

**FREEDOM OF INFORMATION  
DISCLOSURE LOG – Quarter 3 October-December2013**

Ref	Date	Title of Request / Link	Page No
0220/13	Oct 2013	Recruitment of Locum Doctors	5
0221/13	Oct 2013	ICT Spend	7
0222/13	Oct 2013	Trust Spend on Pharmacy staff	12
0223/13	Oct 2013	Income	12
0224/13	Oct 2013	Pest control & translation services	12
0225/13	Oct 2013	Local Counter Fraud Specialist	15
0226/13	Oct 2013	Continence Products	15
0227/13	Oct 2013	Clinical Reviews to Determine the level of non payment for readmission	16
0228/13	Oct 2013	Environmental Information regulations request mechanism - IT Services/Mobiles Phones	17
0229/13	Oct 2013	Contact Details - Paediatric OT	19
0230/13	Oct 2013	A&E Department	19
0231/13	Oct 2013	A&E locums and GPs	20
0232/13	Oct 2013	Never Events 2012/13	20
0233/13	Oct 2013	Agency Nurses / Midwives	21
0234/13	Oct 2013	Security on web systems	22
0235/13	Oct 2013	Marginal rate tariff for emergency activity	29
0236/13	Oct 2013	Needlestick Injuries	30
0237/13	Oct 2013	Medical Locum Agency Data	30
0238/13	Oct 2013	Spent on Support contracts IT	33
0239/13	Oct 2013	Pathology Services	35
0240/13	Oct 2013	Maternity Unit	35
0241/13	Oct 2013	Staff dealing with FOI requests	36
0242/13	Oct 2013	Sickness Policy – Request withdrawn	37
0243/13	Oct 2013	Trust spent - computers/IPADs/smart phones	37
0244/13	Oct 2013	Private Medical Insurance	37
0245/13	Oct 2013	Health and Safety Incidents	38
0246/13	Oct 2013	Antibiotic Resistance	38
0247/13	Oct 2013	NHS Artwork	39
0248/13	Oct 2013	Malnourishment	39
0249/13	Oct 2013	Spend & Organisational Structure	40
0250/13	Oct 2013	A&E	41
0251/13	Oct 2013	Racist Incidents	43
0252/13	Oct 2013	Patient Transport	43
0253/13	Oct 2013	IT Security	44
0254/13	Oct 2013	Self-administration of medication policy	45
0255/13	Oct 2013	Hernia Repair	45
0256/13	Oct 2013	Private Patients	45
0257/13	Oct 2013	Level 3 Resuscitation	46
0258/13	Oct 2013	Contractors Informatics Department	47
0259/13	Oct 2013	Procurement Contact Details	47

Ref	Date	Title of Request / Link	Page No
0260/13	Oct 2013	Misconduct	47
0261/13	Nov 2013	Overpaid Staff	48
0262/13	Nov 2013	Agency expenditure	49
0263/13	Nov 2013	Oncology	49
0264/13	Nov 2013	Mortuary/morgue complaints	51
0265/13	Nov 2013	Radiotherapy Machines	51
0266/13	Nov 2013	Clinical Excellence Awards for Consultants	51
0267/13	Nov 2013	Staff sent home due to being intoxicated	52
0268/13	Nov 2013	Number of inpatients, number of inpatients with pressure ulcers, number of grade 3/4 pressure ulcers	52
0269/13	Nov 2013	Ambulance off-loading	52
0270/13	Nov 2013	Patients in A&E	54
0271/13	Oct 2013	Hypoglycaemic Admissions	58
0272/13	Nov 2013	Sustain the alliance for better food and farming	58
0273/13	Nov 2013	Trust Fund	59
0274/13	Nov 2013	Delayed transfers of Care	63
0275/13	Nov 2013	Spend on A&E Medical Locums	66
0276/13	Nov 2013	Number of repeat attendances at A&E	66
0277/13	Nov 2013	Reports from Royal College of Surgeons	67
0278/13	Nov 2013	Expenditure on professional advice	67
0279/13	Nov 2013	Liverpool Care Pathway	67
0280/13	Nov 2013	Intravenous therapy	68
0281/13	Nov 2013	Number of inpatients, number of inpatients with pressure ulcers, number of grade 3/4 pressure ulcers	69
0282/13	Nov 2013	High Risk Organs - Request withdrawn	70
0283/13	Nov 2013	Chief Executive pay	71
0284/13	Nov 2013	Outpatient Hysteroscopy/Biopsy	71
0285/13	Nov 2013	Services For Deaf People	73
0286/13	Nov 2013	Violence and abuse in A&E	74
0287/13	Nov 2013	Server, Virtualisation and Storage Contract Information	76
0288/13	Nov 2013	People under the age of 16 prescribed with methadone	78
0289/13	Nov 2013	A&E Visits	78
0290/13	Nov 2013	IT / ICT / Information Systems Department Information	79
0291/13	Nov 2013	Spend on Agency Allied Health Professionals	80
0292/13	Nov 2013	Annual Report & Quality Account	81
0293/13	Nov 2013	Patient Falls	81
0294/13	Nov 2013	Audited Accounts	81
0295/13	Nov 2013	NHS Friends and Family Test and other Surveys	81
0296/13	Nov 2013	Compensation payouts	82
0297/13	Nov 2013	Staff Sickness Absence Management Policy	82
0298/13	Nov 2013	Ethnicity	82
0299/13	Nov 2013	Personal Television Facilities and Telephone Calls from bedside units	85
0300/13	Nov 2013	Broken noses and nose re-setting operations	86
0301/13	Nov 2013	Thefts	87

Ref	Date	Title of Request / Link	Page No
0302/13	Nov 2013	Printer consumables	89
0303/13	Nov 2013	Outsourcing Radiology	90
0304/13	Nov 2013	Chaplains	90
0305/13	Nov 2013	Trust Staff	91
0306/13	Nov 2013	Annual Accounts	93
0307/13	Nov 2013	Cancer Treatment Services	94
0308/13	Nov 2013	Deceased patients	96
0309/13	Nov 2013	Items removed from patient's body	97
0310/13	Nov 2013	Rheumatoid Arthritis	98
0311/13	Dec 2013	Flu Jabs	101
0312/13	Dec 2013	Bariatric surgery, sleep apnoea, hypertension, weight issues and diabetes	106
0313/13	Dec 2013	Overnight Consultants	107
0314/13	Dec 2013	Inguinal hernias	108
0315/13	Dec 2013	Early Warning Score – Request Withdrawn	109
0316/13	Dec 2013	Bounty Photographers	109
0317/13	Dec 2013	Vacant Posts	110
0318/13	Dec 2013	Ocriplasmin (Jetrea)	110
0319/13	Dec 2013	Treatments for Certain Diseases	111
0320/13	Dec 2013	IT & Telecommunications Disposal Process	112
0321/13	Dec 2013	Foreign patients treated	113
0322/13	Dec 2013	Private car parks and fines	113
0323/13	Dec 2013	Private healthcare	114
0324/13	Dec 2013	Cancelled operations	114
0325/13	Dec 2013	RTT Fines	115
0326/13	Dec 2013	Posters/Advertising	117
0327/13	Dec 2013	SUIs	118
0328/13	Dec 2013	NHS funding	119
0329/13	Dec 2013	Dermatology	120
0330/13	Dec 2013	Intoxicated Staff	121
0331/13	Dec 2013	Terminations and Miscarriages	121
0332/13	Dec 2013	Electrophysiology and Waiting Lists	123
0333/13	Dec 2013	Patients with Dementia	123
0334/13	Dec 2013	Impact of the Francis Report on the Acute Sector	124
0335/13	Dec 2013	Departmental Structures	125
0336/13	Dec 2013	Fitness to Practise Rulings	126
0337/13	Dec 2013	Consultants	127
0338/13	Dec 2013	Rheumatoid Arthritis	128
0339/13	Dec 2013	Corrective Surgery	130
0340/13	Dec 2013	Abortions, Still Births and Miscarriages	131
0341/13	Dec 2013	Foetal Remains	133
0342/13	Dec 2013	Doctors on Shift	136
0343/13	Dec 2013	Staffing	139
0344/13	Dec 2013	Annual Report	139
0345/13	Dec 2013	Liverpool Care Pathway	139
0346/13	Dec 2013	Malaria	140
0347/13	Dec 2013	Locum/Bank/Agency Staff	140

<b>Ref</b>	<b>Date</b>	<b>Title of Request / Link</b>	<b>Page No</b>
0348/13	Dec 2013	Wrong Drugs/Doses	141

Recruitment of Locum doctors

1. Rest and Meal Breaks

- a. What procedures or policies were in place during the relevant period to ensure that locum doctors took rest and meal breaks (and what was the process to convey and agree this with each locum doctor)?

**We follow New Deal and EWTD guidelines. Locum doctors are provided an induction pack before commencing shift. Agency locums sign a declaration with the agency.**

- b. What procedures or policies were in place to track, record and verify each such rest and meal break?

**As above**

2. ON-call locum doctors

- a. How did the Trust determine (i) whether it required a locum doctor 'on-call' or not 'on-call and (ii) whether such 'on-call' locum doctor would be required to be 'residential on-call' or 'non-residential on-call'?

**We have 2 non-resident on-call rotas so the locum is booked to work that rota/hours. Hours would be explained upon booking and outlined on the confirmation**

- b. What procedures or policies were in place to track, record and verify when each locum on-call doctor was 'called into work'?

**We would expect the doctor to record this during a monitoring exercise**

3. Recruitment of locum doctors

- a. Please send me your policies and process(es) for the recruitment of locum doctors, including details of the process for approving (i) the use of certain locum doctor suppliers and (ii) the cost for the provision of such locum doctor.

**We do not have a set policy for sourcing of locums. We do have an inhouse process for obtaining Medical Director approval for each locum request. We have a tiered SLA-type arrangement with GPS framework agencies. We follow the GPS rates of pay in the majority of cases. Additional approval would be sought from the Clinical Lead or Medical Director if rates are escalated.**

- b. Please send me your policies and process(es) for approving and signing (i) booking confirmations for locum doctors and (ii) timesheets for each locum doctor.

**We do not have a set policy but arrangements with our framework agencies, ie that timesheets are approved by someone who can verify that the locum attended the shift on the timesheet. Medical Staffing countersign the timesheet having verified that the hours claimed have been appropriately approved in advance**

4. NHS Terms and Conditions of Contract (dated 22 November 2007) Framework Agreement

- a. Please send me details of the policies and process(es) that the Trust had in place during the Relevant Period to ensure the Trust's compliance with the Framework Agreement.
- b. Please confirm the department or individual with responsibility (during the Relevant Period) to ensure compliance with the Framework Agreement. To the extent that you are not able by law to disclose the name of the responsible individual, please confirm the relevant department or job title of such individual.

**Our Procurement department arranged agreements/SLAs with framework agencies ensuring that all compliance areas were covered in such SLAs**

## 5. Payments

- a. Please send me your policy and process(es) for (i) approving for payment invoices from your suppliers of locum doctors and (ii) verifying or reconciling such invoices against corresponding timesheets.

**We follow Standard Finance Instructions. Medical Staffing record all locum bookings on a database at the time of booking the locum. Timesheets and invoices are cross checked in Medical Staffing against the initial booking on the database.**

- b. Please provide a breakdown (by Locum doctor supplier) of the amount spent during the relevant period.

## Medics Agency & Locum Spend

	Month 06					
	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14
Locum	2,228,455	2,950,135	2,388,355	3,329,077	3,313,558	1,859,202
Agency	830,664	1,871,915	1,582,696	1,870,282	1,626,833	1,114,115
<b>Total Temporary Medical Staffing</b>	<b>3,059,119</b>	<b>4,822,050</b>	<b>3,971,051</b>	<b>5,199,359</b>	<b>4,940,391</b>	<b>2,973,317</b>

**We are unable to breakdown the figures by locum doctor supplier.**

## 6. Audit

- a. Please send me your policy and process(es) for auditing invoices for your locum doctor suppliers during the Relevant Period.

**Invoices received from locum suppliers follow the Trust invoice authorisation process for departments / wards i.e. an invoice is received in the Paymaster department and sent to the Medical Staffing Department for checking and authorisation. Medical staffing has a system for recording locum bookings that is used for checking and authorising invoices in relation to the individual bookings before being sent back to the paymaster department for payment.**

- b. Please send me (i) documents pertaining to the approval for the appointment of any external financial or legal advisers who advised on invoices for the Relevant Period from your locum doctor suppliers (please include the relevant board minutes of the Trust) and (ii) any engagement letters/terms and conditions with such advisors.

**As above**

**0221/13**  
**ICT Spend**

As such, under the current terms of the Freedom of Information Act please can you provide me with the answers to the following questions - where possible including any recharge costs to a central budget and ICT expenditure occurred through public finance initiatives that are currently off balance sheet.

**QUESTION 1:**

The total budgeted ICT expenditure (capital and revenue) for your organisation for 2013-14 and 2014-15

**RESPONSE:**

- 2013-14 (**£6,905k**)
- 2014-15 (**£6,797k**)

**QUESTION 2:**

A breakdown of the actual / budgeted or estimate for 2013/14 and 2014/15 according to the following categories for your organisation

Where possible for asterisked categories, please indicate the current percentage of spend which is delivered “as a service”. SaaS and PaaS are instances of applications and deployment environments that are hosted by the software vendor. IaaS is hosting which is purchased on flexible terms with minimal usage commitments.

In the boxes below relating to XaaS (SaaS/PaaS/IaaS) activity, please only fill in figures in those areas which are **unshaded**.

**RESPONSE:**

See table 1 Below

Category	Sub-category	Year end 2013-14	Year end 2014-15	%age "as-a-service" in 2013/14
Hardware	Desktop computers	746	750	
	Portable computers			
	Servers			
	IT consumables			
	Network equipment (LAN)			
	Storage			
	Peripherals	127	127	
Software licences	Application licences, including relevant SaaS*	184	0	2.66%
	Middleware licences, including relevant PaaS*			
	System licences, including relevant SaaS*			
Services outside of outsourcing contracts	Hardware maintenance	73	73	
	Software maintenance	1542	1480	
	Custom software	Not broken down would be included in software above		
	Hosting, including any IaaS*	0	0	
	Managed communications	0	0	
	IT consultancy	63	63	
	System integration	0	0	
	Training	36	36	
Services under IT outsourcing contracts	Desktop	0	0	

	Hosting Application Development Software Licensing and Management Service Integration and Management			
<b>Communications</b>	Fixed line	313	313	
	Wireless	Provided by Skanska		
	Networking equipment (WAN)	625	625	
<b>Staff</b>	Staff	3196	3330	

**QUESTION 3:**

The scope of each of these categories is defined in the Kable taxonomy document, which we have attached to this request – available upon request.

3 – In relation to your telecoms activity, can you confirm whether you procure via a framework? If so, which one?

Do you plan to replace this framework/ your supplier next year? If so, can you confirm how you will replace this?

**RESPONSE:**

Please contact Skanska for further information.

**QUESTION 4:**

Please provide a list of all the ICT projects that you are undertaking; the cost of these projects and the estimated completion dates for these projects. If it is not possible to provide this under the current Fol limits, I am happy to accept a listing of your most up to date schedule of contracts or other record of contracts.

**RESPONSE:**

Please refer to table 2 below

**TABLE 2**

<b>ORG CODE</b>	<b>PROJECT / AREA NAME</b>	<b>Project End Date (Go Live)</b>	<b>Costs (From Business case)</b>
WHT	Electronic Patient Handover	01/11/2013	<b>In house development</b>
WHE	FUS - EDS Mes PrePopulation	15/11/2013	<b>In house development</b>
WHE	Public Secure Network (PSN)	01/01/2014	<b>£30k</b>
WHE	WORKPACKAGE B	31/01/2014	<b>£50k</b>
WHT	NEW PAS	02/03/2014	<b>£500k</b>
WHE	Order Comms (WS21b)	12/03/2014	<b>£20k</b>
WHT	Maternity (MIS)	31/03/2014	<b>£30k</b>
WHE	Software Standardisation (Impact Analysis)	31/03/2014	<b>£25k</b>
WHT	Digital Solution - Phase 2	15/04/2014	<b>To be confirmed</b>
WHT	BIS	31/09/2014	<b>£134k</b>
WHE	Fusion	On-going	<b>In house development</b>
WHT	RosterPro	Several roll out through year	<b>£30k circa</b>

WHT	Medical Records Scanning (EPR) Work stream	TBA	<b>To be confirmed</b>
WHT	Patient Tracking - Theatres	TBC	<b>To be confirmed</b>

**QUESTION 5:**

Please provide a list of public sector organisations (either organisations which you fund, or shared service partners) that are included within the total ICT spend you have provided.

**RESPONSE:**

There are no ICT services procured from other public sector organisations.

**0222/13**

**Trust spend on Pharmacy staff**

Could you please provide by return email, all information pertaining to:

**The Trust spend on STAFF hired by AGENCIES working in the PHARMACY department**

Walsall Healthcare NHS Trust - Pharmacy Agency Costs from January 2012 to September 2013 - **£291,015**. No further costs were incurred after March 2013.

**0223/13**

**Income**

1: In 2013-14, how much income your trust receives - for acute services ONLY - comes from a "capitated budget", "block contract", or "risk share" agreement with NHS commissioners?

**Nil – it is a PbR funded contract.**

Please express this as an amount of money and as a percentage of annual turnover.

2: Has the amount gone up or down since 2012-13? Can you tell me the figures for last year too, please?

**N/A – as it was PbR funded contract in 12/13 as well.**

3: Finally - what services are paid for through the block/capitated contracts?

**The Trust's Community Services are reimbursed through a block contract.**

**0224/13**

**Pest control & translation services**

The amount of money spent on pest control in your trust over the past five years. Please could you break this down year by year. In each case of spending please you provide details of what pest control service was provided and name the company used if possible. For example, dealing with mice, removal of bird droppings etc.

Date called out	Reason for call out	Cost
24/04/2008	Mouse	contract
02/05/2008	Ants	contract
29/05/2008	Rats	contract
03/06/2008	Ants	contract
03/06/2007	Mouse	contract
05/06/2008	Ants	contract
11/07/2008	Ants	contract
18/07/2008	Flying ants	contract
01/08/2008	Ants	contract
20/08/2008	Insects	contract

23/10/2008	Rats	contract
14/01/2009	Mouse	contract
29/01/2009	Bites	contract
20/03/2009	Rodents	contract
25/03/2009	Ants	contract
02/04/2009	Rodents	contract
09/04/2009	Silverfish	contract
06/06/2009	C roach	contract
15/06/2009	Flying ants	contract
19/06/2009	Flying ants	contract
01/07/2009	Ants	contract
09/07/2009	Wasp nest	contract
10/07/2009	Bed bugs	contract
17/09/2009	Flys	contract
25/09/2009	Pigeon chicks	contract
09/12/2009	Mouse	contract
12/02/2010	Bites	contract
30/04/2010	Rat	contract
13/05/2010	Ants	contract
17/05/2010	Ants	contract
10/06/2010	Ants	contract
11/06/2010	Ants	contract
11/07/2010	Flying ants	contract
22/07/2010	Ants	contract
23/07/2010	Ants	contract
04/09/2010	flys	contract
07/09/2010	flys	contract
22/09/2010	fly	contract
24/09/2010	Pigeon nest	£60 + vat
02/02/2011	Rats	contract
31/03/2011	Bites	contract
08/07/2011	Nesting pigeons	£60 + vat
17/07/2011	Mouse	contract
25/07/2011	Rats	contract
23/08/2011	Bites	contract
23/08/2012	Fruit fly's	contract
26/09/2011	Rats	contract
03/11/2011	Rats	contract
10/11/2011	Silver fish	contract
07/12/2011	Rats	contract
29/02/2012	Bites	contract
25/04/2012	Rats	contract
16/07/2012	Mouse	contract

31/07/2012	Bites	contract
20/07/2012	Bites	contract
27/07/2012	Rats	contract
28/07/2012	Bites	contract
01/08/2012	Bites	contract
09/08/2012	Bites	contract
10/08/2012	Rats	contract
18/08/2012	Mouse	contract
20/08/2012	Mouse	contract
17/09/2012	Nesting pigeons	£60 + vat
25/10/2012	Rats	contract
12/12/2012	Silverfish	contract
22/01/2013	Rat	contract
13/02/2013	Rats	contract
16/02/2013	C roach	contract
19/03/2013	Ants	contract
15/04/2013	Ants	contract
03/05/2013	Earwigs	contract
09/07/2013	Ants	contract
05/08/2013	Wasp nest	contract
08/08/2013	Wasps	contract
09/09/2013	Flys	contract
19/09/2013	Rats	contract
Contract price	Weekly planned visits	

2013	£4796 + vat	
2012	£4796 + vat	Not including £60 for pigeons
2011	£4796 + vat	Not including £60 for pigeons
2010	£4796 + vat	Not including £60 for pigeons
2009	£4796 + vat	
2008	£4329.50 + vat	

The amount of money spent on translating documents and providing interpreters in your trust over the past five years. Please could you break this down year by year. I would like a total spend each year - broken down into translation and interpreting services. For each year please could you also say how many languages are being translated from English.

### **Cost of Interpretation Services**

	£	
2008/09		50,115
2009/10		36,420
2010/11		48,645
2011/12		132,695
2012/13		100,400

**We are unable to provide figures on translating documents as the information is not recorded.**

## 0225/13

### Local Counter Fraud Specialist

1. From what date has your NHS organisation had a Local Counter Fraud Specialist in place? (If there is no counter-fraud specialist in place, can you intimate who as responsibility for fraud investigations in your organisation – eg: audit department, finance department etc?)  
Since 1999
2. For 2012 – 2013 how many days did your organisation's Local Counter Fraud Specialist devote to pro-active counter fraud work (as defined by NHS Protect)?  
**63**
3. For 2012 – 2013 how many days did your organisation's Local Counter Fraud Specialist devote to reactive counter fraud work (as defined by NHS Protect)?  
**38**
4. For 2012 – 2013 how many investigations into potential fraud affecting your organisation were commenced?  
**22**
5. For 2012 – 2013 what was the value of fraud identified affecting your organisation?  
**Not recorded**
6. For 2012 – 2013 what was the value of the sums recovered in respect of fraud affecting your organisation?  
**Nil**

## 0226/13

### Continence Products

1. How many free continence pads was/is each patient with continence problems in your area entitled to per day in each of the following financial years: 2010/11, 2011/12, 2012/13 and 2013/14?  
**In 2010/2011 and 2011/2012 the entitlement was a maximum of 4 per day this was reduced in 2012/13 to 3 pads per day and continues at that entitlement. However, if someone was assessed as having a clinical need for more than that, we would supply to clinical need.**
2. How many continence pads (or other continence products such as absorbent pull up pants) in total have been prescribed in your area in each month since (and including) April 2013?  
**April 13 – June 13 - 822,447 pieces of all continence pad types including washables.**  
**Jul 13 – Sept 13 - data not yet available**

0227/13

**Clinical reviews to determine the level of non-payment for readmission**

The information I'd like is from the "clinical reviews to determine the level of non payment for readmission" (paragraph 122 PbR 2012-13). The details of these reviews are outlined in the DoH Payment by Results Guidance for 2012-13 (Gateway Reference 17250), pages 33 – 39, and DoH Payment by Results Guidance for 2013-14 (Gateway Reference 18768), pages 35-40. I'm attaching both for your convenience – available upon request.

Where it is available, I'd like the documents that evidence the following specific information:

**The full results of the "clinical reviews to determine the level of non payment for readmission" (as outlined in paragraph 122 of PbR 2012-13) and in more detail in paragraph 130) which you were asked to complete by the end of the first quarter of 2012.**

Please see attached document – available upon request. Please note that we have redacted the name in the first paragraph under the Data Protection Act.

**The full results of any subsequent clinical reviews (as outlined in the PbR Guidance 2013-14, paragraphs 140-144).**

Review expected to be carried out in winter 2013.

**The breakdown of these results into the numbers of 'avoidable' and 'non avoidable' emergency readmissions, and if it was done, the data broken down by condition (ie various surgical procedures, various medical conditions).**

The audit has resulted in 36.7% of the readmissions being found to be avoidable (18 out of 49).

**The results from the audit(s) which identify which avoidable readmissions were attributable the actions of which agency (for example the provider, a third party provider, the primary care team, community health services or social services, or a contracted body to any of these organisations).**

Not available from the audit.

**The level (s) at which the threshold(s) for non payment for emergency readmissions were set.**

The findings in the report were not accepted by the Trust – consequently no threshold was agreed.

**The amounts of money which have not been paid to Trusts for emergency readmissions since the policy has been applied.**

No penalties applied in 12/13 or 13/14 as yet (see point 5)

**Details of where the money from non payment for emergency readmissions has been invested – as outlined in paragraphs 137-8 (PbR 2012-13) and paragraphs 145-146 (PbR 2013-14)**

N/A as no penalties applied.

**Documents which evidence details of conclusions reached by these clinical reviews, if any, about the "issues affecting post discharge and reablement care" (PbR 2013-14, paragraph 138)**

To be taken forward as part of the 13/14 Audit Review.

IT Services Section – Data Erasure	
1) At the end of the life of a Server, PC, Laptop and increasingly Tablet – Can the organisation list the exact and specific software used for Data Erasure? (Example – Blancco)	We don't use erasure software – we magnetically degauss the hard drives to remove the data making them data free and inoperable.
2) Is the Data Erasure process undertaken by your organisations own staff or contractors?	Own staff degauss then hard drives are sent to 3 <sup>rd</sup> party contractor for final destruction (degauss and shred).
3) If Contractors: is this process of Data Erasure undertaken on your site or theirs? What exact software has your contractor used to ensure data erasure?	Data erasure is done by own staff onsite and offsite by contractors. Neither use software to erasure data as degaussing and shredding is more effective.
4) Please detail the exact level of assurance your organisation relies upon to confirm data erasure?	We maintain an asset register for all hard drives degaussed by us and a report comes from the 3 <sup>rd</sup> party contractor which shows the drives they wipe and shred. We cross reference this report against ours records to ensure all hard drive are securely disposed of and evidenced.
5) Have you physically inspected the site of your contractor or contractors or sub-contractors who undertakes PC and Server hardware disposal and data erasure on your organisations behalf? YES OR NO. If YES – when were the premises inspected and was that by your organisations own staff?	YES – premises inspected 9 <sup>th</sup> December 2011 by own staff.
6) From your records, please detail the last 3 contractors who have performed PC and Server Hardware disposal and data erasure services to your organisation.	XPO IT Services Ltd Greenworld Electronics Ltd National Computer Recycling
7) When does your organisations responsibility end in terms of ownership and data destruction – when PC and Server hardware has been taken off your site for destruction or resale?	When PC and Server hardware has been taken off our site we are issued with a 'Duty of care: waste transfer note'. Ownership and responsibility for the equipment is then transferred to the disposal company.
Mobile Phones – Data Erasure	
1) At the end of the life on your organisations mobile phone assets – can your organisation list the exact and specific software used for Data Erasure? (Example – Blancco)	N/A reused within organisation
2) Is the Data Erasure process undertaken by your organisations own staff or contractors?	Own
3) If Contractors: is this process of Data Erasure undertaken on your site or theirs? What exact software has your contractor used to ensure data erasure? Or is it Factory Resets?	N/A
4) Please detail the exact level of assurance your organisation relies upon to confirm data erasure?	Devices wiped and reset. checked to see if clear

5) Have you physically inspected the site of your contractor or contractors or sub-contractors who undertakes Mobile phone hardware disposal and data erasure on your organisations behalf? YES OR NO. If YES – when were the premises inspected and was that by your organisations own staff?	N/A
6) From your records, please detail the last 3 contractors who have performed Mobile Phone Hardware disposal and data erasure services to your organisation.	N/A
7) When does your organisations responsibility end in terms of ownership and data destruction – when Mobile Phone hardware has been taken off your site for destruction or resale?	Reused on site
<b>Staff Awareness and Data Security Training</b>	
1) Have any of your organisations staff who are related in PC, Server or Mobile phone hardware disposal / destruction attended an ICO (Information Commissioners Office) Data Security / Data Controllers event in the last 24 months?	No
2) Is it the user - of a solid state storage device – Mobile Phone or Tablet, their personal responsibility to ensure data erasure – or directly your organisations responsibility?	When the device is to be destroyed the user is asked if data exists on the device they require to be moved to a secure location, after which the device is then securely disposed of.
3) On a BYOD (Bring your own device) mechanism. How does your organisation ensure organisational data is not compromised? (Do you have a comprehensive BYOD policy staff must sign?)	The trust does not have a mechanism to facilitate BYOD
<b>Please detail the following assets:</b>	
1) Approx. number of desktop PC's in use and owned by your organisation	3500
2) Approx. number of Servers in use and owned by your organisation	316
3) Approx. number of mobile phones owned / funded by your organisation	1200
4) Approx. Number of BYOD users	0
<b>Responses</b>	
<p>Responses can be split between <b>IT Services</b> Responses and <b>Mobile Phone</b> responses. One should not delay the other.</p> <p>All information should be publically available and without restriction – cost or otherwise. I do reserve the right and will challenge all responses where the information requested is, sparse, withheld or exceeds the 20x day time limit. This request has been submitted by email and therefore an email response is required.</p>	

**0229/13**

**Contact Details**

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

Sue Hartley

Director of Nursing

[Sue.hartley@walsallhealthcare.nhs.uk](mailto:Sue.hartley@walsallhealthcare.nhs.uk)

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

**0230/13**

**A&E Department**

- 1. The number of patients that have been brought to Accident and Emergency Departments in hospitals within your Trust by ambulance and their clinical handover times in the following categories: under 15 minutes, between 15 and 30 minutes, between 30 minutes and one hour, greater than one hour. I'd like this information for the last four years (2010-2013), broken down by month and by hospital.**

The data provided below relates to April 2013 onwards as this was not monitored before this time therefore data is not available. Please see below table which illustrates clinical handover times by the above grouping for April 2013 to September 2013;

	Total Patients arriving by Ambulance	Handover Time				
		Within 15mins	Between 15 and 30mins	Between 30 and 60mins	Over 60mins	No Time recorded*
Apr-13	2317	1658	404	58	1-10	196
May-13	2263	1689	349	40	1-10	184
Jun-13	2232	1600	378	46	0	208
Jul-13	2452	1740	454	54	1-10	199
Aug-13	2294	1613	398	47	1-10	233
Sep-13	2244	1507	477	63	1-10	196

\*While no handover time was recorded, these patients still would have received appropriate and timely care within the Emergency Department.

- 2. The total monthly amounts of fines and penalties incurred in the 2013/2014 year to date for clinical handover time breaches between 30 and 60 minutes and handover times greater than 60 minutes (as outlined in the 2013/2014 NHS Standard Contract, ref CB\_S7a and CB\_S7b). I'd like the information broken down by month and by hospital.**

It was agreed locally with Walsall Clinical Commissioning Group earlier this year that they would monitor the Trust's compliance against a trajectory, with quarterly reviews, and may apply contractual sanctions for failure to deliver against this trajectory.

3. **The number of incidences and the total monthly amounts of fines and penalties incurred in the 2013/2014 year to date for trolley waits over 12 hours in A&E (as outlined in the 2013/2014 NHS Standard Contract, ref CB\_S9). I'd like the information broken down by month and by hospital.**

There have been no trolley waits over 12 hours recorded for the 2013/2014 financial year (as at the end of September 2013).

4. **Finally, the longest clinical handover time between Ambulance staff and your Trust's Accident and Emergency Department staff which has occurred between April 2012 and the latest available figures. I'd like the information broken down by hospital.**

For the period April 2013 to September 2013, the longest recorded clinical handover was 81mins.

### 0231/13

1. What was the highest hourly shift rate paid to an agency or locum doctor in the A&E unit in 2012/13?  
**Highest rate paid per hour - £94.80 (£79 plus VAT)**

2. What was the role/position/job title for this shift and the date?  
**Staff Grade, worked 16.12.12, 22.12.12, 23.12.12, 10.01.13, 24.01.13, 04.02.13, 10.02.13, 17.02.13, 24.02.13, 27.02.13, 28.02.13, and 03.03.13**

3. Was the fee was paid direct to the doctor or to an agency?  
**Agency**

4. If the answer for question 3 is agency, what was the name of this agency?  
**Accident and Emergency Agency Limited**

5. Does your department employ GPs to work in the department on a part time basis?  
**Yes**

6. If yes to question 5, how much are they paid per hour and is this paid via an agency or directly to the GP?  
**Basic rate £70.58. Paid directly to GP**

7. For question 6, what is the role/position/job title of the GP?  
**GP in A&E**

### 0232/13

#### Never Events

- 1) How many operating theatres do you have within your Trust? – **16**
- 2) How many operations were performed at your Trust (from Trust systems)?
  - a. 1<sup>st</sup> April 2012 to 31<sup>st</sup> March 2013 - **38979**
- 3) Have you had any Never Events related to surgery within the last 12 months (1<sup>st</sup> April 2012 to 31<sup>st</sup> March 2013)?
  - a. If so, please provide headline details (number of each type of Never Event, degree of harm to the patient). – **1 surgical related Never Event during the period 01.04.2012 –**

**31.03.2013 – This related to a wrong implant/prosthesis and minor harm was caused to the patient.**

- 4) Have you had any Serious Incidents Requiring Investigation related to surgery, which are not classified as Never Events, within the previous year months (1<sup>st</sup> April 2012 to 31<sup>st</sup> March 2013)
- a. If so, please provide headline details (number of each type of Never Event, degree of harm to the patient).
- **5 delayed diagnosis (4 causing major harm and 1 causing moderate harm)**
  - **1 surgical error (major harm)**
  - **2 anaesthesia related (both causing major harm)**
  - **1 retained foreign object (no harm caused)**

**0233/13**

**Agency nurses/Midwives**

1. **Does your organisation currently use agency nurses and midwives in your organisation?**  
See below
2. **Have you any plans in the next 12 months to:**  
A) **Stop the use of agency nurses in the future or**  
B) **Reduce the use of agency nurses. If the answer to A or B is yes, please state reasons why.**

We are constantly looking to reduce our use of agency nurses due to cost and issues around clinical competency etc.

Substantive nurses working in the organisation are not allowed to work in the organisation through a nursing agency.

Midwifery do not use agency nurses.

The total number of shifts filled by agency nurses for 2010-11 is 5,820.

The highest hourly rate paid for an agency nurse is bank holiday rate for Thornbury Critical Care Nurse at £124.16.

3. **Are nursing staff permanently employed in your organisation permitted to undertake agency work that could involve agency shifts within your organisation?**

No

1. **Please provide the following information for the years 2010-11, 2011-12 and 2012-13 on an excel spreadsheet:**

**Year (i.e. 2010-11)**

**Total amount spent on nursing and midwifery staff, including agency and bank nurses and midwives**

**Total amount spent on agency nurses and midwives only**

**Total number of nursing and midwifery shifts filled by agency nurses for the given year**

**The highest hourly rate paid by your organisation for an agency nurse for one shift**

**Total number of nursing and midwifery shifts filled by agency nurses for the given year**

**The highest hourly rate paid by your organisation for an agency nurse for one shift**

Please see attached spreadsheet – available upon request

**0234/13**

**Security on web systems**

- 1. Please provide the list of information systems in your Trust. How many are web-enabled?**
- 2. How many users in your Trust use these web systems? What is the percentage out of all staff?**
- 3. How many choose and book referrals did you receive in 2010, 2011 and 2012? What is the percentage out of total referrals?**
- 4. How many summary care records are actively viewed by (a) clinicians and (b) administrative staff?**
- 5. Does your Trust have plan for web portals or web systems or cloud systems in future? If not, please give the reasons.**
- 6. How many security incidents/breaches happened in each of the last three years? Please provide the brief description of each. (All personal data can be removed).**
- 7. Can I get IT security/governance organisation chart with job titles, banding and number of staff?**
- 8. If your trust has web systems, what are the serious issues (e.g. performance, security)?**
- 9. Please provide IT plan or strategy or other related documents that covers information security and records management.**

Please see below

Please can you send me the following information under statutory requirements of the Freedom of Information Act:	Response																																										
Please provide the list of information systems in your Trust. How many are web-enabled?	<p>4 are web-enabled</p> <table border="1"> <thead> <tr> <th data-bbox="734 483 1189 523">System Type</th> <th data-bbox="1189 483 2000 523">Description</th> </tr> </thead> <tbody> <tr> <td data-bbox="734 523 1189 587">RADAR Log</td> <td data-bbox="1189 523 2000 587">Monitors referrals in and out of the hospital.</td> </tr> <tr> <td data-bbox="734 587 1189 627">Bookwise</td> <td data-bbox="1189 587 2000 627">Chemotherapy System</td> </tr> <tr> <td data-bbox="734 627 1189 667">Current Mileage Database</td> <td data-bbox="1189 627 2000 667">Community Matrons System</td> </tr> <tr> <td data-bbox="734 667 1189 707">NN4B</td> <td data-bbox="1189 667 2000 707">Paediatrics System</td> </tr> <tr> <td data-bbox="734 707 1189 778">Content Finder for the PCT Intranet installation</td> <td data-bbox="1189 707 2000 778">Website Content Management</td> </tr> <tr> <td data-bbox="734 778 1189 818">Safeguard</td> <td data-bbox="1189 778 2000 818">Risk and Governance System</td> </tr> <tr> <td data-bbox="734 818 1189 858">Clinisys</td> <td data-bbox="1189 818 2000 858">Pathology Reporting System</td> </tr> <tr> <td data-bbox="734 858 1189 930">AVA Bank Staff Management System</td> <td data-bbox="1189 858 2000 930">Nurse Bank</td> </tr> <tr> <td data-bbox="734 930 1189 970">Horizon Enterprise Visibility</td> <td data-bbox="1189 930 2000 970">Bed Management system</td> </tr> <tr> <td data-bbox="734 970 1189 1010">Rostering Pilot (Allocate)</td> <td data-bbox="1189 970 2000 1010">Staff Bank System</td> </tr> <tr> <td data-bbox="734 1010 1189 1050">Optomize</td> <td data-bbox="1189 1010 2000 1050">Diabetic Retinopathy Screening</td> </tr> <tr> <td data-bbox="734 1050 1189 1090">Badgernet</td> <td data-bbox="1189 1050 2000 1090">Neonatal Information System</td> </tr> <tr> <td data-bbox="734 1090 1189 1129">Punch</td> <td data-bbox="1189 1090 2000 1129">Communications Team System</td> </tr> <tr> <td data-bbox="734 1129 1189 1169">Somerset</td> <td data-bbox="1189 1129 2000 1169">Cancer Services System</td> </tr> <tr> <td data-bbox="734 1169 1189 1209">WebFusion</td> <td data-bbox="1189 1169 2000 1209">Internet Hosting Services</td> </tr> <tr> <td data-bbox="734 1209 1189 1249">INFOFlex</td> <td data-bbox="1189 1209 2000 1249">Therapies System</td> </tr> <tr> <td data-bbox="734 1249 1189 1289">McKesson MSM</td> <td data-bbox="1189 1249 2000 1289">Clinical Measurement Unit System</td> </tr> <tr> <td data-bbox="734 1289 1189 1329">DietPlan</td> <td data-bbox="1189 1289 2000 1329">Diet Planning</td> </tr> <tr> <td data-bbox="734 1329 1189 1369">PICS</td> <td data-bbox="1189 1329 2000 1369">Integrated Learning Management System</td> </tr> <tr> <td data-bbox="734 1369 1189 1409">Clearnet</td> <td data-bbox="1189 1369 2000 1409">CDS Data Collection Software</td> </tr> </tbody> </table>	System Type	Description	RADAR Log	Monitors referrals in and out of the hospital.	Bookwise	Chemotherapy System	Current Mileage Database	Community Matrons System	NN4B	Paediatrics System	Content Finder for the PCT Intranet installation	Website Content Management	Safeguard	Risk and Governance System	Clinisys	Pathology Reporting System	AVA Bank Staff Management System	Nurse Bank	Horizon Enterprise Visibility	Bed Management system	Rostering Pilot (Allocate)	Staff Bank System	Optomize	Diabetic Retinopathy Screening	Badgernet	Neonatal Information System	Punch	Communications Team System	Somerset	Cancer Services System	WebFusion	Internet Hosting Services	INFOFlex	Therapies System	McKesson MSM	Clinical Measurement Unit System	DietPlan	Diet Planning	PICS	Integrated Learning Management System	Clearnet	CDS Data Collection Software
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Exchange @ PAM	Web Solution for Information Services
BSMS	Nurse Bank Information System
Pathology Finder	Pathology & Blood Transfusion Application
Image Conversion to Pathology Finder software	Pathology System (Folding Space)
Clinical Coding Auditor Programme	
Broomwell ECG Telemedicine	Remote Health Monitoring
Insite	Geographic Information Software for ACORN Market Segmentation Analysis
Cardio Pod	Portable Health Screening System
Chlamydia Screening Database	Chlamydia Screening Database
PACS	Picture Archive and Communications System
CRIS	Radiology system
Centricity Critical Care	ICU System
Medicus	ICU & HDU
Dr Foster	Healthcare Decision Support
Interqual Audit	Evidence Based Clinical Decision Support
Lillie System – Blithe Computer	Sexual Health - Patient Management
Medical Imaging	Medical Imaging
Practice Navigator	Audiology System
K2	Maternity System
Maximiser	Housekeeping Facilities Management
Manna	Catering System
E-Calcs	Travel Expense Management
Walsall A&E -CasCard	A&E Casulty Card
BTS	Pathology LIMS
ICNet	Infection Control System
McKesson STAR PAS	PAS System for the Manor
Postcode Finder	Post Coding Software
Attends	continance system

e-SAP	Single Assessment System
Content Finder for the Freedom of information installation (PCT)	Website Content Management
SSL Web Certificates	Web Security Certificates
Thawte Signing Certificates	Web Security Certificates
Fusion	Fusion Electronic Patient Record Portal
Whiteboard	A&E System
Whiteboard	A&E System
Concerto	Whiteboard Patient Tracking
GP RBAC	Fusion Role-based access system
Rhapsody	Interface Engine for Messaging
Lillie	Sexual Health Services System
E-Trace	Tissue Viability System
PlanetFM	Estates System
RFID	Medical Records System
OPAS	Surgical Appliances System
RESQ-OR	Theatres System
Chilli	Hospital Activity Reporting Tool
Crystal Reports	Reporting for Integra
Integra	Finance Ledger System
Service Line Reporting	Service Line Reporting System
CNS	Specialist Nurses System
Prism	Risk System
Library System	Library System
Absence Management & Reporting	System for Recording Absence
NHS Charitable Funds	Charitable Funds System
Talking Point Digital Dictation	Digital Dictation System
Dolphin	Orthodontics Specialist System
Mobius	HSDU system
RtAudit Correction Log	Collates data corrections to Referral to Treatment
ClinicNotification	Collates and Monitors clinic Cancellations
Cyrus	Cytology – Screening System
Anglia ICE	Pathology order comms system

Portertrac	Portering – Facilities Management
Medicode	Monitors collection and coding of notes
Coding Tracker	Monitors collection and coding of notes
Endosoft	Clinical system for endoscopy
Rosterpro	Nursing Rostering System
Vision	Bed Management system
Synergy Costing	Finance Costing System
Bluefish	Data warehouse for iPM
Health Manager (Fit for Life)	Unlimited User Licence Health Manager Programme
Harlequin	Sales Ledger System
Timeware	Charitable Funds System
Cohort	Occupational Health System
Rotaworks	Medical Staffing System
InfoDept Data Store	Extracts Collates and warehouses hospital data for use in reporting
Last Minute Cancellations	Collates and monitors last minute clinic Cancellations
Referral to treatment Waiting Times Processor	Collates and links patients events to identify the Referral to Treatment Waiting Times
CRMS	Rostering system
Delayed discharges	collates and monitors delayed discharges
Ascribe	Pharmacy System
Content Finder software for the Manor hospital intranet site installation	
PM CAP	Demand and Capacity Resource Planning Tool
Inter-Provider Transfer (IPT) Database	
Richmond	IT Helpdesk BIS
Taxi Booking	Taxi Booking System
Study Leave System	Study Leave System

CMW	Community Midwives SYSTEM
Walsall Payroll	Payroll System
Walsall Pathology & Blood Transfusion agreement	Walsall Pathology & Blood Transfusion
PTS (Prescription Tracking System)	Track prescriptions and predict turnaround times based on different types of prescriptions and also identify risks and bottle necks within pharmacy
Blood Tracking Management System	Blood Tracking Management System
Waba	Digital medical photography solution
Softex	Informatics telephony billing
Email	Email
Active Directory	Active Directory
MICES	Community Equipment System
ESR	Electronic Staff Record (HR/Payroll System)
Msoft ICES	Community Equipment System
Summary Care Record	Summary Care Record
CarePlus	Child Health

How many users in your Trust use these web systems? What is the percentage out of all staff?

System	Description	Users	% of staff
ESR	Electronic Staff Record (HR/Payroll System)	4487	100%
Msoft ICES	Community Equipment System	1-10	0.19%
Summary Care Record	Summary Care Record	0	0.00%
CarePlus	Child Health	376	8.93%

Figure includes volunteers

<p>How many choose and book referrals did you receive in 2010, 2011 and 2012? What is the percentage out of total referrals?</p>	<table border="1"> <thead> <tr> <th>Calendar Year</th> <th>CAB Refs</th> <th>%of total Refs</th> </tr> </thead> <tbody> <tr> <td>2010</td> <td>25292</td> <td>41.60</td> </tr> <tr> <td>2011</td> <td>24997</td> <td>42.34</td> </tr> <tr> <td>2012</td> <td>24639</td> <td>40.74</td> </tr> </tbody> </table>	Calendar Year	CAB Refs	%of total Refs	2010	25292	41.60	2011	24997	42.34	2012	24639	40.74
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<p>How many summary care records are actively viewed by (a) clinicians and (b) administrative staff?</p>	<p>We do not use the SCR application to view any records in Walsall. Therefore nil for both</p>												
<p>Does your Trust have plan for web portals or web systems or cloud systems in future? If not, please give the reasons.</p>	<p>The trust current utilises a web portal internally for its Electronic Patient Record system. We shall be reviewing cloud systems on a case by case basis for example NHS Mail</p>												
<p>How many security incidents/breaches happened in each of the last three years? Please provide the brief description of each. (All personal data can be removed).</p>	<p>2010 – 0 2011 – 0 2012 – 1-10</p> <p><b>Due to the small numbers we have listed the figures between 1-10 as there is a potential for breach of Data Protection.</b></p> <table border="1"> <thead> <tr> <th>Outline of the incidents</th> </tr> </thead> <tbody> <tr> <td>During Smartcard audit, highlighted one user logged in and didn't lock PC</td> </tr> <tr> <td>Consultant allowed the medical student to use their computer login to access and record patient consultations during a clinic.</td> </tr> <tr> <td>During Smartcard audit, highlighted one user logged in and didn't lock PC, although access to the office is behind a locked door to the public</td> </tr> <tr> <td>PID was printed to a printer off site accidentally</td> </tr> </tbody> </table>	Outline of the incidents	During Smartcard audit, highlighted one user logged in and didn't lock PC	Consultant allowed the medical student to use their computer login to access and record patient consultations during a clinic.	During Smartcard audit, highlighted one user logged in and didn't lock PC, although access to the office is behind a locked door to the public	PID was printed to a printer off site accidentally							
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<p>Can I get IT security/governance organisation chart with job titles, banding and number of staff?</p>	<p>Please see Informatics Organisational Structure attached – available upon request. Security is embedded in disparate roles, and is not a division/role in isolation. The full Informatics structure has therefore been released</p>												
<p>If your trust has web systems, what are the serious issues (e.g. performance, security)?</p>	<p>There are no known serious issues</p>												

Please provide IT plan or strategy or other related documents that covers information security and records management.

See IM&T Policy attached – available upon request.

**0235/13**

**Marginal Emergency Tariff**

**I'd like the following specific information about the revenue withheld from the Trust, as a result of the application of the marginal rate tariff for emergency activity.**

**This tariff is outlined in the PbR Guidance 2013-14 (Gateway Reference 18768), paragraphs 89 – 109. I am attaching the document for your convenience – available upon request.**

**Where it's available, could you please provide information detailing:**

**1.The income retained by the commissioner (the CCG and their predecessors) as a result of funds withheld or 'defunded' from your Trust under the application of the 30% marginal emergency tariff in each financial year since it was introduced: so for financial years 2010-11, 2011-12 and 2012-13.**

Total funds retained by all commissioners:

2010/11 = £1.3m

2011/12 = £1.1m

2012/13 = £1.7m

**2.How the pool of money paid to (or retained by) the commissioner(s) under the marginal emergency tariff has been used, or plans for how it will be used (as discussed in the PbR Guidance 2013-14, paragraphs 104-109). I would like the information for each financial year: 2010-11, 2011-12 and 2012-13, and details of plans for 2013-14.**

2010/11 – funds retained by commissioners no reinvestment

2011/12 – funds retained by commissioners no reinvestment

2011/12 – funds retained by commissioners no reinvestment

2013/14 – plans for 13/14 to fund the Trust's Winter Emergency Plan

## 0236/13

### Needlestick Injuries

1. Total number of needlestick injuries reported during 2010-11
2. Total number of needlestick injuries reported during 2011-12
3. Total number of needlestick injuries reported during 2012-13
4. Total number of staff injuries reported during 2010-11
5. Total number of staff injuries reported during 2011-12
6. Total number of staff injuries reported during 2012-13

10/11 = 95 reports of needle stick injuries

11/12 = 108 reports of needle stick injuries

12/13 = 92 reports of needle stick injuries

Reports of staff injuries (all categories)

10/11 = 371

11/12 = 365

12/12 = 353

## 0237/13

### Medical Locum Agency data

Can you please provide the following information regarding Agency Medical Locum Spend within the Trust for Locum Doctors

1. The amount spent by the trust on Agency medical locums for the period of  
April 2013 – Current  
April 2012 – April 2013 (financial year)  
April 2011 – April 2012 (financial year)
2. A breakdown of this spend by each supplier (agency)  
**Please see attached spreadsheet for Q1 and Q2 – available upon request.**
3. Please can you Specify which framework your Trust signed up to for the provision of medical locums (GPS/HTE/LPP or other (please name) ) for the above timeframe - years 2011- 2012, 2012 - 2013, 2013 – Current

**2011-12 GPS**

**2012-13 GPS**

**2013 – Current GPS**

4. Please can you break down the agency as:
  - GPS/Buying Solutions Framework supplier and Off Framework supplier
  - or if you currently use any other framework, please can you list these eg HTE or LPP and Off Framework supplier, please specify the date the Trust moved over to the named framework

**Attached spreadsheet shows GPS Agencies – available upon request. Medical Staffing / Finance will have to advise of any agencies used which are not on this list i.e. off-framework.**

5. Please can you identify any Sister agencies if the supplier was an Off Framework agency and Name the Framework arm the sister agency was affiliated with?

*Definition of a sister company - A company which is owned by the same parent company or has the same director/s (ownership) as another company.*

**None**

6. Please can you explain the reason why Off Framework or Sister Agencies were used?

**No off-framework agencies used by Medical Staffing.**

7. Please can the Trust detail how the introduction of the Sister agency was made, if your Trust predominantly uses/d the GPS/BS/HTE/LPP Framework?

**N/A**

8. Please can you detail any corporate entertainment/hospitality or gifts provided by the Medical Locum Agency to medical staffing or departmental decision maker/s or management team (procurement/finance) who are responsible for the selection of agencies/locums.

**Pens, note pads, mugs, desk calendars**

Does the Trust monitor the volume of work going through a particular agency to ensure that the locum booking decision maker/procurement team/finance dept hasn't been influenced by such activities?

**Only isolated gifts of a trivial character and conventional hospitality such as lunch in the course of working visits are allowable and any such influence implied in the question is not allowable under Trust Standing Financial Instructions and associated guidelines.**

9. Please can you list the agencies providing such corporate entertainment /hospitality or gifts, assuming there is a log/register?

**Could be any of the agencies that we use. Only isolated gifts of a trivial character and conventional hospitality such as lunch in the course of working visits are allowable. Such items received are not required to be declared or recorded under Trust Standing Financial Instructions and associated guidelines.**

10. Does the Trust monitor the agencies on their PSL are providing a VfM service and not taking the placements to their Off Framework arm or Sister Companies?

If so how is this reviewed and monitored?

**Value for Money, placements and rates charged are monitored on an ongoing basis.**

11. Please can you detail how you select your Agency Suppliers?

**Via GPS framework and submitted rates.**

a) Is this influenced by previous relationship with the supplier (including the addition of agencies who might be newly formed/off framework), or is there a fair selection process in place?

**There is a fair selection process in place and performance of service is also taken into account.**

b) Does the trust have a guideline for procurement and selection of suppliers?

**Yes**

- c) If a supplier is on the GPS/HTE/LPP framework, how can they make a case for them to be added to the suppliers list to start servicing your Trust?

**We have a tiered arrangement with a Tier 1 and a handful of Tier 2. All other agencies are Tier 3 so we have the facility to contact all GPS framework agencies**

- d) What is the Trusts complaint or appeals procedure should a Supplier feel that they are not being given a fair chance to represent their agency to supply locums?

**Contact Procurement Department in the first instance.**

- e) How does your Trust exclude bias and favouritism towards a certain supplier, given that naturally the locum booker/decision makers tend to prefer working with people they 'like' and 'get on with' or a particular organisation and reluctant to try new suppliers, who might be more cost effective or efficient, have a more robust compliance level than the current supplier/s?

**We have a tiered arrangement, no such bias or favouritism, as outlined in the question, occurs.**

- f) Does your Trust review the quality of locum/s that are 'booked' against the candidates who were submitted by other suppliers but were rejected to ensure that the best candidate was offered the post, rather than selected because the candidate was from a particular agency or person?

**We have a tiered arrangement so would book from tier 1 before a tier 2 or tier 3. The Trust does not book on the basis of a 'favoured' agency as suggested by the question.**

- g) Does your Trust monitor or have a policy to ensure all CVs within a certain timeframe of a locum requirement being sent out to agencies are passed on to the decision maker and a fair selection process is in place rather than a policy of forwarding the 'favourite' agencies CVs once the candidate specification is met and screened for?

**We process them in order that they arrive having met the criteria for the post as per the tiered arrangement**

What Quality Assurance Measures does your Trust have in place to review the above two scenarios f & g?

**All CVs forwarded by Medical Staffing and vetted against criteria for post; compliance with framework and rates**

- h) Does your Trust review candidate files that were selected against the Trusts minimums standards for employing a doctor? How often does your Trust conduct internal audits on these candidate files to ensure compliance is as per contract (GPS/LPP or HTE)?

**Medical Staffing checks candidates files each time they are put forward for a position against criteria for post, framework agreement and rates**

- i) If an agency has a history of submitting files with poor compliance checks and deviating from best practice or the standards set out by the various frameworks what action/s does the Trust take against the agency?

**Medical Staffing will initially advise them of issue and if this continues Procurement and Medical Staffing will be asked to look into it take matter up with GPS and the agency.**

Is this consistent and are all suppliers treated the same irrespective of market dominance or size?

**Yes**

f) If the Trust has an internal audit/QA process in place for compliance checks of candidates placed at the Trust, Please list your internal audit data for suppliers of medical locums since April 2012- Current **Medical Staffing uses a Locum Checklist for all locum bookings against which relevant checks are recorded, eg GMC registration, DBS certificate, references provided, OH clearance obtained. A copy of each booking sheet is kept on the locum's personal file.**

12. How often does your Trust review it's PSL to ensure other Agencies (On the Trusts chosen Medical Locum Framework) have an opportunity to become a supplier?  
**At each national framework renewal of contract.**

13. Please can you supply the name of :-

· The Procurement lead at your Trust – **Please note that we do not release individual staff names and email addresses this is withheld under section 40 (personal Information).**

**Mr Ian Baines**  
**Director of Finance**

The person responsible for booking medical locums at your Trust, if this is done at departmental level, please can you supply the name/s per department/speciality and their email address – **Medical Staffing Department.**

**0238/13**  
**Support contracts**

In the last 3 years, please can you tell me how much has been spent on support contracts and ad-hoc work from 3rd party suppliers. Please can you break this down by year and company e.g. Orion, McKesson,  
Also how much has been spent on contract staff, within I.T. and informatics please. Again, by year and team

**TABLE 1**

Row Labels	10-11	11-12	12-13	Grand Total
3M HEALTHCARE LTD	9,160	10,732	11,268	31,160
3M UNITED KINGDOM	2,158	2,115		4,273
ALLOCATE SOFTWARE PLC		10,356		10,356
ANGLIA HEALTHCARE SYSTEMS LTD	8,371	8,793	16,615	33,779
ASCRIBE PLC		41,150	21,918	63,068
BLITHE COMPUTER SYSTEMS	8,626	9,316	13,513	31,455
BOOKWISE SOLUTIONS LTD	752	750		1,502
BT PLC	53			53
BUSINESS DICTATION LTD		24,975		24,975
CIMS			7,838	7,838

CLEVERMED LTD.,	12,338	68,876		81,214
CLINISYS PATHOLOGY LIMITED		2,846	112,896	115,743
COMPUTACENTER (UK) LTD	6,257	3,640	5,061	14,958
CONTRAC COMPUTER SUPPLIES			27	27
CSC COMPUTER SCIENCES LTD	287,645	94,245	147,696	529,586
DELL COMPUTER CORPORATION LTD	98,159	125,130	9,059	232,348
DR FOSTER LTD	93,375			93,375
EIDO PRODUCTS	17,543	15,691		33,234
EXTRION LIMITED	550			550
FOLDING SPACE	600			600
GE MEDICAL SYSTEMS	18,750	25,750	27,038	71,538
GHG SOFTWARE DEVELOPMENTS LTD		7,422	4,185	11,607
HARLEQUIN SOFTWARE CONSULTANTS		3,785	3,975	7,760
HEALTHCARE GATEWAY LIMITED			8,300	8,300
HEALTHCARE SOFTWARE SYSTEMS			1,875	1,875
HEWLETT PACKARD	36,798	10,140		46,938
HMT SYSTEMS	28,307		46,933	75,240
ICNet Ltd	12,011	15,261	15,728	43,000
INSCOPE SOLUTIONS	9,750	2,000	2,000	13,750
INSIGHT DIRECT			12,314	12,314
IN-TEND LTD	30,425			30,425
MASTEK (UK) LTD			7,600	7,600
MCKESSON INF SOLUTIONS UK LTD	232,044	210,943	58,246	501,232
MCP SYSTEMS CONSULTANTS			12,000	12,000
MEDGATE UK LIMITED			4,249	4,249
MEDIWELL SYSTEMS LTD	254	1,216	81	1,551
MISCO		128	200	327
MISL MICRO IMAGING SERVICE LTD		2,822		2,822
MSOFT ESOLUTIONS LTD			13,510	13,510
NCC GROUP	3,526	2,628	954	7,108
NEWCORP COMPUTER SERVICES LTD		18,312	19,092	37,404
NEWGATE TECHNOLOGY LTD	14,069	175		14,244
OPTIMUM APPLICATIONS LTD			5,433	5,433
ORANGE PCS LTD		0		0
ORION HEALTH LTD	8,284		2,000	10,284
PROBRAND LTD	76	37,214	924	38,214
QUBE GLOBAL SOFTWARE	7,986	8,344	15,687	32,018
ROYAL MAIL PLC	541	552		1,093
SJS BUSINESS INTELLIGENCE	9,250			9,250
SOFTCAT LTD			1,114	1,114
TAUNTON AND SOMERSET NHS TRUST	9,134	9,436	9,636	28,206
TELEHEALTH SOLUTIONS LTD			222	222

THE WALSHALL HOSPITAL CO PLC	11,287			11,287
TRUSTMARQUE SOLUTIONS		6,043		6,043
ULYSSES		18,473		18,473
WEBBERLEYS PRINTERS			41	41
YORKSHIRE AND HUMBER SHA	6,130		5,162	11,292
<b>Grand Total</b>	<b>984,208</b>	<b>799,258</b>	<b>624,388</b>	<b>2,407,855</b>

**Q2 is as per below note this excludes capital.**

Contract Staff	Year (£000's)		
Team	10/11	11/12	12/13
Connecting for Health	50		35

**0239/13**

**Pathology Services**

**Please see attached completed questionnaire (available upon request)**

**0240/13**

**Maternity Unit**

1. On October 1<sup>st</sup> 2013 how many full time equivalent midwives were working on your maternity unit?  
**136.99 Full time equivalent.**

2. On October 1<sup>st</sup> 2013 how many babies were born in your maternity unit?

**There were a total of 19 babies delivered (divided between the Midwifery Led Unit and Delivery Suite**

3. On October 1<sup>st</sup> 2013 what was
  - a. The overall vacancy rate for midwives? **0**
  - b. The long-term (i.e. 3 months and over) vacancy rate for midwives? **0**
4. On October 1<sup>st</sup> 2013
  - a. What was the total number of supervisors and – **9**
  - b. The total number of midwives working in the maternity unit? **168 Headcount**
5. How many full time equivalent midwives do you estimate you need in order to provide all women with one to one care in labour?

**The standard workforce tool for maternity is Birthrate plus and they give you a ratio of midwife to Births which is 1:31 for Walsall. This will equate to 161 WTE midwives**

6. How many women using your maternity service are above the age of 40? Please give figures for the last 5 years.

**Below are counts of mothers aged >40 who delivered between 01/04/2008 and 31/03/2013**

<b>Year Financial</b>	<b>Mothers over 40</b>
<b>Year 2008/09</b>	<b>77</b>
<b>Year 2009/10</b>	<b>78</b>
<b>Year 2010/11</b>	<b>76</b>
<b>Year 2011/12</b>	<b>71</b>
<b>Year 2012/13</b>	<b>76</b>

7. How many women using your service are classed as obese (BMI 30 and above). Please give figures for the last 5 years.

<b>Year Financial</b>	<b>BMI&gt;=30</b>
<b>Year 2008/09</b>	<b>653</b>
<b>Year 2009/10</b>	<b>718</b>
<b>Year 2010/11</b>	<b>737</b>
<b>Year 2011/12</b>	<b>727</b>
<b>Year 2012/13</b>	<b>426</b>

**0241/13**

**Staff dealing with FOI requests**

I wish to make an FOI request about the staff with responsibility for handling FOI requests in your hospital/Trust.

1. Please give Job titles of all staff who deal with processing FOI requests either as their whole job or when it forms part of their role (I do not mean staff who may be asked for information to answer requests).

**Compliance and Risk Officer**

2. Please give FTE for these posts or, if it forms part of another role, the % of the job which is given to dealing with FOI requests. e.g. 0.4 FTE of job. This can be a rough approximation.

**The role forms part of another role.**

3. Please give the Agenda for Change Band for this post/s.

**Band 5**

4. Please give the number of FOI requests you have received since 01.01.2013 until 01.10.2013 (10 calendar months).

**313 FOI requests received for the above period.**

5. If time allows, please include job descriptions.

**0242/13**

**Sickness Policy – request withdrawn**

Is there any chance you could send me a copy of the sickness policy please.

**0243/13**

**Trust spent - computers/IPADs/smart phones**

Description of information sought:

The number of tablet computers such as iPads, smart phones such as iPhones and iPods bought by the trust and the amount spent on the items in

-2009/10

- 2010/11

- 2011/12

- 2012/13

- and from April 1 2013 to October 1 2013

Response Required	How many have been provided to staff in your organisation				
	2009/10	2010/11	2011/12	2012/13	1/4/2013 – 1/10/2013
The Number of tablet computers such as iPads, smart phones such as iPhones and iPods bought by the Trust	0	6	28	79	20
Amount Spent	£0	£2394	£14610.60	£31500.94	£12908.04

**0244/13**

**Private Medical Insurance**

1. Did any of your employees receive private medical insurance as a benefit as part of their terms of employment by Walsall Healthcare NHS Trust during the last three financial years?

2. If so, how many employees received such a benefit during the last three financial years?

3. Did any Board members receive such a benefit in this time frame?

i. If so, how many during each of the three years?

4. Did the Trust's Chief Executive receive such a benefit in this time frame?

5. Please provide a breakdown of how much the Trust spent in the last three financial years on such benefits for:

- i. the Chief Executive
- ii. the Trust Board
- iii. other employees
- iv. all employees of the Trust

**Private medical insurance is not provided as a benefit for any employee of the Trust.**

**0245/13**

### **Health and safety incidents**

Please can you give me details of all health and safety incidents where patients and staff were put at risk at your hospital in 2012 and 2013 (to date)

For each incident, please state

- a) When the incident occurred
- b) Who was involved – eg doctor, nurse, cleaner, admin staff, patient, external contractor
- c) What happened – eg accidentally stabbed with HIV positive patient's needle, near miss in the car park, fell off a ladder etc. Please be as specific as possible
- d) What injuries were suffered (if any)
- e) Where the incident had occurred
- f) What follow up action was taken – eg staff suspended, change in procedures etc

If the data is incomplete I would prefer partial answers to no answers. Essentially, I am after data like that contained in this news report: <http://www.mirror.co.uk/news/uk-news/nhs-staff-at-risk-from-poisons-and-deadly-373231> However, you will note I am after details about patients as well as staff. For patients I am after recorded health and safety incidents rather than clinical negligence. Eg bucket fell on head rather than mistake by surgeon during operation

**During 2012 and 2013 Walsall Healthcare NHS Trust reported a total of 30 non clinical incidents to the Health and Safety Executive.**

**As a Trust we are working hard to reduce the number incidents, and continue to promote safe working practices.**

**Please see attachment – (available upon request)**

**0246/13**

### **Antibiotic Resistance**

Can I request the following information regarding antibiotic resistance using the Freedom of Information act

For the accounting periods 2011-12 and 2012-13

The number of patients in your hospital who were colonised with NDM-1 – **0**

The number of patients infected with NDM-1 – **0**

The number of patients who subsequently died – **0**

The number of patients colonised with Klebsiella Pneumoniae Carbapenamase – 0

The number of patients infected with Klebsiella Pneumoniae Carbapenamase – 0

The number of patients who subsequently died – 0

The number of patients who were colonised with kpc-3 (ST258) Klebsiella Pneumoniae carbapenamase – 0

The number of patients infected with KPC-3 (ST258) Klebsiella Pneumonia – 0

The number of patients who subsequently died – 0

The number of patients in whom the kpc-3 plasmid was identified in any enterobacteriaceae – 0

The number of patients infected with a kpc-3 plasmid carrying organism – 0

The number of patients who subsequently died. – 0

**0247/13**

### **NHS Artwork**

- The amount spent on artwork by the hospital since January 2010. Please can I have breakdowns by year (financial or calendar, whichever is easiest to source), as well as the cost and name of each piece of artwork.

**The Hospital has not purchased any art work from NHS Funds. All Art work within the hospital has either been donated, funded through various grants / charities that have been awarded (eg National Lottery Funds, UK Heritage Funds) or is on loan.**

- The number of arts managers and co-ordinators employed by the hospital, and their annual salaries (ie. which NHS pay grade are they on).

**None**

**0248/13**

### **Malnourishment**

**1) Since October 1st 2008, the number of males who have been diagnosed with malnourishment or malnutrition who are under the age of 18.**

**2) Since October 1st 2008, the number of females who have been diagnosed with malnourishment or malnutrition who are under the age of 18.**

**3) Since October 1st 2008, the number of males who have been diagnosed with undernourishment who are under the age of 18**

**4) Since October 1st 2008, the number of females who have been diagnosed with undernourishment who are under the age of 18**

**Answer to questions 1-4**

Less than 10 patients under the age of 18 were identified for the above period. Due to the low numbers involved the exact figure and age range has not been provided as it may lead to the identification of individual patients; s40(2) and section 40(3)(a)(i) of the Act refers – Personal Information.

**5) With relation to requests 1-4, the number of these cases in which parents were referred to Social Services.**

This information is not recorded.

**6) Since October 1st 2008, the number of males and females who have died whereby malnourishment or malnutrition was listed as a factor in their cause of death.**

None of the patients died that were identified.

**If your trust has more than one hospital, please break this information down by hospital.**

**Also, please break the information down by the following age groups:**

**0-5**

**6-10**

**11-15**

**16-17**

**0249/13**

**Spend & Organisational Structure**

**I would be grateful if you can supply agency spend data for:**

**Occupational Therapy from 2011/12 and 2012/2013.**

	2011/12	2012/13
Occupational Therapy Agency Spend	33474	31728

**I would also like an organisational structure to include managers' names for the above department.**

The structure is currently under review.

**0250/13****A&E**

- 1) Since October 1st 2008, the number of males aged 18 and over arriving at A&E to be treated whilst intoxicated (under the influence of alcohol or drugs).
- 2) Since October 1st 2008, the number of females aged 18 over arriving at A&E to be treated whilst intoxicated
- 3) Since October 1st 2008, the number of males aged 17 and under arriving at A&E to be treated whilst intoxicated.
- 4) Since October 1st 2008, the number of females aged 17 and under arriving at A&E to be treated whilst intoxicated

<b>Gender&amp;AgeGroup</b>	<b>NumberOfPatients</b>	<b>YearFinancial</b>
MaleUnder18	34	Year 2008/09
FemaleOver18	208	Year 2008/09
FemaleUnder18	49	Year 2008/09
MaleOver18	298	Year 2008/09
FemaleOver18	439	Year 2009/10
FemaleUnder18	118	Year 2009/10
MaleOver18	632	Year 2009/10
MaleUnder18	64	Year 2009/10
FemaleOver18	403	Year 2010/11
FemaleUnder18	92	Year 2010/11
MaleUnder18	41	Year 2010/11
MaleOver18	558	Year 2010/11
MaleOver18	746	Year 2011/12
MaleUnder18	53	Year 2011/12
FemaleOver18	532	Year 2011/12
FemaleUnder18	91	Year 2011/12
MaleUnder18	45	Year 2012/13
MaleOver18	786	Year 2012/13
FemaleOver18	601	Year 2012/13
FemaleUnder18	108	Year 2012/13
FemaleUnder18	55	Year 2013/14

MaleOver18	447	Year 2013/14
MaleUnder18	21	Year 2013/14
FemaleOver18	296	Year 2013/14

5) Since October 1st 2008, the number of incidents recorded of verbal abuse against NHS staff working in A&E. If the information is kept and falls within the compliance costs, please indicate how many of these incidents involved an intoxicated individual.

**ANSWER: 181. However, no data is held regarding the number of these incidents which were caused by patients or visitors being intoxicated.**

6) Since October 1st 2008, the number of incidents recorded of physical abuse against NHS staff working in A&E. If the information is kept and falls within the compliance costs, please indicate how many of these incidents involved an intoxicated individual.

**ANSWER: 475 physical assaults have been reported. However, no data exists on the number directly attributable to intoxicated patients or visitors.**

7) Since October 1st 2008, the number of incidents in which hospital security were called to deal with an intoxicated individual at A&E.

**ANSWER: Unfortunately this information is not recorded.**

8) Since October 1st 2008, the number of NHS staff working at A&E who have resigned citing stress or suffering abuse as a factor. Please ignore this request should it raise the cost of this FOI above the compliance costs.

**ANSWER: We do undertake an 'exit survey' for colleagues who have resigned from the organisation. The results are broken down into the Directorate, not the department, so would be unable to determine "staff working at A&E who have resigned citing stress or suffering abuse as a factor".**

**0251/13****Racist incidents**

1. How many a) verbal and b) physical **racist** incidents by patients or visitors have been reported by NHS employees in the previous five financial years? (2008/09, 2009/10, 2010/11, 2011/12, 2012/13)

Please complete the following table:

**Racist incidents by patients or visitors**

	2008/09	2009/10	2010/11	2011/12	2012/13
Verbal racist incidents	3	1	0	2	3
Physical racist incidents	0	0	0	0	0

2. How many a) verbal and b) physical **racist** incidents by NHS employees have been reported by other NHS employees in the previous five financial years? (2008/09, 2009/10, 2010/11, 2011/12, 2012/13)

Please complete the following table:

**Racist incidents by NHS employees**

	2008/09	2009/10	2010/11	2011/12	2012/13
Verbal racist incidents	0	0	0	0	0
Physical racist incidents	0	0	0	0	0

**0252/13****Patient Transport**

1. The names of external or independent contractors who currently provide any type of Patient Transport for the Trust? In each case please state whether the contractor provides a) non-emergency patient transport or b) emergency patient transport?
2. The names of external or independent contractors who have provided any type of Patient Transport in the last six months? In each case please state whether the contractor provided a) non-emergency patient transport or b) emergency patient transport?

If you process FOI responses for more than one Trust, I would like the information for each Trust you manage.

**West Midlands Ambulance – non emergency patient transport**  
**Yellow Cabs – non emergency patient transport**  
**Bloxwich Cars – non emergency patient transport**

**0253/13**

**IT Security**

Please provide information on the vendor used, licence expiry and licence cost for each of the following IT security areas within the organisation:

1. Desktop anti-virus
2. Protection of Microsoft Exchange environment
3. Email gateway
4. Web gateway
5. Mobile device management
6. Hard disk
7. Removable media encryption
7. Firewall
8. VPN

Please also provide the total number of computers within the organisation.

Query	Vendor	License Expiry	License cost
1. Desktop anti-virus	Withheld under section 24 (1) National Security	30/04/2018	£50,050 + VAT
2. Protection of Microsoft Exchange environment			
3. Email gateway			
4. Web gateway			
5. Mobile device management			
6. Hard disk			
7. Removable media encryption			
7. Firewall			
8. VPN			

Please also provide the total number of computers within the organisation.
5,000 approximately

**0254/13**

**Self-Administration of Medication Policy**

Please could you answer the questions below about your Trust's policy on the self-administration of medicines by competent patients.

1. Does your Trust have a self-administration of medicines by competent patients policy?

**Yes**

2. If yes, please can you provide us with a copy of this policy?

**Document is attached with this letter – available upon request.**

3. If no, are you planning to introduce this policy?

**This policy is already in place.**

4. Please could you provide details of the use of the self-administration of medicines policy by competent patients and how this is being monitored across all the hospitals in your Trust?

**This is monitored by undertaking audits as outlined in the policy.**

Please send your responses to the address below or email a copy to [serviceimprovement@parkinsons.org.uk](mailto:serviceimprovement@parkinsons.org.uk) \_

**0255/13**

**Hernia Repair**

Under the Freedom of Information Act, please provide for the financial year 2011/12 the number of dedicated hernia repair specialists\* who performed surgery for your Trust.

This is in the public interest because it relates to a very common surgical procedure and involves the use of taxpayers' money.

\*ie the number of surgeons who do this surgery more than any other abdominal surgery

**We do not have any dedicated hernia repair specialists. However we do have ten General Surgeons who undertake this procedure.**

**0256/13**

**Private Patients**

1. Does your hospital treat private patients?

**Yes**

2. If it does treat private patients, are any NHS resources (ie beds, operating theatres, wards) ever used during their treatment? Please could you specify which resources, if any, have been used for the treatment of private patients in the past.

**All NHS resources applicable to the private patient procedure are utilised.**

3. How many private patients were treated/slept in NHS beds in the last 12 months (October 2012- October 2013)?

**Between October 2012 and September 2013 the number of patients (invoiced) during this period was 112.**

4. How many private patients were treated/slept in NHS beds between October 2011- October 2012?

**Between October 2011 and September 2012 the number of patients (invoiced) during this period was 74.**

If obtaining the information for Q3 and 4 exceeds the time/cost maximum please could you just answer Q3.

**We are currently in the middle of Quarter 3 2013 so the information will be available after the end of December.**

**0257/13**

**Level 3 Resuscitation**

It is my understanding that NHS guidelines mean that all frontline health professionals are required to have Level 3 Resuscitation training. I also understand frontline health professionals are required to be retrained annually. Please let me know as soon as possible if this not the case so I can amend my request.

**Answer -Yes this is the case. We have interpreted Level 3 Resuscitation training as being equivalent to in-house Clinical Update training on an annual basis.**

How many frontline health professionals in the Trust who were last trained in Level 3 Resuscitation over a year ago are there?

**Answer -45**

What percentage is this number of the total number of frontline health professionals who should be Level 3 Resuscitation trained in the Trust?

**Answer -18%**

What is the longest a health professional who should have received annual Level 3 Resuscitation is overdue being trained?

**Answer -2 Years and 3 months**

**0258/13 – Contractors**

Could I expand this request for details of all contractors working for your Informatics Department with their rates of pay?

Number of FTE	Role	Rate of Pay
2	IT Support Engineer	They are under Band 5 which ranges from £21,388 - £27,901

**0259/13**

**Email Address of Procurement Department**

Can we have the email of your procurement department please?

**Director of Finance – Ian Baines**

[ian.baines@walsallhealthcare.nhs.uk](mailto:ian.baines@walsallhealthcare.nhs.uk)

**0260/13**

**Misconduct**

I am looking for all instances of misconduct in doctors from and not excluding Foundation Year 1 to Consultant. I would also like you to include any doctors in management positions or on management committees.

If your institution does not hold a definition of misconduct, I would then define misconduct as any of the following:

1. Plagiarism in research
2. Breaking of your ethics code
3. Verbal, Physical, Sexual or Emotional Abuse of staff/patients
4. Fraud
5. Withholding or falsifying data or records including manipulating patient records
6. Impersonation
7. Breaching confidentiality
8. Who have a sexual relationship with a patient,
9. Who claim that they're competent to practice but are not
10. Who falsely claim that they're qualified to practice

I am requesting this information for the past three academic years

- Calendar year 2011 (1st January to 1st December)
- Calendar year 2012 (1st January to 1st December)
- Calendar year 2013 (1st January to date of this request)

If this would go over the cost limit for my request, then rather than refusing it please just provide the information for the most recent calendar year to the date of this request (2013)

Please provide a full copy of any databases/spreadsheets from which information was extracted in response to this request. In the event that these records contain columns that hold personal information covered by data protection provisions, please simply delete the offending columns and send the rest of the data without them.

- Calendar year 2011 (1st January to 1st December)  
**2 misconduct cases as defined above in this year**
- Calendar year 2012 (1st January to 1st December)  
**0 misconduct cases as defined above in this year**
- Calendar year 2013 (1st January to date of this request)  
**0 misconduct cases as defined above in this year**

**Spreadsheet information extracted as follows:**

Year	Type of Case	Reason for Misconduct
2011	Disciplinary	Breach of ethics code
2011	Disciplinary	Failure to Adopt professional conduct

**0261/13**

**Overpaid Staff**

Please contact me on this email address should you have any queries. Please also provide receipt of this request and provide a response within 20 working days, as the Act legally obliges the Trust to do.

- 1) How many staff employed by the Trust were overpaid in each of the financial years: 2010-11, 2011-12, 2012-13?

<b>2010-11</b>	<b>2011-12</b>	<b>2012-13</b>
<b>Total =60</b>	<b>Total=78</b>	<b>Total =64</b>

- 2) In total, by how much were staff employed by the Trust were overpaid in each of the financial years: 2010-11, 2011-12, 2012-13?

**2010 – 2011 £85,575.72**  
**2011 – 2012 £66,655.22**  
**2012 – 2013 £79287.47**

- 3) For each year, how much of this money has been recouped by the Trust?

**2010 – 2011 £81,985.12**  
**2011 – 2012 £58,577.21**  
**2012 – 2013 £74,855.69**

- 4) What was the largest overpayment that the Trust can locate within the FOI Act time limit in each of the financial years: 2010-11, 2011-12, 2012-13?

**2010 – 2011 £9,737.84**

**2011 – 2012 £2,212.35**

**2012 – 2013 £6,706.61**

- 5) Based on overpayments the Trust can locate within the FOI Act time limit, what was the average overpayment of staff employed by the Trust who were overpaid in each of the financial years: 2010-11, 2011-12, 2012-13?

**2010 -2011 0.33%**

**2011 – 2012 0.55%**

**2013 – 2013 0.41%**

**0262/13**

### **Agency Expenditure**

Under the Freedom of Information Act 2000 I seek to ascertain the following information relating to 'unapproved' or 'off-framework' agency expenditure. The information required relates to agency expenditure on Medical Locums / Hospital Doctors:

\* How much was the total off-framework / unapproved agency spend on Medical Locums / Hospital Doctors during financial year 2012/2013?

\* Which off-framework / unapproved agencies were used to recruit Medical Locums / Hospital Doctors and could you breakdown of expenditure across these agencies during financial year 2012/2013?

\* Could you provide a breakdown of expenditure on off-framework / unapproved agencies used to recruit Medical Locums / Hospital Doctors by specialism and grade during financial year 2012/2013?

**We have never used any 'off the framework Medic Agencies' to recruit any staff.**

**0263/13**

### **Oncology**

1. Within your organisation how many patients are currently being treated for metastatic colorectal cancer. If you are not able to confirm how many patients are being treated currently can you provide the number of patients treated in the last 6 months.
  - Of those patients if possible please split by their current drug treatment;

**Period examined : May-Oct 2013**

**Highlighted rows have been inserted where patients use the named drugs in conjunction with other drugs.**

Drug	Patients
Total treated patients	68
Aflibercept	0
Aflibercept/Irinotecan/Degramont	2
Bevacizumab	3
Bevacizumab/Capecitabine	2
Bevacizumab/Irinotecan	4
Bevacizumab/Irinotecan/5FU	1
Bevacizumab/Mod DeGramont	2
Bevacizumab/Oxaliplatin/Capecitabine	8
Cetuximab	3
Panitumumab	3
5-Fluorouracil only	2
Capecitabine and irinotecan (CAPIRI)	0
Capecitabine and oxaliplatin (CAPOX)	19
Irinotecan with 5-fluorouracil (5FU) and folinic acid [FOLFIRI]	3
Irinotecan/Cetuximab	1
Oxaliplatin with 5-fluorouracil (5FU) and folinic acid [FOLFOX]	2
Other	13

2. Within your organisation how many patients are currently being treated for head and neck cancer (Squamous cell carcinoma) ? If you are not able to confirm how many patients are being treated currently can you provide the number of patients treated in the last 6 months.
- Of those patients please split by their current drug treatment;  
**Period examined : May-Oct 2013**  
**Some patients have been on two different drug treatments during the period reviewed, so they have been counted twice. e.g. only 2 patients were being treated for head and neck cancer (Squamous cell carcinoma).**

Drug	Patients
Total treated patients	2
Carboplatin	0
Gemcitabine/Carboplatin	1
Cetuximab	1
Cetuximab/Cisplatin/5FU	1
Cisplatin	0
Docetaxel	1
5-Fluorouracil only	0

3. How are these patients mainly funded?
- NICE guidance
  - Cancer drugs fund
  - Individual Funding Requests
  - Private

Please complete the table below;

	Total patients	Cancer drugs fund	Cancer drugs fund/NICE	Cancer drugs fund/Other	Individual Funding Requests	Private
Colorectal Cancer	76	6	16	4	0	0
Head and neck cancer	8	0	0	1	0	0

**0264/13**

**Mortuary/Morgue Complaints**

Please can I have copies of all emails, correspondence, notes, minutes and all other documents (paper and electronic) relating to complaints about the release of bodies from the hospital mortuary/morgue in the last three years.

**We can confirm that our organisation has not received any complaints relating to the release of bodies from the hospital mortuary during this period.**

**0265/13**

**Radiotherapy Machines**

1. How many linear accelerator (LINAC) radiotherapy machines does the Trust have and how many have the following capability:
  - a) IMRT (Intensity-Modulated Radiation Therapy)
  - b) CT based IGRT (Image Guided Radiation Therapy)
  - c) Stereotactic Radiotherapy
2. How many patients at your Trust have received IMRT, IGRT and Stereotactic Radiotherapy in the last month, six months, year, each of the last five years?
3. What proportion of all cancer patients treated at your Trust does this represent?
4. What tumour sites are each of the machines being used for and what proportion of patients with each tumour type receive these techniques?

**Our organisation does not provide a radiotherapy treatment service.**

**0266/13**

**Clinical Excellence Awards for Consultants**

Are you running Local CEA (Clinical Excellence awards) for consultants in current year 2013?

**Yes, our organisation will be running these awards for Consultants in 2013.**

**0267/13**

**Staff sent Home due to being Intoxicated**

1. How many staff have been sent home because they were deemed unfit for work due to intoxication in the last three years?

**ANSWER: A total of 3 members of staff**

2. In 2012-13?

**ANSWER: A total of 3 members of staff**

3. How many staff have been dismissed for turning up to work intoxicated in the last three years?

**ANSWER: A total of 2 members of staff**

4. In 2012-13?

**ANSWER: A total of 2 members of staff**

**0268/13**

Number of inpatients, number of inpatients with pressure ulcers, number of grade 3/4 pressure ulcers.

- Total Number of inpatients for the twelve months between March 2012 and April 2013.

**Between 01 April 2012 and 31 March 2013 there were a total of:**

**63162 InPatient spells**

**(4029 Elective, 32576 NonElective and 26557 Daycase)**

- Number of inpatients who developed bed sores, pressure sores or pressure ulcers for the twelve months between March 2012 and April 2013.
- Number of inpatients who developed grades three or four bed sores, pressure sores or pressure ulcers for the twelve months between March 2012 and April 2013.

<b>Time Period</b>	<b>All Grades - 2 / 3 / 4</b>	<b>Grades 3 &amp; 4 only</b>
<b>April 2012 – March 2013</b>	178	12

**0269/13**

**Ambulance off-loading**

For the first 10 calendar months of 2013 (until October 31, 2013):

a) For each of your hospital A&E or Emergency departments, the total number of 'black breaches', where handovers from ambulance arrival to the patient being offloaded to A&E or ED took longer than 60 minutes, during the period.

b) Please break down the information for each hospital A&E or ED to show the number of 'black

breaches' (plus 60 minute offloading incidents) in each calendar month, eg. Hospital A - January, February, etc., Hospital B - January, February, etc., and so on.

**Unfortunately, information prior to April 2013 is not available as our organisation was not monitoring ambulance handover before this time.**

Month	No. of Ambulances with Handover over 60 mins	Longest Wait (Handover Time)
<b>Apr-13</b>	1	65 minutes
<b>May-13</b>	1	63 minutes
<b>Jun-13</b>	0	48 minutes
<b>Jul-13</b>	5	81 minutes
<b>Aug-13</b>	3	66 minutes
<b>Sep-13</b>	1	81 minutes
<b>Oct-13</b>	3	73 minutes

c) For each hospital A&E or Emergency Department, please provide the longest recorded handover time from ambulance to A&E or ED for every month. For each of these incidents (the longest handovers in each month), please also provide the recorded summary of the handover in each case, including summary information on the medical reason for the patient admission, and any given reason/explanation for the delay offloading.

**Sept13 Case Handover Summary**

**Ambulance History – patient pressed pendant alarm following a fall with unknown cause. Patient possibly had some confusion. Patient complaining of pain to left hip. Bruise noticed to left hip/leg. No reason for the delay is noted on the record sheet.**

**Unfortunately, recorded summary information for the other cases detailed in the table above is not easily accessible and would require more than 18 hours to complete.**

2. a) b) c) The same information for the full 12 months of 2012.

**Unfortunately this information is not available as our organisation was not monitoring ambulance handover during this time.**

PLEASE NOTE: I am only concerned with the handover FROM ambulance to A&E or ED, which is the time from ambulance arrival to the patient being offloaded. I am not seeking any post-handover data (ie. time after offloading for the ambulance to be ready to answer new calls).

**0270/13****Patients in A&E**

Please would you kindly supply the information for the following in relation to the financial years 2010/2011, 2011/2012 and 2012/2013.

- Please confirm the number of patients seen in your A&E department

<b>YearFinancial</b>	<b>NumberOfPatients</b>
Year 2010/11	74691
Year 2011/12	74106
Year 2012/13	81660

- Please confirm the number of patients who did not attend out-patients appointments.

<b>YearFinancial</b>	<b>NumberOfPatients</b>
Year 2010/11	34390
Year 2011/12	29933
Year 2012/13	33214

- Please confirm the number of patients who have given birth in the maternity unit.

**Please note this does not include home deliveries.**

<b>YearFinancial</b>	<b>NumberOfPatients</b>
Year 2010/11	3764
Year 2011/12	4281
Year 2012/13	4473

- Please confirm the number of deaths per department

Please note this includes still births as well

Specialty	Year Financial			Grand
	Year 2010/11	Year 2011/12	Year 2012/13	Total
ACCIDENT & EMERGENCY	1	1	4	6
CARDIOLOGY	40	47	50	137
CLINICAL HAEMATOLOGY	18	14	9	41
ELDERLY CARE	639	625	643	1907
ENT	2	2	2	6
G SURGERY	137	118	107	362
GEN MEDICINE	1205	1209	1118	3532
GYNAECOLOGY	4	3	2	9
MEDICAL ONCOLOGY	1			1
MIDWIFE			1	1
NEONATOLOGY	5	5	3	13
OBSTETRICS		1		1
PAEDIATRICS	10	11	11	32
RESPIRATORY MEDICINE			21	21
T & O	52	68	60	180
UROLOGY	6	12	11	29
WELLBABY	22	19	23	64
<b>Grand Total</b>	<b>2142</b>	<b>2135</b>	<b>2065</b>	<b>6342</b>

- Please confirm the number of patients you have seen in total during the period requested.

**Please note these are consultant led appointments for Inpatients and Outpatients. Inpatient excludes well babies. These are only for the hospital.**

Sum of NumberOfPatients Area	YearFinancial			Grand Total
	Year 2010/11	Year 2011/12	Year 2012/13	
A&E	74691	74106	81660	230457
IP	57590	58747	63160	179497
OP	237059	233728	230620	701407
<b>Grand Total</b>	<b>369340</b>	<b>366581</b>	<b>375440</b>	<b>1111361</b>

- Please confirm the number of patients who were seen who declared they were born in the United Kingdom and are habitually resident in the UK.

**Unfortunately, our organisation is not able to provide this information as it is not available.**

- Please confirm the number of patients who were seen who declared they were born within the European Union but not the United Kingdom

**Unfortunately, our organisation is not able to provide this information as it is not available.**

- Please confirm the number of patients who were seen who declared they were born in any other country outside of the European Union.

**Unfortunately, our organisation is not able to provide this information as it is not available.**

- Please confirm the number of patients who were born in the EU area (excluding the UK) and were treated in your hospital but were not habitually resident in the UK and thus they were billed for their treatment.

**Unfortunately, our organisation is not able to provide this information as it is not available.**

- Please confirm the number of patients who paid the invoice for their treatment or their home country reimbursed the NHS for their care under the EHIC system

**Nil (see question 12)**

- Please confirm the number of patients who were born outside the EU area and were treated in your hospital but were not habitually resident in the UK and thus they were billed for their treatment.

**33 Patients were billed in total over the 3 year period.**

- Please confirm the number of patients who paid the invoice for their care or whether they were covered by health insurance which paid the full costs of the care received.

**15 patients paid the invoice for the care/were covered by health insurance.**

- Please confirm the number of patients who have outstanding invoices for care and also the total cost to your hospital, arising from the non-payment for treatment by these patients.

**There are currently 2 patients with outstanding bills totalling £1,537.**

**The total number of invoices which were 'written-off' was 16. This amounted to £22,218.81 over the requested 3 year period. An element of this is still being chased and collected by the assigned Trust's debt collector.**

## 0271/13

### Hypoglycaemic Admissions

- Number of patients admitted in 2012 with Hypoglycaemia

**Total =221**

- Diabetes test strip on their Drug history from their GP – e.g. contour (reagent) strips or BG Star (reagent) strips

We do not want any patient names, of course. Just statistics. Either the numbers themselves, or the percentage of overall hypoglycaemic admissions.

**Unfortunately we are not able to provide any data from the GP regarding patient drug history.**

## 0272/13

### Sustaining the Alliance for Better Food and Farming

1. What is the annual (2012/2013 or most recent) total spend within your NHS Trust on Oral Nutrition?

By Oral Nutrition we refer to Chapter 9, Section 4 and Section 9 of the British National Formulary and take this to include *Food for Special Diets, Enteral Nutrition as well as Food Preparations* such as nutritional shakes. By spend we mean the Net Ingredient Cost (NIC) of all Oral Nutrition given to patients.

**Total 2012-2013 = £19,491**

2. What is the annual (2012/2013 or most recent) total spend within your NHS Trust on Vitamin supplements?

By Vitamin Supplements we refer to Chapter 9, Section 6 of the British National Formulary.

**Total 2012-2013 = £33,352**

3. What is the annual (2012/2013 or most recent) total spend within your NHS Trust on Mineral supplements?

By Mineral Supplements we refer to Chapter 9, Section 5 of the British National Formulary.

**Total 2012-2013 = £14,818**

**0273/13**

**Trust Fund**

- The current balance of the Trust Fund held by the Sexual Health Department
- Detailed account of income and expenditure from the said account over the last 3 years.

**Sexual Health Charitable Fund**

**The balance on the fund as at 6<sup>th</sup> November 2013 is £38,796.53.**

**Transaction Listing from the 1st April 2010 to the 6th November 2013**

			<u>£</u>
<b>Opening Fund Balance as at 1st April 2010</b>			<b>15,452.80</b>
<u>TRANSACTION</u>	<u>EXPENDITURE</u>	<u>INCOME</u>	<u>CATEGORY OF EXPENDITURE /</u>
<u>DATE</u>			<u>INCOME</u>
<u>£</u>	<u>£</u>	<u>£</u>	<u>-</u>
14/05/2010	0.00	300.00	DONATION
21/05/2010	0.00	100.00	DONATION
24/06/2010	0.00	25.00	DONATION
26/07/2010	0.00	250.00	DONATION
16/08/2010	0.00	150.00	DONATION
23/08/2010	78.20	0.00	PRINTER

23/08/2010	281.58	0.00	CORRECTION
23/08/2010	-281.58	0.00	CORRECTION
17/09/2010	0.00	150.00	DONATION
29/10/2010	0.00	100.00	DONATION
01/11/2010	50.00	0.00	EXPENSES
01/11/2010	175.00	0.00	CONFERENCE & TRAVEL
01/11/2010	175.00	0.00	CONFERENCE & TRAVEL
01/11/2010	106.70	0.00	CONFERENCE & TRAVEL
01/11/2010	185.00	0.00	CONFERENCE & TRAVEL
11/11/2010	106.10	0.00	CATERING
17/11/2010	0.00	250.00	DONATION
15/12/2010	0.00	250.00	DONATION
18/01/2011	0.00	100.00	DONATION
14/02/2011	0.00	175.00	DONATION
15/02/2011	45.60	0.00	CATERING
07/03/2011	0.00	100.00	DONATION
17/03/2011	0.00	175.00	DONATION
31/03/2011	111.82	0.00	BOOKS
31/03/2011	95.84	0.00	BOOKS
31/03/2011	120.00	0.00	TELEPHONES
31/03/2011	0.00	284.35	DIVIDEND & INTEREST
31/03/2011	0.00	1.21	DIVIDEND & INTEREST
31/03/2011	527.62	0.00	ADMINISTRATION CHARGE
31/03/2011	0.00	499.39	INVESTMENT GAINS
31/03/2011	0.00	15.03	INVESTMENT GAINS
01/04/2011	0.00	325.00	DONATION
04/05/2011	0.00	16,000.00	DONATION
13/05/2011	0.00	483.58	DONATION
27/05/2011	0.00	75.00	DONATION
15/06/2011	0.00	375.00	DONATION
20/06/2011	0.00	18.65	BOOKS
30/06/2011	406.49	0.00	EQUIPMENT

27/07/2011	0.00	520.00	DONATION
27/07/2011	0.00	125.00	DONATION
31/07/2011	86.93	0.00	HI FI SYSTEM
09/09/2011	0.00	250.00	DONATION
14/10/2011	0.00	75.00	DONATION
31/10/2011	39.88	0.00	BOOKLETS
31/10/2011	741.60	0.00	COMPUTER
23/11/2011	150.00	0.00	BOOKS
12/12/2011	0.00	75.00	DONATION
10/01/2012	0.00	75.00	DONATION
18/01/2012	0.00	90.00	DONATION
08/02/2012	0.00	25.00	DONATION
29/02/2012	0.00	100.00	DONATION
02/03/2012	0.00	100.00	DONATION
06/03/2012	2,173.57	0.00	SALARY COSTS
30/03/2012	300.00	0.00	ACCREDITATION FEE
31/03/2012	830.00	0.00	COURSE
31/03/2012	687.50	0.00	MESSAGING MODULE
31/03/2012	503.00	0.00	SMALL WORKS
31/03/2012	0.00	755.14	DIVIDEND & INTEREST
31/03/2012	0.00	54.61	DIVIDEND & INTEREST
31/03/2012	800.18	0.00	ADMINISTRATION CHARGE
31/03/2012	94.19	0.00	INVESTMENT LOSSES
31/03/2012	0.00	10.83	INVESTMENT GAINS
02/04/2012	0.00	520.00	DONATION
16/04/2012	0.00	250.00	DONATION
27/04/2012	0.00	75.00	DONATION
08/06/2012	0.00	250.00	DONATION
08/06/2012	0.00	200.00	DONATION
12/07/2012	0.00	350.00	DONATION
14/08/2012	502.70	0.00	SMALL WORKS
14/08/2012	-502.70	0.00	SMALL WORKS

16/08/2012	0.00	125.00	DONATION
16/10/2012	0.00	100.00	DONATION
26/10/2012	0.00	100.00	DONATION
22/11/2012	360.00	0.00	ACCREDITATION FEE
22/11/2012	1,729.65	0.00	SALARY COSTS
30/11/2012	0.00	0.30	SMALL WORKS
14/12/2012	0.00	100.00	DONATION
19/02/2013	165.00	0.00	EXPENSES
19/02/2013	6.50	0.00	CATERING
20/02/2013	0.00	100.00	DONATION
14/03/2013	225.00	0.00	CONFERENCE & TRAVEL
14/03/2013	156.00	0.00	ALL-IN-ONE PRINTER SCANNER etc.
27/03/2013	180.00	0.00	ACCREDITATION FEE
27/03/2013	50.00	0.00	EXPENSES
27/03/2013	158.00	0.00	EXPENSES
27/03/2013	302.40	0.00	EXPENSES
28/03/2013	0.00	25.00	DONATION
31/03/2013	43.98	0.00	EXPENSES
31/03/2013	0.00	675.31	DIVIDEND & INTEREST
31/03/2013	0.00	15.57	DIVIDEND & INTEREST
31/03/2013	726.68	0.00	ADMINISTRATION CHARGE
31/03/2013	0.00	699.91	INVESTMENT GAINS
31/03/2013	0.00	3,403.28	INVESTMENT GAINS
23/04/2013	0.00	150.00	DONATION
23/04/2013	0.00	100.00	DONATION
20/05/2013	0.00	250.00	DONATION
20/05/2013	0.00	-250.00	DONATION
22/05/2013	0.00	100.00	DONATION
10/06/2013	0.00	300.00	DONATION
26/06/2013	0.00	100.00	DONATION
26/06/2013	0.00	350.00	DONATION
08/07/2013	0.00	345.00	DONATION

15/07/2013	0.00	25.00	DONATION	
09/09/2013	0.00	100.00	DONATION	
09/09/2013	0.00	20.00	DONATION	
06/11/2013	0.00	5,000.00	DONATION	
	12,693.43	36,037.16	NET INCOME	23,343.73
<b>Closing Balance as at 6th November 2013</b>				<b>38,796.53</b>

**0274/13**

**Delayed Transfers of Care**

Please provide information for financial year 2012-13 to complete the following table on Delayed Transfers of Care from your Trust.

Acute Delayed Transfers of Care	Attributable to NHS (i.e. includes patients making their own arrangements)	Attributable to Social Care	Attributable to Both
		Key to columns	

Reasons for delay - awaiting:	a)	b)	a)	b)	a)	b)
A) Completion of assessment						
B) Public Funding						
C) Further non acute NHS care (including intermediate care, rehabilitation etc)						
D) Care Home placement						
i) Residential Home						
ii) Nursing Home						
E) Care package in own home						
F) Community Equipment/adaptations						
G) Patient or family choice						
H) Disputes						
I) Housing - patients not covered by NHS and Community Care Act						
TOTAL						

**Response:**

Our organisation's delayed transfers are regularly reported to NHS England and are easily accessible via the internet. The link for the data for 2012-2013 can be accessed on the internet via the following link:

<http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/dtoc-data-2012-13/>

The delayed discharges return is requested from our organisation on a monthly basis, and is not required to be returned on an annual basis.

**The report is built of two sets of data - the number of days that are delayed across the whole period and a snapshot of the number of patients delayed for the last Thursday of the reporting period.**

**0275/13****Spend of A&E Medical Locums**

What was the spend on Accident & Emergency medical locums in 2009/10, 2010/11, 2011/12 and 2012/13.

**Answer:**

**A&E Locums total spend**

<b>2009/10</b>	<b>2010/11</b>	<b>2011/12</b>	<b>2012/13</b>
<b>£456,012</b>	<b>£284,039</b>	<b>£489,027</b>	<b>£221,433</b>

**0276/13 – Repeat Attendances in A&E**

1.i) How many patients have attended the trust's Accident and Emergency departments in the last three financial years (2010/11, 2011/12, and 2012/13) on more than 10 separate occasions? Please provide this broken down by hospital.

ii) Please provide a breakdown of the total attendances made by patients attending A and E on more than 10 separate occasions. Please provide this broken down by a) financial year (2010/11, 2011/12, and 2012/13) and b) hospital.

i.e 2011 - xxx attendances at xxx Hospital

2. i) How many patients have attended the trust's Accident and Emergency departments in the last three financial years (2010/11, 2011/12, and 2012/13) on more than 50 separate occasions? Please provide this broken down by hospital.

ii) Please provide a breakdown of the total attendances made by patients attending A and E on more than 50 separate occasions. Please provide this broken down by a) financial year (2010/11, 2011/12, and 2012/13) and b) hospital.

i.e 2011 - xxx attendances

3. i) How many patients have attended the trust's Accident and Emergency departments in the last three financial years (2010/11, 2011/12, and 2012/13) on more than 100 separate occasions? Please provide this broken down by hospital.

ii) Please provide a breakdown of the total attendances made by patients attending A and E on more than 100 separate occasions. Please provide this broken down by a) financial year (2010/11, 2011/12, and 2012/13) and b) hospital.

i.e 2011 - xxx attendances

Please provide the information in an excel spreadsheet or another machine readable format.

**Please see the attached document (available upon request)**

## 0277/13 – Reports from the Royal College of Surgeons

Has your organisation received any Case Note Review or Internal Review Mechanism reports from the Royal College of Surgeons in the past 5 years?

**Answer:**

**We can confirm that our organisation received a Case Note Review in May 2010 from the Royal College of Surgeons.**

## 0278/13

### Expenditure on Professional Advice

The total expenditure on professional advice (including legal advice) on procurement and competition requirements. Please include advice from Commissioning Support Units and other NHS bodies.

**Answer: Our organisation's response to this request is awaiting preparation.**

## 0279/13

### The Liverpool Care Pathway

1. How many patients in the care of your acute health Trust were put on the Liverpool Care Pathway for the Dying Patient (LCP) between January 2013 and October 2013 inclusive?

Please break this figure down month-by-month (one figure for January 2013, another for February 2013... etc).

If possible, could you also please break down July 2013 further: into the period July 1-14 inclusive, and the period July 15-31 inclusive.

Month	Total Number of Patients on LCP
Jan 2013	25 patients
Feb 2013	19 patients
Mar 2013	24 patients
April 2013	13 patients
May 2013	14 patients
June 2013	27 patients
July 2013	15 patients

	<b>July 1<sup>st</sup> - 14<sup>th</sup> - 12 patients</b> <b>July 15<sup>th</sup> - 31<sup>st</sup> - 3 patients</b>
<b>Aug 2013</b>	<b>1 patient</b>
<b>Sept 2013</b>	<b>4 patients</b>
<b>Oct 2013</b>	<b>8 patients</b>

Please break this figure down month-by-month (one figure for January 2013, another for February 2013... etc).

If possible, could you also please break down July 2013 further: into the period July 1-14 inclusive, and the period July 15-31 inclusive.

2. Does your acute health Trust currently receive any payments/funding under the Commissioning for Quality and Innovation (CQUIN) system which are associated with the LCP?

**Answer:**

**No, our organisation does not currently receive this.**

3. Has your acute health Trust ever received such payments/funding under CQUIN?

**Answer:**

**Yes, our organisation did receive such funding.**

4. If 'no' to 2 and 'yes' to 3, on what date was the association between LCP and CQUIN stopped?

**Answer:**

**The End of Life Liverpool Care Pathway was an acute CQUIN scheme in 2009/10**

5. What was total value of such payments to your acute Trust in each month between January 2013 and October 2013 inclusive? (If possible, please break July into the period July 1-14 and July 15-31).

**Answer:**

**This question is not applicable to our organisation as mentioned above.**

**0280/13**

**Intravenous Therapy**

- The number of patients discharged from Walsall hospital and receive intravenous therapy in the community

**Answer:**

**For patients discharged from the hospital between 01/11/2012 and 01/11/2013.**

246 received intravenous therapy in the community, as the data is sourced from two separate systems we are unable to confirm if there was any relationship between the discharge and the intravenous therapy they were receiving.

- The number of medically fit patients who have their stay extended for the purpose of receiving intravenous therapy.

**Answer:**

**Unfortunately we do not collect this information.**

- The cost of an overnight stay on a ward at Walsall Manor hospital

**Answer:**

**Average Cost of overnight stay £ (2013-14)**

Direct cost	£146
Overhead(Buildings, Corporate )	£46
Total	£192

- And finally the cost Walsall Manor hospital incur to nurse patients for intravenous therapy only.

**Answer:**

**Average Hospital Cost of administering IV Therapy £ (2013-14)**

Direct cost	£133
Overhead(Buildings, Corporate)	£53
Total	£186

**Average Community Cost of Administering IV Therapy: £ (2013-14)**

Direct cost	£41
Overhead(Buildings, Corporate)	£9
Total	£50

Please note that given that the numbers of patients capable of being discharged home is likely to be small, this will not actually have much impact on cost as the ward will still have to be staffed.

**0281/13**

**Number of inpatients, number of inpatients with pressure ulcers, number of grade 3/4 pressure ulcers.**

- Total number of inpatients for the twelve months between:  
1 April 2012 to 31 March 2013;  
1 April 2011 to 31 March 2012;  
1 April 2010 to 31 March 2011;  
1 April 2009 to 31 March 2010; and  
1 April 2008 to 31 March 2009.

<b>YearFinancial</b>	<b>Discharges</b>
<b>Year 2008/09</b>	<b>61066</b>
<b>Year 2009/10</b>	<b>56387</b>
<b>Year 2010/11</b>	<b>57591</b>
<b>Year 2011/12</b>	<b>58747</b>
<b>Year 2012/13</b>	<b>63162</b>

- Number of inpatients that developed bed sores, pressure sores or pressure ulcers for the twelve months between:

- 1 April 2012 to 31 March 2013;
- 1 April 2011 to 31 March 2012;
- 1 April 2010 to 31 March 2011;
- 1 April 2009 to 31 March 2010; and
- 1 April 2008 to 31 March 2009.

- Number of inpatients who developed grades three or four bed sores, pressure sores or pressure ulcers for the twelve months between:

- 1 April 2012 to 31 March 2013;
- 1 April 2011 to 31 March 2012;
- 1 April 2010 to 31 March 2011;
- 1 April 2009 to 31 March 2010; and
- 1 April 2008 to 31 March 2009.

<b>Time Period</b>	<b>All Grades - 2 / 3 / 4</b>	<b>Grades 3 &amp; 4 only</b>
<b>April 2008 – March 2009</b>	<b>128</b>	<b>29</b>
<b>April 2009 – March 2010</b>	<b>189</b>	<b>37</b>
<b>April 2010 – March 2011</b>	<b>133</b>	<b>35</b>
<b>April 2011 – March 2012</b>	<b>225</b>	<b>53</b>
<b>April 2012 – March 2013</b>	<b>178</b>	<b>12</b>

**0282/13**

**High Risk Organs – request withdrawn**

I am writing to make a request under the Freedom of Information Act for details of transplant recipients receiving “high risk” organs.

More specifically:

1. During the first ten months of 2013 (up to October 31), how many organ transplants were carried out by the Trust.
2. How many of these organs were designated “high risk”?

3. Please provide a list of all the “high risk” organs transplanted, giving the reason for the organ being designated “high risk” (for example, but not limited to, smoker donor, drug addict donor, elderly donor, etc.). I do not require any further details of the operation, such as name of patient, date of operation, or condition of patient.

**0283/13**

**Chief Executive Pay**

1 - In the 2012/13 financial year did the Trust chief executive receive a bonus and if so how much was it?

**The CEO of our organisation does not receive a bonus.**

2 - How much paid holiday is the chief executive contractually entitled to in the 2013/14 financial year?

**33 days paid holiday per annum.**

3 - How much in pension contributions will be paid by the Trust to the Trust chief executive in the 2013/14 financial year?

**£21210 is paid by the Trust to NHS Pensions on the CEO’s behalf. This is the normal contribution percentage rate for all NHS employees.**

4 - Does the Trust chief executive currently receive private health insurance as part of his pay package?

**The CEO of our organisation does not receive private health insurance.**

5 - Does the Trust chief executive currently receive a company car/car allowance as part of their pay package? If so what is the company car/how much is the allowance?

**The CEO of our organisation does not receive a company car/company car allowance.**

**0284/13**

**Outpatient Hysteroscopy/Biopsy**

OUTPATIENT HYSTEROSCOPY/BIOPSY – PAIN CONTROL AND PATIENT CHOICE

1. The current patient information leaflet

**Our organisation’s information leaflet is attached as requested (available upon request)**

2. The current consent form

**Our organisation’s current consent form is enclosed (available upon request). Consent is either obtained verbally or in writing.**

3. The current surgical protocol

**Our organisation has no formal protocol at present.**

4. Does the leaflet advise the patient to ask her GP to prescribe gynae-specific painkillers to be taken BEFORE the procedure - Y/N?

**No**

5. What type and dose of painkillers does your Trust advise patients to take before the procedure?

**Our organisation does not currently advise patients to take any painkillers before the procedure.**

6. Are ALL your hysteroscopy/biopsy patients given the following choices BEFORE the procedure is attempted:

a) General Anaesthesia – Y/N?

**Yes**

b) spinal anaesthesia – Y/N?

**Yes on patient request.**

c) conscious sedation – Y/N?

**No, but our Anaesthetist's decides whether this is required.**

7. For each of the last 3 financial years, how many of your hysteroscopy/biopsy patients had

a) GA with overnight stay?

b) GA day-case ?

c) spinal anaesthesia?

d) conscious sedation?

e) local anaesthetic?

f) no anaesthetic?

Sum of NoOfPatients		Description		
YearFinancial	AnaesType	Daycase	Inpatient	Grand Total
Year 2010/11	General	93	5	98
	Local	49	6	55
	None Required	1		1
	Sedation	2		2

	Spinal	3	1	4
<b>Year 2010/11 Total</b>		<b>148</b>	<b>12</b>	<b>160</b>
<b>Year 2011/12</b>	General	100	3	103
	Local	19	1	20
	None Required	6		6
	Sedation	4		4
	Spinal	2	1	3
<b>Year 2011/12 Total</b>		<b>131</b>	<b>5</b>	<b>136</b>
<b>Year 2012/13</b>	General	94	2	96
	Local	9		9
	None Required	2		2
	Spinal	1		1
<b>Year 2012/13 Total</b>		<b>106</b>	<b>2</b>	<b>108</b>
<b>Grand Total</b>		<b>385</b>	<b>19</b>	<b>404</b>

8. What width hysteroscopes do you use? Rigid or flexible?

**Rigid and is 3mm size.**

9. For each of the last 3 financial years what % patients DNA outpatient hysteroscopy/biopsy?

**Unfortunately, this information is documented in patient records and would involve reviewing patient notes individually. It would be very difficult to obtain this information and would require over 18 hours of work to complete.**

10. For each of the last 3 financial years what % OP hysteroscopy/biopsy patients had a failed procedure that had to be repeated with epidural, GA or conscious sedation?

**Unfortunately, this information is documented in patient records and would involve reviewing patient notes individually. It would be very difficult to obtain this information and would require over 18 hours of work to complete.**

11. All audits of adverse events, e.g. infection, perforation during the last 3 financial years

**Unfortunately, our organisation has not completed a formal audit specifically related to this procedure during this time period.**

12. All surveys of patients' experiences during the last 3 financial years

**Unfortunately, our organisation has not completed a formal survey specifically related to this procedure during this time period.**

**0285/13  
Services for Deaf People**

- a) What communication support does the NHS Foundation Trust, and the agencies and public bodies supported by the trust, provide for deaf and hard of hearing people to access their services?  
**Our organisation provides qualified level 6 interpreters for all our patients. For patients who are deaf and blind we have specialist Communication Guides who are present during the patient appointment. We also use email and text messages for deaf patients to book interpreters.**
- b) Do the NHS Foundation Trust, and the agencies and public bodies supported by the trust, provide NRCPD registered communication professionals for profoundly deaf people to access their services?  
**Yes the professional interpreters our organisation uses are members of the NRCPD.**
- c) How many people have requested the use of a sign language interpreter to access services offered by the NHS Foundation Trust, and the agencies and public bodies supported by the trust, in the past year?  
**From April 2012 to March 2013 - 325 bookings were made for patients who were deaf.**

**0286/13**

**Violence and Abuse in A&E**

- 1) For the years 09/10, 10/11, 11/12, 12/13, please provide the number of instances in which an A&E member of staff was verbally abused by an A&E patient or someone accompanying an A&E patient. This includes both individuals who have been checked in as patients and those waiting to be seen.

**Answer:**

**2009/10 - 9 incidents of verbal abuse in A&E**

**2010/11 - 2 incidents of verbal abuse in A&E**

**2011/12 - 5 incidents of verbal abuse in A&E**

**2012/13 - 4 incidents of verbal abuse in A&E**

**Total=20**

- 2) For the years 09/10, 10/11, 11/12, 12/13, please provide the number of instances in which an A&E member of staff was physically abused by an A&E patient or someone accompanying an A&E patient. This includes both individuals who have been checked in as patients and those waiting to be seen.

**Answer:**

**2009/10 - 6 incidents of physical assault**

**2010/11 - 5 incidents of physical assault**

**2011/12 - 3 incidents of physical assault**

**2012/13 - 7 incidents of physical assault**

**Total=21**

- 3) For the years 09/10, 10/11, 11/12, 12/13, please provide the number of instances in which an A&E member of staff was attacked with a weapon by an A&E patient or someone accompanying an A&E patient. This includes both individuals who have been checked in as patients and those waiting to be seen. Please indicate the weapon used if it does not fall beyond the compliance costs.

**Answer:**

**There are no reported instances of weapons being used to assault A&E staff**

4) For the years 09/10, 10/11, 11/12, 12/13, please provide the number of instances of the above nature which required hospital security to be called. Please also indicate the number of times police were called, if it does not go beyond compliance costs.

**Answer:**

**For the period 1 April 2009 - 31 March 2013: Hospital security were called on 55 occasions.**

**For the period 1 April 2009 - 31 March 2013: The police were called on 46 occasions.**

5) For the years 09/10, 10/11, 11/12, 12/13, please provide the number of A&E staff that have been sacked, taken voluntary redundancy or have been made redundant. If this information falls beyond compliance costs, please provide data for the most recent year and work backwards until this exceeds compliance costs.

**Answer:**

**2009/10 - 1 A&E staff member was dismissed**

**2010/11 – No members of A&E staff were dismissed/were made redundant/took voluntary redundancy**

**2011/12 – 3 A&E staff members were dismissed**

**2012/13 – No members of A&E staff were dismissed/were made redundant/took voluntary redundancy**

**0287/13**

### **Server, Virtualisation and Storage Contract Information**

I would like to submit a Freedom of Information Request relating to specific ICT contract(s) for Storage Hardware Maintenance and Storage Virtualisation Software which may include:

- Server Hardware Maintenance
- Server Software Licensing (VMware, Solaris, Unix, Linux, Windows Server)
- Server Software Maintenance/Support (VMware, Solaris, Unix, Linux, Windows Server)
- Storage Area Network Maintenance/Support (EMC, NetApp etc)

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

1. Contract Title:
2. Contract Type: Please input one the type of contract above e.g. Hardware Maintenance, Software Licensing
3. Existing/Current Supplier:
4. Hardware Brand: Please state the hardware or software brand related to the contract with supplier e.g. Hardware Maintenance could be Dell, IBM etc
5. Number of Users: Number users for m
6. Operating System / Software(Platform): (Windows, Linux, Unix, VMWare etc.) the brand name relating to the contract.
7. Total Contract Value: (For the whole duration of the contract, if the total value sent is per annum please state this in the response)
8. Contract Duration: (Please can you also include notes if the contract includes any contract extension periods.)
9. Contract Expiry Date:
10. Contract Review Date: (An approximate date of when the organisation is planning to review this particular contract.)
11. Brief Contract Description: I require a brief description of the service provided under this contract.
12. Internal Contact: (The person from within the organisation that is responsible for reviewing and renewing this particular contract. Please include there full name, job title, direct contact number and direct email address.)

If there is more than one supplier for these contract can you please split the contract individually for each supplier. So the information above which I am requesting is for each supplier.

If this service is part of a managed contract please can you send me the contract information for this managed service including Hardware Brand, Number of Users, Operating System, and contact details of the internal contact responsible for this contract.

**Answer:**

Contract Title:	Existing/ Current Supplier:	Hardware Brand(s):	No of Users:	Operating System (Platform):	Total number of Servers (per supplier):	Number of Virtual Servers:	Total Contract Value:	Duration:	Contract Expiry Date:	Contract Review Date:	Brief Contract Description:	Internal Contact:
Manor	Dell	M600	Unknown-not aware of how many people are connecting to the server at one time. However, we employ 4253 (figure excludes bank staff) staff who all have access.	Win 2008 & VMWare & Citrix	2	69	Server supplied with 3 years warranty	3 years from date of supply	Disparate, ranges from: Feb 2014 – Feb 2016.		Dell Warranty provided with purchase.	Director of Informatics  Mr Steve Darkes Tel: 01922 721172
		M610			8							

**0288/13**

**People prescribed with methadone and number of people sent to an exercise camp or boot camp because of weight-related issues.**

I would like to know how many people under the age of 16 have been prescribed with methadone over the past three years. I would like this broken down by age.

**Answer:**

**Unfortunately our organisation does not keep any information or data based on the age of patients taking methadone. Therefore, we are unable to answer this question.**

I would like to know how many people have been sent to an exercise camp or boot camp because of weight-related issues in the past three years. I would also like this broken down by age.

**Answer:**

**Our organisation is able to refer children to local weight management programmes but these programmes are not residential so would not qualify as an 'exercise/boot camp'.**

**Our organisation does not refer adult patients to exercise/boot camps. However, Lifestyle Services do refer adults to commercial weight management groups such as Weight Watchers and Slimming World. Patients qualify for free vouchers if they have a BMI of 30 and above.**

**There is also an adult obesity pathway commissioned by public health based at the Walsall Metropolitan Borough Council.**

**Walsall Healthcare's physical activity team also run a range of exercise activities across Walsall.**

**Please see the table below of weight management referrals for adult patients made by our organisation over the last 3 years broken down by age group.**

<b>Age Group (yrs)</b>	<b>Number of patients Referred</b>
<b>18-25</b>	<b>788</b>
<b>26-35</b>	<b>1461</b>
<b>36-45</b>	<b>1736</b>
<b>46-55</b>	<b>1631</b>
<b>56-65</b>	<b>1126</b>
<b>&gt;65</b>	<b>640</b>

**0289/13 – A&E Visits**

I am writing this letter to request information as to the procedures involved when trying to get confirmation of A&E visits.

**Answer:**

**The procedure varies depending upon who is requesting the information. In all instances though a request in writing is required along with proof of ID or the patient's written consent, except with Data Protection Act (DPA) requests/Court Orders.**

**With a Patient request – An Access to health Records Form must be completed and 2 proofs of ID provided (preferable a photo ID if possible)**

**With a Legal/Solicitor request – It must be in writing with the patient’s written consent.**

**With a Police request – It must be in writing with the patient’s written consent except in the case of a DPA request if it is for the detection of crime involving a serious incident our Director of ?? will decide if the public interest out ways the patient’s rights to confidentiality.**

**With Court Orders requests – The court order must be signed by Judges.**

**With Other 3<sup>rd</sup> party requests (such as tagging services) – The patient’s verbal consent is sought if they are in the department or they are spoken to via telephone if they have already been discharged before any information is released.**

**With a GP or other health professional request – The information is shared, but checks are made to ensure information is sent to the correct place and if there is a relevant reason to share the information before sending. If the patient is not being treated by the health professional making the request at that time, patient consent is requested.**

**With a parent requesting attendance information about their child – The parent must provide the the correct child details (eg. child’s name, date of birth, address, GP). The computer systems are then checked for any safeguarding flags before the information is released.**

Also how quickly is the doctor’s surgery informed of A&E visits?

**Answer:**

**General Practitioner’s (GP) within the area of FUSION are automatically informed the same day, as soon as the patient is discharged off the computer an alert is sent via FUSION to say their patient has been to A&E and the outcome of the visit. Once the coding is completed the GP Practice are sent further information electronically with treatment information.**

**If the GP is out of the area they are sent the printed information as soon as the coding is completed. The target time for this to be completed and sent out is 48 hours.**

**0290/13**

**IT/ICT/Information Systems Department**

Please can you provide the structure chart for your organisations IT / ICT / Information Systems Department. I would also be grateful if you are able to provide the names of managers and any direct lines and email addresses if applicable.

**The department organisational chart is attached with this letter – available upon request. Unfortunately, we are not able to disclose any staff names, direct lines or email addresses for members of staff under Director level.**

**Please find below details of the Director of Informatics.**

**Steve Darkes**  
**Director of Informatics**  
**01922 721172**  
**Email: steve.darkes@walsallhealthcare.nhs.uk**

**0291/13**  
**Spend of Agency Allied Health Professionals**

Please provide me with further information relating to the supply of Agency Allied Health Professions to the trust. I would be grateful if you could please provide the following information:

- Spend on Agency Dieticians for Jan-Dec 2012
- Spend on Agency Podiatrists for Jan-Dec 2012
- Spend on Agency Arts Therapists for Jan-Dec 2012
- Spend on Agency Chaplains for Jan-Dec 2012
- Spend on Agency Clinical Psychologists, Counsellors or Psychotherapists for Jan-Dec 2012
- Spend on Agency Orthoptists for Jan-Dec 2012
- Spend on Agency Play Specialists for Jan-Dec 2012
- Spend on Agency Sexual Health Advisors for Jan-Dec 2012
- Spend on Agency Diagnostic Radiographers and Sonographers for Jan-Dec 2012
- Spend on Agency Therapy Radiographers / Radiotherapists for Jan-Dec 2012
- Spend on Agency Physiotherapists for Jan-Dec 2012
- Spend on Agency Speech & Language Therapists for Jan-Dec 2012
- Spend on Agency Occupational Therapists for Jan-Dec 2012
- Spend on Agency staff within Pharmacy (Pharmacists, Technicians & ATO's) for Jan-Dec 2012

**Answer:**

	<b>Total (£)</b>
<b>Spend on Agency Dieticians for Jan-Dec 2012</b>	<b>21928.15</b>
<b>Spend on Agency Podiatrists for Jan-Dec 2012</b>	<b>0</b>
<b>Spend on Agency Arts Therapists for Jan-Dec 2012</b>	<b>0</b>
<b>Spend on Agency Chaplains for Jan-Dec 2012</b>	<b>0</b>
<b>Spend on Agency Clinical Psychologists, Counsellors or Psychotherapists for Jan-Dec 2012</b>	<b>13368.39</b>
<b>Spend on Agency Orthoptists for Jan-Dec 2012</b>	<b>0</b>
<b>Spend on Agency Play Specialists for Jan-Dec 2012</b>	<b>0</b>
<b>Spend on Agency Sexual Health Advisors for Jan-Dec 2012</b>	<b>0</b>
<b>Spend on Agency Diagnostic Radiographers and Sonographers for Jan-Dec 2012</b>	<b>8110.49</b>
<b>Spend on Agency Therapy Radiographers / Radiotherapists for Jan-Dec 2012</b>	<b>0</b>
<b>Spend on Agency Physiotherapists for Jan-Dec 2012</b>	<b>53408.04</b>
<b>Spend on Agency Speech &amp; Language Therapists for Jan-Dec 2012</b>	<b>0</b>
<b>Spend on Agency Occupational Therapists for Jan-Dec 2012</b>	<b>53942</b>
<b>Spend on Agency staff within Pharmacy (Pharmacists, Technicians &amp; ATO's) for Jan-Dec 2012</b>	<b>281497.7</b>

**0292/13**

**Annual Report & Quality Account**

I wonder if it would be possible to request a hard copy of your current annual report and quality account

**Our organisation's latest annual report and quality account for 2012-13 are attached (available upon request)**

**0293/13**

**Patient Falls**

1. How many patient falls have you had between 1 April 2012 and 31 March 2013 that resulted in a fractured neck of femur?
2. Of these how many did you report to StEIS?
3. Of those that were not reported to StEIS was an internal RCA completed?

**During the period April 2012 to March 2013 we had 13 patient falls which resulted in a fractured neck of femur.**

**All of these patients/incidents were reported onto STEIS and a full RCA investigation took place – action plans developed and all incidents have been discussed at the Serious Incident Committee.**

**0294/13**

**Audited Accounts**

Please send me a copy of audited accounts for year end 2012-2013 and year end 2014-15 plan.

**Our organisation's latest annual account report for 2012-13 is attached – available upon request. As we are currently in 2013 we attach a copy of our 2013-14 summary plan – available upon request.. The 2014-15 plan will be available on our internet webpage nearer the start of the financial year (1<sup>st</sup> March 2014).**

**You can access our internet webpage by using the pathway below. Please then click on to the 'About us' section and go down to 'Our Publications'.**

<https://www.walsallhealthcare.nhs.uk/home.aspx>

**0295/13**

**NHS Friends and Family Test and Other Surveys**

I have been looking at various frameworks/ contracts/ agreements on Contracts Finder and I was wondering if you could tell me the start and end dates (and values if possible) of the below framework/contract:-

- WHPC00290/KD - NHS Friends and Family Test and other Surveys. (203505-2013; UK-Walsall: Customer satisfaction survey)

**Answer:**

**Our organisation is currently evaluating bids and unfortunately we can only provide limited information.**

**The Framework will be for 4 years and it is anticipated that the contract will commence from 3<sup>rd</sup> February 2014.**

**0296/13**

**Compensation payouts**

Please could you provide details of compensation payouts made by the Trust in the most recent three years available. This should include a year-by-year breakdown of payments and a description of why they were made in each case. Please specify in each case the amount paid in damages/settlement and the costs to each side respectively.

Please also list which hospital, facility or service the compensation payments were made in relation to **I would be grateful if you redirect your enquiry to the National Health Service Litigation Authority (NHSLA) as this information is not held by our department.**

**Please use the link below to access the NHSLA internet webpage for their contact details.**

<http://www.nhsla.com/Pages/Home.aspx>

**0297/13**

**Staff Sickness Absence Policy**

Could you please provide me a copy of your Staff Sickness Absence Management Policy? We are currently in the process of revising ours and feel it would be beneficial to look at those from other Trust's.

**Please find attached our organisation's policy as requested (available upon request)**

**0298/13**

**Ethnicity**

1. How many nurses do you employ? (please give whole-time equivalent figure).

**Answer:**

**1072.71 full time equivalent**

2. Please provide the ethnic breakdown of all staff employed by your organisation (provide the information in percentages).

Ethnic Group	%
African	1.09%
Any other Asian background	1.80%

<b>Any other Black background</b>	<b>0.20%</b>
<b>Any other ethnic group</b>	<b>0.76%</b>
<b>Any other mixed background</b>	<b>0.38%</b>
<b>Any other White background</b>	<b>1.51%</b>
<b>Bangladeshi</b>	<b>0.51%</b>
<b>British</b>	<b>73.94%</b>
<b>Caribbean</b>	<b>3.12%</b>
<b>Chinese</b>	<b>0.20%</b>
<b>Indian</b>	<b>11.01%</b>
<b>Irish</b>	<b>0.52%</b>
<b>Not stated</b>	<b>0.20%</b>
<b>Pakistani</b>	<b>3.06%</b>
<b>White and Asian</b>	<b>0.93%</b>
<b>White and Black African</b>	<b>0.18%</b>
<b>White and Black Caribbean</b>	<b>0.60%</b>

3. Please provide the ethnic breakdown for registered nursing staff (provide the information in percentages).

<b>Ethnic Group</b>	<b>%</b>
<b>African</b>	<b>0.89%</b>
<b>Any other Asian background</b>	<b>3.79%</b>
<b>Any other Black background</b>	<b>0.16%</b>
<b>Any other ethnic group</b>	<b>0.70%</b>
<b>Any other mixed background</b>	<b>0.19%</b>
<b>Any other White background</b>	<b>1.19%</b>
<b>Bangladeshi</b>	<b>0.26%</b>
<b>British</b>	<b>76.29%</b>
<b>Caribbean</b>	<b>5.15%</b>
<b>Chinese</b>	<b>0.29%</b>
<b>Indian</b>	<b>8.75%</b>
<b>Irish</b>	<b>0.55%</b>
<b>Not stated</b>	<b>0.19%</b>
<b>Pakistani</b>	<b>0.63%</b>
<b>White and Black African</b>	<b>0.09%</b>
<b>White and Black Caribbean</b>	<b>0.88%</b>

4. How many band 7 nurses from black and minority ethnic backgrounds did you employ in the following years (please use whole-time equivalent figures). If you cannot provide figures for confidentiality reasons please provide percentages:

2013  
2012  
2011

Year	%
2013	13.46%
2012	12.75%
2011	12.32%

5. How many band 7 nurses from white backgrounds did you employ in the following years (using whole-time equivalent figures). If you cannot provide figures for confidentiality reasons please provide percentages :

2013

2012

2011

Year	%
2013	86.02%
2012	86.72%
2011	87.16%

6. How many nurses from black and minority ethnic backgrounds did you employ in band 8a, band 8b and band 8c in the following years, giving a separate figure for each band (please use whole-time equivalent figures). If you cannot provide figures for confidentiality reasons please provide percentages:

2013

2012

2011

Year	Band 8a	Band 8b	Band 8c
2013	12.39%	0%	0%
2012	12.07%	0%	0%
2011	12.55%	0%	0%

7. How many nurses from white backgrounds did you employ did you employ in band 8a, band 8b and band 8c in the in the following years (using whole-time equivalent figures) If you cannot provide figures for confidentiality reasons please provide percentages :

2013

2012

2011

Year	Band 8a	Band 8b	Band 8c
2013	87.61%	100%	100%
2012	87.93%	100%	100%
2011	87.45%	100%	100%

8. How many disciplinary cases were there for nursing staff in your organisation in the following years:  
2013  
2012

**Answer:**

**2013 - 18 nurses**  
**2012 - 22 nurses**

9. What percentage of those involved nurses from black and minority ethnic backgrounds?

**Answer:**

**25%**

10. How many referrals did your organisation make to the Nursing and Midwifery Council in:  
2013  
2012

**Answer:**

**2013 - 1 nurse**  
**2012 - 3 nurses**

11. Of those, how many were for nurses from black and minority ethnic backgrounds?

**Answer:**

**2 Nurses**

12. Do you have any programmes/schemes to develop the careers of black and minority ethnic staff.  
We are particularly keen to hear about any schemes for nursing staff as we like to feature best practice case studies on career progression opportunities for nurses.

**Answer:**

**All of our leadership development programmes encompass equal opportunities and are open to all.**

**The NHS has national development programmes such as the [Mary Seacole Programme](#), and previously the NHS Breaking Through Programme, which we have supported and will continue to support colleagues to attend.**

**0299/13**

**Personal Televisions and Telephone Calls**

Under the Freedom of Information Act 2000, I would be grateful if you could provide me with the following information for your NHS Trust:

- The daily rate charged for personal television facilities in 2009/10, 2010/11, 2011/12, 2012/13 and 2013/14

- The cost per minute for (a) outgoing and (b) incoming telephone calls from bedside units in 2009/10, 2010/11, 2011/12, 2012/13 and 2013/14

**Answer:**

**Our organisation does not provide our patients with personal bed side telephones or television facilities. These facilities have not available to our patients during this time period.**

**0300/13**

**Broken Noses & Nose Re-setting Operations**

1 - How many a) men and b) women have been treated for a broken nose or had nose-resetting operations in the following financial years:

- a) 2004-05
- b) 2007-08
- c) 2010-11
- d) 2012-13

Please also include a breakdown by age to include the following categories:

- i) under 20
- ii) 20-59
- iii) 60 and over

**Patients attending A&E /Non-Admitted**

YearFinancial	Gender	Age Group				Grand Total	
		Sum of NumberOfPatients	under 20	Age 20 to 59	Age 60 plus		NULL
Year 2004/05	FEMALE		16	4	8	28	
	MALE		23	24		1	48
<b>Year 2004/05 Total</b>			<b>39</b>	<b>28</b>	<b>8</b>	<b>1</b>	<b>76</b>
Year 2007/08	FEMALE			4	3		7
	MALE		2	11			13
<b>Year 2007/08 Total</b>			<b>2</b>	<b>15</b>	<b>3</b>		<b>20</b>
Year 2010/11	FEMALE		1				1
	MALE		6	11			17
<b>Year 2010/11 Total</b>			<b>7</b>	<b>11</b>			<b>18</b>
Year 2011/12	FEMALE		1	7	2		10
	MALE		11	16	4		31
<b>Year 2011/12 Total</b>			<b>12</b>	<b>23</b>	<b>6</b>		<b>41</b>
Year 2012/13	FEMALE		2	7	7		16
	MALE		15	14	1		30
<b>Year 2012/13 Total</b>			<b>17</b>	<b>21</b>	<b>8</b>		<b>46</b>
<b>Grand Total</b>			<b>122</b>	<b>148</b>	<b>38</b>	<b>1</b>	<b>309</b>

2 - Where possible (but not if by doing so it takes the FOI request over cost limits) please state whether alcohol was recorded as being a contributory factor in the injury or whether the patient was under the influence of alcohol when admitted to hospital - depending on how or whether your Trust records this information.

**Answer:**

**Unfortunately, as there can be a number of causes leading to this type of injury we are not able to provide this information without reviewing patient records. This would involve over 18 hours of work in order to obtain this information.**

**0301/13**

**Thefts**

I wish to request the following information under the Freedom of Information Act.

How many items were reported stolen at Manor Hospital -

\*Between January 1 and December 31, 2011?

\*Between January 1 and December 31, 2012?

\*Between January 1 and November 2013?

Could I please have figures for each year and a list of the items that were reported stolen?

If it is known how much the item was worth could I also be sent these details?

Could you also verify if you know if the item belonged to a patient or member of staff etc?

What is the process for reporting any items stolen?

Item Stolen	Property Of	Value of Item
<b>Thefts 2011</b>		
Mobile Phone	Patient	Not Stated
Mobile Phone	Patient	Not Stated
Money	Patient	£10
Watch	Patient	Not Stated
Money	Staff	£20
Money	Staff	£3
Wallet	Staff	Not Stated
Money	Staff	£40
Money	Staff	£50
Games Console	Trust	Not Stated
Laptop & Leads	Trust	Not Stated
Pair of Shoes	Staff	Not Stated
Nintendo DSI hand held games	Patient	Not Stated

console		
Mirror	Trust	Not Stated
Money	Staff	£5
Work Bag & Equipment	Trust	Not Stated
Mobile Phone	Patient	Not Stated
Laptop Computer, Flatbed Scanner, Data Projector	Trust	Not Stated
Wallet	Patient	Not Stated
6 Digital Dictation Handsets, 2 Docking Stations, Radio	Trust	Not Stated
Scrap Metal	Trust	Not Stated
Lap Top	Trust	Not Stated
Lap Top	Trust	Not Stated
Money	Staff	£10
Money	Staff	£20
Scrap Metal	Trust	Not Stated
Base of Computer	Trust	Not Stated
<b>Thefts 2012</b>		
Baby Scales	Trust	Not Stated
iPod & Mobile Phone	Staff	Not Stated
Handbag containing handheld Nintendo 3DS, 4 games, iPod and make up	Staff	Not Stated
iPhone 4S	Visitor	Not Stated
Mobile phone	Visitor	Not Stated
Charity Money	Trust	£75.00
Scales and phone	Trust	Not Stated
Money from handbag	Staff	£10.00
Sphygmometer, stethoscope and Co2 monitor	Trust	Not Stated
Bank cards and cash from purse	Staff	£15.00
Bank cards from bag	Staff	Not Stated
Purse, cash and bus ticket	Staff	£10.00
Watch from uniform	Staff	Not Stated
Trousers, box of chocolates and 3 books	Staff	Not stated
Pair of shoes	Staff	Not Stated
Items of clothing	Staff	Not Stated
Blood pressure equipment	Trust	Not Stated
Purse and phone	Staff	Not Stated
Mobile phone	Staff	Not Stated
3 x TV's	Trust	Not Stated
Baby scales, bag, measuring mat and Sat Nav Charger	Trust	Not Stated

Phone	Patient	Not Stated
IPhone lead	Staff	Not Stated
<b>Thefts 2013</b>		
Purse (money, jewellery, credit cards)	Staff	Not Stated
SATs Monitor	Staff	Not Stated
Unspecified work equipment	Staff	Not Stated
Cash	Staff	£20.00
Cash	Patient	£70.00
Cash	Patient	£100.00
Cash	Staff	£20.00
Purse and Cash	Staff	£150.00
Prescription Pad	Trust	Not Stated
Medical Items from Delivery Box	Trust	Not Stated
Phone	Staff	Not Stated
Wallet	Staff	Not Stated
Pair of Shoes	Staff	Not Stated
Mobile Phone	Staff	Not Stated

The Trust has a 'Losses and Special Payments' policy detailing the procedure to be followed in the event of Trust property being stolen. Following a reported theft the Departmental Manager informs the Director of Estates and Facilities who will investigate the incident and notify the police and insurer.

Thefts of personal property are reported to the Departmental Manager who will undertake an investigation and report the alleged theft to the police.

**0302/13**

**Printer Consumables**

Could you please provide me with the following information:

- 1) How much did your organisation spend on printer toner and inkjet cartridges in 2012/13 (if you don't yet have the figures for 2012/13, then please provide them for 2011/12)?

**Answer:**

**Our organisation's spend on printer toner & inkjet cartridges for 2012/13 was - £245,693**

- 2) What provider(s) did your organisation use for the supply of printer toner and inkjet cartridges in 2012/13?

**Answer:**

**The majority of spend is through NHS Supply Chain. Other ad hoc suppliers are Contract Computer Supplies, Lane Business Systems Ltd, Misco Computer Supplies and Probrand Ltd**

- 3) What is the duration of your existing contracts that cover the supply of printer toner and inkjet cartridges and when do they end?

**Answer:**

**Majority of spend is through NHS Supply Chain who regularly tender requirements on behalf of the NHS.**

4) What percentage of your used printer toner and inkjet cartridges goes to landfill (If known)?

**Answer:**

**Unfortunately this information is not known to our organisation although the Trust actively encourages recycling.**

5) Please provide the job title of the key decision maker pertaining to the selection of printer toner and inkjet cartridges?

**Answer:**

**This would be our organisation's Head of Procurement Services.**

### **0303/13**

#### **Outsourcing Radiology**

Please can you detail how much spend the trust had on out sourcing radiology reporting for the financial year 2012-2013? Can you split spend into the following categories:

- \* Plain film reporting
- \* CT reporting
- \* MRI reporting
- \* Other reporting

Where possible, can you please state the organisation/s used in this area during this time?

**Answer:**

**Our organisation can confirm that during 2012-13 no radiology reporting was outsourced.**

### **0304/13**

#### **Chaplains**

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

1) How many chaplains have been employed by the trust over the last 3 years? (Please include full- and part-time staff and break down the data for each of the last 3 years individually, preferably by financial year.)

	<b>Full Time</b>	<b>Part Time</b>	<b>Total</b>
<b>31 March 2011</b>	1	10	11
<b>31 March 2012</b>	1	10	11
<b>31 March 2013</b>	1	9	10

2) How much has been spent on chaplains' salaries over the last three years?

(Please break down the data for each of the last 3 years individually, preferably by financial year).

	<b>Chaplaincy Salaries</b>
<b>31 March 2011</b>	£88,627
<b>31 March 2012</b>	£88,891
<b>31 March 2013</b>	£93,111

3) For each of the chaplains listed in each year, please explain which faith group they represent.

	<b>2011</b>	<b>2012</b>	<b>2013</b>
<b>Methodist</b>	1	1	1
<b>Hindu</b>	1	1	1
<b>Church of England</b>	4	4	4
<b>Roman Catholic</b>	2	2	1
<b>Muslim</b>	2	2	2
<b>Sikh</b>	1	1	1

**0305/13  
Trust Staff**

I am writing to make a request under the Freedom of Information Act for details of staffing at your trust.

To be clear, management and executive staff should be defined as anyone working in a corporate or administrative role.

Front-line healthcare staff should be defined as anyone working in a clinical or medical role.

More specifically, I would like the following:

1. How many of the trust's staff work at management and executive level (including, but not limited to: executives, managers and administrators)?

**Answer:**

**Figures For the Financial Year April 2012 – March 2013**

**240.01 FTE as of 31 March 2013**

**Figures For the Financial Year 01 April 2013 – 31 October 2013**

**242.57 FTE as of 31 October 2013**

2. How many of the trust's staff work in front-line healthcare (including, but not limited to: doctors, midwives, nurses and healthcare assistants)?

**Answer:**

**Figures For the Financial Year April 2012 – March 2013**

**2102.67 FTE as of 31 March 2013**

**Figures For the Financial Year 01 April 2013 – 31 October 2013**

**2127.17 FTE as of 31 October 2013**

3. How many people does the trust employ in total?

**Answer:**

**Figures For the Financial Year April 2012 – March 2013**

**3529.12 FTE as of 31 March 2013**

**Figures For the Financial Year 01 April 2013 – 31 October 2013**

**3527.57 FTE as of 31 October 2013**

4. What percentage of the trust's staff:

a) work at management level?

**Answer:**

**Figures For the Financial Year April 2012 – March 2013**

**6.80% as of 31 March 2013**

**Figures For the Financial Year 01 April 2013 – 31 October 2013**

**6.88% as of 31 October 2013**

b) work in front-line healthcare?

**Answer:**

**Figures For the Financial Year April 2012 – March 2013**

**59.58% as of 31 March 2013**

**Figures For the Financial Year 01 April 2013 – 31 October 2013**

**60.30% as of 31 October 2013**

5. What is the total wage bill for the trust's staff working at management level?

**Answer:**

**The total wage bill for the trust's staff working at management level during 2012/2013 was £12.1 million.**

**The total wage bill for the trust's staff working at management level during April – October 2013 was £8.6 million.**

6. What is the total wage bill for the trust's staff working in healthcare?

**Answer:**

**The total wage bill for the trust's staff working in healthcare during 2012/2013 was £88.5 million.**

**The total wage bill for the trust's staff working in healthcare during April – October 2013 was £54 million.**

7. What is the trust's total wage bill?

**Answer:**

**The total wage bill for substantive staff during 2012/2013 was £131.6 million.**

**The total wage bill for substantive staff during April – October 2013 was £80.3 million**

**0306/13**  
**Annual Accounts**

For the purposes of an academic research project, I kindly request the following pieces of information about your Trust:

Annual Accounts for the year(s): 2002/03, 2003/04, 2004/05, 2005/06, 2006/07, 2007/08, 2008/09.

**Documents attached as requested – available upon request**

0307/13

## Cancer Treatment Services

I would like to request the below information under the Freedom of Information Act.

- 1) The total amount of money spent by the Trust on all cancer treatment services for the financial year 2011-2012 and 2012-2013 (if the time limit allows for this then please break the results down by different cancer types).
- 2) The average amount of money spent by the Trust on cancer treatment services per patient for the financial year 2011-2012 and 2012-2013.
3. The number of patients admitted to the Trust for cancer treatment services for the period of the financial year 2011-2012 and 2012-2013.

**Answer:**

**Analysis is by type of treatment rather than by type of cancer.**

**Enquirer might also find following link useful**

<https://www.gov.uk/government/publications/nhs-reference-costs-2012-to-2013>

Finished consultant Episodes with Primary Cancer Diagnosis (not Medical Oncology)	11/12			12/13		
	No	Cost £	Unit Cost	No	Cost £	Unit Cost
Elective Inpatients	479	1,481,514	3,093	575	2,129,160	3,703
Day Cases	1,013	543,139	536	770	420,571	546
Non Elective Inpatients	787	6,073,695	7,718	874	8,480,728	9,703
<u>Medical Oncology:</u>						
Outpatients	5,443	569,609	105	5,790	670,890	116
Day Cases	860	263,471	306	861	263,430	306
Diagnostic Imaging	1,100	135,068	123	1,065	93,139	87
<u>Other Outpatients - Consultant Led</u>						
Breast Cancer	3,122	569,092	182	3,203	540,917	169
Colorectal Cancer	345	39,706	115	NOT COUNTED SEPARATELY		

	11/12			12/13		
	No	Cost	Unit Cost	No	Cost	Unit Cost
<u>Chemotherapy</u> Procurement (Drugs): - Number Of Cycles						
IP	28	35,057	1,252	9	6,167	685
DC	2367	2,742,570	1,159	2,542	2,504,981	985
OP	498	1,070,699	2,150	399	926,966	2,323
Community	356	432,823	1,216	NOT COUNTED SEPARATELY		
Delivery (Nursing): - Number of Attendances						
Day Case	2755	1,043,313	379	3,113	976,468	314
<u>Specialist Palliative Care</u> Bed Days (admissions included above)	1,841	181,983	99	1928	271,655	141
Total Admissions	5,894			6,193		
Total Cost		15,181,740			17,285,071	

0308/13

## Deceased Patients

Under the Freedom of Information Act, I would like to request some information.

- Has the Trust\*, or the employees within the Trust\*, contacted the local council or coroner for when a patient has died within the care of the Trust\*, and was in need of a public health funeral?  
**Answer: Yes contact is made with the local council/coroner in these situations.**
- Has the Trust\*, or the employees within the Trust\*, contacted the local council or coroner for when a patient has died within the care of the Trust\*, and there were no known next of kin to provide a funeral?  
**Answer: Yes contact is made with the local council/coroner in these situations.**
- What is the name of the person(s) who refers this information to the council or coroner? (Include name, department, address, and email address)  
**Answer: This information is referred by the General Office Department. They can be contacted on 01922 721172 via switchboard operators.**
- What is the name and address of the solicitor used by the Trust\* after a patient has died? Does this solicitor have a contract with the Trust\*?  
**Answer: Browne Jacobson Solicitors are used by our organisation. We can confirm that we do not have a contract with this company.**
- Does the Trust\*, or the employees within the Trust\*, contact an external company to trace the next of kin of the patient who has died within the care of the Trust\*? What is the name of the company or firm who identifies/traces the next of kin?  
**Answer: This is not applicable to our organisation.**
- If this is done internally, what is the name and address details of the internal staff & department who deals with this? (Include name, department, address, and email address)  
**Answer: This is not applicable to our organisation.**
- Under what circumstances has the Trust\*, or employees within the Trust\* contacted the Treasury Solicitor, Bona Vacantia Duchy of Cornwall, Duchy of Lancaster, QLTR, Ultimus Haeres, Farrer & Co.  
**Answer: This is not applicable to our organisation.**
- What is the name of the person(s) who refers information to the Treasury Solicitor, Bona Vacantia Duchy of Cornwall, Duchy of Lancaster, Ultimus Haeres, QLTR and/or Farrer & Co? (Include name, department, address, and email address)  
**Answer: This is not applicable to our organisation.**
- When there is no known next of kin or family members present, who is responsible for providing the funeral? (Include name, department, address, and email address)  
**Answer: Walsall Manor Hospital, Co-op Funeral**
- Has the Trust\*, or hospitals within the trust ever been listed as an informant on <http://www.bonavacantia.gov.uk/output/advertised-estates.aspx> under the heading "**Click here for the list of new and historic unclaimed estates**"  
**Answer: This is not applicable to our organisation.**

- What is the name of the person(s) who sent this information to the Bona Vacantia? (Include name, department, address, and email address)  
**Answer: This is not applicable to our organisation.**
- How many deaths, with no known next of kin have occurred within the Trust\* since January 2013?  
**Answer: This information is not known by our organisation.**
- How many deaths, or information about the death have been referred to the Treasury Solicitor, Bona Vacantia Duchy of Cornwall, Duchy of Lancaster, Ultimus Haeres, QLTR and/or Farrer & Co?  
**Answer: None to our knowledge.**
- Of the deaths, where there have been no known next of kin or been referred to: Treasury Solicitor, Bona Vacantia Duchy of Cornwall, Duchy of Lancaster, Ultimus Haeres, QLTR and/or Farrer & Co; please provide the name of the deceased, date of death, last known address and whether the next of kin have been traced.  
**Answer: This is not applicable to our organisation.**

\* Refers to the Trust and Hospitals within the Trusts

**0309/13**

**Items Removed from Patient Bodies**

Under the Freedom of Information Act 2000 I would like to request the following information:

- 1) How many items have been removed from patients' bodies by doctors at the trust's hospital/s in the past year. (November 2012- November 2013)
- 2) Please give a breakdown by item.
- 3) Please give a breakdown as to where they were found – e.g. pen lid in throat.

**Our organisation's response to this request is awaiting preparation.**

0310/13

**Rheumatoid Arthritis**

Section 1: Clinical Homecare in the treatment of Rheumatoid Arthritis

1. How many patients with rheumatoid arthritis receive treatment through a clinical homecare pathway?

**Answer:**

**147**

2. Which treatments can patients with rheumatoid arthritis access through clinical homecare?

**Answer:**

**Orencia (Abatacept), Humira (Adalimumab), Enbrel (Etanercept), Cimzia (Certolizumab), Simponi (Golimumab)**

3. Please enclose the results of available patient satisfaction surveys of clinical homecare services that the trust has received from rheumatoid arthritis patients.

**Answer:**

**The survey results are held by Homecare companies who are an external company.**

Section 2: Treatment using biologic Disease-Modifying Anti-Rheumatic Drugs (bDMARDs)

4. Please provide a breakdown of the different treatments used by the trust to treat patients with rheumatoid arthritis.

<b>Drug</b>
<b>ABATACEPT</b>
<b>ADALIMUMAB</b>
<b>CERTOLIZUMAB</b>
<b>ETANERCEPT</b>
<b>GOLIMUMAB</b>
<b>INFLIXIMAB</b>
<b>TOCILIZUMAB</b>

5. Please provide an annual breakdown of the number of patients with rheumatoid arthritis receiving each drug identified in question 4.

<b>FIN YEAR</b>	<b>ABATACEPT</b>	<b>ADALIMUMAB</b>	<b>CERTOLIZUMAB</b>	<b>ETANERCEPT</b>	<b>GOLIMUMAB</b>	<b>INFLIXIMAB</b>	<b>TOCILIZUMAB</b>
2010 - 2011	0	28	12	21	0	11	1
2011 - 2012	1	19	10	31	3	8	7
2012 - 2013	1	16	10	29	12	12	19

### Section 3: Best Practice Tariff for Early Inflammatory Arthritis

6. Is your trust implementing the best practice tariff for early inflammatory arthritis?

**Answer:**

**No**

### Section 4: Specialist rheumatology staff

7. How many consultant rheumatologists are employed by the trust?

**Answer:**

**One permanent and one locum**

8. How many consultant rheumatologists are employed by the trust per rheumatology patient?

**Answer:**

**2 Consultants for 92 patients**

9. How many specialist rheumatology nurses are employed by the trust?

**Answer:**

**Two full time Nurses**

10. How many specialist rheumatology nurses are employed by the trust per rheumatology patient?

**Answer:**

**2 Nurses for 92 patients**

11. Has the trust increased or decreased the number and capacity of specialist rheumatology staff in the years 2010/11, 2011/12, 2012/13, 2013/14?

**Answer:**

**In relation specifically to medical staff our organisation has not increased the number of specialised staff in Rheumatology but we did move from one Consultant and one Specialty Doctor level posts to two Consultant level posts in 2010.**

12. How many patients with rheumatoid arthritis were proactively offered psychological support?

**Answer:**

**At the moment no Psychology Services specifically for this condition are offered to patients.**

Section 5: General

13. What is the total number of unplanned inpatient bed days, as a result of rheumatoid arthritis, in hospitals within the catchment area of the CCG? Please provide figures since 2010.

**Answer:**

**The table below demonstrates the number of unplanned bed days where primary diagnosis is Rheumatoid Arthritis.**

2010/11	2011/12	2012/13
137	73	53

14. What is the total amount spent by the trust on rheumatoid arthritis?

a. Please provide a breakdown of this expenditure

**Answer:**

**The table below demonstrates the total amount spent by our organisation on this condition.**

<b>Cost of Episodes where Primary Diagnosis is RA</b>	<b>£</b>	<b>£</b>	<b>£</b>
<b>Elective IPs</b>	<b>16,060</b>	<b>53,622</b>	<b>26,991</b>
<b>Day Cases</b>	<b>124,152</b>	<b>170,042</b>	<b>187,498</b>
<b>Non Elective</b>	<b>38,993</b>	<b>61,972</b>	<b>21,424</b>
<b>Cost Of Rheumatology Outpatients ( all)</b>	<b>923,855</b>	<b>807,099</b>	<b>901,260</b>
<b>Cost Of RA drugs</b>	<b>341,317</b>	<b>356,896</b>	<b>410,891</b>
<b>Total Cost</b>	<b>1,444,375</b>	<b>1,449,632</b>	<b>1,548,064</b>

**0311/13  
Flu Jabs**

How many of your staff have been given the flu jab this year? Please break the figures down per department, for example, in A&E. In each case, please provide the total number of staff, so I can see what percentage have been given the jab.

I would be grateful if you could tell me what date you have used to calculate the figures. For example, as of 1st December X number of staff in X,Y,Z, department have received the flu jab.

**Answer:**

**The following table demonstrates flu vaccines undertaken during the period 30/09/13 to 01/12/13. As of the 01/12/13 1235 members of staff have received the vaccine.**

Course	Department	Total
SEASONAL FLU VACCINE	[ All Departments ]	24
	HUMAN RESOURCES	16
	MATERNITY	7
	OCCUPATIONAL HEALTH	3
	PATHOLOGY	8
	(blank)	14
	DENTAL	3
	THEATRES	31
	NHS WALSALL	18
	COMMUNITY MIDWIVES	11
	HAEMATOLOGY	1
	EASIBOOK SUITE	7
	WARD 3	7
	OUTPATIENTS	18
	BIOCHEMISTRY	3
	I.T.U. (WARD 19)	11
	IMAGING	31
	THERAPY SERVICES	7
	TEMPORARY STAFFING	78
	SEXUAL HEALTH SERVICES	5
	WARD 10	10
	YORK WARD	2
	AUDIOLOGY	9
	INFORMATICS	4
	HEALTH RECORDS	6
	CLINICAL CODING	7
	GASTROENTEROLOGY	2
	SUPPORT SERVICES	69
	WARD 23	7
	FINANCE	9
	MICROBIOLOGY	5
	WARD 7	12
	WARD 15	10
	WARD 4	6
NEUROLOGY	2	
BALMORAL WARD	1	
CHEMOTHERAPY UNIT (WARD 22)	6	
PAEDIATRIC OUTPATIENTS	1	
LITTLE BLOX. DAY HOS	4	

WARD 2	8
NEONATAL UNIT (WARD 28)	16
H.S.D.U.	5
BOOKED ADMISSIONS	1
WARD 9	7
DELIVERY SUITE (WARD 27)	6
HISTOLOGY	9
MEDICAL SERVICES	1
WOMENS & CHILDRENS SERVICES	13
ANTENATAL CLINIC	4
WARD 17	7
H.D.U. (WARD 28)	5
SECURITY & COURIER	1
SURGERY	12
PHARMACY	37
WARD 1	6
CODING	2
HEALTH & SAFETY	1
EMERGENCY SERVICES	1
PORTERING	17
MEDICINE	23
ST JOHNS MED. CENTRE	3
WARD 21	16
PHYSIOTHERAPY	16
SWITCHBOARD	1
COLORECTAL SERVICES	1
PROCUREMENT	6
HOUSEKEEPING DEPT	3
GYNAE. OPD	1
CATERING	4
GENERAL SERVICES	2
SOCIAL SERVICES	2
WARD 24	4
ENDOSCOPY UNIT	5
WARD 5	8
PAYMASTER	2
PLANNED CARE	13
RENAL UNIT WALSALL	1
NURSE DIRECTORATE	3
SCHOOL HEALTH	2
SPEECH & LANGUAGE THERAPY	5
MEDICAL STAFFING	6
HEALTH, DEVELOPMENT & REGENERATION	1
COMMUNITY	39
CHIROPODY	7
MERLIN H.D.U.	2
FAMILY PLANNING	2
COLLINGWOOD	1
ORTHOPAEDICS	1
HEALTH PROMOTION	2
PHYSICAL ACTIVITY SERVICES	3
ST PETERS SURGERY	1
PALS	6

DIABETES TEAM	3
WARD 5 (IAU 'a')	5
SHORT HEATH CLINIC	2
CLINICAL MEASUREMENT	10
RADIOLOGY SERVICES	1
MEDICAL SPECIALTY	3
TRAUMA & ORTHOPAEDIC	7
WOMENS SERVICES	5
COHORT 09/09	1
OPHTHALMOLOGY	1
ELDERLY CARE	3
WARD 6 (IAU 'b')	4
REHABILITATION SERVICES	1
ANAESTHETICS	12
OCCUPATIONAL THERAPY	6
MEDICAL RECORDS	1
DARTMOUTH HOUSE	1
COVINGS	1
VOLUNTEER SERVICES	6
NORLAND SERVICES	1
WINDSOR WARD	2
CLINICAL AUDIT	1
WARD 11	11
AMU	10
E.N.T.	3
PAEDIATRICS	12
ACCIDENT & EMERGENCY	11
SURGICAL HDU	2
HEALTH VISITING	2
PAEDIATRIC - OCCUPATONAL THERAPY	6
CHAPLAINS	6
SKANSKA	1
LEARNING CENTRE	38
KINGFISHER WARD	4
OBSTETRICS & GYNAE.	5
WALDOC CENTRE	1
WARD 20C	4
PERSONNEL	1
ESTATES	1
DAY HOSPICE	2
PALLIATIVE CARE	4
MEDICAL HDU	1
SURGICAL SPECIALTY	2
MEDICAL	1
WARD 16	5
COMMUNICATIONS	3
LIFESTYLE SERVICES	4
CRITICAL CARE	1
CARDIOLOGY	6
CHILDREN'S SERVICES	2
COMMUNITY NURSING	2
WARD 12	4
ISS FACILITY SERVICES	3

LICHFIELD HOUSE	1
DISCHARGE LIAISON SERVICE	3
N/A	2
WARD 25	3
ACORNS CHILDRENS HOSPICE	1
SCHOOL OF HEALTH	5
PAEDIATRIC ADMISSION UNIT	2
PUBLIC HEALTH	2
TISSUE VIABILITY	2
PATIENTS' ADVISER	1
PAEDIATRIC ASSESSMENT UNIT	3
BRACE STREET CLINIC	1
SURGICAL APPLICANES	2
HATHERTON CENTRE	3
DARLASTON	1
TRANSIT LOUNGE	1
SHORT HEATH	1
IDA ROAD CLINIC	1
CANCER INFORMATION/SUPPORT SERVICES	1
BROWNHILLS CLINIC	2
CLINICAL GOVERNANCE	1
BREAST CARE	1
QUALITY & VALUE	3
MEDICAL SECRETARIAL SERVICES	1
UNPLANNED CARE	5
ACUTE MEDICINE	1
BROADWAY MEDICAL CENTRE	1
SURGICAL SPEC	1
FALCON WARD	1
STOURPORT	1
WEST WING THEATRES	2
HEALTH DEVELOPMENT	1
INFECTION CONTROL FACILITIES	3
EBME	1
GENERAL SURGERY	2
WORKFORCE	1
BEECHDALE CLINIC	1
C.P.D. UNIT	1
STOP SMOKING SERVICE	2
H.R. DEPT	1
PORTERS	2
COHORT 09/05	1
TEENAGE PREGNANCY SERVICE	1
Gynaecology	1
PODIATRY	2
BROADWAY NORTH	1
WARD 20A	1
COHORT 09/12	6
COHORT 09/06	1
ICU - CRITICAL CARE	1
THEATRE	2
GENERAL OFFICE	1

	SWIFT WARD	1
	TREATMENT & CARE	1
	BENTLEY CLINIC	1
	DISTRICT NURSING	2
	NURSES' BANK	1
	NURSING	1
	CHILD HEALTH	1
	MORTUARY	1
	INFORMATON SERVICES	1
	COHORT 05/11	3
	WARD 14	1
	WARD 20B	1
	COHORT 01/11	1
	CHIEF EXECUTIVES	1
	ORTHODONTICS	1
	SURGICAL SERVICES	1
	NURSE BANK OFFICE	2
	I T DEPARTMENT	3
	COHORT 01/13	2
	RISK MANAGEMENT	1
SEASONAL FLU VACCINE Total		1178
SEASONAL FLU VACCINE - GP	[ All Departments ]	3
	MATERNITY	2
	PATHOLOGY	1
	HAEMATOLOGY	2
	WARD 3	1
	I.T.U. (WARD 19)	1
	TEMPORARY STAFFING	5
	INFORMATICS	1
	HEALTH RECORDS	1
	CLINICAL CODING	1
	GASTROENTEROLOGY	1
	SUPPORT SERVICES	5
	WARD 23	1
	FINANCE	1
	MICROBIOLOGY	1
	WARD 7	1
	CHEMOTHERAPY UNIT (WARD 22)	1
	LITTLE BLOX. DAY HOS	1
	NEONATAL UNIT (WARD 28)	1
	WARD 9	1
	ANTENATAL CLINIC	2
	WARD 17	1
	WARD 21	1
	PHYSIOTHERAPY	1
	SCHOOL HEALTH	1
	SPEECH & LANGUAGE THERAPY	1
	COMMUNITY	2
	PALS	1
	DIABETES TEAM	1
	CLINICAL MEASUREMENT	1
	WARD 11	1
	AMU	1

	BLACKWOOD HEALTH CEN	1
	ACCIDENT & EMERGENCY	1
	HEALTH VISITING	1
	CHAPLAINS	1
	SKANSKA	1
	PERSONNEL	1
	CHILDREN'S SERVICES	1
	WARD 12	1
	WHEELCHAIR SERVICES	1
	PORTERS	1
	PODIATRY	1
SEASONAL FLU VACCINE - GP Total		57
Grand Total		1235

0312/13

**Bariatric Surgery, Sleep Apnoea, Hypertension, Weight Issues and Diabetes**

How many patients were admitted for bariatric surgery (gastric bypass surgery or gastric banding) in the calendar years 2011, 2012, and 2013 (year to date)?

**Answer:**

**The table below demonstrates the number of patients admitted for Bariatric Surgery from 01/01/2011 - 31/10/2013**

BariatricDescription	NoOfPatients	YearCalendar
Gastric Band	55	Year 2011
Gastric Band Revision	5	Year 2011
Gastric Bypass	8	Year 2011
Gastric Sleeve revision	29	Year 2011
Gastric Stapling Insertion	154	Year 2011
Gastric Stapling Removal	1	Year 2011
Other Bariatric	15	Year 2011
Partial Excision Of Stomach	22	Year 2011
Gastric Band	37	Year 2012
Gastric Band Revision	3	Year 2012
Gastric Bubble Removal	1	Year 2012
Gastric Bypass	7	Year 2012
Gastric Sleeve revision	94	Year 2012
Gastric Stapling Insertion	50	Year 2012
Other Bariatric	15	Year 2012
Partial Excision Of Stomach	134	Year 2012
Gastric Band	7	Year 2013
Gastric Band Revision	11	Year 2013
Gastric Sleeve revision	14	Year 2013
Gastric Stapling Insertion	9	Year 2013
Other Bariatric	10	Year 2013
Partial Excision Of Stomach	61	Year 2013

How many patients received surgery for sleep apnoea during the calendar years 2011, 2012 and 2013 (year to date)?

**Answer:**

**The table below demonstrates the number of patients who received surgery for sleep apnoea during 01/01/2011 - 31/10/2013**

NoOfPatients	YearCalendar
338	Year 2011
485	Year 2012
375	Year 2013

How many patients were admitted for hypertension during the calendar years 2011, 2012 and 2013 (year to date)?

**Answer:**

**The table below demonstrates the number of patients who were admitted for hypertension during 01/01/2011 - 31/10/2013**

NoOfPatients	YearCalendar
10540	Year 2011
12174	Year 2012
11736	Year 2013

How many patients were admitted for weight issues during the calendar years 2011, 2012 and 2013 (year to date)?

**Answer:**

**Number of patients who were admitted for weight issues during 01/01/2011 - 31/10/2013**

NoOfPatients	YearCalendar
2215	Year 2011
2258	Year 2012
1238	Year 2013

How many patients were diagnosed with diabetes during the calendar years 2011, 2012 and 2013 (year to date)?

**Answer:**

**Unfortunately, our organisation does not record the point of initial diagnosis for this condition.**

**0313/13**

### **Overnight Consultants**

1 - How many consultants do you employ onsite at the hospital from midnight to 8am on a) weekdays and b) weekends?

2 - In each case please state the department he/she works in and the job title/specialism of the consultant.

(NB - If a consultant starts work before 8am but there is no consultant on duty before then please state the time at which the consultant starts.)

**Answer:**

**The only consultant we have physically present on-site between midnight and 8am is from Obstetrics & Gynaecology who is also included on a middle grade rota. All other consultants are non-resident on-call but would be required to attend site if needed.**

3 - How many times have patients had to be diverted from your A&E unit to another A&E unit in a) 2012-13 and b) 2013-14?

**Answer:**

**Unfortunately, this information is not recorded by our organisation. However we can advise that our organisation did have a divert in place on 12/11/2012 and another divert on 31/10/2013.**

4 - For each case in both a) 2012-13 and b) 2013-14 please state which A&E they were sent to.

**Answer:**

**On 12/11/13 ambulances were diverted from our A&E department to New Cross Hospital A&E.**

**Unfortunately, there is no record of where ambulances were diverted to on 31/10/2013. West Midlands Ambulance Service might be able to assist with providing you this information if you would like to contact them directly.**

5 - Where possible - and if within FOI cost limits - please provide an explanation for why patients were moved to an another A&E unit.

**Answer:**

**Unfortunately, information on the reason for these diverts is not recorded.**

**0314/13**

**Inguinal hernias**

Under the Freedom of Information Act, please provide:

- a figure for the total number of inguinal hernia procedures performed by your Trust using open surgery in 2011/12
- the number of readmissions within six months following open surgery on an inguinal hernia in 2011/12
- a figure for the total number of inguinal hernia procedures performed by your Trust using laparoscopic surgery in 2011/12
- the number of readmissions within six months following laparoscopic surgery on an inguinal hernia in 2011/12
- a figure for the total number of laparoscopic inguinal hernia procedures performed by your Trust using mechanical fixation in 2011/12
- the number of readmissions within six months following laparoscopic surgery on an inguinal hernia using mechanical fixation in 2011/12

**Answer:**

**The table below demonstrates the total number of laparoscopic and non-laparoscopic procedures along with re-admissions in 2011/12.**

**Please note: the re-admissions are emergency admissions within six months.**

NumberOfPatients	YearFinancial	Laparoscopic Yes/No
19	Year 2011/12	Laparoscopic
287	Year 2011/12	NonLaparoscopic

### Re-admissions

Total number of re-admissions following laparoscopic and non-laparoscopic procedures in 2011/12

NumberOfPatients	YearFinancial	Laparoscopic Yes/No
2	Year 2011/12	Laparoscopic
21	Year 2011/12	NonLaparoscopic

Unfortunately, we are unable to provide information regarding mechanical fixation as there is no essential modifier to indicate mechanical fixation use.

### 0315/13

#### Early Warning Score - request withdrawn.

I would be very grateful if you could answer the following questions for your acute foundation trust  
What Early Warning Score System does your trust use (for example National Early Warning Score or Modified Early Warning Score)?

Does your trust record observations electronically?

If observations are recorded electronically, are they set to automatically trigger a clinical review?

### 0316/13

#### Bounty Photographers

Bounty Post-Natal Portrait Photographers

- 1) How many photographers from the company Bounty operate in your hospitals?
- 2) Are there any restrictions on the times in which Bounty photographers can access new mothers?
  - a. If there are restrictions, what times do these cover?
  - b. Are Bounty Photographers permitted to work in your hospital at weekends?
- 3) How many complaints have been received by your hospital with regard to the conduct of Bounty photographers?
- 4) Does the trust benefit financially from allowing Bounty access to the post-natal wards?
  - a. Does the trust receive a fixed fee or commission on each photograph taken/sold?
  - b. If so, how much does the trust receive?
- 5) Are mothers-to-be informed that the service will be offered after labour and how long after labour are Bounty photographers allowed access to new mums?

Answer:

**We can confirm that our organisation does not have a contract for photography with Bounty Photographers.**

**0317/13  
Vacant Posts**

Under the Freedom of Information Act 2000, for each of the last 5 years, please can you provide:

- a) Vacancy rates and numbers of vacancies in your A&E department(s) which have lasted 3 months or more.
- b) Total vacancy rates and a breakdown of numbers for junior doctors, doctors, consultants and qualified nursing, midwifery and health visiting positions per A&E department

Please provide this information electronically and in a spreadsheet not a pdf format.

If one part of this request can be answered sooner than others, please send that information first followed by any subsequent data.

**Answer:**

**Our organisation identifies our vacancies by comparing our budget whole time equivalent and actual whole time equivalent. Our organisation's ledger only demonstrates vacancy figures for the current year and previous year which we have attached as requested – available upon request. Unfortunately, for previous years this would require a manual check and would require more than 18 hours of work to complete.**

**0318/13  
Ocriplasmin (Jetrea)**

Freedom of information request: availability of ocriplasmin (Jetrea) for the treatment of vitreomacular traction (VMT)

- 1) Is ocriplasmin routinely available for prescription to eligible patients following the publication of the guidance on 23<sup>rd</sup> October 2013?

**Answer: No**

If not, why not?

**Answer: Walsall Healthcare NHS Trust is not commissioned to provide this service by our local Clinical Commissioning Group.**

- 2) Has ocriplasmin been incorporated into your local formulary?

**Answer: No**

a) If not, why not?

**Answer: Please see the answer to Question 1 above.**

b) If not, by which date are you expecting to incorporate ocriplasmin into your formulary?

**Answer: As our organisation is not commissioned to provide this service it will not be incorporated into our formulary.**

- 3) Following Sir David Nicholson's letter to NHS Chief Executives in August 2012 confirming the 1<sup>st</sup> April 2013 deadline for the introduction of the NHS Compliance Regime for Technology Appraisals, are you planning to publish information on whether the technology guidance for ocriplasmin has been adopted onto the local formulary?

**Answer: Yes**

If so, when are you planning to publish it?

**Answer: It will appear in the joint formulary with our local Clinical Commissioning Group.**

- 4) Has your organisation informed ophthalmologists, and other relevant clinicians, in your area, about the new NICE guidance on ocriplasmin?

**Answer: No**

b) If not, why not?

**Answer: Our organisation would routinely inform lead Consultants of all applicable NICE TA as part of our processes around new medications and NICE compliance.**

### 0319/13

#### Treatments for Certain Diseases

1. In your Trust please supply the number of patients currently (or within the last six months) being treated with the following treatments for certain diseases:

If possible, please supply the data using the following table;

CONDITION	Somatotropin	Epoetin Alpha	Epoetin Zefa
Growth failure in children			
Growth hormone deficiencies in adults			
Chronic renal failure			
Anaemia			

If you are unable to split by patient type, please supply total patients, again using the table below for convenience:

Treatment	Total Patients
Somatotropin	
Epoetin Alpha	
Epoetin Zefa	

2. In your trust, please supply the number of patients currently receiving autoimmune rejection therapy

#### Clarification question responses:

Are you referring to Erythropoietin Zeta in the tables?

**Yes**

RE: Question 2 - Please confirm what you define as autoimmune rejection therapy? Are you referring to for example:

- Graft vs Host disease
- Transplant rejection
- Any autoimmune condition that in effect means the body rejects its own genetic material e.g. arthritis

Both a. and b., but not c.

Answer:

**Question 1**

**We can confirm that our organisation has not supplied any patients with the treatments listed in the table during the last six months.**

**Question 2**

**Our organisation does not treat these patients as we are not a specialist centre for transplants nor a specialist centre for haematology/oncology so would not treat patients having received bone marrow transplants.**

**0320/13**

**IT & Telecommunications Disposal Process**

Under the terms of the freedom of information act can I respectfully request the following information in regard to your IT and Telecommunication equipment disposal process.

- Do you currently have an IT asset disposal policy?  
**Answer:**  
**Yes**
- Who is responsible for this policy?  
**Answer:**  
**This is currently incorporated within our organisation's ICT Policy.**
- Is that person aware of the Information Commissioner's Guidance Notes on this area?  
**Answer:**  
**Yes**
- Who is your current IT asset disposal Company  
**Answer:**  
**Concept Management UK is currently our organisation's IT asset disposal company.**
- Do you currently have in place a contract for your IT asset disposal with this company?  
**Answer:**  
**No**
- How often / when was the last time you audited your IT asset disposal company.  
**Answer:**  
**On a Quarterly basis with the last audit taking place in November 2013.**
- Could I please have the name of your Information Governance Manager / Data Protection Office or Senior Information Risk Owner?  
**Answer:**  
**Dawn Clift is our organisation's, Director of Governance and Senior Information Risk Owner.**

**0321/13**

**Foreign Nationals and Treatment**

1. How many foreign nationals received the following treatment or treatments from your trust/CCG in the financial year a) 2012/13 and b) 2011/12?

a) IVF

b) organ transplant (if so please state which organ)

c) cosmetic surgery (if so please state what surgery)

2. In each case where treatment was received - and if possible without exceeding FOI cost limits - please state whether the recipient was a) an asylum seeker b) eu national c) non eu national.

3. In each case where treatment was received - and if possible without exceeding FOI cost limits - please state the nationality of the patient.

**Answer:**

**Our organisation does not perform this activity for patients at our hospital.**

**0322/13**

**Private Car Parks and Fines**

1. How much revenue was generated in the financial year 2012-13 from fees from the trust's car parks?

**Answer:**

**£1,196,927 was generated from our Walsall Hospital car parks during this time period.**

2. Are any of the trust's car parks run by a private firm?

**Answer:**

**We can confirm that none of our car parks are run by a private firm. Please note that all car parking at our community premises is free.**

3. If answer to question 2 is yes, what is/are the name/names of that/those private firm/firms and which car parks does it/do they run?

**Answer:**

**Not applicable**

4. If answer to question 2 is yes, how much of the total 2012-13 car park income (question 1) went to a private firm? If the income went to multiple firms please include a breakdown of how much each firm received.

**Answer:**

**Not applicable**

5. How much revenue was generated from parking fines in the financial year 2012-13?

**Answer:**

**£4170 was collected by private firm Car Parking Partnership. This firm provide computer software enabling our organisation to chase payment for outstanding fines.**

6. How much of this went to a private firm?

**Answer:**

**Our organisation has currently has an agreement with the Car Parking Partnership to receive 50% of the total amount collected. The remainder is retained by our organisation.**

7. What was the single biggest fine levied on one vehicle in the financial year 2012-13? (ie if a person had left their vehicle in the wrong place for a month that would count as one fine)

**Answer:**

**£15 is the highest single amount a vehicle can be fined by our organisation. If this is not paid within 14 days it increases to £30. This amount may increase further if court proceedings are initiated due to additional court costs.**

8. Have any fines or charges been issued to dead patients in the financial year 2012-13?

**Answer:**

**No fines or charges have been issued to deceased patients during this time period.**

**0323/13**

**Private healthcare**

*Do any managers or executives currently (ie in the financial year 2013-14) receive private health insurance as part of his or her pay package.*

*If so please state the a) position b) salary band of the manager or executive and c) private health insurance provider*

**Answer:**

**We can confirm that no managers or Executives employed by our organisation receive private health insurance as part of his/her pay package.**

**0324/13**

**Cancelled operations**

- 1) The number of operations that were cancelled for non-clinical reasons because there were no beds available. Please could you provide information for the following quarters and for the following treatment functions

If it is not possible to provide the following information by quarter, please provide this information by full financial year.

If it not possible to provide the information by the treatment functions set out below, please provide the total numbers.

**Answer:**

**Please note that this data is based on the cancellations for the relevant specialities and the total number of all specialty cancellations (which includes General Medicine).**

**Cardiology is reported as part of the General Medicine Specialty. Geriatric Medicine is a specialty that does not have surgeons so these figures have also been incorporated into General Medicine.**

Period	General Surgery	T&O	Total (including ALL other Spec codes)
2008/09 Quarter 1 (Apr-Jun)	20	21	63
2008/09 Quarter 2 (Jul-Sept)	25	26	83
2008/09 Quarter 3 (Oct-Dec)	35	38	105
2008/09 Quarter 4 (Jan-Mar)	14	17	53
2009/10 Quarter 1 (Apr-Jun)	7	1	20
2009/10 Quarter 2 (Jul-Sept)	13	14	48
2009/10 Quarter 3 (Oct-Dec)	23	17	64
2009/10 Quarter 4 (Jan-Mar)	35	20	78

2010/11 Quarter 1 (Apr-Jun)	37	7	64
2010/11 Quarter 2 (Jul-Sept)	21	8	61
2010/11 Quarter 3 (Oct-Dec)	12	8	25
2010/11 Quarter 4 (Jan-Mar)	14	17	41
2011/12 Quarter 1 (Apr-Jun)	4	12	24
2011/12 Quarter 2 (Jul-Sept)	15	5	22
2011/12 Quarter 3 (Oct-Dec)	20	8	38
2011/12 Quarter 4 (Jan-Mar)	24	5	34
2012/13 Quarter 1 (Apr-Jun)	28	12	49
2012/13 Quarter 2 (Jul-Sept)	19	4	42
2012/13 Quarter 3 (Oct-Dec)	27	19	60
2012/13 Quarter 4 (Jan-Mar)	22	32	79
2013/14 Quarter 3 (Oct-Dec)	10	11	36
2013/14 Quarter 4 (Jan-Mar)	14	22	55

**0325/13  
RTT Fines**

Under the Freedom of Information Act 2000, I request WALSALL HEALTHCARE NHS TRUST, to provide me with the following the information.

APPENDIX 3 of the NHS Standard Contract sets out the following Operational Standards:

Ref	Operational Standards	Threshold	Method of Measurement (2013/14)	Consequence of breach	Monthly or annual application of consequence	Applicable Service Category
CB_B1	Percentage of admitted patients starting treatment within a maximum of 18 weeks from referral	Operating standard of 90%	Review of monthly Service Quality Performance Report	As set out in Clause 43 and Section B Part 8.4	Monthly	A. C, MH where 18 weeks applies
CB_B2	Percentage of non-admitted patients starting treatment within a maximum of 18 weeks from referral	Operating standard of 95%	Review of monthly Service Quality Performance Report	As set out in Clause 43 and Section B Part 8.4	Monthly	A. C, MH where 18 weeks applies

CB_B3	Percentage of patients on incomplete non-emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral	Operating standard of 92%	Review of monthly Service Quality Performance Report	As set out in Clause 43 and Section B Part 8.4	Monthly	A. C, MH where 18 weeks applies
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The consequence of the breach is set out in clause 43:

**1. CLAUSE 43 (18 WEEK REFERRAL-TO-TREATMENT STANDARD FOR CONSULTANT-LED SERVICES F REFERRAL NANCIAL ADJUSTMENT TABLES)**

15.1 In clause 43.4 delete the existing text and replace with:  
 “If in any month the Provider underachieves the 18 Weeks Referral-to-Treatment Standard threshold set out in Section B Part 8.2 (*Operational Standards*) for any specialty, then the Commissioners shall deduct for each such specialty an amount calculated in accordance with Section B Part 8.4 (*18 Weeks Referral-to-Treatment Standard For Consultant-Led Services*) from any payments to be made to the Provider under this Agreement.”

Please could you provide me with the following information:

- 1) a) the level of fine and b) The amount of fines paid for breaches of the Percentage of admitted patients starting treatment within a maximum of 18 weeks from referral

Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13
0	0	0	0	£20,582	£9,052	£27,454	£7,428	£18,295	0
Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13
0	0	£2,880	£3,890	£3,664	0	0	£851	0	0

- 2) a) the level of fine and b) The amount of fines paid for breaches of the Percentage of non-admitted patients starting treatment within a maximum of 18 weeks from referral

Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13
Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13

- 3) a) the level of fine and b) The amount of fines paid for breaches of the Percentage of patients on incomplete non-emergency pathways (yet to start treatment) waiting no more than 18 weeks from referral

Apr-12	May-12	Jun-12	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13
Feb-13	Mar-13	Apr-13	May-13	Jun-13	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13

If my request is denied in whole or in part, I ask that you justify all deletions by reference to specific exemptions of the act. I will also expect you to release all non-exempt material. I reserve the right to appeal your decision to withhold any information or to charge excessive fees.

**Our organisation's response to this request is awaiting preparation.**

**0326/13**

**Posters/Advertising**

I am writing to get updated information on advertising.

a) Do you have a contract/agreement for letting anyone use posters/advertising space in any OPD or A & E /MIU waiting areas?

**Answer: Yes, our organisation has a contract for a Plasma Display System and leaflet dispensers which include advertisements.**

If so who signed the agreement at the Trust?

**Answer: The contract was signed by the Director of Development who was in post at the time.**

When is the start and end date of the agreement?

**Answer: The contract commenced on the 02 January 2008 and is due to expire on 02 January 2016.**

What income does the Trust receive in return for the advertising space?

**Answer: We can confirm that our trust does not receive any income.**

Are there notice dates in the agreement so the Trust can terminate the agreement?

**Answer: There is no early termination provision within the contract.**

Are there notice dates in the agreement that must be given by the Trust so that the contract does not roll over?

If so when must the Trust give notice by?

**Answer: Not applicable.**

Has notice been given already?

**Answer: Not applicable.**

b) Do you have a contract/agreement for supply and advertising on the reverse of any outpatient/A & E/MIU leaflets or appointment cards?

**Answer:**

**Yes, our organisation has a contract for advice cards which include advertisements.**

If so who signed the agreement at the Trust?

**Answer: The contract was signed by the Director of Development who was in post at the time.**

When is the start and end date of the agreement?

**Answer: The contract commenced on the 18 March 2009 and is due to expire on 31 March 2015.**

What income does the Trust receive in return for the advertising space?

**Answer: This is withheld under section 43 (2) commercial interests.**

Are there notice dates in the agreement so the Trust can terminate the agreement?

**Answer: There is no early termination provision within the contract.**

Are there notice dates in the agreement that must be given by the Trust so that the contract does not roll over?

If so when must the Trust give notice by?

**Answer: Not applicable.**

Has notice been given already?

c) Who currently has the authority to give such notice on contracts?

**Answer: At the moment our organisation's Head of Procurement has this authority.**

d) Who is the clinical director of A & E?

**Answer: Our organisation's Clinical Director is; Miss Ruchi Joshi. She is contactable via our switchboard on telephone; 01922 721172.**

e) Who is the head or procurement?

**Answer: Our organisation's Head of Procurement is contactable via our switchboard on telephone; 01922 721172.**

**0327/13**

**SUIs**

1. The numbers of Serious Untoward Incidents (SUIs) which occurred in Accident and Emergency departments reported by NHS trusts during the last five years.

Please provide a breakdown by individual A&E department and a monthly breakdown by calendar year.

I would like the numbers of incidents by category as recorded on the STEIS system (eg. 'Homicide, Accident Whilst in Hospital etc.), as well as the overall total.

If the number of incidents in a particular category is five or less, I am happy for an asterisk (\*) to be used, so as to avoid any risk of patient confidentiality being compromised because of the small number. However, I would like these incidents still to be included in the total numbers by Trust and category and in the overall total.

Please provide the information in an Excel spreadsheet.

**Please see the attachment as requested – available upon request**

**0328/13**

**NHS funding**

a) MARGINAL TARIFFS

Since the introduction of the marginal tariff rate in 2010/11, please can you provide the following information. Please break the information down into each of the following financial years:

- 2010/11, 2011/12, 2012/13 and 2013/14-to date

1. What is the volume of emergency admissions (number of patients) the marginal tariff applied to?  
*NB. If you cannot provide an entirely accurate figure, please provide the nearest estimation.*

**Answer:**

**Unfortunately, this question is not applicable. Emergency threshold does not apply to activity volumes. It is a financial sum based on 0809 emergency flows updated for latest tariff payment by results (PbR) rules.**

2. What is the baseline value for income from emergency admissions for the Trust?

**Answer:**

**The total Emergency Plan for Walsall Healthcare for each year is as follows:**

**2010/11 £41.8 million**

**2011/12 £43.6 million**

**2012/13 £44.9 million**

**2013/14 £46.7 million**

3. What is the actual amount paid to the Trust for treating emergency admissions above this baseline value?

**Answer:**

**2010/11 0.5 million**

**2011/12 0.5 million**

**2012/13 £2.8 million**

**2013/14 £1 million**

4. What is the value of those emergency admissions if they had been paid at the full tariff?

**Answer:**

**2010/11 £1.1 million**

**2011/12 £1.1 million**

**2012/13 £1.1 million**

**2013/14 £2.4 million**

## b) BLOCK CONTRACTS

1. If the Trust has block contracts for A&E care with Clinical Commissioning Groups or the previous PCTs, what are the annual payments for each block contract for each of the following financial years 2010/11, 2011/12, 2012/13 and 2013/14 – to date?

**Answer:**

**This question is not applicable to our organisation as we have a PbR contract.**

2. If the Trust has block contracts for A&E care with Clinical Commissioning Groups or the previous PCTs, what are the annual costs of treating A&E patients from those areas for each of the following financial years 2010/11, 2011/12, 2012/13 and 2013/14 – to date?

**Answer:**

**This question is not applicable to our organisation as we have a PbR contract.**

3. If the Trust has block contracts for A&E care with Clinical Commissioning Groups or the previous PCTs, what is the value of the lost income directly related to each block contract?

**Answer:**

**This question is not applicable to our organisation as we have a PbR contract.**

**0329/13**

### **Dermatology**

Do you have a dermatology department? If no, this FOI does not apply to your organisation. If yes, please read below.

**Answer:**

**Yes, our organisation does have a Dermatology Department.**

How many dermatology departments does your organisation have?

**Answer:**

**Our organisation has one Dermatology Department.**

For each dermatology department in your jurisdiction please could you answer the following questions.

Regarding post-operative instructions for patients undergoing skin surgery in your dermatology department:

1. Do you have any postoperative patient information leaflets? If yes, how many?

**Answer:**

**Yes, our organisation has three leaflets.**

2. If you answered yes to the above, please would you send all the current postoperative leaflets by e-mail?

**Answer:**

**Please see attachments as requested – available upon request**

**0330/13**

**Staff sent Home due to being Intoxicated**

1. How many staff have been sent home because they were deemed unfit for work due to intoxication in the last three years?

**ANSWER: A total of 3 members of staff (1 of the 3 had/has contact with patients as part of their role)**

2. In 2012-13?

**ANSWER: A total of 3 members of staff (1 of the 3 had/has contact with patients as part of their role)**

3. How many staff have been dismissed for turning up to work intoxicated in the last three years?

**ANSWER: A total of 2 members of staff (1 of the 2 had contact with patients as part of their role)**

4. In 2012-13?

**ANSWER: A total of 2 members of staff (1 of the 2 had contact with patients as part of their role)**

You recently responded to my FOI request about the number of staff who had been given warnings/dismissed for being intoxicated.

I would like to submit a follow up FOI request to ask, in each of these instances, what job position the person held. Or if this is not possible to answer, whether or not each staff member has contact with patients in their daily role, and what area they work in? ie medical, surgery etc.

**Please see answers highlighted within the brackets above.**

**0331/13**

**Terminations and Miscarriages**

I would be grateful if you could provide the following information relating to patients of terminations and miscarriages:

1. Please provide copies of all current versions (currently handed to patients or in use by clinical staff) of the following documents where available:

a. Consent forms for patients for all kinds of pregnancy terminations

**Answer: Please see attachment 1 – available upon request**

b. Advice sheets and leaflets provided to patients for all kinds of pregnancy terminations

**Answer: Please see attachments 2-22 – available upon request**

c. Consent forms concerning retention and disposal of fetal tissue and remains following terminations

**Answer: Please see attachment 1 – available upon request. Please note that this form covers consent for the whole procedure.**

d. Advice sheets and leaflets concerning retention and disposal of fetal tissue and remains following terminations

**Answer: Unfortunately, our organisation does not have any advice sheets or leaflets of this nature available for patients at the moment.**

e. Trust or staff policy on informing patients of terminations on the disposal of fetal tissue and remains, including any scripts or guidance on advice/information staff must provide

**Answer: Unfortunately, our organisation does not have a policy or staff guidelines specifically around informing patients of this subject at the moment. We are however currently writing a policy which will incorporate this. We do also have a Breaking Bad News policy which is being reviewed at present. Our nursing staff are aware that they can refer to guidelines on the Royal College of Nursing internet page if required.**

2. Please provide copies of all current versions (currently handed to patients or in use by clinical staff) of the following documents where available:

a. Consent forms for patients for all kinds of procedures relating to miscarriages (for example, manual vacuum aspiration or medical miscarriage, etc.)

**Answer: Please see attachment 1 – available upon request**

b. Advice sheets and leaflets provided to patients for all kinds of procedures relating to miscarriages (for example, manual vacuum aspiration or medical miscarriage, etc.)

**Answer: Please see attachments 2-22 – available upon request**

c. Consent forms concerning retention and disposal of fetal tissue and remains following all kinds of procedures relating to miscarriages (for example, manual vacuum aspiration or medical miscarriage, etc.)

**Answer: Please see attachment 1 – available upon request. Please note that this form covers consent for the whole procedure.**

d. Advice sheets and leaflets concerning retention and disposal of fetal tissue and remains following all kinds of procedures relating to miscarriages (for example, manual vacuum aspiration or medical miscarriage, etc.)

**Answer: Unfortunately, our organisation does not have any advice sheets or leaflets of this nature available for patients at the moment.**

e. Trust or staff policy on informing patients of all kinds of procedures relating to miscarriages on the disposal of fetal tissue and remains, including any scripts or guidance on advice/information staff must provide

**Answer: Unfortunately, our organisation does not have a policy or staff guidelines specifically around informing patients of this subject at the moment. We are however currently writing a**

policy which will incorporate this. We do also have a Breaking Bad News policy which is being reviewed at present. Our nursing staff are aware that they can refer to guidelines on the Royal College of Nursing internet page if required.

**0332/13**

### **Electrophysiology and Waiting Lists**

I would like to request information regarding the following questions:

1. Please confirm number of patients awaiting electrophysiology/ablation procedures on your waiting list?

**Answer:**

**We can confirm that our organisation does not perform Electrophysiology studies and patients are referred to the local tertiary centres.**

2. Please confirm the number of patients awaiting electrophysiology/ablation procedures on your electrophysiology waiting list that are over 18 weeks on their RTT pathway?

**Answer:**

**Please see the answer to question 1 above.**

3. Please confirm the current electrophysiology inpatient procedure tariff the directorate is currently billing?

**Answer:**

**Please see the answer to question 1 above.**

4. Please confirm the number of patients awaiting pacemaker/ICD and biventricular systems on your waiting list?

**Answer:**

**We have assumed that this question relates to specialist pacemaker studies (ICD, CRTD and CRTP) and not brady pacemakers. On the 19 December 2013, four patients are currently on our waiting list all of whom should receive implants in January 2014. Any urgent ICD/CRTD patients are undertaken as soon as possible.**

**0333/13**

### **Patients with Dementia**

I am making a request for any current policies which you may have for treating people with dementia who get admitted to acute hospital trusts under the UK Freedom of Information Act. I would also like to know if these policies have been evaluated. As such my request is as follows:

- 1) Does your acute hospital(s) have specific policies for treating people with dementia who get admitted to hospital?
  - o If so, please provide me with a list of acute hospitals which do have specific policies and those that do not.

**Answer:**

**Our organisation has a Strategy specifically for people with dementia and we also have an integrated dementia care pathway.**

**We can only comment on our hospital but would recommend that you contact other NHS Hospital Trusts directly for their response to this question.**

- 2) Where specific policies are in place, please send me an electronic copy of this/these documents? (Ideally in a Word or PDF File format)

**Answer:**

**Please see the attachments as requested – available upon request.**

- 3) Have these policies been evaluated in anyway, this may include discussion papers, audits, economic impacts or strategic planning?
- If so can you please send me the evaluative documentation? (Ideally in a Word or PDF format)

**Answer:**

**Our organisation is currently evaluating the success of the strategy by collecting data in relation to the key performance indicators identified in a dashboard report. This is in its infancy stage at present until the accurate data is collected.**

**0334/13**

### **Impact of the Francis Report on the Acute Sector**

Please provide answers to the questions below and for each question say how long this practice has been in place: a) within the last 6 months; b) within the last 12 months; c) within the last two years; d) longer.

1. How many hours training do healthcare assistants receive before their first shift on a ward?

**Answer: One Week, this training has been in place longer than 2 years**

2. Do you assess new recruits to the organisation for their values?

**Answer: A values based recruitment questionnaire has been integrated into our Organisation's Recruitment and Selection Policy and contributes to the overall selection process. The policy was ratified in September 2013 and will be rolled out and embedded from January 2014.**

3. Does the trust publish a summary of all complaints that are upheld?

**Answer: At the moment our Trust does not publish a summary of all complaints that are upheld. However, our organisation is planning for this information to be included into future reports which will be uploaded to our website.**

4. Are all ward sisters supernumerary? If not what proportion of their time is supervisory?

**Answer: It is currently 5 days per week but this will be reduced to 3 days per week from January to March 2014.**

5. Do all patients have a named clinician responsible for overseeing their care? Is that clinician a doctor or nurse or does it vary?

**Answer: All patients are allocated a clinician upon arrival and this is a Doctor.**

6. Does a member of the board have responsibility for information?

**Answer: Clarification email sent to requester for this question. Requester responded with the following information; the Francis report recommended there should be a board member with responsibility for the collection and accuracy of information on hospital performance.**

**Yes, the Director of Finance and Performance has this responsibility and is a member of the board.**

7. Does the trust measure the culture of the organisation? If so, what tool does it use?

**Answer: Yes, our Trust undertakes the annual National NHS Staff Survey as well as scheduled internal Pulse Surveys as part of the overarching Organisational Development agenda.**

8. Has the board had any safety science training?

**Answer: The Board has not undertaken any specific training under the banner of 'Safety Science'. However, the Board has completed Risk Management and Quality Governance Training.**

9. Did the trust have quality accounts for 2012-13 independently audited? Are there plans to audit 2013-14's quality accounts?

**Answer: Yes, our organisation's quality accounts were independently audited for 2012-13. Yes, it is planned for our quality accounts to be independently audited again for 2013-14.**

10. Has the trust introduced Schwartz rounds? If not does the trust facilitate any similar other multi-disciplinary debriefing that allows staff to reflect on their practice? Please provide details.

**Answer: Our organisation has an aspiration to introduce them but they are not in place currently.**

**0335/13**

### **Departmental Structures**

Could you please send me the departmental structure charts for the following departments:

Clinical Coding

**Please see the Clinical Coding structural chart that is attached as requested – available upon request.**

GPIT

**Please see the Informatics structural chart that is attached as requested – available upon request.**

IT Support

**Please see the Informatics structural chart that is attached as requested – available upon request.**

Data Warehousing

**This area is currently undergoing a structural review so no chart is available at the moment.**

Business Intelligence

**This area is currently undergoing a structural review so no chart is available at the moment.**

Core ICT

**Please see the Informatics structural chart as requested – available upon request.. Please note that if this relates to networking SKANSKA provide this service to our organisation. We would recommend you contact SKANSKA directly for this information if this is something you still require.**

Informatics

**Please see the Informatics structural chart that is attached as requested – available upon request.**

Information Analysts/Analytics

**Please see the Performance & Information Departmental chart that is attached as requested – available upon request.**

### **0336/13**

#### **Fitness to Practise Rulings**

Please state how many doctors employed by your trust are subject to Fitness to Practise rulings.

Please give details of these cases by providing answers to the following questions by filling in the grid below:

Name of hospital trust?	Name of doctor?	Discipline?	Restriction type: please state whether the restriction is classed as a. undertakings, b. conditions, c. a suspension?	Date of GMC decision?

**Answer: We can confirm that no doctors employed by our organisation are subject to Fitness to Practice rulings.**

**0337/13**

**Consultants**

Could the trust please provide an overall figure for the amount spent on:

- a) Consultants' basic salaries for each of the last five financial years (2008/09, 2009/10, 2010/11, 2011/12 and 2012/13) and

**Answer: Please see the table below;**

	08/09	09/10	10/11	11/12	12/13
Total Basic Pay Consultants (£)	7,665,883	8,129,909	10,514,128	11,425,003	11,621,756

- b) the total amount spent on payments to consultants for additional activities for each of the last five financial years (2008/09, 2009/10, 2010/11, 2011/12 and 2012/13)?

**Answer: Please see the table below;**

	08/09	09/10	10/11	11/12	12/13
Total Additional Activities (£)	1,491,434	1,452,806	1,704,576	1,693,017	1,640,042

Please provide your most recent data on the following. How many:

- a) Emergency patients are seen each year by the trust?  
b) Non-emergency patients?

**Answer:**

**The table below is based on inpatient data for the years requested.**

Admission Type	2008-31/03/2009	2009-31/03/2010	2010-31/03/2011	2012-31/03/2012	2012-31/03/2013
Non-emergency	30139	29456	29414	30141	31029
Emergency	34703	30902	32124	33183	36631

How many consultants currently work at the trust?

**Answer: As at 31 December 2013, the Trust employed 249 (233.59 FTE) substantive Consultants.**

How many consultants were working at the trust (excluding on-call) on Sunday 15<sup>th</sup> December 2013?

**Answer: We can confirm that 147 Consultants and 15 Locum Consultants were working at the Trust on Sunday 15<sup>th</sup> December.**

How many consultants were on-call for that date?

**Answer: We can confirm that 13 consultants were on call for our hospital on Sunday 15<sup>th</sup> December 2013.**

0338/13

## Rheumatoid Arthritis

1. What is the total amount spent, and the total amount spent per head, in financial years 2012/13 and 2013/14 by the trust on:
  - a. Occupational Therapy for patients with rheumatoid arthritis?
  - b. Physiotherapy for patients with rheumatoid arthritis?
  - c. Psychological interventions for patients with rheumatoid arthritis?

**Answer: Unfortunately, we are not able to identify the amount spent specifically on patients because with Outpatients and Community services, where such spend would take place, we do not have the depth of diagnostic coding to identify patients with this condition. We can however confirm that our organisation has very few inpatient admissions specifically for RA.**

**In 2012/13 and 2013/14 we spent approximately £37,000 on Occupational Therapy and £13,000 on Physiotherapy for Rheumatology clinics – which of course would include other rheumatology conditions and not just arthritis.**

**For Psychology, although our Psychology service is open for referrals for patients suffering from Rheumatoid arthritis, induced pain and activity restriction, we do not record data to be able to cost this element accurately. We can however confirm that the cost is more than likely to be less than £5,000 per annum.**

2. How many patients with rheumatoid arthritis did you initiate treatment with bDMARDs who had a DAS28 score below 5.1? Please provide an annual breakdown since 2010.

**Answer: Unfortunately, our organisation is unable to answer this question as we do not record this information.**

3. How many DAS28 assessments, where patients score 5.1 or higher, must patients with rheumatoid arthritis must undergo before being eligible to receive biologic treatments?

**Answer: Two DAS28 assessments must be undertaken before being eligible to receive biologic treatments.**

4. Has the trust commissioned a multidisciplinary team for rheumatoid arthritis patients?

**Answer: No, our Trust has not commissioned a multidisciplinary team for rheumatoid arthritis patients. However, we do have a Specialist Nurse in post.**

- a. If not, please explain why.

**Answer: This development has not featured as a key priority for the Trust given other competing demands.**

5. Has the trust commissioned a rapid access rheumatology service in your area?

**Answer: No, our Trust has not commissioned a rapid access rheumatology service.**

- a. If yes, can patients access both the rapid access rheumatology service and a routine review service?
  - b. Please provide details of the rapid access rheumatology service
6. How many patients with rheumatoid arthritis have been referred for joint replacement treatment in 2012/13 and 2013/14?

**Answer: Unfortunately, we are unable to answer this question as all of these referrals are now GP led and we do not record this information.**

7. How many patients with rheumatoid arthritis have been able to return to employment after previously being assessed as unable to continue working as a result of their illness?

**Answer: Unfortunately, our organisation is unable to answer this question as we do not record this information.**

8. How many patients with rheumatoid arthritis are considered to be in remission?

**Answer: Unfortunately, our organisation is unable to answer this question as we do not record this information.**

#### NICE Quality Standard

9. What is the total number of patients with suspected persistent synovitis affecting the small joints of the hands or feet, or more than one joint, that are referred to a rheumatology service within 3 working days of presentation? Please provide figures for 2012/12 and 2013/14.

**Answer: Unfortunately, our organisation is unable to answer this question as we do not record this information.**

10. What is the total number of patients with suspected persistent synovitis that are assessed in a rheumatology service within 3 weeks of referral? Please provide figures for 2012/13 and 2013/14.

**Answer: Unfortunately, our organisation is unable to answer this question as we do not record this information.**

11. What is the total number of patients with newly diagnosed rheumatoid arthritis that are offered short term glucocorticoids and a combination of disease modifying anti-rheumatic drugs by a rheumatology service within 6 weeks of treatment? Please provide figures for 2012/13 and 2013/14.

**Answer: On the 01 December 2013, for 2013-14 a total of 348 patients were offered these drugs within 6 weeks of treatment. Unfortunately, our organisation is unable to provide figures on 2012-13 data as we do not hold a record of this information.**

12. What is the total number of patients that are offered educational and self management activities within 1 month of diagnosis? Please provide figures for 2012/13 and 2013/14.

**Answer: During 1<sup>st</sup> April 2012 to 31<sup>st</sup> March 2013, 28 referrals were received with 7 being seen within one month of receipt. During 1<sup>st</sup> April 2013 to 31<sup>st</sup> December 2013, 55 referrals were received with 15 seen within one month of receipt. Please note that the Occupational Therapist in post who assesses these patients is part time (contracted to work 10 hours a fortnight).**

13. What is the total number of patients with active rheumatoid arthritis that are offered monthly treatment escalation until the disease is controlled to an agreed low diseased activity target? Please provide figures for 2012/13 and 2013/14.

**Answer: On the 01 December 2013, for 2013-14 a total of 348 patients were offered monthly treatment escalation. Unfortunately, our organisation is unable to provide figures on 2012-13 data as we do not hold a record of this information.**

14. How many people with rheumatoid arthritis and disease flares or possible drug related side effects receive advice within 1 working day of contacting the rheumatology service? Please provide figures for 2012/13 and 2013/14.

**Answer: Unfortunately, our organisation is unable to answer this question as we do not record this information.**

15. How many people with rheumatoid arthritis have a comprehensive annual review that is coordinated by the rheumatology service? Please provide figures for 2012/13 and 2013/14.

**Answer: Unfortunately, our organisation is unable to answer this question as we do not record this information.**

**0339/13**

### **Corrective Surgery**

I'm aware that where the original, botched surgery was performed may not be recorded but please provide me with as much of the below as you do carry:

- a) Numbers of procedures carried out to correct botched surgery for:
  - i. any procedures other than remedying health state (Z41)
  - ii. follow-up care involving plastic surgery (Z42).

Please break these figures down into sub-divisions by type of procedure e.g. Z41.1 etc

- b) Cost break-down for each of these procedures (or, if this is not possible, an aggregate figure of total cost of corrective surgery for cosmetic procedures that have gone wrong, although a break-down would be preferable)

c) Where the original, botched operation that needed correcting took place (please provide any information you have concerning location, whether it is specific hospital, or just the country in which it was performed)

Please send this information electronically in .xls format.

**Answer:**

**Unfortunately, our organisation does not hold information relating to whether treatment/procedures are carried out to remedy/correct botched surgery.**

**0340/13**

**Abortions, Still Births and Miscarriages**

I would like to know the following:

1. For 2012/13

a. How many foetal remains (where foetal tissue was present) resulting from terminations under 12 weeks of gestation were

i) incinerated

ii) buried in groups (please provide breakdown to give size of each group, and location of burial)

iii) buried individually

iv) cremated in groups (please provide breakdown to give size of each group, and location of cremation)

v) cremated individually

vi) given to family to make own arrangements

b. How many foetal remains (where foetal tissue was present) resulting from terminations between 12 and 24 weeks of gestation were

i) incinerated

ii) buried in groups (please provide breakdown to give size of each group, and location of burial)

iii) buried individually

iv) cremated in groups (please provide breakdown to give size of each group, and location of cremation)

v) cremated individually

vi) given to family to make own arrangements

c. How many foetal remains (where foetal tissue was present) resulting from miscarriages under 12 weeks of gestation were

i) incinerated

ii) buried in groups (please provide breakdown to give size of each group, and location of burial)

iii) buried individually

iv) cremated in groups (please provide breakdown to give size of each group, and location of cremation)

v) cremated individually

vi) given to family to make own arrangements

d. How many foetal remains (where foetal tissue was present) resulting from miscarriages between 12 and 24 weeks of gestation were

i) incinerated

- ii) buried in groups (please provide breakdown to give size of each group, and location of burial)
- iii) buried individually
- iv) cremated in groups (please provide breakdown to give size of each group, and location of cremation)
- v) cremated individually
- vi) given to family to make own arrangements

e. How many foetal remains (where foetal tissue was present) resulting from stillbirths (over 24 weeks of gestation) were

- i) incinerated
- ii) buried in groups (please provide breakdown to give size of each group, and location of burial)
- iii) buried individually
- iv) cremated in groups (please provide breakdown to give size of each group, and location of cremation)
- v) cremated individually
- vi) given to family to make own arrangements

**Answer: Products of conception, which includes a foetus, received in the mortuary for cremation, are below 24 weeks gestation. Unfortunately, we are not able to provide information broken down by foetus gestation, as we do not record this information in terms of the burial or cremation. We are also not able to breakdown information by miscarriage, termination or stillbirth, as we do not record this information in terms of the burial or cremation.**

**Answer to 1 i): If any foetal parts are seen upon examination they are separated and sent to await cremation. We can confirm that no foetal remains are incinerated by our organisation.**

**Answer to 1 ii): Please note that this information is not gestation specific. During January 2012 to December 2012, only one group burial was arranged by our organisation for twins. Unfortunately, the location of the burial is not known to our organisation.**

**Answer to 1 iii): Please note that this information is not gestation specific. During January 2012 to December 2012, 30 individual burials were arranged by our organisation.**

**Answer to 1 iv): Please note that this information is not gestation specific. However, we can confirm that these figures do not relate to stillbirths. During the calendar year January 2012 to December 2012, a total of 57 group cremations were arranged by our organisation. This covered 686 individual remains. The size of each group is listed below;**

- 1 x 5
- 1 x 6
- 1 x 7
- 3 x 8
- 1 x 9
- 4 x 10
- 5 x 11
- 37 x 12
- 4 x 24

**All cremations are carried out at Streetly Crematorium.**

**Answer to 1 v): Please note that this information is not gestation specific. During the calendar year January 2012 to December 2012, a total of two individual cremations were arranged by our organisation.**

**Answer to 1 vi): Unfortunately, this information is not available.**

2. The same for 2011/12

**Answers to 2 i): Please see the answer for 1 i) above.**

**Answer to 2 ii): Unfortunately, information for this time period is not available.**

**All cremations are carried out at Streetly Crematorium.**

**Answer to 2 iii): Please note that this information is not gestation specific. During January 2011 to December 2011, 7 individual burials were arranged by our organisation.**

**Answer to 2 iv): Products of conception, which includes a foetus, received in the mortuary for cremation, are below 24 weeks gestation. During the calendar year January 2011 to December 2011, a total of 11 group cremations were arranged by our organisation. This covered 156 individual remains. The size of each group is listed below;**

**2 x 24**

**9 x 12**

**Answer to 2 v): Please note that this information is not gestation specific. During the calendar year January 2011 to December 2011, a total of 2 individual cremations were arranged by our organisation.**

**Answer to 2 vi): Please see the answer for 1 v) above.**

**0341/13**

**Fetal Remains**

1. In 2012/13...

a. How many cremations of fetal remains, where there is fetal tissue present, from terminations, miscarriages or stillbirths were arranged by the Trust? (Please provide a breakdown showing how many of these cremations were individual cremations, and how many were group cremations, including the size of each group.)

**Answer: Products of conception which includes a foetus received in the mortuary for cremation are below 24 weeks gestation. During the calendar year January 2012 to December 2012, a total of 57 group cremations were arranged by our organisation. This covered 686 individual remains. The size of each group is listed below;**

**1 x 5**

**1 x 6**

**1 x 7**

3 x 8  
1 x 9  
4 x 10  
5 x 11  
37 x 12  
4 x 24

b. What was the total cost of the cremations?

**Answer: During the calendar year January 2012 to December 2012, the total cost for the group cremations was £27526.00 and the total cost for the individual cremations was £782.00.**

c. How many sets of ashes arising from these cremations were returned to families?

**Answer: Unfortunately our organisation does not record this information.**

d. For those sets of ashes not returned to families, how many sets of ashes were buried by/for/at the behest of the Trust? (Please describe where the ashes were buried, including location of plots/sites, the numbers of ashes buried in each plot during the year, and the total number of ashes currently known to be buried in each plot.)

**Answer: Unfortunately our organisation does not record this information.**

e. For those sets of ashes not returned to families, how many were scattered by/for/at the behest of the Trust? (Please describe where they were scattered, including location of sites, the numbers of remains scattered at each site during the year, and the total number of remains currently known to be scattered at each site.)

**Answer: Unfortunately our organisation does not record this information.**

f. For those sets of ashes not returned to families, how many were disposed of as waste by/for/at the behest of the Trust? (Please describe where/how they were disposed, the numbers of sets of ashes disposed of at each site during the year, and the total number of sets of ashes currently known to be disposed at each site.)

**Answer: Unfortunately our organisation does not record this information.**

2. Please provide the same information for the questions above for the year 2011/12.

**Answer for 2a: Products of conception, which includes a foetus, received in the mortuary for cremation, are below 24 weeks gestation. During the calendar year January 2011 to December 2011, a total of 11 group cremations were arranged by our organisation. This covered 156 individual remains. The size of each group is listed below;**

2 x 24  
9 x 12

**Answer for 2b: During the calendar year January 2011 to December 2011, the total cost for the group cremations was £5928.00 and the total cost for the individual cremations was £346.00.**

**Answers for 2c, d, e and f: Unfortunately our organisation does not record this information.**

0342/13

**Doctors on Shift**

1) How many doctors were on shift (and in the hospital) on the following days at 3pm?

Please break down by title and department where possible (Consultant, FY2 etc)

-Wednesday 4<sup>th</sup> December

-Saturday 7<sup>th</sup> December

-Sunday 8<sup>th</sup> December

Please note: 3pm is effectively an arbitrary time, because “Wednesday” etc is vague (as there’ll be different amounts of doctors at different times of the day) if it’s easier for you to provide data for a different time of day at noon or 5pm etc please do so).

Please note:

Some department’s figures are not essential.

-A&E

-Maternity

-Intensive Care

If they are too costly to include in compiling please omit all of the above. It’s been my experience from the test FOI sampling that these departments have their own rotas and staffing in some hospitals. I am most concerned with the standard wards and departments, urology, geriatrics etc.

**Answer: Please see the table below.**

Specialty	Grade	Number of staff members on duty at 3pm		
		Wednesday 4 <sup>th</sup> December	Saturday 7 <sup>th</sup> December	Sunday 8 <sup>th</sup> December
Anaesthetics	Consultant	x13	x1	x1
	Middle Grade	x4	x1	x1
	Core Trainee (CT)	x4	/	/
	FY1	x2	/	/
ENT	Consultant	x2	/	/
General Medicine	Consultant	x27	/	/
	Middle Grade	x20	/	/
	CT/GP StR/FY2	x20	/	/
	FY1	x11	/	/
General Surgery	Consultant	x8	/	/

	Middle Grade	x5	/	/
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Specialty	Grade	Number of staff members on duty at 3pm		
		Wednesday 4 <sup>th</sup> December	Saturday 7 <sup>th</sup> December	Sunday 8 <sup>th</sup> December
	CT/FY2 (includes ENT & Urology)	x4	/	/
	FY1	x8	/	/
GU Medicine	Consultant	x2	/	/
	FY1	x1	/	/
Paediatrics	Consultant	x12	x1	x1
	Middle Grade	x5	x1	x1
	ST1-2/GP StR/FY2	x5	/	/
	FY1	x1	/	/
T&O	Consultant	x9	0	0
	Middle Grade	x8	0	0
	ST1-2/GP StR/FY2	x5	/	/
	FY1	x1	x1	x1
Urology	Consultant	x1	x1	x1
	Middle Grade	x2	/	/
	FY1	x2	/	/
<b>TOTALS</b>		<b>TOTAL 182</b>	<b>TOTAL 6</b>	<b>TOTAL 6</b>

2) How many doctors were “on call” on the following days at 3pm?  
Please break down by title and department where possible (Consultant, FY2 etc)  
-Wednesday 4<sup>th</sup> December  
-Saturday 7<sup>th</sup> December  
-Sunday 8<sup>th</sup> December

Answer: Please see the table below.

Specialty	Grade	Number of staff members on call at 3pm		
		Wednesday 4 <sup>th</sup> December	Saturday 7 <sup>th</sup> December	Sunday 8 <sup>th</sup> December
Anaesthetics	Consultant	x1	x2	x2
	Middle Grade	x2	x2	x2
	Core Trainee (CT)	x1	x2	x2
ENT	Middle Grade	x1	x1	x1
General Medicine	Consultant	x1	x1	x1
	Middle Grade	x1	x2	x2
	CT/GP StR/FY2	x2	x3	x3
	FY1	x2	x2	x2
General Surgery	Consultant	x1	x1	x1
	Middle Grade	x1	x1	x1
	CT/FY2 (includes ENT & Urology)	x1	x1	x1
	FY1	x2	x2	x2
Paediatrics	Consultant	x2	/	/
	Middle Grade	x2	x2	x2
	ST1-2/GP StR/FY2	x1	x1	x1
	FY1	/	/	/
T&O	Consultant	x1	x1	x1
	Middle Grade	x1	x1	x1
	ST1-2/GP StR/FY2	x1	x1	x1
	FY1	/	/	/
Urology	Consultant	x1	x1	x1
	Middle Grade	x3	x3	x3
<b>TOTALS</b>		<b>TOTAL 28</b>	<b>TOTAL 30</b>	<b>TOTAL 30</b>

**0343/13**  
**Staffing**

- 1) On how many days in 2013 did your staffing (Doctors only) fall below standard or recommended levels, for any period. If possible, please state the date, department(s), duration and a summary reason for each day with a staff shortage.

**Answer:**

**We can confirm that this situation has not occurred during this time period at our hospital. We always find replacement/alternative cover when short staffed.**

**0344/13**  
**Annual Report**

Printed Annual Report Request

**Please find the 2011-2012 report enclosed as requested – available upon request.**

**0345/13**  
**Liverpool Care Pathway**

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

- 1 - Since January 1st 2010 has your Trust used the Liverpool Care Pathway for the Dying Patient (LCP)?

**Answer: Yes**

- 2 - If yes, does your Trust still use the LCP?

**Answer: The frequency of LCP use has declined since July 2013, but where clinicians are competent and comfortable to use the plan of care and the patient family are in agreement to its use, we will still use the pathway.**

- 3 - If yes, when does your Trust plan to stop using the LCP?

**Answer: The Trust will follow national guidance in relation to the phasing out of the LCP, the national perspective is that this will be possibly July 2014. There is currently a national group consulting with practitioners as to what may follow, possibly individualised end of life care plans.**

0346/13

**Malaria**

- 1) The number of patients in the last 12 months diagnosed with malaria (which strain if available) who were treatment in Accident and Emergency.

**Answer: Unfortunately we do record a separate code for Malaria on our systems. We do record patients diagnosed with an infectious disease but unfortunately cannot break this down by type or disease.**

- 2) The average waiting time for blood film tests for malaria to be processed and the results given to clinical staff.

**Answer: For internal users the waiting time for tests to be processed and for the results to be provided to clinical staff is 2-3 hours at our organisation.**

- 3) Whether rapid diagnostic tests for malaria are available in your hospitals and if so in which departments.

**Answer: Yes, rapid diagnostic tests are available at our hospital within the Blood Science Department.**

- 4) The number of patients who have died in your hospital within the last 12 months of confirmed or suspected malaria.

**Answer: Unfortunately our organisation does not hold information on whether malaria is the cause of a patient's death. Our local Coroner's Office may hold this information for you though if you would like to contact them directly for this.**

0347/13

**Locum/Bank/Agency Staff**

Would it be possible to have the overall figs for calendar years, rather than financial years.

1. The total amount your organisation has spent on locum/agency doctors working in A&E in 2011, 2012, and 2013 (broken down by year)

**Answer: These figures cover the time period 1<sup>st</sup> January to 31<sup>st</sup> December.**

	2011	2012	2013
<b>Locum</b>	<b>£418,508</b>	<b>£207,611</b>	<b>£185,684</b>
<b>Agency</b>	<b>£205,757</b>	<b>£170,453</b>	<b>£558,013</b>

2. The total amount your organisation has spent on bank and agency nurses working in A&E in 2011, 2012 and 2013 (broken down by year)

**Answer: These figures cover the time period 1<sup>st</sup> January to 31<sup>st</sup> December.**

	2011	2012	2013
<b>Bank</b>	<b>£175,387</b>	<b>£294,111</b>	<b>£285,099</b>
<b>Agency</b>	<b>£58,245</b>	<b>£81,003</b>	<b>£361,183</b>

3. The highest cost of an individual shift for a locum/agency doctor working in A&E in the period 2011-13 (please indicate grade plus length and date of shift)

**Answer: The highest cost of an individual shift for a locum/agency doctor working in A&E during the time period was £1,094 including VAT. This cost was for a Staff Grade Doctor on the 23 April 2013 for a 12 hour shift.**

4. The highest cost of an individual shift for an agency/bank nurse working in A&E in the period 2011-13 (please indicate grade plus length and date of shift)

**Answer: The highest cost of an individual shift for a locum/agency/bank nurse working in A&E during the time period was £968 including VAT. This cost was for a Clinical Support worker for 24<sup>th</sup> December to the 25<sup>th</sup> December for an 11.5 hour shift (a night shift paid at bank holiday rate).**

5. The number of locum/agency doctor shifts in A&E costing more than £1000 in 2013

**Answer: There were eight shifts of locum/agency A&E Doctors that cost more than £1000 during this time period.**

6. The number of agency/bank nurse shifts in A&E costing more than £300 in 2013.

**Answer: 520 shifts of locum/agency A&E Nurses cost more than £300 during this time period.**

**0348/13**

### **Wrong Drugs/Doses**

I am writing to you to obtain information under the Freedom of Information Act 2000.

I wish to know how much compensation your trust has paid to patients who were treated with incorrect drugs or doses in mistakes by hospital staff over the last three years. By this, I mean the calendar years of 2011, 2012, and 2013.

Please state how many times the wrong drugs/doses were administered even if compensation was not paid. Please include examples where possible. Eg: wrong cancer drug given to a female patient  
Please also state the effect on the patient: eg needed stomach pumped.

**Answer: We would be grateful if you redirect your enquiry to the National Health Service Litigation Authority (NHSLA) as this information is not held by our organisation.**

**Please use the link below to access the NHSLA internet webpage for their contact details;**  
<http://www.nhsla.com/Pages/Home.aspx>