0%**
b) Knee replacement patients? **Last mandatory figures 2012/13 = 0%**

11. What strategies does the Trust have in place for reducing surgical site infection rates?
- Surgical site surveillance programme which includes on-going monitoring of SSI in elective hip and knee replacement, fractured neck of femur and C-section – this is being increased to include abdominal hysterectomy and large bowel surgery
 - The Trust as a full time surveillance nurse who monitors patients and any SSI and also provides clinical staff with ongoing education and monitors infection control standards
 - Full investigations are undertaken on any confirmed SSI

- The Trust also has an SSI group

12. Please express your views on what are the biggest challenges to providing outstanding care and outcomes for patients who require arthroplasty:
The Trust has no data on this.

0148/13

Largest amount paid to doctors

I am a reporter at the Sunday Times. This is a request under the freedom of information act.

This newspaper is covering weekend service provision at the country's hospitals.

This newspaper has already submitted requests on weekend deployment of consultant staff which will be used in our coverage.

Under freedom of information laws - and as part of the Sunday Times campaign which it considers to be in the public interest - I would like to ask information on the following:

1. **Largest amount paid for 2011/2012 to a Consultant for additional work - £55000**
2. **Maximum hourly rate paid to this Consultant - £100**
3. **The additional hours worked – 550 hours**
4. **The department they worked in – Anaesthetics**

Part 2

1. **The highest day rate paid to a locum doctor - £60**
2. **What hours did they work – 290 hours**
3. **What was their seniority – Staff Grade**
4. **Which department did they cover – Accident and Emergency**
5. **In total how much did the Trust pay to locum doctors to cover weekend work 2011/2012 - £154,000**

0149/13

Pest Control

- 1.a) Since January 1, 2010, how many times have pest control been called to the Trust's hospitals**
Pest control was called on 38 occasions

- 1.b) For each calendar year, please provide a breakdown of the number of times pest control were called out to Trust hospitals**

2010 12 occasions
2011 9 occasions
2012 12 occasions
2013 5 occasions up to 31 August 2013

- 1.c) Please include brief details of the reason for each pest control callout including:**

- **The species of pest**
- **The hospital name and department which the callout related to**

Please see attached - **Information available upon request.**

1.d) A copy of all written pest and rodent reports and accompanying photographs retained by the Trust

Please see attached - **Information available upon request.**

0150/13

Injuries in hospital

Q 1 How many nurses were injured in wards while on duty in 2011, 2012 and so far in 2013?

(2011: 121 nurses injured) (2012: 105 nurses injured) (2013: 60 nurses injured)

Q 2 - How do these injuries break down into type? Slips/falls, assaults, other etc.

Types of incidents	Numbers
Sharps	63
Manual Handling	17
COSHH	1-10
Slips trips falls	36
Burns	1-10
Impact with moving objects	1-10
Impact with stationary objects	1-10
Physical assault	30

Q 3 Are nurses in certain wards/institutions at higher risk?

- A&E staff dealing with disorderly patients who drunk or have mental health issues
- Security staff dealing with patients displaying violent conduct
- Nursing staff working with older adults with dementia, drug and alcohol abuse

Q 4 How is management currently alerted to nurses in need of assistance?

Nurse have mobile phones and pagers, most work within ear shot of colleagues and have support

Q 5 How is information about patients such as the type of medication required, special instructions for discharge relayed to nurses? (Note: likely to be via pager)

Information relayed as part of patient care plans not via pager system

Q 6 How much time is spent on average by physicians and nurses each day checking and relaying messages via pager/other systems?

N/A

Q 7 How often is information incorrectly relayed using the current systems?

Never

Q 8 How many hospitals/institutions currently make use of in-building Wi-Fi communication solutions?"

We are not aware of the communications systems of other healthcare organisations

0151/13

Foreign patients treated

- 1. How many foreign patients treated in hospitals who were liable for the cost of their treatment did not pay for their treatment in the financial year April 2012 to March 2013, i.e. the payment is still outstanding and what is the total amount of debt still outstanding?**

In the 12/13 accounts 18 overseas visitors were treated at a cost of £16617.

During the year £4484.40 was paid by 7 patients, leaving an outstanding amount of £12132.6 in 12/13.

In 13/14 we have received a further £1226.6 leaving a balance of £10906 still outstanding owed by 11 patients.

- 2. Of those patients in question 1, how many had their unpaid bill written off during the financial year or since 31.3.13 and what was the total amount of funds written off where payment was not received from foreign patients treated in hospitals?**

In 12/13 2 bills were written off £1275, in 13/14 8 bills have been written off at a value of £8094. These bills have been passed to our nominated debt recovery agency to continue to progress collection.

- 3 In the total figure for the financial year what is the biggest outstanding bill or written off 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 largest bill value written off is £5977 which relates to a patient from India who had an emergency knee operation.

0152/13

Cauda Equina Syndrome

Please could I have the following information regarding all hospitals covered by your trust?

- 1. The number of Patients over the last 10 years to be diagnosed with Cauda Equina Syndrome (CES) split by each year**

Please see below

- 2. Demographic of these patients if possible i.e. age & gender**

Please see below

3. Number of Litigation cases involving CES over the Last 10 years by year.

1-10

And finally

4. The amount of compensation paid out for these cases by year.

Two cases have resulted in compensation in the last 10 years. £225,000

0153/13

Elective Vitrectomy

1. How many elective pars plana vitrectomy procedures, include both inpatient and day case procedures, were carried out at your acute trust in the following years?

2010	
2011	
2012	

2. What is the average current waiting time between making the decision to list for vitrectomy and the actual procedures themselves at your trust?

(Please put a cross in the correct box)

Under one month	
1-3 months	
3-6 months	
6-12 months	
Over 12 months	

3. In previous years, what was the average waiting time between making the decision to list for vitrectomy and the actual procedures themselves at your trust?

(Please put a cross in the correct box)

	2010	2011	2012
Under one month			
1-3 months			
3-6 months			
6-12 months			
Over 12 months			

4. Is your trust currently taking any active measures to reduce the waiting times for vitrectomy procedures?

Yes	
No	
Don't know	

4b. If you answered "yes" to the above question, please state what measures these are:

5. Does your trust have any future plans to reduce the waiting times for vitrectomy procedures?

Yes	
No	

Don't know | _____ |

5b. If you answered "yes" to the above question, please state what measures you plan to take below:

Please can you redirect the request to Royal Wolverhampton Hospital as we do not undertake the procedure at this Trust.

0154/13

Care Campaign Questionnaire

Information available upon request.

0155/13

Walsall Healthcare staff

1. How many staff (including both full and part time staff) currently work for the Trust?

As at 31 July 2013, 4053 substantive employees (both full and part time) were employed by the Trust.

2. How many staff were referred to, or referred themselves to, Occupational Health in the last 12 months?

Management Referral last 12 months = 1753

Self-Referrals = 293

3. In what percentage of those referrals was obesity the primarily or a contributing factor? If possible, for this last question, please split the information between 'contributing factor' and 'primary factor'.

None

4. I understand that you take information from staff at the point of joining that allows you to calculate their BMI. Of the staff joining the trust in the last year, what percentage were over-weight, obese or clinically obese?

At pre-employment we do not take information regarding weight & BMI.

0156/13
EHIC Treatment

How many payments Walsall Healthcare NHS Trust has reclaimed from foreign patients with EHICs.
0

The total amount received from EHIC payments broken down by treatment type
0

0157/13
Suicide Statistics

I'm currently collecting statistics regarding suicide figures at the hospital; ideations, rpt admissions and if possible completions. Your name has been put forward to me as a point of contact with regard to collecting these statistics as an FOI.

List of patients discharged between 01/04/2012 and 31/03/2013 Who were coded with any of (R458) within any consultant episode within the spell

Year Financial	(01) Apr	(02) May	(03) Jun	(04) Jul	(05) Aug	(06) Sep	(07) Oct	(08) Nov	(09) Dec	(10) Jan	(11) Feb	(12) Mar
Year 2012/13	1-10	1-10	1-10	1-10	1-10	1-10	1-10	1-10	1-10	1-10	1-10	1-10

Due to the low numbers we are unable to give the exact figures due to the Data Protection Act.

0158/13
Chiropodists/Podiatrists

For each of the last five years 2012, 2011, 2010, 2009 and 2008 or as far back as the Trust has the information if less than five years.

- The total number averaged for the year of chiropodists/Podiatrists and other members of the staff working in Podiatry Services within your organisation
- Broken down by Agenda for Change Banding 1-9, plus Senior Management Contract arrangements.

Role	Banding	Average Staff In Post 2011	Average Staff In Post 2012
Chiropodist/Podiatrist	Band 5	1-10	1-10
	Band 6	11	1-10
	Band 7	1-10	1-10
	Band 8 - Range A	1-10	1-10
Chiropodist/Podiatrist Manager	Band 8 - Range A	1-10	1-10
Chiropodist/Podiatrist Specialist Practitioner	Band 8 - Range D	1-10	1-10

Clerical Worker	Band 2	1-10	1-10
	Band 3	1-10	1-10
Community Nurse	Band 6	1-10	1-10
Healthcare Assistant	Band 3	1-10	1-10
	Band 4	1-10	1-10
Helper/Assistant	Band 2	1-10	1-10
	Band 4	1-10	1-10
Officer	Band 4	1-10	1-10
Physiotherapist Manager	Band 8 - Range A	1-10	1-10
Specialist Nurse Practitioner	Band 7	1-10	1-10

“PLEASE NOTE: Walsall Healthcare NHS Trust did not form until 01 April 2011 (when Walsall Hospital Trust & Community services merged). Due to this, and in line with previous historical FOI requests, information is not available in relation to any period pre 2011”

0159/13

Consultant Vacancies

- 1. The number of current consultant vacancies in your organisation broken down by specialty and duration of vacancy.**
- 2. The number of 'frozen' consultant posts, that is those posts which have been vacated in the last 24 months which you have decided not to refill.**
- 3. The number of post CCT fellowships or other non-standard CCT posts you have advertised in the past 24 months.**

2 x Elderly Care Medicine - 1 from August 2013; one from April 2013

1 x Dermatology - from July 2013

1 x Cardiology - from October 2012

1 x Respiratory Medicine - from October 2012

1 x Paediatrics - from July 2013

1 x Orthodontics (40% whole time equivalent) - from August 2012

2 x Radiology – one from January 2012; one from September 2013

1 x Colorectal Surgery - from July 2013

We do not have any “frozen” posts, CCT fellowships or other non-standard CCT posts.

0160/13

Injuries

May I request using the Freedom of Information Act, statistics for NHS personnel who suffered actual bodily harm following an assault by a member of the public for each year over the past three years.

1. 2010/11 - No incidents of ABH
2. 2011/12 – No incidents of ABH
3. 2012/13 – 1-10 incident of ABH

Can I ask for statistics concerning how many members of staff suffered grievous bodily harm over the past three years.

1. 2010/11 – No incidents of GBH
2. 2011/12 – No incidents of GBH
3. 2012/13 – No incidents of GBH

Can I ask how many prosecutions have resulted from harm to NHS members of staff

1. 2010/11 – 0 prosecutions
2. 2011/12 – 0 prosecutions
3. 2012/13 – 1-10 prosecution for racially aggravated abuse

0161/13

Wi-Fi Contracts

1. Wi-Fi Provider- Who is the contracted supplier for the Wi-Fi contract.
2. Average Annual Spend – Please state the annual average spend over three years for each supplier. If this is a new contract please state the estimate annual average spends. If there is more than one Wi-Fi provider please split annual for each individual provider.
3. Number of Users- Please state the number of users the Wi-Fi contract is in place for. An estimate number of users will also be acceptable. If there is more than one Wi-Fi provider please state the number of users for each individual provider.
4. Number of Locations/Site- I require the number of locations/sites the Wi-Fi contract is contracted for. If there is more than one Wi-Fi provider please state the number of sites for each individual provider.
5. End User Offer- What the Wi-Fi offers to the end users e.g. Unlimited, Pay as you go, free 1 hour access or just free access. If there is more than one Wi-Fi provider please state the number of sites for each individual provider.
6. Manufacturer Name/Brand- Please provides me with the brand names of the Wi-Fi equipment which many include manufacturers of the access points and routers. If there is more than one Wi-Fi provider please state the Manufacturers Name for each individual provider.
7. Contract Description- Please provide me with a brief description of the solution in place for Wi-Fi and any other services provided under the contract. If there is more than one Wi-Fi provider please state the contract description for each individual provider.
8. Actual Contract Start Date- Please can you state the Start date of the contract. If there is more than on Wi-Fi provider please split contract dates for each individual provider.
9. Actual Contract Renewal/Expiry Date- Please can you state the renewal/expiry date of the contract. If the contract is coming up for renewal if possible please state the likely outcome of the Wi-Fi contract.
10. Contact Details- I require the person from within the organisation responsible for the Wi-Fi contract. Can you please provide me with their full contact detail including contact number and an email

address. If there is more than one Wi-Fi provider please state the contract details for each individual provider.

IF the organisation doesn't have a Wi-Fi contract in place please state when the organisation plans to have a Wi-Fi contract in place. Please do this by providing me with a month and year and if possible what type of solutions they plan to want in place and the number of locations.

IF the organisation has this service (Wi-Fi) as part of a managed service please can you provide me with the contract details of the managed contract including:

1. Current Provider
2. Number of Users- This is normally the total number of staff with the organisation.
3. Contract Description- Please can you provide me with a brief contract description of the overall contract.
4. Contract Expiry Date- Please
5. Contract Review Date
6. Contact Details- I require the person from within the organisation responsible for the Wi-Fi contract. Can you please provide me with their full contact detail including contact number and an email address.

This is a SKANSKA Managed Service. Please contact SKANSKA directly.

0162/13

Scheduled Operations

1. The number of scheduled operations that have been cancelled in each of the past three financial years (2010-2011, 2011-2012 and 2012-2013) due to bed shortages (codes 2.1 ICU/HDU beds unavailable and 2.2 Ward beds unavailable) and a breakdown of the hospitals at which the cancellations occurred.

Year End Financial	Reason Description	Count
31/03/2011	Critical care bed not available	1-10
31/03/2011	Ward bed not available	91
31/03/2012	Critical care bed not available	23
31/03/2012	Ward bed not available	11
31/03/2013	Critical care bed not available	19
31/03/2013	Ward bed not available	102

2. For the same three financial years, the number of scheduled operations that were cancelled because of staff shortages (codes 2.5 Surgeon unavailable - leave, 2.6 Surgeon unavailable - other, 2.7 Anaesthetist unavailable - leave, 2.8 Anaesthetist unavailable - other and 2.9 Theatre staff unavailable), again broken down by hospital.

Year End Financial	Reason Description	Count
31/03/2011	Surgeon unavailable	1-10
31/03/2012	Anaesthetist unavailable	1-10
31/03/2012	Surgeon unavailable	13
31/03/2013	Anaesthetist unavailable	1-10
31/03/2013	Surgeon unavailable	17
31/03/2013	Theatre staff unavailable	1-10

3. The number of beds operating in each of the CCG's hospitals for each of the past five financial years

The trust had average beds open of:

2012-2013 – 468
2011-2012 – 474
2010-2011 – 502
2009-2010 – 543
2008-2009 – 550

0163/13

Number of Registered Nurses

- What is the funded establishment figure for the number of registered nurses at the trust broken down by year for each of the last three full financial years?

	Funded Manpower MPE
31 March 2011	829.56
31 March 2012	1074.93
31 March 2013	1117.16

- What is the funded establishment figure for the number of healthcare assistants at the trust broken down by year for each of the last three full financial years?

	Funded Manpower MPE
31 March 2011	291.07
31 March 2012	327.09
31 March 2013	390.99

- Is the trust planning any reductions to its funded establishment for either registered nurses or HCAs in the next 12 months?

No

- **Has the trust recruited registered nurses from overseas in the last 12 months? If so, please list which countries and numbers of staff recruited.**

No

- **Does the trust plan to recruit from overseas in the next 12 months?**

No

0164/13

Locum doctors employed through agency

Can you please confirm how many unique locum doctors the Trust employed through an agency in each of the following financial years (or, if more convenient, in calendar years starting from 1st January 2010):

- **2010/2011** 119
- **2011/2012** 291
- **2012/2013** 178

0165/13

Contact Details

I would appreciate if you could kindly provide me with the following information for each hospital within the trust please:

- **The contact details (name, phone number, email address, out of hours/emergency contact numbers) for all medical staffing personnel/rota/booking co-ordinators within the hospital, displaying which department they look after.**
- **Could you also detail what computerised rostering/booking systems are used (if any) for planning rota's for substantive and locum personnel.**

Medical Staffing provides an on-call service by telephone from 5pm Friday evening to 9am Monday morning and Bank Holidays. They are contactable on a mobile telephone via switchboard it is contacted via switchboard to ensure only appropriate/emergency calls are forwarded.

Any Medical Staffing issues that arise out of hours Mon-Thurs are managed by the Hospital Co-Ordinator in conjunction with the specialty consultant on-call.

We do not use any computerised booking software for rota planning/locums.

0166/13

Car Leasing

- 1) How many cars does your Trust currently lease**
 - a) How many has it leased in each of the last 5 years**
- 2) What is the total cost to the Trust of car leasing this year**

- b) what was the total cost to the Trust in each of the last 5 years**
- 3) What make, model and age are the cars that are currently leased by the Trust**
- 4) What staff grades qualify for lease cars and what make and model of car is available to each grade**

Please see below

- 1) Currently lease 26
 - a) 2008 – 2009 7 cars
 - b) 2009 – 2010 6 cars
 - c) 2010 – 2011 4 cars
 - d) 2011 – 2012 23 cars
 - e) 2012 – 2013 26 cars

- 2) Total cost to Trust for this year is not yet complete but year to date is £12545
 - a) 2008 – 2009 £21750
 - b) 2009 – 2010 £19100
 - c) 2010 – 2011 £13796
 - d) 2011 – 2012 £38987
 - e) 2012 – 2013 £65235

The 2011 increase of lease cars for Walsall Healthcare was due to the integration of Community Services with the Acute Hospital

- 3) As list below the age ranges from 1-3 years old.

RENAULT GRAND MODUS EXPRESSIO
 FIAT 500 POP SS POP START STOP
 AUDI A1
 KIA CEED CRDI
 VAUXHALL CORSA
 HONDA CIVIC Vtec SE - 5DR
 BMW MINI ONE - 3DR
 PEUGEOT 308 Vti 120 EXCLUSIVE
 RENAULT CLIO DCI DYN 5 DOOR
 FORD FIESTA TDCi 70 ZETEC
 FORD FIESTA
 FIAT PUNTO MULTIAIR
 PEUGEOT 308 HDI.
 FORD FIESTA EDGE
 FORD FIESTA STYLE
 AUDI A1 SE
 AUDI A1 SPORT
 ALFA ROMEO
 NISSAN QASHQAI
 NISSAN JUKE
 KIA VENGA
 MINI COOPER
 FORD FIESTA EDGE
 VAUXHALL CORSA
 NISSAN QASHQAI DCI
 HONDA CIVIC

- 4) Community staff who do a minimum of 3,000 miles per annum within their workload are allowed a basic Corsa model and then the staff member contributes via payroll for any increase in costs above the basic.

0167/13

Critical Care Outreach teams

By critical care outreach services I am referring to a team based within the hospital who will respond when a patient begins to deteriorate, sometimes called rapid response or Acute Care team.

1. For each of the acute hospitals run by the trust please confirm:

- **a) whether or not there is a critical outreach team/service in place;**

The trust currently operates a critical care outreach service between the hours of 0700 to 1700 7 days a week (hours are occasionally reduced due to annual leave, sickness etc)

In addition there is also a HOOH ANP service which operates 7 nights a week between 2300-0900 and 0900-1700 on weekends (hours are occasionally reduced due to annual leave, sickness etc)

The teams are currently in the progress of being amalgamated into one 24/7 service dependant on recruitment to vacant posts. The new team will be named the Early Warning Response Team and should in place by early 2014

- **b) how many critical care beds the hospital has;**

The trust has 8 HDU beds and 5 ITU beds with the capacity to increase to 6

- **c) whether the critical care outreach service operates 24 hours seven days a week, 12 to 23 hours seven days a week, less than 12 hours seven days a week or weekends only;**

See answer for (a)

- **d) how many whole time equivalents are in the establishment for the outreach service?**

The establishment for the Early Warning Response Team is 5.9 WTE band 7's and 1 WTE band 8a

- **e) whether there is a funded medical member of the team;**

No

- **f) how many professionals in the team who are not nurses or medics.**

Nil

2. Has the number of staff involved in the team decreased in the past 12 months?

No

3. Are there currently any vacancies on the team that have been open for more than 3 months?

No

4. Has the amount of resource allocated to the team in 13-14 reduced compared with 12-13? If so by how much?

Reduced from 6 WTE band 7s to 5.9 WTE

**0168/13
Artwork**

How much money has been spent on artwork/sculptures by the trust?

The Trust has received artwork from grants

What is the most expensive piece of artwork/sculptures purchased for each of the last 5 years?

As above

Does the trust have a budget for spending on artwork/sculptures? If so, what is it?

£5,000.00 per annum

**0169/13
Spent on travelling abroad and recruitment costs**

How much have you spent in each of the last three financial years on travelling abroad and recruitment costs in the selection and recruitments of foreign nurses or other staff for your trust.

For each recruitment exercise please state:

- 1. The number of staff who were sent to the foreign country to facilitate the recruitment drive? Provide a breakdown of staff stating how many were your direct employees and how many were agency staff.**
- 2. The total cost to the trust of the recruitment exercise including flights and accommodation?**
- 3. The city and country that were visited as part of the exercise, and the dates that they were in the foreign country.**
- 4. The type of staff (job description) that it was hoped would be recruited?**
- 5. The number of staff from the recruitment drive that were recruited and started work at your trust?**

NOTE: Please limit the search to just those where the bills for the recruitment drive were paid in any of the last three financial years (10/11) (11/12) and (12/13).

We have not incurred any costs for any overseas appointments.

**0170/13
Salary overpayments**

I am applying under the terms of the Freedom of Information Act for the following information about overpayments to staff during the last three financial years.

Please can you provide information for the below:

- 1. The total amount of money paid in salary overpayments during the following financial years by your organisation:**
 - a. 2012 – 2013 £44287.47
 - b. 2011 – 2012 £66655.22
 - c. 2010 – 2011 £85585.72
- 2. The total correct amount that should have been paid in salaries in the following financial years to staff by your organisation:**

- a. 2012 – 2013 £85,057,602.76
- b. 2011 – 2012 £81,513,179.62
- c. 2010 – 2011 £62,996,954.45 (This was before Community joined with the Acute Hospital)

**0171/13
Locum Staff Spend Jan-June 2013**

Please furnish me with spend on locum staff provided by agencies for the period January – June 2013 for the following roles.

- Occupational Therapists**
- Physiotherapists**
- Speech & Language Therapists**
- Pharmacists & Pharmacy Technicians**
- Radiographers (to include MRI, CT, Mammo, Nuc Med & General)**
- Sonographers**

Summary for the period Jan 2013 to June 2013.

FOI 0171/13 Agency Spend Jan - June
2013

Type	Value
Occupational Therapists	£52,893
Physiotherapists	£28,350
Speech & Language Therapists	
Pharmacy & Pharmacy Technicians	
Radiographers & Sonographers	£1,274
Grand Totals	£82,517

**0172/13
A&E**

Under Freedom of Information laws could you please provide me with the following:

- How many times have people been diverted from Accident and Emergency in because it is too busy since May 2010 broken down month by month.

No people have been diverted from A&E since May 2010

**0173/13
Procedures carried out - Distal angioplasties**

1) How many of the following procedures has your unit carried out in (a) the past 12 months and (b) the financial year 2012/13:

(i) Distal angioplasties above the knee not using a stent?

- a) 36
- b) 35

(ii) Distal angioplasties below the knee not using a stent?

None

- Of those patients treated by a distal angioplasty not using a stent, what was the one year patency?

- a) **Between 1 – 10 (due to the small numbers involved we are unable to release the exact figure)**
- b) **Total of 14 patients out of 35 had reached 1 year post procedure milestone**

- Of those patients treated by a distal angioplasty not using a stent, what was the limb survival at one year?

- a) **Due to the small numbers involved we are unable to release this information.**
- b) **Total of 14 patients out of 35 > 1 year post angioplasty**

- **Between 1 – 10 (due to the small numbers involved we are unable to release the exact figure) patients deceased prior to the 1 year milestone (not related to PAD)**
- **12 patients limbs' survived**

(iii) Distal angioplasties above the knee using a stent? **N/A**

(iv) Distal angioplasties below the knee using a stent? **N/A**

- Of those patients treated by a distal angioplasty using a stent what was the one year patency? **N/A**
- Of those patients treated by a distal angioplasty using a stent what was the limb survival at one year? **N/A**

2) How many of the following procedures has your unit carried out in (a) the past 12 months and (b) the financial year 2012/13:

(i) Distal bypasses?

- a) **& b) = Between 1 – 10 (due to the small numbers involved we are unable to release the exact figure)**

- Of those patients treated by a distal bypass what was the one year patency?

The 1 year post surgery milestone has not yet been met.

- Of those patients treated by a distal bypass what was the limb survival at one year?

As above

- Has your Trust established a multi-disciplinary team for treatment of patients at risk of lower limb amputation associated with peripheral arterial disease? – If no are there any reasons this hasn't been established yet?

Yes

- Has your Trust established a multi-disciplinary team for treatment of patients at risk of lower limb amputation associated with diabetes? – If no are there any reasons this hasn't been established yet?

No

- Where multi-disciplinary teams exist – what are the clinical specialities that are present?

Consultant Radiologists, Consultant Vascular Surgeons, Associate Specialist, SpR's, Vascular Clinical Nurse Specialist.

- Where multi-disciplinary teams exist – how often do all clinical members meet (a) per week (b) per month?

Usually once a week, depending upon annual leave, study leave and on-call duties.

- 3) To what anatomical level of the lower limb is vascular surgery undertaken within your locality?

As of April 2013, all vascular surgery excluding varicose vein surgery, elective and emergency is now undertaken at Russell's Hall Hospital, Dudley Group of Hospitals as part of the Black Country Vascular Network.

0174/13

Fire Alarm systems

- 1.1 **Who is the person and or persons responsible for premises within your organisation as defined under the Fire Safety Order? (Please provide contact details of the "responsible person or persons")**

Chief Operating Officer – contact Walsall Manor Hospital

- 1.2 **Who is the person responsible for procuring the services of competent Fire Alarm system installation and service providers within your organisation?**

Divisional Director Estates and Facilities

- 1.3 **What is the total number of premises in your property portfolio/ estate with Fire Alarm Systems fitted?**

6 premises

- 1.4 **What Fire Alarm panels / systems are predominantly in use across all your buildings (make and model)?**

L1 Static systems 900 / Heads are Apollo combined multi heat / smoke fully compliant with fire code part B and warning beacons

- 1.5 **Which Fire Alarm companies are currently maintaining your Fire Alarm systems and where are these Fire Alarms signalling too upon activation?**

Static maintain the system and Signalled to ADT on activation who monitor the calls

1.6 How many False Alarms do you suffer on average in a month across all your buildings and what is the average estimated cost associated with attending to each false alarm activation?

5 per month – no cost to the Trust

1.7 Are your Fire Alarm Systems checked/ tested on a regular basis as required and how are you recording these checks?

Recording of system checks as per statutory guidance

1.8 Are your Fire Alarm Systems maintained and serviced correctly to EN54?

Yes

1.9 How do you verify / validate that your Fire Alarm systems have been tested, serviced and maintained correctly?

Monthly compliance audits against statutory criteria and relevant HTM. The production of compliance reports by hard FM contractor

1.10 Are you already using a simple non-intrusive low cost add on device such as that detailed in the attached technical bulletin for each of your Fire Alarm panels (single or networked) to provide you with instant remote access to all your Fire Alarm System / Panel data such as weekly tests, service inspections, individual device activations, Fire Alarm verification and False Alarm management via any PC, tablet or Smartphone with WEB access?

Yes we have a fully integrated network system as described by you

1.11 Would you consider such device / solution if you do not already have the means of remotely accessing, monitoring and reporting on your Fire Alarm Systems centrally to compliment your existing management procedures for complying with the Fire Safety Order whilst at the same time helping reduce your false alarms and operating costs?

NO

1.12 Would you like one of our senior consultants to contact you and provide you with further information on the cost benefits and efficiencies the technology has to offer and how it is already benefiting Public and Private organisations including Hospitals?

NO

0175/13

Contact details – IM&T Department

I would be most grateful if you could let me have the contact details of senior people/person in your IM&T Department (e.g. Head of information).

**Steve Darkes
Director of Informatics**

Could you also supply the organisational structure of your IM&T Department?

Please see attached - Information available upon request.

Finally could you please send with that the latest version of your IM&T Plan, also known as the Informatics Plan.

Please see attached - Information available upon request.

0176/13

Eye Conditions

Within your trust how many patients are currently being treated for the following eye conditions; split by the drug used [Ranibizumab, bevacizumab and aflibercept], please also state the number of intra-vitreous injections used.

- 1. Wet Age Related Macular Degeneration (wAMD)**
- 2. Visual impairment due to Diabetic Macular Oedema (DMO)**
- 3. Retinal Vein Occlusion for Central Retinal Vein Occlusion (CRVO)**
- 4. Retinal Vein Occlusion for Branch Retinal Vein Occlusion (BRVO)**
- 5. Visual impairment due to choroidal neovascularization (CNV) secondary to pathologic myopia (mCNV)**

Please can you redirect the request to Royal Wolverhampton Trust as patients with the above conditions are not treated at this Trust.

0177/13

Tattoo Removal

1) For the financial year 2011/12,

- a) how many patients have received tattoo removal treatment by the Trust?
- b) what is the total cost of those procedures?
- c) a breakdown for reason/category of tattoo removal (for example, but not limited to, "tattoos inflicted under duress during adolescence", "iatrogenic" or other appropriate categories)
- d) a breakdown of cost per reason/category

2 a,b,c,d) The same for financial year 2012/13

3 a,b,c,d) The same for financial year 2013/14 so far

No patients have undergone the above procedure.

0178/13

Service Reviews

I am writing to request information under the Freedom of Information Act 2000. In order to assist you with this request, I am outlining my query as specifically as possible.

Please provide the following information with respect to the Manor Hospital Walsall:

- 1. How many independent departmental service reviews by a Royal College were conducted in the last 5 years? These are variously known also as invited reviews, etc.**

2. Please list these Reviews by department with dates on which the Review was held.

Urology Department – Royal College of Surgeons Review 2010

3. Specify for each Review if the reviewers (independent review panel (IRP) or external clinical advisory team (ETAC)) signed a confidentiality agreement with the Trust. Please give dates on which the agreement was signed and the text of the agreement in each case. I am happy for all names to be redacted.

No confidentiality agreements were made or requested for the Urology review

4. Specify the distribution of the completed full report.

The Urology review of 2010 was presented to a private Trust Board meeting alongside dissemination to the Surgical divisional team.

5. Were any of these reports not seen in full by the Trust Board?

The Urology Royal College Review was presented to a private Trust Board on the 3rd June 2010.

6. With specific reference to the Independent Review of Paediatrics 2010 was the full report at any time scrutinised by the Trust Board? If so when? If not please state the reasons.

The 2010 full report of the Independent Review of Paediatrics was not formally scrutinised by the board members however board members did receive details of the conclusions reached by the panel, together with recommendations arising from the review in a letter from the Chief Executive dated April 2010. A further report from the Chief Executive detailing progress around implementation of these recommendations was presented to the Private meeting of the Trust Board on 6th May 2010.

0179/13

Clinical Leaders in senior management

I would like to respectfully request a list of all Clinical Leaders in the trust that undertake a senior management position in the Trusts Clinical Care Groups and their e-mail addresses.

Please click link to access:

<https://www.walsallhealthcare.nhs.uk/information-for-gps/consultant-profiles.aspx>

0180/13

Urinary Catheter

Please can you send me the following information under statutory requirements of the Freedom of Information Act:

Question

Response

a figure for the total number of patients fitted with a urinary catheter

a. in the financial year 2012/13

1278

b. in the last twelve months

1334 Between 01/08/2012 and 31/07/2013

a figure for the number of unitary catheters fitted in the operating theatre

Clinical coding cannot differentiate between theatre or non-theatre

a. in the financial year 2012/13

b. in the last twelve months

a figure for the number of catheters fitted in Accident and Emergency

a. in the financial year 2012/13

2272

b. in the last twelve months

2225

a figure for the number of patients who developed new Catheter-Associated Urinary Tract Infections during their stay in hospital

a. in the financial year 2012/13

21

b. in the last twelve month

21

a figure for the number of emergency admissions resulting from a blocked catheter

a. in the financial year 2012/13

38

b. in the last twelve months

43

a figure for the total number of emergency admissions for any reason, including a blocked catheter

a. in the financial year 2012/13

27571

b. in the last twelve months

27050

a description of your policy, if any, for preventing Catheter-Associated Urinary Tract Infections (please ignore this part of the request if you answered this in my previous Freedom of Information request to you)

Sent in previous request.

a description of how you measure whether the above policy is being implemented; please provide details on how this is monitored

a figure for how often you measure whether the above policy is being implemented; please provide details on how this is remedied if the policy is not adhered to

Same as above

a description of any formal training you have in place for staff in fitting catheters

We do a whole days training on the insertion, care and management of urinary catheters. This includes male, female, supra pubic and intermittent catheters and all associated care of.

0181/13

Organisation chart for HR

Please see attached chart.

Information available upon request.

0182/13

Staff Side arrangement policy

Please find the policy attached.

Information available upon request.

0183/13

Obesity

- How many in-patients admitted by your trust in 2012 were classed as obese?
2117
- How many out-patients treated by your trust in 2012 were classed as obese?
169
- How many in-patients admitted by your trust in 2011 were classed as obese?
2066
- How many out-patients treated by your trust in 2011 were classed as obese?
202
- How many in-patients admitted by your trust in 2010 were classed as obese?
1998
- How many out-patients treated by your trust in 2010 were classed as obese?
482
- For 2012, what was the average length of admission for an obese in-patient?
2.40 days
- For 2012, what was the average length of attendance for an obese out-patient?
Patients attend out-patient clinics over an extended period of time unable to determine an average
- For 2012, what were the general medical reasons that obese people sought treatment from your trust as both in-patients & out-patients? (E.g. cardiac, accident, etc)

Top ten presented below for inpatient, outpatient information is not recorded

MajorGroup
Endocrine,nutritional,metabolic diseases
Neoplasms
Factor influencing health status/service
Diseases of the digestive system
Disease of musculoskeletal sys/tissue
Symptoms/signs/abnormal findings,

nec

Pregnancy, childbirth and the puerperium

Diseases of the genitourinary system

Diseases of the digestive system

Diseases of the respiratory system

. What were their means of arrival at your trust's premises? (E.g. ambulance, private or public transport, etc)

This information is not recorded

0184/13

Hardware, Maintenance and costs

I would like to request the following breakdown of the Organizations hardware maintenance and costs:

A list of the models of the physical servers, storage devices, tape libraries, network switches and routers under support contracts; as well as the cost and duration of said contracts, with start and end dates and service level associated with the equipment. Could you also supply the names of the suppliers of aforementioned support services?

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

Please see below.

Physical Servers assorted as below

Dell Poweredge 840

Dell Poweredge 850

Dell Poweredge 860

Dell Poweredge 2900

Dell Poweredge 1855

Dell Poweredge 1955

Dell Poweredge M600

Dell Poweredge M610

ContactMark.Taylor@walsallhealthcare.nhs.uk

Tel: 01922 602020

Servers are bought with minimum 3yrs warranty with 4hr response, 24/7/365, then extended to max 7 years on a yearly basis as required

Some are maintained on break/fix contract some are not in maintenance due to having available spares

Storage Devices

NetApp SAN with 3140 filer heads – Maintenance is renewed annually and is currently with ProAct on 4hr response, 24/7/365

Dell CX 300 - Maintenance is renewed annually and is with Dell on 4hr response, 24/7/365

NAS Boxes

Dell PowerVault NX3000 - Not under maintenance

HP ProLiant DL320s G1 - Not under maintenance
Network is controlled by Skanska

Person responsible is the IP Operations Manager

0185/13
Pressure Sores

What are the total number of women reported to have developed pressure sores/ulcers whilst on labour wards in 2012?

0

0186/13
VTE

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

Please see attached completed survey - **Information available upon request.**

FREEDOM OF INFORMATION REQUEST

FOI request into compliance of Trust's VTE prevention policies with national VTE prevention best practice

Name: James Avery

Position: Business Manager to the Medical Director

Acute Trust: Walsall Healthcare NHS Trust

Email: james.avery@walsallhealthcare.nhs.uk

Please note that additional paper or electronic copies are available on request from the All-Party Parliamentary Thrombosis Group secretariat

Please return your completed response to the All-Party Parliamentary Thrombosis Group secretariat:

James Le Grice

All-Party Parliamentary Thrombosis Group Secretariat
 c/o Insight PA
 52 Grosvenor Gardens
 London
 SW1W 0AU
 Email: VTEaudit@insightpa.com
 Tel: 020 7824 1850
 Fax: 020 7824 1851

Under the Freedom of Information Act 2000, the All-Party Parliamentary Thrombosis Group writes to request the following information:

QUESTION ONE – WRITTEN VTE PREVENTION POLICY

a) Does your Trust have a written policy in place for preventing and managing the risks of VTE for adult hospital admissions? If yes, please attach a copy of the policy. *(Place an X in one box)*

Yes, the policy is attached.	yes
No	

Attachment available upon request.

b) If your Trust has a written VTE prevention policy in place, does it include the seven principles of best practice contained within the NICE quality standard on VTE prevention, which are set out below? *(Place an X in one box, only answering yes if all seven statements are included within your policy)*

- Statement 1: All patients, on admission, receive an assessment of VTE and bleeding risk using the clinical risk assessment criteria described in the national tool.
- Statement 2: Patients/carers are offered verbal and written information on VTE prevention as part of the admission process.
- Statement 3: Patients provided with anti-embolism stockings have them fitted and monitored in accordance with NICE guidance.
- Statement 4: Patients are re-assessed within 24 hours of admission for risk of VTE and bleeding.
- Statement 5: Patients assessed to be at risk of VTE are offered VTE prophylaxis in accordance with NICE guidance.

- Statement 6: Patients/carers are offered verbal and written information on VTE prevention as part of the discharge process.
- Statement 7: Patients are offered extended (post hospital) VTE prophylaxis in accordance with NICE guidance.

Yes	yes
No	

QUESTION TWO – ROOT CAUSE ANALYSIS

According to Service Condition 20 of the NHS Standard Contract 2013/14, the provider must:

“perform root cause analysis of all confirmed cases of pulmonary embolism and deep vein thrombosis acquired by Service Users while in hospital (both arising during a current hospital stay and where there is a history of hospital admission within the last 3 months, but not in respect of Service Users admitted to hospital with a confirmed venous thromboembolism but no history of an admission to hospital within the previous 3 months...”

The provider must report the results of those root cause analyses monthly in accordance with Schedule 6 Part C of the Reporting Requirements.

- a) **Does your Trust submit monthly reports on the outcome of all root cause analyses performed pursuant to Service Condition 20 of the NHS Standard Contract 2013/14?** *(Place an X in one box)*

Yes	yes
No	

- b) **If yes, please provide details of the reports from the last three months:**

	Date of report submission	Number of root cause analyses included in the report	Total number of cases of hospital-acquired DVT and PE in your Trust in the given month
Report 1	September 2013 Reflecting Q1	10 Q1 2013/14	10 Q1 2013/14

	Incidence		
Report 2			
Report 3			

The process of RCA has been revised in line with exemplar centres which has both simplified RCA completion and increased ability to detect cases of thrombosis via a link with radiology and anticoagulation services. As such all cases of confirmed thrombosis are being reviewed in Q2 2013 to understand healthcare or medical condition related events. This information will be shared with GP & CCG colleagues to effect improvement across the health economy.

QUESTION THREE – NHS LITIGATION AUTHORITY RISK MANAGEMENT STANDARDS

a) When was your Trust last assessed by the NHS Litigation Authority for performance against its Risk Management Standards?

2013

b) During this latest assessment, what level did your Trust score on the VTE risk management standard (Criterion 5.9) (Place an X in one box)

Level 1	x
Level 2	
Level 3	

QUESTION FOUR – NATIONAL VTE PREVENTION CQUIN GOAL

0.5 per cent of the value for all healthcare services commissioned through the NHS Standard Contract is linked to the national CQUIN goals, where these apply. There are four national CQUIN goals for 2013/14, one of which is:

“Venous thromboembolism – 95 per cent of patients being risk assessed and achievement of a locally agreed goal for the number of VTE admissions that are reviewed through root cause analysis.”

a) Was a CQUIN payment (or a proportion of it) withheld from your Trust due to non-compliance with the National VTE Prevention CQUIN Goal in 2013/14? (Place an X in one box)

Yes	
-----	--

No	x
----	---

b) The National VTE Prevention CQUIN Goal has been in place, in different forms, since 2010. Has a CQUIN payment (or a proportion of it) been withheld from your Trust due to non-compliance with the National VTE Prevention CQUIN Goal in any of the following years? (Place an X in appropriate boxes)

2010/11

Yes	
No	x

2011/12

Yes	
No	x

2012/13

Yes	
No	x

QUESTION FIVE – PATIENT INFORMATION

NICE Quality Standard on VTE Prevention stipulates that patients/carers should be offered verbal information on VTE prevention as part of the admission as well as the discharge processes.

a) Does your Trust undertake audit of whether verbal **AND** written information on VTE prevention is offered as part of the admission **AND** discharge processes to patients identified through VTE risk assessment as being at risk of VTE? If yes, please provide the details of the last audit carried out. (Place an X in one box)

Yes, the details of the audit are below	
No	x

Audit Details

<p>Date:</p>
<p>Results:</p>

b) As part of your patient information dissemination programme, does your Trust use the 'Preventing hospital-acquired blood clots' leaflet produced by the NHS in conjunction with Lifeblood: The Thrombosis Charity? (Place an X in one box)

Yes	
No	X An alternative is used

**0187/13
Misuse of Social Media**

1. How many staff have received

- a) warnings
- b) referral to the GMC/NMC/appropriate regulatory body
- c) been dismissed

for improper use of Twitter and Facebook in the financial years 2010-11; 2011-12 and 2012-13 respectively?

Please can this be broken down by financial year as above, and job role be given - nurse, doctor, consultant, manager etc.

2. Of these staff, how many were subject to a,b or c for posting of patient information? (Please indicate year, job role, and whether a,b,c)

3. Of the staff given in answer to question 1, how many of these incidents involved posting pictures of patients (Please indicate year, job role, and whether a,b,c)

4. Of the staff given in answer to question 1, how many have been subject to 1 or more warning, and what is the highest amount of warnings given to a staff member for improper use of Twitter and Facebook (please indicate year, job role) ?

In answer to the questions above we have had cases where there has been inappropriate use of Facebook, however, in the majority of cases these have been resolved informally and therefore no formal warnings, etc have taken place.

Between 1 -10 members of staff have received a final written warning in May 2010 (due to the low numbers we are unable to disclose the exact amount).

0188/13

Female Genital Mutilation

1. Do all medical practitioners, midwives and nurses in your institution receive training on the 2003 Female Genital Mutilation Act legislation? If not, how many have received this training?

Student midwives are trained during their initial Midwifery training however, we do not have inhouse training for the others we are therefore unable to state how many staff have received training.

2. Does your institution formally record the number of FGM cases?

No

3. On how many occasions has your institution treated girls for FGM?

They are not treated here they are referred to Birmingham Women's Hospital.

4. On how many occasions has your institution treated women for FGM?

They are not treated here they are referred to Birmingham Women's Hospital.

5. On how many occasions has your institution referred cases involving girls and FGM to the local authorities?

We do not keep records.

6. On how many occasions has your institution referred cases involving women and FGM to the local authorities?

We do not keep records.

7. On how many occasions has your institution referred cases involving girls and FGM to the police?

We do not keep records.

8. On how many occasions has your institution referred cases involving women and FGM to the police?

We do not keep records.

0189/13

Bliss financial support survey

Bliss is carrying out research into the financial costs families experience after having a premature or sick baby. We are contacting Trusts to ask what support and advice they offer to families to help with these costs. The attached survey covers hardship funds, help with subsistence costs, available information and support from third parties such as hospital charities.

We are also conducting a survey of parents which aims to gather detailed and robust information about the scale of costs families incur while their baby is in neonatal care. Hopefully all the units within your Trust have already received copies of this but please let us know if you need any more.

Information available upon request.

**0190/13
Informatics Strategy**

Could you now send me a revised version of the Informatics Strategy

Please note that the strategy is still under review however, please see attached Informatics Strategy that is currently being used.

Information available upon request.

**0191/13
Class A substances**

I would like to find out how many people admitted to hospitals within the Walsall Healthcare NHS Trust were under the influence of class A substances in the financial year 2012-2013.

Could you please show each substance as it appears in each case and show the total number of people - then also highlight how many of those are under 18.

Could you please repeat this for the financial year 2011-2012?

After this could you show the number of people admitted to hospitals within the trust under the influence of class B and then class C substances in the same financial years, highlighting the number of under 18s that have been admitted to the hospital trust.

We do not record the information via class of drug.

0192/13

Circumcision complications

Under the freedom of information act can I please obtain the following:

- How many Muslim women booked at Walsall Manor residing in Sandwell or West Birmingham have given birth to Males

There were 1-10 male babies of mothers who delivered from April to June.

Due to the small numbers we have listed the figures between 1-10 as there is a potential for breach of Data Protection.

- How many males not circumcised at Manor Hospital, have been treated for circumcision related complications

This information is not recorded.

- How many males residing in Sandwell have accessed Walsall Manor circumcision service.

There are 152 males residing in Sandwell that have accessed Walsall Manor circumcision service in April 2012-March 2013.

0193/13

Disposal of fetal remains

I am writing under the Freedom of Information to request records of disposal of all fetal remains from miscarriage, stillbirth and abortion.

More specifically:

1. a) In 2012/13, how many fetuses/fetal remains from miscarriage, stillbirth and abortion were disposed of by the hospital?

Total number of foetus for 2011/12 608

Total number of foetus for 2012/13 669

1. b) Please provide a breakdown by method of disposal, for example (but not limited to) buried separately, buried individually, incinerated, incinerated with clinical waste, cremated individually, cremated separately, passed to families for their own arrangements.

Cremation services are held for up to 12 foetus at Streetly crematorium 2011/12 573 were cremated 2012/13 607

The remainder of the foetus would have been either buried in individual plots or cremated with individual service.

1. c) For those incinerated or incinerated as clinical waste, please provide the a list of locations where this was carried out.

No recognisable foetal remains are incinerated.

2. a) b) and c) The same for 2011/12 – See above

0194/13

Telephone Maintenance

I would like to request information under the Freedom of Information Act. The information that I require relates to a specific telecommunications contract.

Please can you send me the following contract information with regards to the organisation's telephone maintenance contract (VOIP or PBX):

1. Existing Supplier: If there is more than one supplier please split each contract up depending on the number of suppliers.
2. Total Contract Value: The total value of the contract.
3. Annual Average Spend on Telephone Maintenance (3 years if possible):
4. Number of Users:

5. Number of Sites
6. Hardware Brand: The brand of the telephone system.
7. Application(s) running on PBX/VOIP systems: Applications that run on the actual PBX or VOIP system. E.g. Contact Centre, Communication Manager.
8. Contract Duration: please including any extension periods.
9. Contract Expiry Date: Please provide me with the day/month/year.
10. Contract Review Date: Please provide me with the day/month/year.
11. Contract Description: Please provide me with a brief description of the overall contract.
12. Contact/job title responsible for this contract (Full Contact Details contact name, actual job title, direct contact number and direct email address.

If the service support area has more than one provider for telephone maintenance then can you please split each contract up individually for each provider.

If the contract is a managed services or is a contract that provide more than just telephone maintenance please can you send me all of the information specified above including the person from with the organisation responsible for that particular contract.

Also if the contract is due to expire please provide me with the likely outcome of the expiring contract.

If this is a new contract or a new supplier please can you provide me with a short list of suppliers that bid on this service/support contract?

Please redirect your request to SKANSKA who will be able to provide you with a response.

0195/13

Employment scheme take up

Note: I would like the information in answer to below for every year back to July 2011.

1 –1a - The number of people carrying out unpaid work placements (eg. Work experience placements) in Walsall Hospitals NHS Trust who are claiming Job Seekers' Allowance (JSA).

And I would like these numbers for each scheme you are involved in. For example, the schemes involve: Mandatory Work Activity, Job Centre Work Experience Scheme, Sector-Based Work Academies, Work Programme work experience placements (both voluntary and mandatory schemes). If you have a scheme for work placements for people claiming JSA that you run yourselves could you please give me the details of this and the questions answered below still.

1b – I would like to know the length of a placement on each scheme you are providing placements for (as these can vary greatly in length)

1c – I would like to know the Walsall Hospitals NHS Trust departments where each placement was carried out.

1d – I would like to know how many people were given jobs in Walsall Hospitals NHS Trust at the end of their placement.

1e – I would like to know any fees paid to Walsall Hospitals NHS Trust for hosting these placements and who off.

2 –I would like the answers to all parts in question 1) again but for people claiming Employment and Support Allowance (ESA), and not JSA as in question 1

We have no learners currently on vocational placements claiming JSA. Over the last 12 months the Trust has undertaken 3 pre-employment training programs in conjunction with The Princes Trust.

Each cohort consisted of 12 young people aged 16-24yrs who were unemployed claiming JSA.

Of these 36 young people 75% have now accessed substantive posts, places on the nurse bank or the Trusts apprenticeship program.

0196/13

Names of drugs

Can the Trust specify the names of the drugs your trust have sold to buyers outside the UK in 2008, 2009, 2010, 2011 and 2012? Can your Trust also specify the quantity of drugs that were sold in each individual sale and which countries the buyers were in who bought the drugs?

We do not sell medicines and do not possess a wholesaler dealer's license.

0197/13

A&E

1. Please list the number of occasions since May 2010 when there has been a temporary divert of patients to other A&E departments to provide temporary respite (I.e. not to meet a clinical need). Please include the date of each 'A&E divert' and how long it lasted.

As detailed in our previous response, we requested this information from West Midlands Ambulance Service. Unfortunately, the organisation has advised us that it will take more than 18 hours work to obtain this data.

We recommend that you submit a Freedom of Information request directly to West Midlands Ambulance Service if you still require this information or clarification.

0198/13

Childhood Obesity

I am writing to request details under the Freedom of Information Act of youngsters admitted to hospital for obesity.

Specifically, for the financial year 2012/13, could you provide me with:

1.a) The total number of children under the age of 15 who were admitted to hospital with a primary diagnosis of obesity

2.a) The total number of children under the age of 10 who were admitted to hospital with a primary diagnosis of obesity

3.a) The total number of children under the age of 5 who were admitted to hospital with a primary diagnosis of obesity.

4.a) Please can you also tell me the age of the youngest child admitted to hospital with a primary diagnosis of obesity

b) If possible, can you tell me the sex of this child?

c) Please can you also provide information on the specific treatment this child received

5. The same information as in parts 1,2,3 and 4 for:

a) The financial year 2011/12

b) The financial year 2010/11

Patients between the ages of 0 and 15 with a primary diagnosis of obesity there were no matching patients for any of the required years.

0199/13

Agency Spend

1. How much did your hospital trust spend on (a) agency nursing care and (b) agency Doctors in the 2012/13 financial year?

2. On how many occasions was more than £1,000 paid for a single shift for an agency doctor and what were the sums paid?

3. On how many occasions was more than £1,000 paid for a single shift for an agency nurse and what were the sums paid?

Please provide details of any occasions where you have paid more than £1,000. For each occasions state the date the agency worker was hired for, how many hours they were asked to work, how much money you paid the agency for their services, the agency workers job title and the department in your trust where they worked?

1. How much did your hospital trust spend on (a) agency nursing care and (b) agency Doctors in the 2012/13 financial year?

a) £1,432,207 Qualified Nursing, band 4 & above. £191,602 HCA Band 3-2 **Total Nursing care 1,623,809**

b) **£1,626,833 Agency Doctors**

2. On how many occasions was more than £1,000 paid for a single shift for an agency doctor and what were the sums paid?

For each occasions state the date the agency worker was hired for, how many hours they were asked to work,

how much money you paid the agency for their services, the agency workers job title and the department in your trust where they worked?

2) Agency Doctors

DAYS	Total hrs per per day inc breaks	GROSS COST	VAT	TOTAL ACTUAL COST	GRADE	SPECIALTY
1	12.30	835.625	167.125	1002.76	ST3	Emergency Care (IAU) - Other

1	12.30	838	167.6	1005.60	ST4	Surgery
1	12.30	838	167.6	1005.60	Staff Grade	Surgery
1	12.30	838	167.6	1005.60	ST4	Surgery
1	12.30	838	167.6	1005.60	Staff Grade	Surgery
1	12.30	838	167.6	1005.60	Staff Grade	Surgery
1	12.30	838	167.6	1005.60	Staff Grade	Surgery
1	12.30	840.38	168.08	1012.60	Staff Grade	Anaesthetics
1	12.30	850.00	170.00	1025.52	Staff Grade	Medicine
1	12.45	857.18	171.44	1028.63	Staff Grade	Obstetrics & Gynaecology
1	13.00	873.99	174.80	1081.91	Staff Grade	Anaesthetics
1	13.00	873.99	174.80	1095.71	Staff Grade	Anaesthetics
1	13.00	873.99	174.80	1052.93	Staff Grade	Anaesthetics
1	13.00	873.99	174.798	1078.87	Staff Grade	Anaesthetics
1	13.00	873.99	174.798	1108.67	Staff Grade	Anaesthetics
1	13.00	873.99	174.798	1062.04	Staff Grade	Anaesthetics
1	13.00	873.99	174.798	1048.79	Staff Grade	Anaesthetics
1	13.00	873.99	174.798	1048.79	Staff Grade	Anaesthetics
1	13.00	873.99	174.798	1048.79	Staff Grade	Anaesthetics
1	13.00	873.99	174.798	1048.79	Staff Grade	Anaesthetics

1	13.00	873.99	174.798	1052.93	Staff Grade	Anaesthetics
1	13.00	873.99	174.798	1048.79	Staff Grade	Anaesthetics
1	13.00	873.99	174.798	1048.79	Staff Grade	Anaesthetics
1	13.00	892.84	178.568	1071.41	Staff Grade	Anaesthetics
1	13.00	892.84	178.57	1071.41	Staff Grade	Anaesthetics
1	13.00	892.84	178.57	1071.41	Staff Grade	Anaesthetics
1	13.00	892.84	178.57	1071.41	Staff Grade	Anaesthetics
1	13.00	892.84	178.57	1071.41	Staff Grade	Anaesthetics
1	13.00	897.00	179.40	1095.12	Staff Grade	Anaesthetics
1	13.00	897.91	179.58	913.74	Staff Grade	Anaesthetics
1	13.00	897.91	179.58	913.74	Staff Grade	Anaesthetics
1	12.00	900.00	180.00	1080.00	Staff Grade	A&E
1	13.00	909.35	181.87	1091.22	Staff Grade	Anaesthetics
1	13.00	909.35	181.87	1091.22	Staff Grade	Anaesthetics
1	13.00	909.35	181.87	909.32	Staff Grade	Anaesthetics
1	13.00	909.35	181.87	1091.22	Staff Grade	Anaesthetics
1	13.00	909.35	181.87	1091.22	Staff Grade	Anaesthetics
1	13.00	909.35	181.87	1091.22	Staff Grade	Anaesthetics
1	13.00	909.35	181.87	1091.22	Staff Grade	Anaesthetics

1	13.00	952.12	190.42	952.22	Staff Grade	Anaesthetics
---	-------	--------	--------	--------	-------------	--------------

3. On how many occasions was more than £1,000 paid for a single shift for an agency nurse and what were the sums paid?

None.

Please provide details of any occasions where you have paid more than £1,000.

For each occasions state the date the agency worker was hired for, how many hours they were asked to work,

how much money you paid the agency for their services, the agency workers job title and the department in your trust where they worked?

0200/13

Healthcare Assistants

How many Healthcare Assistants are employed by your Trust?

There were 413 Healthcare Assistants working for the Trust, as at 30 September 2013.

How many full-time Nurses are employed by your Trust?

There were 715 full-time Nurses working for the Trust, as at 30 September 2013.

How many days/weeks do you require Healthcare Assistants to train for before they can treat patients?

All HCAs have a 5 day induction prior to commencing their posts in the clinical area this applies to bank HCAs as well in addition they have to complete a numeracy and literacy test.

Do Healthcare Assistants at your Trust receive an annual review?

Yes, Healthcare Assistants receive an annual Individual Personal Development Review (IPDR).

0201/13

Type 2 Diabetes Education Programme Provision

I am making this request under the freedom of information guidelines:

1) Do you (or have you) provided the DESMOND programme for diabetic patients?

We do currently provide the DESMOND programme for people who are newly diagnosed with type 2 diabetes (up to 12 months from diagnosis).

2) Can you give an estimate of the costs to the trust of providing this programme, either per patient, per session or per course?

Average monthly cost for additional resources i.e. DESMOND leaflets & patient information books based on 2012/13 referral and attendance data:

Average monthly cost

Meet DESMOND leaflet	£2.50
Preparing for DESMOND leaflet	£3
Handbook	£48.75
Total:	£54.25

Venue hire

Costs for venue hire per day or two half days range from £120 - £216

Average overall costs per year

Based on the data above an average of 530 referrals are received and 169 patients per year attend DESMOND. An average of 21 sessions are delivered per year.

Resources for 169 attendees over 21 sessions totals approximately: £651.00

Venue hire for 21 sessions per year averages approximately: £3528

NB this total does not include staffing costs we currently have 6 healthcare professionals who are trained to deliver the DESMOND programme. Each session requires 2 members of staff for 6 hours (excluding travel & preparation time). Banding of staff ranges from 5 – 8a

0202/13

Theatre uniforms and specialist requirements

Theatre uniform questionnaire

Your Trusts Name:

Your position in the Trust:

1. Does your Trust stock theatre head dresses/hijabs for Muslim female staff who require a head dress for theatre?

No

2. If so, are they lengths of fabric that can be worn as a hijab or orthopaedic caps?

Lengths of fabric Goto Q3

Orthopaedic cap Goto Q5

3. If they are fabric headscarves then please state if they are;

i Purchased from a manufacturer
Which Manufacturer _____

ii Tailor made?

4. If no head dress is available, is there a mechanism in place so that such a specialist uniform can be ordered if required?

No

5. Are abayas available for Muslim female staff attending theatres? An abaya is essentially a full length theatre dress that comes to the ankle instead of mid shin.

No

4. Does the uniform policy cover such specialist requirements, that is a hijab (head scarf) and abaya (long theatre dress)? If so please copy the clause and paste below.

Yes

Policy clause if "yes" _____

4.7 Allowance on the grounds of religious or cultural beliefs

- Turbans and Kippots (skull caps) may be worn and covered with a disposable theatre hood.
- The Hijab or head scarf are to be plain in colour and of a size that is easily concealed under a disposable theatre hood. The hijab must be concealed under the scrub gown when the person is acting in the scrubbed role.

Other comments

Female staff who wear Hijabs wear their own if they choose to wear one – which is clean on every day and a theatre hat is worn over the top. Some female staff chooses to take the Hijab off and wear an orthopaedic hood.

Theatre uniform is top and trousers not a dress so the trousers would cover the ankles.

0203/13

Antibiotic policy for elective primary joint replacement in orthopaedics

I am an junior doctor interested in how hospital guidelines on prophylactic antibiotics in primary joint arthroplasty vary throughout the country.

As the information officer for your trust, I hope you can provide me with a copy of your trust's antibiotic guidelines for elective arthroplasty (hip, knee and shoulder). I am specifically looking for the following information:

- **Which antibiotic(s) are given at induction and at what dose(s)**
- **Any further doses of prophylactic antibiotics specified by the guidelines, given in theatre or in the post-operative period.**
- **The same information as above for patients who are penicillin allergic.**
- **The same information as above for patients who have a previous MRSA history or those who are known to be MRSA colonized.**

Please see attached antimicrobial guidelines - **Information available upon request.**

0204/13

Cancelled Operations

How many cancelled operations per annum, due to non-clinical reasons occur in your hospital 230 as reported to the DOH on the QMCO return for the financial year 2012-2013.

How many of these cancellations are due to torn wraps on theatre instrument sets?

April 2012- March 2013 = 1-10 operations cancelled due to torn wrap and from April 2013 to present there have been 0. We changed the outer tray sheets in April 2013 to a thicker brand which has reduced the number of torn wraps.

How many of these unusable instrument trays lead directly to cancelled operations?

We do not keep a tally of how many trays have damaged wraps if they do not result in cancelled operations as we usually have spare trays. Only 1-10 operations in 2012/2013 resulted in an operation being cancelled due to a torn wrap because it was a 'special' piece of equipment.

Due to the small numbers we have listed the figures between 1-10 as there is a potential for breach of Data Protection.

As a result of cancelled operations due to non-clinical reasons what is the cost to the Trust per annum?

The cost is £272 based on 12/13 reference costs for elective procedures that are cancelled at short notice (i.e. the patient was admitted onto a ward / daycase unit).

0205/13

Contact Details

Please provide contact information including First Name, Surname, Email Address and Telephone Number for all of the Occupational Therapists and Allied Health Professionals who are Occupational Therapists or provide a service which can be defined as Occupational Therapy from Walsall Healthcare NHS Trust.

If you don't provide individual details please provide a contact such as Head OT with First Name, Surname, Email Address and Telephone Number.

If your organisation does not have Occupational Therapists or Allied Health Professionals who are Occupational Therapists or provide a service which can be defined as Occupational Therapy – please provide the name of the organisation who is responsible for providing you with Occupational Therapists. Please include the First Name, Surname, Email Address and Telephone Number of all of the Occupational Therapists they provide.

Sue Hartley, Director of Nursing
01922 721172
Sue.hartley@walsallhealthcare.nhs.uk

0206/13

List of agencies / suppliers used for Medical Locums

Could you please supply me with a list of the agencies/suppliers you currently use for Medical Locums? Also, for each one, please let me know which professionals they supply to you - Doctors / Nurses / Allied Health Professionals / Health Sciences Services / non-clinical Staff – and if you have any of the following agreements in place:

- Master Vendor Solution
- Neutral Vendor Solution
- Tier 1 supplier
- Tier 2 supplier
- S.L.A. (Service Level Agreements)

I would be grateful if for each of these agreements you could list the dates they commenced started and the duration (i.e. do they have a review date or they on-going?)

We utilise a GPS (Government Procurement Services) framework, the start/end date of which is 01/07/13 to 30/06/15 (option to extend for 2 years).

GPS FRAMEWORK SUPPLIERS September 2013 – for any level of doctor

ACCIDENT & EMERGENCY AGENCY LTD
AHL RECRUITMENT LIMITED
ATHONA LTD
AVOCA MANAGED SERVICES LTD
CASTLEROCK RECRUITMENT GROUP
COYLE PERSONNEL P L C
D.R.C. LOCUMS LTD
DOCTORS EMPLOYMENT CONSORTIUM
EVERGOOD ASSOCIATES LTD
FRESH RECRUITMENT LTD T/A FRESH MEDICAL RECRUITMENT
GLOBAL MEDICS LIMITED
HCL DOCTORS LTD
HOLT DOCTORS LTD
ID MEDICAL
INTERACT MEDICAL LTD
MEDACS HEALTHCARE PLC
MEDECHO LTD
MEDIC SUPPLY
MERCO MEDICAL STAFFING LTD
MP LOCUMS
MY LOCUM LTD
PERTEMPS MEDICAL PARTNERSHIP LTD
PROMEDICAL PERSONNEL LTD
PULSE HEALTHCARE LTD
THE LOCUM CONSULTANT AGENCY
REED SPECIALIST RECRUITMENT
RIG LOCUMS LTD
SHAHUL AYDEN COHEN & CO LTD
SURGI-CALL LOCUMS LTD
THE LOCUM PRACTICE LTD
THE PATHOLOGY GROUP
TOTAL ASSIST RECRUITMENT

Agencies

Agency	Profession Supplied
Advantage Healthcare	Nurses
Arrows Group	Nurses
Atlantis Medical	Allied Health Professionals
British Nursing Association	Nurses

Care4Health	Allied Health Professionals
Falcon Recruitment	Nurses
Godiva Healthcare	Nurses
HCL Healthcare	Nurses & Allied Health Professionals
ID Medical	Nurses
Medacs	Nurses
Medbank Healthcare	Nurses
Medics Pro	Nurses
Medisec	Non-Clinical Staff
Meridian Health	Nurses
MSI	Nurses
NRS Global	Allied Health Professionals
Nursing Personnel	Nurses
Piers Meadows Recruitment	Allied Health Professionals
Precedo Healthcare	Nurses
Primera Healthcare	Nurses
Pulse Nursing Agency	Allied Health Professionals
Real Staffing	Allied Health Professionals
Reed Specialist Recruitment	Allied Health Professionals
RIG Recruitment	Allied Health Professionals
Robin Recruitment	Nurses
Swiis Healthcare	Nurses
Team 24	Nurses
Team Support	Nurses
Thornbury Nursing	Nurses
Yourworld Recruitment	Allied Health Professionals
Globe Locums	Allied Health Professionals
IML Maxxima	Allied Health Professionals
R&S Medical	Allied Health Professionals

‘Do you have any of the following agreements in place?’

- **Master Vendor Solution** No
- **Neutral Vendor Solution** No
- **Tier 1 supplier** Yes, the agencies we use through the Resourcing Team are distinguished using our own Tier system, which is on-going.
- **Tier 2 supplier** Yes, the agencies we use through the Resourcing Team are distinguished using our own Tier system, which is on-going.
- **S.L.A. (Service Level Agreements)** No

0207/13

Inpatient Ward information

1. How many In-patient Wards do you have?
2. Of these, how many wards have ceiling tiles installed in the bed areas?
3. If they do not have tiles are there plans to change to install in the future?
4. If they have tiles are they of a high specificity for sound absorbing?

We have 27 wards all have tiled ceilings and meet the requirements in regard to sound absorbency.

0208/13

Block / Assured Contracts

1. Has your organisation undertaken a block /assured contract this year (2012/13) or still remain under PBR

We are under PbR for 13 / 14

2. Do you intend at this time to undertake a PBR or a block/assured contract next year 2014-15

We will be under PbR for 14/15

0209/13

Fleet Management- Contract Information

1. Contract Type: Maintenance, Leased, Hire
 2. Who is the supplier of this contract? If there is more than one supplier please can you split all the information out below including annual spend, contract description and contract dates.
 3. A small description of the contract.
 4. The expiry date of each individual contract.
 5. The contract review date.
 6. Can you please send me contact details of the individual within the organisation responsible for this contract? Can you please send me two contact one from the fleet management (or equivalent) and the other procurement or purchasing preferably the category manager.
 7. If the contract above was awarded within the last six months could you please provide me with the suppliers that were shortlisted?
 8. I understand that the FOI Act is for recorded information but if you could be so help please include notes into what the organisation tends to do for future procurements. Extending contract, going to tender etc.
- A. Leased Cars (e.g. Community Nurses)
1. Contract type – Leased vehicles
 2. Supplier – see attached - **Information available upon request.**

3. See attached - **Information available upon request.**
4. See attached - **Information available upon request.**
5. Reviewed before end of each contract lease
6. Procurement – Andrew Smith (andrew.smith@walsallhealthcare.nhs.uk)
Finance – Lorraine Sexton (Lorraine.sexton@walsallhealthcare.nhs.uk)
7. N/A
8. Contract to be extended to next financial year

B. Fleet Management Service

1. Contract type – Term Contract
2. GMP Fleet Management. £2k +VAT per annum
3. Fleet Management Services, online database services.
4. Rolling Annual Contract
5. Annual
6. Procurement – Andrew Smith (andrew.smith@walsallhealthcare.nhs.uk)
Finance – Lorraine Sexton (Lorraine.sexton@walsallhealthcare.nhs.uk)
7. N/A
8. Contract to be extended to next financial year

C. Trust Internal Fleet

1. Contract type – leased commercial vehicles
2. Lex Autolease Ltd. £43259.95 +VAT per annum
3. Commercial vehicle leasing and servicing
4. Rolling Annual Contract
5. Annual
6. Procurement – Andrew Smith (andrew.smith@walsallhealthcare.nhs.uk)
Finance – John Dony (john.dony@walsallhealthcare.nhs.uk)
7. N/A
8. To be tendered when vehicle require replacement

0210/13

Employee Sickness Data

1. What was the total number of days lost for your organisation due to sickness absence over the last 2 years? For guidance and to help expedite the response, I would like to clarify my request. Last 2 years defined as financial years 2011-12 & 2012-13 and may I request, that your reply be broken down to reflect the organisations structure of Directorates, (as I have no idea of your organisations structure) I have used Birmingham Council structure purely as an example (Adults & Communities), (Children, Young People & Families), (Corporate Resources), (Development),(Environment & Culture), (Homes & Neighbourhoods).

2. What is the Total number of employees (headcount broken down in to the organisational structure and also covering the same time period as requested in question 1).

3. What is the FTE (full time equivalent) broken in to the organisational structure and also the same time period as requested in question 1.

Year 2011-12

Year 2012-13

Department Name Working Days Lost to sickness
Department Name Head Count
Department Name Average FTE

Please see attached answers to questions 1-3 - **Information available upon request.**

4. During the last financial year April 2012 to March 2013 what percentage of your organisations “return to work meetings” are held and documented on:

(A) The day employee returns

(B) The week employee returns but not on first day

(C) RTW interview held outside the week employee returned or not held

RTW meeting Held	% of RTW
Day employee returns to work	
RTW meeting held in first week but not on day employee returned	
RTW interview held outside of first seven days or not held at all	

Please see attached - **Information available upon request.**

5. Please submit data contained in your reply into an Excel spread sheet.

0211/13

Female Genital Mutilation (FGM)

1) The number of incidences/suspected incidences of FGM treated by the Trust in the last five years.

Patients are not treated here they are referred to Birmingham Women’s Hospital.

a) Please break these incidents down by date, the hospital where the diagnosis occurred, a brief description of why FGM was suspected, the age of the patient, the nationality/ethnicity of the patient, and a brief description of what happened to the patient.

Patients are treated at Birmingham Women’s Hospital therefore please could you redirect the request.

b) Please tabulate this response.

0212/13

Pest Infestation

1. How many times has your Trust had to call out pest control services to deal with an infestation at any of your hospital premises in each of the following financial years: 2009/10, 2010/11, 2011/12, 2012/13 and 2013/14 (to date)?

2. For each infestation that occurred in the years listed in the above question, please list:

a) the type of vermin/pest involved, and

b) the ward/department within the hospital which was affected.

3. Please provide details of the amount spent on pest control services by your Trust in each of the following financial years: 2009/10, 2010/11, 2011/12, 2012/13 and 2013/14 (to date).

Date called out	Reason for call out	Area	Cost
02/04/2009	Rodents	External/Grounds ducting	contract
09/04/2009	Silverfish	Ward	contract
06/06/2009	C roach	Refuse room	contract
15/06/2009	Flying ants	Education & training centre	contract
19/06/2009	Flying ants	Ward	contract
01/07/2009	Ants	Neonatal	contract
09/07/2009	Wasp nest	East wing	contract
10/07/2009	Bed bugs	Accommodation	contract
17/09/2009	Flys	Mortuary	contract
25/09/2009	Pigeon chicks	East wing	contract
09/12/2009	Mouse	Ward 12	contract
12/02/2010	Bites	Ward 15	contract
30/04/2010	Rat	Grounds	contract
13/05/2010	Ants	Path lab	contract
17/05/2010	Ants	A&E	contract
10/06/2010	Ants	delivery/neonatal	contract
11/06/2010	Ants	Neonatal	contract
11/07/2010	Flying ants	Neonatal	contract
22/07/2010	Ants	delivery suite	contract
23/07/2010	Ants	delivery suite	contract
04/09/2010	flys	Wards	contract
07/09/2010	flys	wards	contract
22/09/2010	fly	Ward 5	contract
24/09/2010	Pigeon nest	Grounds	£60 + vat
02/02/2011	Rats	External grounds	contract
31/03/2011	Bites	office	contract
08/07/2011	Nesting pigeons	External	£60 + vat
17/07/2011	Mouse	Ward 11	contract
25/07/2011	Rats	External Grounds	contract
23/08/2011	Bites	Ward 15	contract
23/08/2012	Fruit fly's	Imaging rest room	contract
26/09/2011	Rats	External Grounds	contract

Date called out	Reason for call out	Area	Cost
03/11/2011	Rats	External Grounds	contract
10/11/2011	Silver fish	Ward 17	contract
07/12/2011	Rats	External Grounds	contract
29/02/2012	Bites	Health records	contract
25/04/2012	Rats	External Grounds	contract
16/07/2012	Mouse	Pharmacy	contract
31/07/2012	Bites	HR & performance	contract
20/07/2012	Bites	A&E reception	contract
27/07/2012	Rats	External Grounds	contract
28/07/2012	Bites	Ward 10	contract
01/08/2012	Bites	Discharge team	contract
09/08/2012	Bites	Ward 9	contract
10/08/2012	Rats	External Grounds	contract
18/08/2012	Mouse	Hospital street	contract
20/08/2012	Mouse	Fracture clinic	contract
17/09/2012	Nesting pigeons	External	£60 + vat
25/10/2012	Rats	External Grounds	contract
12/12/2012	Silverfish	Ward 16	contract
22/01/2013	Rat	Grounds	contract
13/02/2013	Rats	Grounds	contract
16/02/2013	C roach	ITU	contract
19/03/2013	Ants	Ward 10	contract
15/04/2013	Ants	Ward 15	contract
03/05/2013	Earwigs	Ward 1	contract
09/07/2013	Ants	Neonatal	contract
05/08/2013	Wasp nest	Ward 6	contract
08/08/2013	Wasps	Ward 16	contract
09/09/2013	Flys	shower room	contract
19/09/2013	Rats	Boiler room	contract
Contract price	Weekly planned visits	£4, 979 + vat	

0213/13

IT Contracting

I'm currently trying to gather information on IT Contractors within the NHS. Could you send me details of how many contractors are working for your IT dept, with their jobs roles and their rates of pay please

Number of FTE	Role	Rate of Pay
1-10	IT Support Engineer	Band 5

Due to the small numbers we have listed the figures between 1-10 as there is a potential for breach of Data Protection.

0214/13

Residents of Willenhall

I wonder if you could supply me with information regarding the proportion of patients in the Willenhall area that chose to attend The Manor Hospital instead of New Cross Hospital.

Period remaining until all information is compiled.

0215/13

Meat Purchased

- 1) The percentage of fresh meat purchased by your organisation or its sub-contractors that is of British origin.
100
- 2) The percentage of frozen meat purchased by your organisation or its sub-contractors that is of British origin.
43
- 3) The percentage of meat-related products purchased by your organisation or its sub-contractors that is of British origin
85
- 4) Whether you require your suppliers to only supply the organisation with fresh meat of British origin.
No
- 5) Whether you require your suppliers to only supply the organisation with frozen meat of British origin.
No
- 6) Whether you require your suppliers to only supply the organisation with meat related products of British origin.
No
- 7) Whether you require your suppliers to only supply the organisation with milk of British origin.
No
- 8) Whether you require your suppliers to only supply the organisation with milk-related products of British origin.
No
- 9) Whether your contracts with organisations that provide catering services or other food related services to your organisation include a clause requiring them to only use/buy British fresh meat.
No

10) Whether your contracts with organisations that provide catering services or other food related services to your organisation include a clause requiring them to only use/buy British frozen meat.
No

11) Whether your contracts with organisations that provide catering services and other food related services to your organisation include a clause requiring them to only use/buy British meat-related products.
No

0216/13

Tier 3 Obesity Services – NHS Walsall

Requester redirected to Walsall CCG

0217/13

Cloud Computing

I am interested in your organisation’s use of cloud computing and include a definition of cloud computing to assist you in locating the information.

Definition of cloud computing.

Cloud Computing describes the hosting of computer services externally with access to information being distributed through the internet. Users will access and read or write to externally hosted information through a user interface portal.

The Information Commissioner’s Office describes cloud computing as “*Access to computing resources, on demand, via a network*”.

1. Does your organisation use cloud computing to host systems and or information? – **No**

If **Yes** answer Questions 3, 4, 5, 6, 7, 8 and 9

If **No** answer Question 2

2. Is your organisation planning to implement cloud computing for data storage in the future? **Possibly**

3. Please list your organisations current uses of cloud computing using the following table format:

TYPE OF INFORMATION HELD IN THE CLOUD (Corporate/Clinical)	IS THE SYSTEM MANAGED BY A THIRD PARTY? (Yes/No)	HAS A PRIVACY IMPACT ASSESSMENT BEEN COMPLETED?	IS THE SYSTEM AUDITABLE?	IS INFORMATION HELD WITHIN THE SYSTEM ENCRYPTED?

4. Does your organisation’s information security policy reference cloud computing? – **N/A**

5. Are contracts with cloud computing service/system suppliers reviewed to ensure Information Governance requirements are in place? – **N/A**
6. Has consent been sought from individuals where personally identifiable information is to be held in the cloud? – **N/A**
7. What is the estimated percentage of your organisations information currently managed using cloud computing? – **N/A**
8. Have you had any reported incidents relating to offsite electronic storage of information? – **N/A**
9. Please provide copies of your information security and confidentiality policies. – **See attached - Information available upon request.**

0218/13

Speech Therapy

1. Is the trust commissioned to provide a speech therapy service for children who stammer? YES

2. If so, what is: the age range?; the current waiting time from referral to assessment?; the current waiting time from assessment to first appointment?; and the current number of children on the waiting list for assessment and first appointment? What does your speech therapy service consist of for children who stammer? Age 2- 19/ Current waiting time 6 – 8 weeks/ wait for treatment 12 weeks/ number on waiting list = 1-10 (total number of referrals approx. 80 p.a.)/ service comprises 1:1 therapy (including Lidcombe) and school holiday intensives dependent on demand.

Due to the small numbers we have listed the figures between 1-10 as there is a potential for breach of Data Protection.

3. Is the trust commissioned to provide a speech therapy service for adults who stammer? YES

4. If so, what is: the age range?; the current waiting time from referral to assessment?; the current waiting time from assessment to first appointment?; and the current number of adults on the waiting list for assessment and first appointment? What does your speech therapy consist for adults who stammer? 19 years +/- max 12 week wait/ 0 currently waiting/ therapy involves 1:1 – maintenance group planned for Jan 14.

5. Does the trust have any plans in the current financial year or longer term to introduce / reduce / expand speech therapy services for children / adults who stammer? No changes planned

0219/13

Recycling and Waste Maintenance and Support Contracts

I wish to submit a freedom of information request to the organisation with regards to their current recycling and waste support and maintenance contracts.

Examples of recycling contract you could have:

- Green Waste Disposal
- Household Waste Recycling Centres
- Refuse Recycling Street Cleaning
- Recycling Collection Services

Examples of waste management contract you could have:

- Waste Development Environmental Assessment
- Waste Transfer & MRF (Materials recovery facility)
- Waste Disposal Landfill
- Bulky Waste

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

1. Contract Type- From the examples given above please state what type of contract this is. Please state other and type of contract if the type of contract is not listed above. In some cases the organisation will have one or two big contracts that is covered in a managed contract please state in the contract description what services the contract provides as well.
2. The supplier of the recycling or waste contract
3. What is the annual average spends for each of the suppliers. For those organisations with new contracts can you please specify the estimated spend?
4. A brief description of what the contract entails. Please to specific to the services provided under these contract(s).
5. What is the contract duration of the each of the contract(s)?
6. What is the start date of each contract(s)?
7. What is the expiry date of each contract(s)?
8. When does the organisation intend to review these contract(s)
9. Who is responsible for reviewing this contract please send me their full name, actual job title, contact number and their direct email address.

Even if the organisation has a managed contract please can you send me all the contract information I have requested including the contact details.

If this contract has just been award within the last six months can you please send me information on the shortlist of suppliers that bid on the contract?

Please see below.

Clinical Waste

Supplier - SRCL (Sterile Technologies)

Spend with individual suppliers is commercial in confidence

Collection and disposal of clinical waste. This is a consortium contract jointly tendered by several NHS Trusts.

01/04/09 to 31/03/14 this contract has been reviewed and an option to extend has been taken up
01/04/14 to 31/03/19

See below contact details

Sharps Disposal

Supplier – Sharpsmart

Spend with individual suppliers is commercial in confidence

Collection and disposal of sharps (e.g. needles)

16/07/12 to 15/07/14 (option to extend)

Currently under review.

See below contact details

Domestic and general waste, Confidential waste and Non-medical hazardous waste streams were awarded following a competition against a national framework as follows:

Domestic and General Waste

Supplier – Weir Waste Services

Spend with individual suppliers in commercial in confidence

Collection and disposal of general and domestics waste

01/11/09 to 31/10/14 (option to extend)

This contract is currently under review.

See below contact details

Confidential Waste

Supplier – Shreddall

Spend with individual suppliers in commercial in confidence

Secure collection and disposal of confidential paper waste

01/11/09 to 31/10/14 (option to extend)

This contract is currently under review.

See below contact details

Hazardous Non-Healthcare Waste

Supplier – Veolia

Spend with individual suppliers in commercial in confidence

Collection and disposal of non-medical hazardous

01/11/09 to 31/10/14 (option to extend)

This contract is currently under review.

See below contact details

Please note that we do not release individual staff names and email addresses below Director level.

The Director for Procurement:

Director of Finance

Ian Baines

ian.baines@walsallhealthcare.nhs.uk

01922 721172

Total expenditure across all of the above stated waste streams is approximately £466,000 per annum.