

## FREEDOM OF INFORMATION

### Disclosure Log – Quarter 1 (April-June 2014)

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001/14

**Hospital PAS System**

1. Please can you identify the supplier(s) of your patient administration system that would record patient handover from the ambulance service

**Answer: Our patient administration system is a CSC product called Lorenzo.**

2. Please can you confirm whether there are plans to change this system within the next 18 months. If so, please can you indicate a timeline for this transition.

**Answer: There are no plans to change the system within the next 18 months.**

002/14

**Trust Security Management Director and Local Security Management Specialist**

- Please provide the email address of your Trust's Security Management Director.

**Answer: Our Trust's Security Management Director is Jayne Tunstall. Her email address is; jayne.tunstall@walsallhealthcare.nhs.uk.**

- Please provide the email address of your Trust's Local Security Management Specialist.

**Answer: Our Local Security Management Specialist is Carl Measey. His email address is; carl.measey@walsallhealthcare.nhs.uk.**

003/14

**Construction Procurement Activities**

THE REQUESTED INFORMATION:

[Please note that the information requested relates to your construction procurement activities over the past 12 months.]

1. What monitoring and reporting do you have in place to check whether your main contractors are paying their sub-contractors within 30 days?

**Answer: Our Trust has not undertaken any construction procurement activities in the last 12 months.**

2. If your response to Q1 is in the negative what other steps does your organisation take to ensure fair payment is applied along construction supply chains?

**Answer: Not Applicable**

3. Please provide information showing the average time taken by your organisation to discharge payments to your direct or main contractors?

**Answer: Not Applicable**

4. Do you apply a cash retention in your works contracts?

**Answer: Not Applicable**

5. If you apply a cash retention what use do you make of the cash whilst it's in your possession?

**Answer: Not Applicable**

6. Have you or are you about to put in place project bank accounts on your construction projects?

**Answer: Not Applicable**

7. Please provide information about any plans which your organisation has for improving payment performance along the supply chain [e.g. making payments to sub-contractors within 30 days (of the main contract due payment dates) a pre-qualification requirement for lead contractors].

**Answer: Not Applicable**

8. Has your organisation been using PAS 91 as the pre-qualification standard to be the exclusion of other pre-qualification requirements?

**Answer: Not Applicable**

9. If you are not currently using PAS 91 as the exclusive route to pre-qualification does your organisation have plans to use PAS 91 (exclusively) in the future?

**Answer: Not Applicable**

THANK YOU FOR HELPING WITH THIS FREEDOM OF INFORMATION ACT REQUEST.

**004/14  
Sold Drugs**

Has your trust sold drugs through parallel importers or exporters, third parties or off-shore companies to buyers outside the UK over the last five years?

If the answer is yes, can you specify the name of the drugs sold, the quantity of the drugs sold in each individual sale and which countries the buyers were in who bought the drugs for the years 2009, 2010, 2011, 2012 and 2013.

**Answer: Our Trust does not possess the licenses that would allow us to undertake this activity and we would not consider this the core business of the Trust.**

**Furthermore, it has been expressly prohibited by the Department of Health Chief Pharmacist and the National Pharmaceutical Supplies Group on the basis of whilst legally, Trusts could do this, in doing so they could potentially impact on medication shortages in the UK.**

**In addition, it is strictly prohibited for those medications procured by Trusts under NHS contracts.**

**005/14  
Staff Under the Influence of Alcohol**

I am writing to you to request information under the Freedom of Information Act 2000.

How many nurses were reported to the Trust because they were believed to be under the influence of alcohol while on duty over the last five years? How many complaints were received?

**Answer: From April 2009 – to present 2 staff nurses have believed to be under the influence of alcohol whilst on duty. 2 complaints were received.**

How many doctors were reported to the Trust because they were believed to be under the influence of alcohol while on duty over the last five years? How many complaints were received?

**Answer: From April 2009 – to present no Doctors have been reported to the Trust.**

How many surgeons were reported to the Trust because they were believed to be under the influence of alcohol while on duty over the last five years? How many complaints were received?

**Answer: From April 2009 – to present no Surgeons have been reported to the Trust.**

Were the complaints made by both staff and patients?

**Answer: The two complaints mentioned above were reported by Staff/Managers.**

What action was taken against these staff?

**Answer: Both staff nurses mentioned above have been taken through the Substance Misuse Policy. One received formal counselling. The other is still being managed through this process.**

By the last five years, I mean from April 2009 to the present day.

**006/14**

**Organisational Structure**

Under the provisions of the Freedom of Information Act, please could you supply me with the following information about your organisational structure:

A) Can I have the name, contact e-mail address, telephone number and Job title of the people in your organisation who fulfill the following roles:

Caldicott Guardian  
SIRO (Senior Information Risk Officer)  
Director responsible for IT  
Director responsible for Informatics  
IT Manager (the technical head of IT or ICT)

B) If you feel unable to provide all of the information requested, please supply as much as possible. In each case, please explain why you feel unable to comply with the request.

**Answer: Please see the information requested below. Please note that we do not release individual staff names and email addresses below Director level. This is withheld under section 40 (personal Information).**

**Mr Amir Khan, Medical Director & Caldicott Guardian**

Email: [amir.khan@walsallhealthcare.nhs.uk](mailto:amir.khan@walsallhealthcare.nhs.uk)

Tel: 01922 721172

**Ian Baines, Director of Finance & Performance and Senior Information Risk Officer**

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

Tel: 01922 721172

**Steve Darkes, Director of IT & Informatics**

Email: [steve.darkes@walsallhealthcare.nhs.uk](mailto:steve.darkes@walsallhealthcare.nhs.uk)

Tel: 01922 721172

**007/14**

**Staff Information**

Please can you tell me the members of staff responsible as follows:

- head of procurement/procurement director
- business manager a & e
- business manager outpatients
- clinical director a & e
- deputy director of finance

**Answer: Please note that we do not release individual staff names below Director level. This is withheld under section 40 (personal Information). Please find below the Director information for these areas.**

**Ian Baines, Divisional Director of Finance & Procurement Services**

**Johanne Newens, Interim Divisional Director of Medicine & Long Term Conditions (including A&E)**

**Angie Wallace, Divisional Director of Surgery (including Outpatients)**

**Miss Ruchi Joshi, Clinical Director of Emergency & Acute Care (A&E)**

**008/14**

**Tranexamic Acid**

Questions on tranexamic acid

1a. Does your trust's trauma protocol include administration of tranexamic acid to bleeding trauma patients?

**Answer: Our Trust's trauma protocol does include administration of tranexamic acid.**

1b. If yes, at what date was administration of tranexamic acid added to your trust's trauma protocol?

**Answer: We have been using tranexamic acid in the management of bleeding trauma patients since Walsall Manor Hospital became a designated Trauma Unit (around November 2012).**

2a. In 2013, how many acute trauma patients received a blood transfusion?

**Answer: Unfortunately, we are unable to pull this information from our Clinical Coding System as we code the injury itself that has caused the haemorrhage. We would require the specific injuries you would like us to cover or what you define as an acute trauma patient. However, our A&E Department complete regular audits as part of The Trauma Audit & Research Network which have shown that one trauma patient received a blood transfusion.**

2b. Of those, how many were treated with tranexamic acid?

**Answer: The one patient mentioned above received tranexamic acid.**

3. In how many fatalities recorded in your trust in 2013 was bleeding trauma identified as the primary cause of death?

**Answer: Unfortunately, we are not able to know this for sure, as it is not recorded as part of the audit. However, we have conducted a search on the audit data for deceased patients that received blood products within 24 hours or had an injury related with blood loss. There were no patients that matched this criteria.**

**009/14**

**Procurement Department Staffing Costs**

I would like to make a request under the Freedom of Information Act; what was the total staff cost of running the Trust's Procurement Department for the financial years 2010/11, 2011/2, 2012/13 and 2013/14?

**Answer: The table below shows the total staff costs for our Procurement Department.**

<b>Year</b>	<b>Total Staff Costs For The Procurement Department</b>
<b>2010/11</b>	<b>£556,428</b>
<b>2011/12</b>	<b>£653,504</b>
<b>2012/13</b>	<b>£526,549</b>
<b>2013/14</b>	<b>£522,393</b>

**010/14**

**FOI reference number 020/13 in Disclosure Log Q1 2013**

I'm writing for the information upon request with regards to Freedom of Information Request '020/13 Radiology' the questions of which are available at <http://lifestyle.walsallhealthcare.nhs.uk/media/197349/disclosure%20log%20april-june13%20quarter1.pdf>, but without the answers. Can you please send me the details of the answers to this previous request?

**Answer: We have amended the document on our website and it now shows our response to the request.**

**Please note that the response was dated April 2013 and the answers detailed may now be different a year later.**

1. Does the Trust have a backlog of radiology examinations to report?	<b>Yes - in line with normal report turnaround times for 2 weeks on average</b>
2. If it does what are the volumes by modality?	<b>Plain Film – 1944</b>
	<b>CT – 293</b>
	<b>MRI - 470</b>
3. Does the Trust outsource radiology images for reporting to external teleradiology companies?	<b>No</b>
4. If yes, who is the contract with?	<b>N/A</b>
5. Was the contract awarded through OJEU/procurement, a pilot or another basis?	<b>N/A</b>

6. What was the contract start date? <b>dd/mm/yy</b>	<b>N/A</b>
7. What is the contract end date? <b>dd/mm/yy</b>	<b>N/A</b>
8. Is there an option to extend the contract?	<b>N/A</b>
9. How long is the option to extend the contract?	<b>N/A</b>
10. How much did the Trust spend on outsourcing radiology reporting in the last financial year (April 2012 – March 2013)? <b>Please provide a figure only with no £ sign or commas</b>	<b>£0</b>
11. What was the volume of examinations outsourced <b>by modality</b> for <b>routine</b> examinations (ie 24-48 hour turnaround time) between April 2012 and March 2013 ?	<b>Plain Film - N/A</b>
	<b>CT - N/A</b>
	<b>MRI - N/A</b>
12. What was the volume of examinations outsourced <b>by modality</b> for <b>urgent examinations</b> (ie 1-2 hour turnaround time) between April 2012 and March 2013 ?	<b>Plain Film - N/A</b>
	<b>CT - N/A</b>
	<b>MRI - N/A</b>
13. Does your RIS have HL7 functionality?	<b>Yes</b>
14. Do you have a Trust integration engine and interface integration team?	<b>Yes</b>

**011/14**

### **Referral to Treatment (RTT) Waiting Times**

**1. Which Regional/Area Team does your hospital belong to?**

Please tick ONE of the following 4 options:

- |                              |                                     |
|------------------------------|-------------------------------------|
| North of England             | <input type="checkbox"/>            |
| Midlands and East of England | <input checked="" type="checkbox"/> |
| London                       | <input type="checkbox"/>            |
| South of England             | <input type="checkbox"/>            |

**2. Please set out the number of individual elective procedures that took place in your Trust in 2013 for the following categories –**

**Answer: The date range for this information is 1<sup>st</sup> January 2013 to 31<sup>st</sup> December 2013. Please note that these figures relate to a patient's primary procedure code only. Unfortunately, we require the specific procedures you would like to be covered by gallstone and cataract operations eg. cholecystectomy, cataract removal etc.**

I.	Hip replacement	228
II.	Knee replacements	329
III.	Hernia Operations	416
IV.	Adenoid Operations	19
V.	Gallstone operations	0
VI.	Tonsillectomies	224
VII.	Myringotomies	131
VIII.	Varicose veins	52
IX.	Carpal tunnel syndrome	86
X.	Cataract operations	0

**3. Please set out the average waiting time (in days), within your trust, for each of the following procedures in 2013 –**

**Answer: Unfortunately, the 18 weeks waiting time data is not routinely published nor readily available in a valid state breakdown by procedure level.**

I.	Hip replacements	
II.	Knee replacements	
III.	Hernia Operations	
IV.	Adenoid Operations	
V.	Gallstone operations	
VI.	Tonsillectomies	

VII. Myringotomies

VIII. Varicose veins

IX. Carpal tunnel syndrome

X. Cataract operations


012/14

**Specialists in perinatal Mental Health**

Does your Trust have a specialist (or specialists) in perinatal mental health?

**Answer: We do not have a perinatal mental health service or lead at our hospital.**

If you do, using the table below, please tell us which professionals you employed as Perinatal Mental Health specialists in the period between January 2013 and January 2014, whether each person has received specialist training from Health Education England in perinatal mental health, and the number of hours (on average) they spend each week providing perinatal mental health care services.

If you are unable to answer any of the fields below, please leave them blank.

Profession.	Does your birthing unit(s) have constant access to this kind of health professional? (Yes/ No)	Average number of hours worked per week on specialist perinatal mental health issues by this professional.	Has this person received formal training from Health Education England in perinatal mental health? (Yes/ No)	What formal qualifications does this person have in providing perinatal mental health?
Specialist perinatal consultant				
Consultant Psychiatrist				
Specialist Registrar				
Ward Doctor				
Psychologist				
Midwife				
Nurse				

Specialist perinatal mental health nurse –inpatient and community				
Nursery nurse				
Health care support worker				
Health visitor linked to team				
Medical Secretary				
Administrator				

## 013/14

### Spend on Agency Nurses

Under the Freedom of Information Act 2000 I seek the following information about the Department's staffing:

1. What was the highest and lowest amount paid to an agency nurse for one shift in 2013/14? How long was each shift?

**Answer: The highest amount paid to an agency for one nursing shift in 2013/14 was £1,429.46 for a 12.25 hour shift on a bank holiday. The lowest amount paid to an agency for one nursing shift in 2013/14 was £41.31 for a 1.5 hour shift.**

2. What was the average amount paid to agency nurses per shift in 2013/14?

**Answer: The average amount paid by our Trust for agency Nurses in 2013/14 per shift was £335.**

3. How many times have agency nurses been used in 2013/14?

**Answer: Unfortunately, our systems do not record how many individual agency Nurses have been used. However, we do record how many shifts we book and receive invoices for. During 2013-14, 9576 qualified Nursing shifts were booked and been invoiced for at our organisation. Please note that this figure is a reflection of invoices which have been processed. This figure may rise slightly due to the late processing of some invoices we have recently received.**

4. How much has the trust spent on agency nurses per year in the last three financial years? (2011/12, 12/13 and 13/14)

**Answer: The table below shows the total spent by the Trust for agency qualified nursing staff only.**

	2011/12	2012/13	2013/14
Total Expenditure	£2,564,773	£1,432,207	£3,324,655

## 014/14

### Spend on Solicitors

I want to know how much you pay solicitors.

**Answer: During 1<sup>st</sup> April 2013 to 31<sup>st</sup> March 2014, our Trust spent a total of £157,826 on legal services.**

## 015/14

### Private Treatment Services

Could you provide me with the following information:

- 1) Does your Trust provide private treatment services, self-funded services, or any other service financed in full or in part by the patient?

a) If so, could you tell me which services are currently offered on this basis?

**Answer: Most elective inpatient and outpatient services are available to privately paying patients if required. In addition, some overseas visitors from countries not subject to reciprocal agreements with the UK will be required to pay for their treatment.**

- 2) a) What was the total income from services described in (1) in  
i) the financial year 2012/13  
ii) the financial year 2013/14?

**Answer: For financial year 2012/13, it was £36, 877 and for 2013/14 was £25,108.**

- b) What was the Trust's total income in  
i) 2012/13  
ii) 2013/14?

**Answer: The Trust's total income for year 2012/13, was £228,454,086 and for 2013/14 was £235,906,724.**

- c) What percentage of the Trust's total income was derived from the services described in (1) in  
i) 2012/13  
ii) 2013/14?

**Answer: The percentage of the Trust's total income derived from the services mentioned for question 1 was 0.016% for 2012/13 and 0.011% for 2013/14.**

- 3) How many patients received private treatment services, self-funded services or any other service financed in full or in part by the patient in  
i) 2012/13  
ii) 2013/14

Please specify whether the figure you can provide refers to actual number of patients or number of care episodes.

**Answer: Please see the table below. The figures show total number of patients who have received private treatment / self-funded service or other full or partly financed service.**

**016/14**

### **Gastronintestinal Surgery**

1. please could you tell me if your trust has conducted UPPER GASTROINTESTINAL SURGERY since 2005

**Answer: We can confirm that our organisation has conducted benign upper gastrointestinal surgery only (gallbladder and hiatus hernia).**

If so,

2. Has the service ever been reviewed by the Royal College of Surgeons

**Answer: We can confirm that the service has not been reviewed by the Royal College of Surgeons.**

3. If so who carried out the review for the RCS?

**Answer: This is not applicable to our organisation.**

4. What was the outcome of the review?

**Answer: This is not applicable to our organisation.**

5. Has the service ever been suspended or closed?

**Answer: The service has never been suspended or closed.**

**017/14**

#### **Finished Consultant Episodes of Care**

Please provide answers to the following questions in relation to the 2013 calendar year?

1. What was the weight in grams of the heaviest baby born to a mother in your hospital?

**Answer: The heaviest baby born at Walsall Manor Hospital weighed 5280gms**

2. How many babies were born in your hospital where they were recorded as suffering from the effects of alcohol consumed by the mother?

**Answer: Please note that the following codes were used from our Clinical Coding System to obtain this information;**

- **Fetus and newborn affected by maternal use of alcohol**
- **Fetal alcohol syndrome (dysmorphic)**

**Following the above system check, no babies were born in our hospital with this condition during the time period requested.**

3. What was the weight in kgs of the heaviest patient treated in your hospital where the primary diagnosis was recorded as E.66 obesity?

**Answer: Unfortunately, we only record the weight of patients within written health records. We are not able to identify the heaviest patient on our Clinical Coding System. This would require a manual review of all relevant health records equating to over 18 hours of work.**

4. How many Finished Consultant Episodes did your Trust carry out where there was a primary diagnosis of alcoholic liver disease (K.70.0, K70.1, K70.2, K 70.3, K70.4 and K70.9) and the patient was a female aged UNDER the age of 30? What was the age of the youngest of these female patients?

**Answer: Following a system check for this information, there were no patients which matched the question 4 criteria with this condition during the time period requested.**

5. How many Finished Consultant Episodes did your Trust carry out where there was a primary diagnosis of mental and behavioural disorders due to the use of alcohol (F.10)

and the patient was aged UNDER 16? What was the age of the youngest of these patients?

**Answer: Please see the table below. The date criteria used for this information was 01 January 2013 to 31<sup>st</sup> December 2013.**

NoOfPatients	Age
1	12
1	13
1	14
3	15
4	16

6. How many Finished Consultant Episodes did your Trust carry out where there was a primary diagnosis of mental and behavioural disorders due to the use of cannabinoids (F.12) and the patient was aged 60 or older? What was the age of the oldest of these patients?

**Answer: Following a system check for this information, there were no patients which matched the question 6 criteria with this condition during the time period requested.**

7. How many finished admission episodes did your Trust record where the external cause code was bitten or struck by dog (W54) and the patient was aged under one year old?

**Answer: Following a system check for this information, there were no patients which matched the question 7 criteria with this condition during the time period requested.**

NOTE: If you cannot provide answers for the 2013 calendar year I am content to accept responses relating to the 2012/13 financial year but please make this clear in your response.

018/14

**Board Level Director Information**

Under a FOI request could I make application for the total number of directors at board level in your organisation and the individual Salary of them annually for 2012,2013 & 2014?

**Answer: We can confirm that on the 31 March 2014, 13 Directors at board level were employed in our organisation.**

**Please see the table below which shows Executive Director's pay for financial years 2012/13 and 2011/12. The figures for 2014/15 will be calculated as part of the end of year report in April 2015. Please note that we have shown all Directors employed during the times you have requested and highlighted when they commenced in the role or left the role within these years.**

Title	2012/13				2011/12			
	£000's Salary	£000's Other Remunerations	£000's Bonus payments	£000's Benefits in Kind	£000's Salary	£000's Other Remunerations	£000's Bonus payments	£000's Benefits in Kind
Chairman	20-25	-	-	-	20-25	-	-	-
Chief Executive (from 09/05/11)	145-150	-	-	-	130-135	-	-	-
Interim Chief Executive (left 21/04/11)	-	-	-	-	20-25	-	-	-
Director Of Finance (left 13/02/13)	90-95	-	-	-	105-110	-	-	-
Acting Director Of Finance (between 14/02/13 – 24/03/13)	10-15	-	-	-	-	-	-	-
Interim Director Of Finance (from 25/03/13)	0-5	-	-	-	-	-	-	-
Chief Operating Officer (from 08/08/11)	100-105	-	-	-	65-70	-	-	-
Medical Director	80-85	80-85	25-30	-	75-80	75-80	25-30	-
Director Of Human Resources	85-90	-	-	-	85-90	-	-	-

Nurse Director	90-95	-	-	-	90-95	-	-	-
Director Of Strategy (from 01/04/11)	85-90	-	-	-	75-80	-	-	-

Title	2012/13				2011/12			
	£000's Salary	£000's Other Remunerations	£000's Bonus payments	£000's Benefits in Kind	£000's Salary	£000's Other Remunerations	£000's Bonus payments	£000's Benefits in Kind
Director Of Transformation (left 30/09/12)	40-45	-	-	-	80-85	-	-	-
Director Of Corporate Affairs (from 01/03/11)	80-85	-	-	-	80-85	-	-	-
Interim Director Of Operations (left 04/09/11)	-	-	-	-	40-45	-	-	-
Interim Commercial Director (left 04/09/11)	-	-	-	-	35-40	-	-	-
Non Executive Director	5-10	-	-	-	5-10	-	-	-
Non Executive Director	5-10	-	-	-	5-10	-	-	-
Non Executive Director	5-10	-	-	-	5-10	-	-	-
Non Executive Director	5-10	-	-	-	5-10	-	-	-
Non Executive Director (from 01/10/12)	0-5	-	-	-	-	-	-	-
Non Executive Director (left 31/12/12)	0-5	-	-	-	5-10	-	-	-
Non Executive Director (left 31/12/12)	0-5	-	-	-	5-10	-	-	-
Non Executive Director (left 31/08/12)	0-5	-	-	-	5-10	-	-	-

**019/14**  
**Cardiac Physiology**

Survey Completed by: (Please print name)	<b>Compliance &amp; Risk Team on behalf of FOI Leads within the organisation</b>
Job Title:	<b>Compliance &amp; Risk Team Member</b>
Contact email:	<b>foi@walsallhealthcare.nhs.uk</b>
Contact Tel No:	<b>01922 721172 ext 5808 (Compliance &amp; Risk Team)</b>
Name of Head of Dept:	<b>Medical Director – Mr Amir Khan</b>

About Your Services: What diagnostic & therapeutic services does your department provide/support? *Please tick as many boxes as are applicable.*

*Non-Invasive*

	<i>Diagnostic Test</i>		<i>Notes &amp; Comments</i>
1	ECG	<input checked="" type="checkbox"/>	
1A	Direct Access ECG e.g. GP sends in patient for ECG. If you provide direct access ECG who interprets the ECG before it is sent back to the GP?	<input checked="" type="checkbox"/>	
	Consultant Cardiologist	<input checked="" type="checkbox"/>	
	Registrar	-	
	Junior Doctor (SHO/FY2)	-	
	Cardiac Nurse Specialist	-	
	Cardiac Physiologist	<input checked="" type="checkbox"/>	Does seek advice/opinion from Consultant if required.
	Other	-	
	No interpretation is done	-	
2	Exercise Tolerance Testing	<input checked="" type="checkbox"/>	
3	Treadmill/Cycle VO <sub>2</sub> Max Testing	<input checked="" type="checkbox"/>	
4	Stress Test + Nuclear Imaging e.g. Thallium, Mibi, Adenosine Mibi	<input checked="" type="checkbox"/>	
5	PET Stress Test	-	
6	24 Hr Holter	<input checked="" type="checkbox"/>	
6a	Direct Access 24 Hr Holter e.g. GP sends in patient for 24 Hr Holter.	<input checked="" type="checkbox"/>	
6b	Direct Access 24 Hr Holter Analysis e.g. GP practice put Holter on patient but it is sent to your department for analysis	-	
7	24 Hr BP Monitoring	<input checked="" type="checkbox"/>	
7a	Direct Access 24 Hr BP Monitoring e.g. GP sends in patient for 24 Hr BP Monitoring.	<input checked="" type="checkbox"/>	
7b	Direct Access 24 Hr BP Analysis e.g. GP practice put BP monitor on patient but it is sent to your department for analysis	-	
8	Echocardiography	<input checked="" type="checkbox"/>	
9	Paediatric Echocardiography	-	
10	Transoesophageal Echocardiography	<input checked="" type="checkbox"/>	
11	Exercise Stress Echo	-	
12	Dobutamine Stress Echocardiography	<input checked="" type="checkbox"/>	

13	Tilt Table Testing	-	
14	Signal Averaged ECG	-	
15	Microvolt T Wave Alternans	-	

*Invasive*

	<i>Diagnostic Tests &amp; Treatment</i>		<i>Notes &amp; Comments</i>
16	Cardiac Catheterisation	<input checked="" type="checkbox"/>	<b>Fully equipped cardiac catheter laboratory equipped for diagnostic cardiac catheterisation</b>
16a	Cardiac Catheterisation – right sided	<input checked="" type="checkbox"/>	<b>Fully equipped catheter laboratory for right sided catheterisation</b>
17	Cardiac Angioplasty	-	<b>Not available</b>
17a	Primary PCI <i>e.g direct from A&amp;E or Ambulance</i>	-	<b>Not available</b>
18	Valvuloplasty	-	<b>Not available</b>
19	Intravascular Ultrasound (IVUS)	-	<b>Not available</b>
20	Electrophysiology studies	-	<b>Not available</b>
21	3D Cardiac Mapping	-	<b>Not available</b>
22	Ablation Therapy	-	<b>Not available</b>
23	Single Chamber Pacing Implants	<input checked="" type="checkbox"/>	<b>Pacing laboratory fully equipped for single chamber pacemaker implants</b>
24	Dual Chamber Pacing Implants	<input checked="" type="checkbox"/>	<b>Pacing laboratory fully equipped for dual chamber pacemaker implants</b>
25	ICD Implants	<input checked="" type="checkbox"/>	<b>Pacing laboratory fully equipped for ICD implant</b>
26	BiVentricular ICD Implants	<input checked="" type="checkbox"/>	<b>Pacing laboratory fully equipped for Biventricular ICD implants</b>
27	Cardiac Resynchronisation Devices	<input checked="" type="checkbox"/>	<b>Pacing laboratory fully equipped for cardiac resynchronisation devices</b>
28	Implantable loop recorders	<input checked="" type="checkbox"/>	<b>Pacing laboratory fully equipped for loop recorders</b>

Others

Are there other procedures your department and staff are involved with e.g. Stem cell research, or other areas of innovation

About Your Workforce:

In this section I am seeking to understand how many staff you have in post versus your actual funded establishment and hence the number of vacancies you have and whether these vacancies are filled by agency/locum staff or left empty.

A4C Grade	WTE Budgeted	WTE in Post	No of vacant posts		Notes
			Filled with agency	Empty	
Band 9					
Band 8D					
Band 8C					
Band 8B					
Band 8A	1	1			
Band 7	4.3	3.75	0.6		
Band 6	2	1.85			
Band 5	2	2			
Band 4	0	0.8			Funded from other vacancies
Band 3	2	1.61			
Band 2	1	0.63			

This section is specifically about your department's skill gaps:

How many training posts do you have?	<b>0 – Previous regionally funded Clinical Physiology British Cardiac Society, now Practitioner Training Programme (PTP). 1 - Scientist Training Programme (STP) in-service</b>
Are all your training posts filled?	<b>N/A</b>
What college do your students attend?	<b>PTP – Wolverhampton, STP – Newcastle</b>
How are the student posts funded? e.g. within budget, external sponsorship	<b>Regionally funded</b>
Are your student posts supernumerary to the workforce?	<b>1 STP in-service (£10k annual support costs from region)</b>
Is your department able to offer regular training for its students or does it tend to be ad-hoc based on service pressures/staffing shortages?	<b>More ad-hoc, with some regular training</b>
Where are your skill gaps and workforce pressure points? e.g. echo, cath lab, EP, device f/up. <i>Please list in order of highest priority</i>	<b>1. General Cardiology (24hr ECG etc) 2. Echo</b>
How are you attempting to address these staffing issues? Do you have any innovative workforce initiatives	<b>Need Society for Cardiological Science and Technology to develop additional specialist expertise post PTP programme to top up skills to previously obtained with Clinical Physiology degree.</b>
Do you have any demand and capacity pressures in your department e.g. waiting times for echo or EP study? If yes, is this due to activity growth? And/or staff shortages?	<b>The Trust has experienced a significant increase in activity in 2013-14 which is in turn, placing waiting times (in particular, analysis of 24 hr ECG) under pressure.</b>
If your department does have waiting time pressures how are these dealt with? e.g. <i>extra sessions undertaken in the evening, at weekends, additional locum staff or outsourcing.</i>	<b>Waiting list initiatives for out of hours sessions when funded.</b>

Are there any additional comments that you would like to make?

Concerns relating to the future National availability of training, accreditation and subsequent workforce availability.

**020/14**

**Agency Spend on Occupational Health and Physiotherapy**

I would be grateful if you could detail agency spend on Occupational Health and Physiotherapy for the financial years 2011/2012 and 2012/2013.

**Answer: Please see the tables below.**

<b>Occupational Health</b>	<b>2011/12 (£)</b>	<b>2012/13 (£)</b>
<b>Total Spend</b>	<b>97,628</b>	<b>67,148</b>

<b>Physiotherapy</b>	<b>2011/12 (£)</b>	<b>2012/13 (£)</b>
<b>Total Spend</b>	<b>109,386</b>	<b>47,319</b>

**021/14**

**Rat Bites**

Can I request details in relation to ICD diagnosis code T14.1 - rat bite - and W53.9 - bitten by rat, initial encounter.

More specifically, I would like to know:

1. How many patients were admitted to your trust and/or diagnosed with an ICD diagnosis code of T14.1 and W53.9 in the calendar year 2013, and 2014 so far?
2. For each case, could you please provide a brief description of the treatment carried out on patients diagnosed with T14.1 and W53.9?
3. Could you also provide the age and gender of each patient?

**Answer: We can confirm that no patients are recorded on our Clinical Coding System during this time as being diagnosed with a rat bite.**

**022/14  
Private Patient Tariff**

I would be grateful if you could forward to me the trust's private patient tariff for 2014-15.

**Answer: Please see the table below.**

**INPATIENTS**

<b>Length of Stay:</b>	<b>Non-intensive wards</b>	<b>@ £345/day</b>
<b>Cost per Day - ITU</b>		<b>@ £2,166/day</b>
<b>Cost per Day - HDU</b>		<b>@ £912/day</b>

**Time In Theatre**

**Please note: The patient should only be charged for the time actually spent in the operation theatre. This should exclude time in anaesthetics and in recovery.**

**Please note: Weekend use of theatres will be charged at double rates.**

<b>Operations lasting up to 30 minutes</b>		<b>@ £629</b>
<b>Operations lasting between 30 and 60 minutes</b>		<b>@ £1,181</b>
<b>Operations lasting 60 - 120 minutes</b>		<b>@ £2,186</b>
<b>Operations lasting more than 120 minutes</b>		<b>@ £2,990</b>
<b>Supplement for use of theatre at weekend</b>	<b>Double the rate shown above</b>	
<b>Supplements for high cost items:</b>		
<b>Charnley hip prosthesis</b>		<b>@ £1,067</b>
<b>JRI hip prosthesis</b>		<b>@ £1,901</b>
<b>PFC knee system</b>		<b>@ £2,271</b>
<b>Coomrad Murray Elbow</b>		<b>@ £3,243</b>
<b>Global Shoulder</b>		<b>@ £2,272</b>
<b>Dynamic hip screw</b>		<b>@ £559</b>
<b>Other prostheses:</b>		<b>Please Enquire</b>
<b>CT scan (head w/o contrast)</b>		<b>@ £150</b>
<b>Isotopes:</b>		<b>Please Enquire</b>
<b>Chemotherapy drugs:</b>		<b>Please Enquire</b>
<b>Bone Anchored Hearing Aids – Including abutment</b>		<b>@ £3,993</b>
<b>All Inclusive Fixed Price Procedure</b>		
<b>Religious Circumcision - Under 2</b>		<b>@ £200</b>
<b>Religious Circumcision - Over 2</b>		<b>@ £500</b>

**Normal Accommodation @ £30/day**

**DAY CASES TREATED ON WARDS**

**Less than 15 minutes @ £122**

**15- 30 minutes @ £173**

**Greater than 30 minutes. @ £319**

**Supplement for use of theatre  
Operations lasting up to 30 minutes @ £562**

**Operations lasting between 30 and 60 minutes @ £1,087**

**Operations lasting 60 - 120 minutes @ £2,099**

**Operations lasting more than 120 minutes @ £3,082**

**Supplement for use of theatre at weekend Double the rate shown above**

**Supplement for use of side ward @ £66**

**Male Please Enquire  
Female Please Enquire**

**DRUGS ISSUED ON DISCHARGE  
(Completed by General Office)**

**023/14**

**Births at our Hospital**

Under the FOI Act, I would like to request the following information:

1 - How many births were recorded in your trust in 2012/13?

**Answer: Please note the date period used for this information is 01 April 2012 to 31 March 2013. The results are based on Ethnicity and not Nationality.**

**We can confirm that 4557 births were recorded in our Trust during this time period.**

2 - Of these, how many births were to

a) British-born mothers?

b) Foreign-born mothers?

**Answer: Please see the tables below.**

Number Of Births	Ethnic Origin
2748	White British

Number Of Births	Ethnic Origin
605	Not Available
5	White Irish
71	White Other
29	Mix White-BlackCaribb
5	Mix White-BlackAfrican
6	Mix White-Asian
27	Mix Other
285	Asian Indian
308	Asian Pakistani
103	Asian Bangladeshi
39	Asian Other
60	Black Caribbean
62	Black African
11	Black Other
12	Chinese
89	Other Ethnic
92	Not Stated

3 – Could you name the nationality [by country of birth] of the five highest by number, foreign-born mothers who gave birth in your trust in 2012/13 [e.g. French/Polish/Indian etc] For each nationality, could you please state the number of births recorded.

**Answer: Please see the table below.**

Number Of Births	Ethnic Origin
2748	White British
605	Not Available
308	Asian Pakistani
285	Asian Indian
103	Asian Bangladeshi

4. How many different nationalities [by country of birth] of mothers in total did your maternity unit/s deal with in 2012/13.

**Answer: Please see the table below.**

<b>Ethnic Origin</b>
<b>Asian Bangladeshi</b>
<b>Asian Indian</b>
<b>Asian Other</b>
<b>Asian Pakistani</b>
<b>Black African</b>
<b>Black Caribbean</b>
<b>Black Other</b>
<b>Chinese</b>
<b>Mix Other</b>
<b>Mix White-Asian</b>
<b>Mix White-BlackAfrican</b>
<b>Mix White-BlackCaribb</b>
<b>Not Available</b>
<b>Not Stated</b>
<b>Other Ethnic</b>
<b>White British</b>
<b>White Irish</b>
<b>White Other</b>

**024/14**

**Ambulance Handovers**

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

- - In the year 2012-13, how many patient handovers from ambulance services to accident and emergency or other clinical departments at each hospital under your trust's control took an hour or more?
- - Please provide equivalent figures for handovers taking two hours or more, three hours or more and four hours or more, again broken down by each hospital

**Answer: Please that this information only relates to ambulance handovers where it is recorded on the system. This information has been provided by West Midlands Ambulance Service System. As this data has been pulled from a system external to our organisation, no validation of the data has been undertaken. Unfortunately, we have been informed that no patient level information is available from their system.**

**Please see the table below. This information relates to Walsall Manor Hospital.**

Month	Ambulance Handover recorded			
	Between 1 hour and 2 Hours	Between 2 Hours and 3 Hours	Between 3 Hours and 4 Hours	Over 4 Hours
Apr	1	0	0	0
May	0	0	0	0
Jun	1	0	0	0
Jul	10	0	0	0
Aug	19	2	0	0
Sep	10	0	0	0
Oct	4	0	0	0
Nov	7	0	0	0
Dec	21	0	0	0
Jan	8	0	0	0
Feb	3	0	0	0
Mar	23	0	0	0
<b>Totals</b>	107	2	0	0

- Please also provide the longest A&E handover time in that year at each hospital

**Answer: The longest ambulance handover time was recorded in August 2012 at 124 minutes.**

- In the year 2012-13, how many handover delays were investigated by the trust at each hospital?

**Answer: Unfortunately, we do not record or investigate individual delays in ambulance handovers. We do however, report numbers of delays on a month by month basis to identify any trends but we do not investigate these individually.**

- How many of the handover delays investigated were linked to unexpected or avoidable death as the patient outcome?

**Answer: Unfortunately, we do not record or investigate individual delays in ambulance handovers. We do however, report numbers of delays on a month by month basis to identify any trends but we do not investigate these individually. This would require specific analysis into individual patient journeys which may require review of patient records. Unfortunately, this would involve more than 18 hours of work to complete.**

025/14

### Crutches, Walking Frames and Walking Sticks

Please can you provide the following information under the Freedom of Information Act.

- 1) How many crutches, walking frames and walking sticks were purchased by your trust in 2013, 2012, 2011 and 2010 (please can you break this down by equipment type e.g “27,000 walking frames”)

**Answer: Please note the information for this question is in financial years 1<sup>st</sup> April – 31<sup>st</sup> March for 13-14, 12-13 and 11-12. Unfortunately, we do not have accurate data available for financial year 2010-11. The information provided for this question is for the whole product and covers purchases across the Trust for all divisions who may require them.**

Equipment Issued	2011-12	2012-13	2013-14
Walking Frames	1358	2250	1419
Walking Sticks	951	2622	2311
Crutches (Pairs)	1010	1122	806

- 2) What was the total spend in the above years on a) crutches b) walking frames c) walking sticks.

**Answer: Unfortunately, walking frames and walking sticks are coded the same on our financial systems. Please see the table below. This information covers spend across the whole Trust for all divisions and would include bespoke items and any individual components.**

	Calendar Year 01 April – 31 December			
	2013	2012	2011	2010
Crutches (Pairs)	£23,602	£21,415	£12,238	£7,988
Walking Sticks/Frames	£73,143	£74,622	£37,952	£57,261

- 3) Do you know how many have been given to patients and have not been returned? If so, please can you provide the figure for each of the above years.

**Answer: Please see the table below. This information relates to our Equipment Stores Department only and excludes A&E issued equipment. This information is for financial years 1<sup>st</sup> April – 31<sup>st</sup> December.**

Equipment Issued	2010-11	2011-12	2012-13	2013-14
Walking Frames	1925	2362	2532	2779
Walking Sticks	2825	2714	2800	2483
Crutches (Pairs)	1000	1304	1442	1370
<b>TOTAL</b>	<b>5750</b>	<b>6380</b>	<b>6774</b>	<b>6632</b>

Equipment Returned	2010-11	2011-12	2012-13	2013-14
Walking Frames	435	793	1233	1564
Walking Sticks	179	328	488	578
Crutches (Pairs)	47	116	170	216
<b>TOTAL</b>	<b>661</b>	<b>1237</b>	<b>1891</b>	<b>2358</b>

- 4) Are there ever health and safety reasons which prevent crutches, walking frames and walking sticks being re-used if they are in good working condition?

**Answer: Within our Equipment Stores Department, checks are undertaken on all items during the cleaning process and if they are not suitable for re-issue due to wear or damage, the items are scrapped and not re-issued.**

- 5) If the answer to the above is 'yes' what happens to this equipment?

**Answer: The equipment is scrapped with an approved merchant and income generated into the budget, all the equipment is safely destroyed by the scrap merchant.**

- 6) Do you know the estimated cost to the NHS of lost/stolen crutches, walking frames, walking sticks in the above years?

**Answer: Unfortunately, we do not hold information relating to other NHS Trusts.**

**026/14**

### **Senior Management**

Under the Freedom of Information Act, please could you kindly respond to this e-mail providing the information on your senior management structure including the names and contact details for the following members of your management team:

Chief Clinical Officer  
 Chief Finance Officer  
 Chief Operating Officer  
 Chief Executive  
 Director/Head of HR

Director/Head of Communications  
Director of Business Development  
Director of Quality and Commissioning  
Director of Commissioning  
Director of Performance and Planning  
Director of Primary Care  
Director of Finance

**Answer: Our Trust's senior management structure is currently under review but please find below the names and contact details for the follow members as requested.**

Chief Clinical Officer	<p><b>-Amir Khan, Medical Director</b> Email: <a href="mailto:amir.khan@walsallhealthcare.nhs.uk">amir.khan@walsallhealthcare.nhs.uk</a> or telephone number 01922 721172.</p> <p><b>-Kathryn Halford, Acting Director of Nursing (until August 2014)</b> Email: <a href="mailto:kathryn.halford@walsallhealthcare.nhs.uk">kathryn.halford@walsallhealthcare.nhs.uk</a> or telephone number 01922 721172.</p>
Chief Finance Officer	<p><b>-Ian Baines, Director of Finance</b> Email: <a href="mailto:ian.baines@walsallhealthcare.nhs.uk">ian.baines@walsallhealthcare.nhs.uk</a> or telephone number 01922 721172.</p>
Chief Operating Officer	<p><b>-Jayne Tunstall, Chief Operating Officer</b> Email: <a href="mailto:jayne.tunstall@walsallhealthcare.nhs.uk">jayne.tunstall@walsallhealthcare.nhs.uk</a> or telephone number 01922 721172.</p>
Chief Executive	<p><b>-Richard Kirby, Chief Executive</b> Email: <a href="mailto:richard.kirby@walsallhealthcare.nhs.uk">richard.kirby@walsallhealthcare.nhs.uk</a> or telephone number 01922 721172.</p>
Director/Head of HR	<p><b>-Mrs Anne Baines, Director of Strategy</b> Email: <a href="mailto:anne.baines@walsallhealthcare.nhs.uk">anne.baines@walsallhealthcare.nhs.uk</a> or telephone number 01922 721172.</p>
Director/Head of Communications	<p><b>-Anne Baines, Director of Strategy, please see her contact details above.</b></p>
Director of Business Development	<p><b>-Anne Baines, Director of Strategy, please see her contact details above.</b></p>

Director of Quality and Commissioning      **-Quality sits with our Medical Director, Mr Amir Khan, please see his contact details above. -Commissioning sits with our Director of Finance, Mr Ian Baines, please see his contact details above.**

Director of Commissioning      **-Ian Baines, please see his contact details above.**

Director of Performance and Planning      **-Performance sits with our Director of Finance, Mr Ian Baines, please see his contact details above.**

Director of Primary Care      **-we do not have a Director with this role employed by our organisation.**

Director of Finance      **-please see the answer above for the Chief Finance Officer, Mr Ian Baines**

**027/14  
Manned Security Services**

I am writing to make an open government request for all the information to which I am entitled under the Freedom of Information Act 2000.

Please send me:

1. *Copy of the winning bid for manned security services running currently - withheld under Section 43 Commercial Interests*
2. *Evaluation notes of the same manned security services tender method statements - Document attached as requested – available upon request.*

**028/14  
Cancelled Operations**

Under the Freedom of Information Act 2000 I seek the following information:

1. How many operations were cancelled on the same day they were due to take place in 2013/14?

**Answer: We can confirm that 203 operations were cancelled on the same day they were due to take place during 01 April 2013 to 31 March 2014.**

2. Of these cancelled operations, how many were carried out within the next seven days?

**Answer: 41 of these cancelled operations were carried out within the next seven days.**

3. What were the three main reasons for cancellations of these operations?

**Answer: The three main reasons for the cancellations of these operations are listed below;**

- **Ward bed not available**
- **Operation list overrun**
- **Critical Care bed not available**

4. How many operations were cancelled on the same day they were due to take place in 2012/13 and 2011/12?

**Answer: The information below details how many operations were cancelled on the same day they were due to take place 01 April 2012 to 31 March 2013 and 01 April 2011 to 31 March 2012.**

**2012-13          230**

**2011-12          118**

**029/14**

#### **Patients Treated with Biologics**

In your organisation please supply the number of patients currently being treated with biologics, for the following conditions, please split by named biologic and condition where possible. If you are unable to provide the number of current patients could you provide the number of patients treated in the last 6 months;

- **Rheumatoid Arthritis**
- **Ankylosing Spondylitis** (if split by individual Arthropathy is not possible, please state total for Spondyloarthropathies)
- **Non-radiographic axial Spondyloarthritis**
- **Psoriatic Arthritis**
- **Psoriasis**
- **Crohn's disease**
- **Ulcerative Colitis**

Total Patients and where possible split by Biologic;  
If possible, please supply the data using the following table;

**Answer: Please see the completed table as requested below. This information is dated September 2013 – February 2014. Please note that the information within the table does not include those patients referred to us who have been receiving a biologic elsewhere.**

**030/14**

**Babies with Diagnosis of Neonatal Withdrawal Symptoms from Maternal Use of Drugs**

Under the Freedom of Information Act, please could you provide me with information about the number of babies with diagnosis code P96.1 (Neonatal withdrawal symptoms from maternal use of drugs of addiction) as either a primary or secondary diagnosis in their episode of care broken down for each of the past five years (2009 to 2013).

If possible, please break this down by how many were male/female.

**Answer: Please see the table below. This information specifically relates to babies diagnosed with withdrawal symptoms from maternal use of drugs of addiction.**

<b>Number Of Babies</b>	<b>Gender</b>	<b>Calendar Year 01 April – 31 December</b>
6	Female	2009
11	Male	2009
4	Female	2010
7	Male	2010
8	Female	2011
12	Male	2011
9	Female	2012
11	Male	2012
6	Female	2013
6	Male	2013

**031/14**

**Dementia Re-Admission Rates**

- NUMBER of readmissions your hospital/trust incurs in a year, and of that number, how many are dementia patients and how many readmissions are dementia related

Ideally we would like to analyse data for the past 5 years but anything related to the aforementioned points would be extremely helpful.

**Answer: Please note that the information for financial year 2013-14 it only up to February 2014.**

**The table below shows the total number of hospital discharges and re-admissions of those discharged patients for the past five years.**

Financial Year	Total Discharges	Discharges Readmitted
2009/10	56068	3971
2010/11	57376	4016
2011/12	58253	3779
2012/13	62667	4541
2013/14 (up to Feb14)	58672	4448

The table below shows the number of the above discharges and re-admissions which relate to dementia patients.

Financial Year	Dementia Discharges	Dementia Readmissions
2009/10	1161	187
2010/11	1312	201
2011/12	1419	230
2012/13	1831	344
2013/14 (up to Feb14)	1824	327

- We would also like to ascertain the most common REASONS as to why dementia patients are readmitted

**Answer: Unfortunately, this is not routinely recorded on our systems and would require more than 18 hours of work to complete.**

- Any dementia related COSTS incurred by your hospital (readmission related or otherwise)

**Answer: Unfortunately, we do not specifically record this information on our systems. This would involve reviewing individual patient records as we do not specifically record if any extra care is required or provided due to a patient's dementia. This would involve more than 18 hours of work to complete.**

- COMORBIDITIES that your dementia patients suffer from

**Answer: Unfortunately, this is not easily identified on our systems and would require more than 18 hours of work to complete.**

#### 032/14 IT Budget

Please find below my request for information to which I am entitled under the Freedom of Information Act 2000.

Would you please provide your IT budget for the most recent full year available; would you please also provide a breakdown of this budget into internal costs, within which the cost of employment for the IT staff is shown separately, and external costs; would you please break

down those external costs into clinical software, administrative software, hardware, professional services (consulting, implementation etc) and technical services (maintenance, break/repair etc)

Furthermore, if possible, would you please supply the information as a list in Microsoft Excel or in csv format; if this is not possible then I will be happy to accept the information in any other common digital format or if necessary on paper. If any of the information is already published and available as an internet resource then it is sufficient to point me to that resource.

**Answer: The table below shows our IM&T budget for the financial year 2013-14 by category.**

<b>Group</b>	<b>SubGroup</b>	<b>2013-14 Budget (£)</b>
<b>Internal</b>	<b>Pay</b>	<b>3,254,114</b>
	<b>Non-pay</b>	<b>83,860</b>
	<b>Admin Software</b>	<b>27,900</b>
	<b>Clinical Software</b>	<b>9,043</b>
<b>Internal Total</b>		<b>3,374,917</b>
<b>External</b>	<b>Admin Software</b>	<b>236,850</b>
	<b>Clinical Software</b>	<b>1,190,070</b>
	<b>Consultancy</b>	<b>62,729</b>
	<b>Hardware</b>	<b>167,685</b>
	<b>Technical</b>	<b>1,126,204</b>
<b>External Total</b>		<b>2,783,538</b>
<b>Grand Total</b>		<b>6,158,455</b>

### **033/14**

#### **Breaches of the Data Protection Act**

I am writing under the Freedom of Information Act 2000 to request details of breaches of the Data Protection Act in your organization; specifically I am asking for:

1. The number of a) medical personnel and b) non-medical personnel that have been convicted for breaches of the Data Protection Act.
2. The number of a) medical personnel and b) non-medical personnel that have had their employment terminated for breaches of the Data Protection Act.
3. The number of a) medical personnel and b) non-medical personnel that have been disciplined internally but have not been prosecuted for breaches of the Data Protection Act.
4. The number of a) medical personnel and b) non-medical personnel that have resigned during disciplinary procedures.
5. The number of instances where a breach has not led to any disciplinary action.

In each case, I request that you provide a list of the offenses committed by the individual in question, for example "Accessed personal information for personal interest" or "Inappropriately shared patient information with a third party".

I request that the time period covered is 1<sup>st</sup> April 2011-1<sup>st</sup> April 2014.

I further request that the information be displayed in the below format:

Medical/Non-Medical	Outline of DPA breach	Action taken	Resignation	Conviction
Medical	Passed information to third party.	Criminal caution	No	Yes
Non-Medical	Accessed personal information.	Suspended	No	No

**Answer: Please see the table below for the period April 2011 – April 2014.**

Medical/Non-Medical	Outline of DPA breach	Action taken	Resignation	Conviction
Medical	Accessed personal information for personal interest	Disciplined - Final Written Warning	No	No
Medical	Loss of Patient Data	Disciplined - Formal Counselling	No	No
Medical	Accessed personal information for personal interest	Disciplined - Final Written Warning	No	No
Non-Medical	Inappropriately shared patient information with a third party	Disciplinary process started	Yes	No
Medical	Passed information to third party.	Disciplined - Final Written Warning	No	No
Medical	Passed information to third party.	Disciplined - Final Written Warning	No	No

**034/14**

**Pressure Area Care Mattresses Contract**

Please see the below request for information from Walsall Healthcare NHS Trust .

1. Is Walsall Healthcare NHS Trust currently under contract with regards to pressure area care mattresses? If so with who?

**Answer: Yes, we currently do have a contract with regards to pressure area care mattresses. The contracts are with Arjo-Huntliegh for our hospital (acute) and Karomed in the community.**

2. When is this contract due to end?

**Answer: Both contracts are due to end on 30 June 2015.**

3. How many mattresses are in the contract?

**Answer: 420 alternating air mattresses in the community which are all owned.**

4. Is this a rental contract – if so what is the daily rental cost of a mattress?

**Answer: The hospital contract with Arjo-Huntleigh is a rental contract. The daily rental cost of a mattress with this company is withheld under section 43 (2) commercial interests.**

5. Does the contract cover the servicing of these?

**Answer: Yes, both acute and community contracts including servicing.**

6. Does this contract cover bariatric beds and mattresses as well?

**Answer: Yes, bariatric beds and mattresses are covered in both acute and community contracts.**

7. Does the contract include beds?

**Answer: No the contracts do not include beds.**

8. If not who is this contract held with?

**Answer: Within our organisation, beds have been ad hoc purchases as and when new beds are required. However, our organisation is out to tender for acute beds and pressure area care. The tender is now closed. The Trust will be going to tender for community beds and pressure area care in 2014.**

9. Does Walsall Healthcare NHS Trust own any Alternating Air Mattresses, if so how many?

**Answer: Please see the answer to question 3 above.**

10. Are these mattresses sent to a third party for decontamination? If so how much does it cost to decontaminate a mattress, how many do you send each year and who has this contract?

**Answer: This forms part of the contract our organisation has with Karomed in the community. Unfortunately, numbers are not monitored as it is included in the contract cost. We usually have three collections a week.**

11. How many static (foam) mattresses on average does Walsall Healthcare NHS Trust purchase per year?

**Answer: We can confirm that 286 mattresses were purchased in the community and 56 in the hospital during the financial year 2013-2014.**

12. Is this under contract?

**Answer: Yes in the community, ad hoc purchasing in the hospital is determined by price. This has been included in the recent acute tender.**

13. How many replacement covers does the trust purchase?

**Answer: During financial year 2013-14, 12 replacement covers were requested in the community. This is actually included in the community contract.**

14. Who is the head of EBME/Head of medical electronics within Walsall Healthcare NHS Trust ?

**Answer: Please note that we do not release individual staff names below Director level. This is withheld under section 40 (personal Information). Colin Plant, Divisional Director for Estates & Facilities.**

**035/14**

#### **Organisational Structures for Finance & IT**

Could I please request organisation structure for the below directorates:

Finance & IT (Could I have names of Head of Departments and their teams included please).

**Answer: Please note that we do not release individual staff names below Director level. This is withheld under section 40 (personal Information).**

**Please find attached the structures as requested – available upon request.**

**036/14**

#### **Recruitment Agency Spend**

Could I please request recruitment agency spend for the below directorates (2013 and 2014):

- Finance
- IT
- Project & Programme Management

**Answer: We can confirm the recruitment agency spend for these directorates for 2013 and 2014 below.**

Directorate	2013	2014
Finance	£194,300	£86,528
IT	£1,641	£5,801
Project & Programme Management	£34,631	£277

**037/14  
A&E Attendances**

I am writing under the Freedom of Information Act to ask for the following information:

FIRSTLY, the number of patients who present themselves to your Hospital ('s) A&E department(s) without urgent medical need each month into two categories:

1. NON-URGENT – care that was of a non-urgent nature and could/should have been dealt with elsewhere.

**Answer: The table below shows the number of patients each month who presented to A&E where care was of a non-urgent nature and care/treatment could/should have been provided elsewhere.**

Number Of Patients	Month
1953	Apr13
1828	May13
1807	Jun13
1955	Jul13
1870	Aug13
1636	Sep13
1941	Oct13
2015	Nov13
2081	Dec13
2044	Jan14
2146	Feb14
2216	Mar14

2. NON MEDICAL – people who attended A&E for non-medical reasons and are assessed then discharged or denied admittance (e.g drunken individuals, homeless persons looking for admittance to avoid sleeping rough and any other non-medical reason for visiting A&E etc.)

**Answer: The table below shows the number of patients each month who presented to A&E for non-medical reasons and care/treatment could/should have been provided elsewhere.**

Number Of Patients	Month
23	Apr13
32	May13
32	Jun13
42	Jul13
49	Aug13
39	Sep13
31	Oct13
36	Nov13
41	Dec13
28	Jan14
31	Feb14
54	Mar14

SECONDLY, how many of the above cases are 'repeat presentations' – individuals who regularly present themselves at A&E and the amount of times they do this per month. (For example: of the 100 'non-medical' presentations to A&E in April 2013, 20 of them were repeat presentations from the same individual or 45 of them were repeat presentations by two persons.)

**Answer: The table below shows the number of non-urgent patients who regularly present themselves to A&E and the amount of times this has occurred per month.**

Month	Number Of Presentations				
	2 Times	3 Times	4 Times	5 Times	6 Times
Apr13	68	4	2	-	-
May13	52	7	1	-	-
Jun13	46	-	-	-	-
Jul13	57	4	-	-	-
Aug13	76	3	-	1	1
Sep13	53	2	-	-	-
Oct13	59	11	-	1	-
Nov13	80	6	1	-	-
Dec13	69	5	1	-	-
Jan14	87	7	-	-	-
Feb14	86	3	-	-	-
Mar14	73	8	-	-	1
Apr13	806	60	5	2	2

The table below shows the number of non-medical patients who regularly present themselves to A&E and the amount of times this has occurred per month.

Month	Number Of Presentations			
	2 Times	3 Times	4 Times	6 Times
Apr13	2	-	-	-
May13	1	-	-	-
Jun13	-	1	-	-
Jul13	2	2	-	1
Aug13	3	-	1	-
Sep13	3	-	-	-
Oct13	1	1	-	-
Nov13	1	1	-	-
Dec13	1	-	-	-
Jan14	2	1	-	-
Feb14	2	-	-	-
Mar14	5	2	-	-
Apr13	23	8	1	1

If possible please present the information month by month for the period of 1<sup>st</sup> April 2013 through to 31<sup>st</sup> March 2014.

**038/14**

**Danwood and Printing**

Please could you provide the below details under the Freedom of Information Act.

1. Has your organisation used the company Danwood at any point in the last 5 financial years for printing or administrative services? If yes, please can you detail when the contract was signed, the total value of it, and its duration.

**Answer: Our organisation has not had a contract with Danwood at any point in the last five financial years.**

2. What is the total cost charged to your organisation for printing per page for a) colour printing and b) black and white printing (assuming standard A4, but please specify if different)?

**Answer: Our organisation is not charged by a specific company for printing. Each department within our organisation is responsible for purchasing printer consumables for their own department printers. We do not use a universal printing manufacturer throughout the organisation so we are not able to quantify the cost for each printer within our organisation. This would require or than 18 hours of work to complete.**

3. Has your organisation ever filed a complaint against the company Danwood in the last 5 financial years? If so, please can you detail what the nature of that complaint was.

**Answer: This question is not applicable to our organisation as we have not had a contract with Danwood in the last five years.**

039/14

**Medical Workforce Sickness Absence**

Please answer the five following questions, under the terms of the Freedom of Information Act, 2000. Please respond within 20 working days, in this case by Tuesday May 27, 2014.

1) What is the current total number of registered doctors (at any pay grade or in any branch of practice) employed by your trust or organisation. Please give numbers in head count (rather than full-time equivalent) and exclude any bank or locum doctors.

<b>Total number of doctors</b> (incl: FY1/2; specialty trainees; staff and associate specialist doctors and consultants)	<b>Answer: 397</b>
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2) Please state (in headcount numbers) how many of these doctors have taken sickness absence (of ANY duration) during the financial year 2013/14.

<b>Total number of doctors who took sickness absence during 2013/14</b>	<b>Answer: 148</b>
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3) Please list the reasons for these absences next to the corresponding (headcount) number of doctors.

<b>Reason for sickness absence</b>	<b>Headcount of M&amp;D staff who were absence during 2013-14 due to this reason.</b>
<b>Gastrointestinal problems</b>	<b>65</b>
<b>Cold, Cough, Flu - Influenza</b>	<b>60</b>
<b>Unknown causes / Not specified</b>	<b>15</b>
<b>Headache / migraine</b>	<b>12</b>
<b>Chest &amp; respiratory problems</b>	<b>11</b>
<b>Other known causes - not elsewhere classified</b>	<b>10</b>
<b>Ear, nose, throat (ENT)</b>	<b>9</b>
<b>Back Problems</b>	<b>8</b>
<b>Other musculoskeletal problems</b>	<b>5</b>
<b>Eye problems</b>	<b>5</b>
<b>Injury, fracture</b>	<b>4</b>
<b>Pregnancy related disorders</b>	<b>4</b>
<b>Anxiety/stress/depression/other psychiatric illnesses</b>	<b>4</b>
<b>Heart, cardiac &amp; circulatory problems</b>	<b>3</b>
<b>Dental and oral problems</b>	<b>3</b>
<b>Skin disorders</b>	<b>2</b>
<b>Asthma</b>	<b>1</b>
<b>Benign and malignant tumours, cancers</b>	<b>1</b>
<b>Genitourinary &amp; gynaecological disorders</b>	<b>1</b>
<b>Infectious diseases</b>	<b>1</b>

Total number: **224**

4) If possible, please then state how many doctors took sickness absence of MORE THAN four weeks (ie: 20 working days), during the financial year 2013/14 because of (ASD) anxiety, stress or depression.

<b>Total number of doctors taking sickness absence for anxiety, stress or depression 2013/14</b>	<b>Answer: 2</b>
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5) It is accepted that rates of anxiety, stress, depression (ASD) are highest among health professionals (compared with most other occupations). Please detail any initiatives your organisation is adopting to specifically target sickness absence as a result of ASD among your medical workforce.

**Answer: Walsall Healthcare NHS Trust, as part of its Health and Wellbeing Strategy, identifies those areas with the highest levels of sickness absence and signs those areas up to the 'Healthy Workplace Awards' programme. This programme supports colleagues to undertake a health check with the Occupational Health department and then set personal and team objectives to improve general wellbeing.**

**The Trust has also this year launched its Healthy Enough to Lead, Well Enough to Care programme which focuses on developing resilience; to support colleagues to remain well at work by recognising the signs of ASD. The programme also incorporates the 5 Ways to Wellbeing to encourage colleagues to live a full life to help prevent ASD.**

**040/14  
Annual Spend of Agency Nurses**

1) What is your total annual spend on agency Nurses?

**Answer: Please see the table below and note that the data below represents when the invoices were paid and may not necessarily reflect the period they were for.**

	<b>1 Apr 2013 – 31 Mar 2014 (£)</b>	<b>1 Jan 2013 – 31 Dec 2013 (£)</b>
<b>Spend on Qualified Nurses</b>	<b>3,324,605</b>	<b>3,514,797</b>

2) How is this total annual spend on agency Nurses broken down by individual supplier and what status are they? (i.e. PSL, Tier 1, Tier 2, Master Vendor, Sole Supplier, Managed Service Provider?)

**Answer: Please note that the data below represents when the invoices were paid and may not necessarily reflect the period they were for. We unfortunately do not record the status of the Supplier on our systems. The figures below are approximate.**

	FINANCIAL YR Apr-Mar	CALENDAR YR Jan-Dec
<b>SPEND BY AGENCY</b>	<b>13/14 (£)</b>	<b>2013 (£)</b>
1 - Falcon Recruitment	1,046	288
1 - HCL Healthcare Ltd	6,546	3,795
1 - ID Medical	515,338	531,774
1 - Kare Plus Nursing	230,512	341,044
1 - Medacs	359,131	377,721
1 - Medbank Healthcare	20,049	16,491
1 - Meridian Health	13,272	18,421
1 - Primera Healthcare	5,436	3,139
1 - Servoca / Firstpoint	1,385	2,354
1 - Swiis Healthcare	1,809	1,740
1 - Team 24	46,592	38,416
1 - Team Support	17,542	15,787
2 - Arrows Group / Imperial Medical Staffing	54,485	27,703
2 - British Nursing Association	16,789	26,238
2 - Godiva Healthcare	70,810	23,556
2 - Medics Pro	45,343	41,495
2 - MSI	40,153	23,344
2 - Nursing Personnel	15,823	33,247
2 - Precedo Healthcare	9,750	1,260
2 - Pulse Nursing	94,273	102,260
3 - Mayday Healthcare	19,953	17,392
3 - Plan B Healthcare	5,115	260
3 - Robin Recruitment Healthcare	1,053,220	1,077,307
3 - Thornbury nursing agency	678,530	786,101
Reed	0	954
xAdvantage Healthcare Group	967	1,974
xPrime Time Recruitment	429	429
xRoutes Healthcare West Midlands	308	308
<b>Grand Total</b>	<b>3,324,605</b>	<b>3,514,797</b>

- 3) What is the end / renewal date of the current contract you have in place for agency nursing?

**Answer: The Service Level Agreements we currently have in place within the Birmingham Cluster Framework were renewed in December 2013.**

- 4) Which framework do you currently use? (GPS, HTE, LPP)

**Answer: We are currently members of the Birmingham Cluster Framework of which is part of the HTE Framework.**

- 5) Who is your senior procurement / supplies contact?

**Answer: Please note that we do not release individual staff names below Director level. This is withheld under section 40 (personal Information). Ian Baines is the Director of these services and can be contacted on 01922 721172.**

6) Who is your senior medical staffing/ nurse bank contact?

**Answer: Please note that we do not release individual staff names and email addresses below Director level. This is withheld under section 40 (personal Information). Sue Wakeman is the Director of these services and can be contacted on 01922 721172.**

**041/14**

**SAS Grade Posts**

For the following questions we have used the term 'SAS grade' by that we mean those doctors not requiring specialist registration or a training number in the grades of Specialty Doctor, Associate Specialist, Staff Grade, S/CMO, Hospital Practitioner, Clinical Assistant or equivalent 'Trust / non-standard grade' posts.

1. The number of current SAS grade vacancies in your organisation broken down by specialty and duration of vacancy and whether currently filled by a locum.

**Answer: Please see the table below.**

<b><u>ACCIDENT &amp; EMERGENCY</u></b>	
<b>Specialty Doctor</b>	<b>Filled by Trust Locum until 5/8/14</b>
<b><u>ANAESTHETICS</u></b>	
<b>Specialty Doctor</b>	<b>Vacant due to maternity leave - Currently unfilled</b>
<b>Specialty Doctor (x2)</b>	<b>MTI (x2) commencing June 2014</b>
<b><u>GENERAL SURGERY</u></b>	
<b>Specialty Doctor</b>	<b>Filled by Trust locum until 10/10/14</b>
<b><u>MEDICINE</u></b>	
<b>Specialty Doctor in Diabetes</b>	<b>Filled by Trust locum until Feb 2015</b>
<b>Specialty Doctor in Elderly Care</b>	<b>Filled by long term locum</b>
<b>Trust Middle Grade Acute Med (X2)</b>	<b>Filled by long term locum</b>

2. The number of 'frozen' SAS grade posts, that is those posts which have been vacated in the last 24 months which you have decided not to refill.

**Answer: We can confirm that we do not have any of these posts in the last 24 months.**

3. The number of SAS grade posts you have advertised in the past 24 months.

**Answer: 21 SAS grade posts have been advertised in the past 24 months.**

4. How many SAS grade posts have you appointed on local/ non-standard/ Trust grade

contracts in the last 24 months? (This includes any career grade post that does not require specialist registration and that is not a Specialty Doctor post according to national Terms and Conditions of Service - [http://www.nhsemployers.org/SiteCollectionDocuments/Terms\\_and\\_Conditions\\_Specialty\\_Doctor\\_2014%20Final.pdf](http://www.nhsemployers.org/SiteCollectionDocuments/Terms_and_Conditions_Specialty_Doctor_2014%20Final.pdf)).

**Answer: We can confirm that we have not appointed any of these positions in the last 24 months.**

5. Are all leadership roles open to SAS doctors in your organisation? If so, please state the number of management vacancies (including Clinical Director, Medical Director) advertised and open to SAS grade doctors within the last 24 months and the number of SAS doctors holding these posts in your organisation.

**Answer: We currently do not have any SAS doctors in Management roles. We have an Associate Specialist who is our Local Negotiating Committee (LNC) Chair. We also have five SAS Doctors who undertake leadership responsibilities including being Educational Supervisors; doctor representatives at LNC/SMSC and conduct regular meetings with junior colleagues.**

**042/14**

**Contract for Non-Emergency Patient Transport**

Walsall Healthcare NHS Trust

Official EU reference: 172949-2012

Contract for Non-Emergency Patient Transport Managed Service 2012 WHPC00248

Please can you kindly advise the following: -

1. Name of economic operator in favour of whom the contract award decision has been taken;

**Answer: West Midlands Ambulance Service.**

2. Length of Contract Term;

**Answer: Five years plus an optional 2 years.**

3. Contract Commencement Date;

**Answer: 1<sup>st</sup> March 2013.**

4. Contract Expiration Date; and

**Answer: 28 February 2018 with option to extend to 28 February 2020.**

5. Annual Value of Contract (excluding VAT)

**Answer: £527K per annum.**

043/14

### Staff on Pay Protection

Could you please supply me with the following information:

1. How many members of staff in your organisation have been placed on pay protection in the three financial years 2011/12, 2012/13, 2013/14?

**Answer: Please see the table below.**

Financial Year	Number of Staff on Pay Protection
2011/12	99
2012/13	83
2013/14	42

2. Please can you provide a breakdown of pay protection to include the following (where known):
  - The reasons for these staff being put on pay protection (organisational change, ill health etc)
  - The occupations/job titles of staff on pay protection

Where the information does not infringe on data protection, please provide a breakdown of pay protection to include the following:

1. The gender of staff on pay protection
2. The ethnicity of staff on pay protection

**Answer: Please see the table below. The reason for all the following staff being placed on pay protection is due to organisational change.**

Financial Year	Number of Staff on Pay Protection	Gender	Ethnicity	Occupation
2011/2012	99	x83 Females	x2 Asian or Asian British - Pakistan	x82 Admin and Clerical
		x16 Males	x6 Black or Black British - Caribbean	x13 Nursing
			x2 Asian or Asian British - Indian	x4 Theatre Staff
			x2 White - Irish	
			x87 White - British	
2012/2013	83	x75 Females	x2 Asian or Asian British - Pakistan	x11 Midwives
		x8 Males	x4 Black or Black British - Caribbean	x4 Theatre Staff
			x2 Asian or Asian British - Indian	x16 Nursing

			x2 White - Irish	X52 Admin and Clerical
			X73 White - British	
2013/2014	42	x36 Females	x1 Asian or Asian British - Pakistan	x4 Theatre Staff
		x6 Males	x3 Black or Black British - Caribbean	x9 Nursing
			x1 Asian or Asian British - Indian	x29 Admin and Clerical
			x37 White - British	

#### 044/14

##### Provision of Prehospital Enhanced Care

Please could you answer the following questions, as part of a Freedom of Information Request. For clarity, these questions do not refer to a mass casualty/major incident. This survey refers to incidents where additional medical assistance is requested by the ambulance service, outside of a formal major incident plan.

Please give a breakdown for each Emergency Department within your trust.

1. What staff members (types of clinicians) are required to attend incidents of a severe nature where advanced medical procedures are required or requested in the pre-hospital environment, specifically the use of anaesthetics and advanced airway management?

**Answer: Our Trust does not provide any out-of-hospital services. We can confirm that none of Emergency Department staff attend incidents outside the hospital.**

2. When such assistance has been requested what is your average response time and does it depend on availability of a volunteer doctor (e.g. working for the Basics, Magpas or other like charities) or do you have NHS funded clinicians who are able to be deployed?

**Answer: As our Trust does not attend any out-of-hospital incidents this is not applicable.**

3. What time of day is the full desired response available?

**Answer: As our Trust does not attend any out-of-hospital incidents this is not applicable.**

#### 045/14

##### Sleeping on Duty

1. On how many occasions have workers at your trust been found to be sleeping on duty/have there been reports of workers sleeping on duty in the past five financial years?

**Answer: On two occasions, staff at our organisation have been found to be sleeping in the past five year financial years.**

2. Please provide the number of incidents, clarify how many staff were involved in each report/incident, what were their job titles, state whether this was during a day shift or a night shift and on which department and at which site within your trust this occurred. Please state if the cases involved staff employed by the trust or locum/agency workers. Please provide details of any disciplinary action/penalty/punishment that followed these instances, if any.

**Answer: Please see the table below.**

Number of Incidents	Number of Staff Involved	Job Title	Shift	Dept/Site	Employed By	Action Taken
1	1	Security Guard	Night	Walsall Manor Hospital	The Trust	Dismissed following disciplinary process
1	1	Clinical Support Worker	Night	Walsall Manor Hospital	The Trust	Review of practices on ward

3. If possible, please also state what time these cases happened in the day/night, the shift the staff involved in this these case were working at the time (ie 9am-5pm) when they were found sleeping on duty/reported to be sleeping on duty; what shift they had worked prior to that shift; the time gap between those two shifts and the what shifts/hours they had worked that week.

**Answer: Unfortunately, we do not hold this information or record it on a specific system.**

#### **046/14 Annual Reports**

I kindly request the following pieces of information about your Trust:

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

**Answer: Please find attached our Annual Reports from 2003 - 2009. Unfortunately, report 2002-03 is not available. Please note that Walsall Healthcare NHS Trust did not form until 01 April 2011 (when Walsall Hospital Trust & Walsall Primary Care Trust services merged) – available upon request or on our website.**

**047/14**

**Hospital Admissions**

My request concerns hospital admissions from April 2008 to April 2014, for individuals aged between 0 and 16.

Using the ICD-10 bank of diagnostic codes as a reference (a link is included here: <http://apps.who.int/classifications/icd10/browse/2010/en>), I am interested in those who were admitted to hospital for:

- E40, E41, E42, E43, E44, E45 to E46: Malnutrition
- T73.0: Effects of other deprivation - effects of hunger
- E54: Ascorbic acid deficiency (inc. scurvy)
- E55: Rickets, active
- E50: Vitamin A deficiency

When the information is presented, I would like it broken down into an Excel spreadsheet, categorised by year, age, gender, condition and the number of admissions in that year. Again if this constitutes an exemption, avoid categorising by gender.

**Answer: Please find the information below and also attached into an excel spreadsheet. This information details emergency admissions with the conditions specified as a primary diagnosis only. The date criteria is April 2008 – April 2014.**

The ICD-10 codes used for this information were;

- E40, E41, E42, E43, E44, E45 to E46: Malnutrition
- T73.0: Effects of other deprivation - effects of hunger
- E54: Ascorbic acid deficiency (inc. scurvy)
- E55: Rickets, active E55.0 Rickets active. E55.9 Vitamin D deficiency
- E50: Vitamin A deficiency

Financial Year Apr-Mar	Age (Yrs)	Primary Diagnosis Code	Female	Male
2008/09	0	Unspecified protein-energy malnutrition	-	1
2009/10	2	Vitamin D deficiency	-	1
2010/11	0	Vitamin D deficiency	1	-
2011/12	0	Vitamin D deficiency	-	1
2013/14	1	Retarded development following protein-energy malnutrition	1	-
<b>Grand Total</b>			<b>2</b>	<b>3</b>

**048/14**

**Agency Spend on Bank Holiday**

This is a request under the Freedom of Information Act 2000.

Please answer the following:

1. How many shifts and what percentage of shifts were filled by agency nurses on Bank Holiday Monday 5th May 2014?

**Answer: There were 33 agency Nurses out of 464 total shifts – 7.11%.**

2. How many shifts and what percentage of shifts were filled by locum doctors on Bank Holiday Monday 5th May 2014?

**Answer: There were 8 agency locums out of 75 medical shifts (not including consultants on call) – 10.66%.**

3. On that date, what was the highest amount paid for a shift (ie in total, not per hour) for  
a) an individual agency nurse

**Answer: From our agency booking system, the highest amount quoted for a Nurse for a shift was £706.56 including VAT. Please note that the invoice for this shift may not have been received or paid by our organisation yet.**

b) an individual locum doctor

**Answer: The highest amount paid for a shift for an individual locum doctor on the 5<sup>th</sup> May 2014 was £933.30**

4. What was the total sum paid to all agency/locum staff on shift on that date?

**Answer: Please note that we are still receiving and processing invoices for the 5<sup>th</sup> May. At the moment, the following invoices have been paid for agency and locum staff.**

<b>Nurse Agency Total Spend</b>	<b>-</b>	<b>£7,204</b>
<b>Locum Total Spend</b>	<b>-</b>	<b>£24,344</b>

**049/14**

**Spend on Public Relations Department**

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

1) The amount spent on public relations by your NHS trust in the past three years.

2) Please breakdown by year; April 2011 to April 2012; April 2012 to April 2013 and April 2013 to April 2014.

**Answer: Please see the table below.**

Financial Year	Total Spend on Public Relations
April 2011 – April 2012	£2,000
April 2012 – April 2013	£2,000
April 2013 – April 2014	£3,000

3) Please breakdown total into:

- Amount paid to each member of the public relations department and their job title.
- Amount spent on private PR firms and list each business and the cost.

**Answer: We can confirm that there are two members of staff currently employed within the Public Relations Department. Their job title and pay banding are detailed below;**

**Band 7 (Salary range £30,764 - £40,558), Communication Manager (Internal and External Communications)**

**Band 8b (Salary range £45,707 - £56,504), Head of Communications, Marketing and Engagement**

- Amount spent on private PR firms and list each business and the cost.

**Answer: We can confirm that in 2013 our Trust spent £3,120 for Freshwater Public Relations to support our organisation with a crisis issue.**

**050/14**

#### **Wheelchairs and Cushions Issued**

Please complete the attached table.

**Answer: Please find the completed document as requested. A copy of the table is also below. Unfortunately, due to changes in our IT software, we cannot provide any approximate information for 2011-12. We do not record the type of bariatric chair on our system ie. Manual or powered in order to provide you this information. We are also not able to break the information down by specific types of cushion from our system but have detailed the total number of cushions issued.**

<b>Walsall Healthcare NHS Trust</b>	2011-12	2012-13	2013-14
Estimated Total Population	<b>269,300</b> (info from 2011 census)	<b>270,900</b> (info from Office of National Statistics, dated June 2013)	<b>Office of National Statistics due to provide figure in June 2014</b>
Total Number of referrals	-	<b>1036</b>	<b>1553</b>
Total Number of Powered Wheelchairs Issued	-	<b>78</b>	<b>136</b>
Total Number of Manual Wheelchairs Issued	-	<b>612</b>	<b>980</b>
Total Number of Bariatric Wheelchairs Issued	-	-	-
Total Number of Wheelchairs Issued	-	<b>690</b>	<b>1116</b>
Total Number of STATIC Cushions Issued	-	-	-
Total Number of DYNAMIC Cushions Issued	-	-	-
Total Cushions	-	<b>83</b>	<b>146</b>

Note: Static means foam or basic cushions  
Dynamic includes air flow and gel cushions

**051/14**

**Locums within Biomedical Science**

I would like to make a freedom of information request for the number of locum staff within Biomedical Science currently in the trust and the total locum spend within that job group from the last financial tax year.

**Answer: There are currently two locum staff within Biomedical Science currently in our organisation.**

**The total locum spend for this job group for the financial year 2013-14 was £122,804.**

**Please note that currently there are also agency staff within the Biomedical Science Department.**

**052/14**

**Patients Treated for Medullary Thyroid Cancer**

In your trust, please could you inform me how many patients are currently being treated for Non Medullary Thyroid cancer with the following treatments;

Axitinib  
Cabozantinib  
Pazopanib  
Sorafenib  
Sunitinib  
Vandetanib  
Other

**Answer: Patients with this type of cancer are no longer treated at our organisation as they are referred to Good Hope Hospital for treatment (Address; Rectory Road, Sutton Coldfield, B75 7RR). We would recommend you contact their Freedom of Information Office directly at Heart of England NHS Foundation Trust via telephone number; 0121 424 2000.**

**053/14**

**Apparatus and Adjustments for Overweight Patients**

I would like to submit the following request under the Freedom of Information Act.

1. How much has the trust spent on apparatus and adjustments for overweight patients in the last three years? (please split by financial year up to and including 2013/14)

**Answer: Our Equipment Stores system records apparatus purchased but no information relating to patient details. Unfortunately, this means that we are not able to break this information down by specific patients.**

**There may also be variances between the definitions of a bariatric patient eg. if this should be measured by a patient's BMI or a patient's weight. Both of which, unfortunately, are not recorded on the system.**

2. Of this total above, how much has been spent on (please give number of items where possible)

- widening doors and corridors
- new a) beds and b) wheelchairs, adapted for overweight patients
- hiring a) beds, b) hoist chairs and c) commodes for overweight patients?

**Answer: Please see the table below which shows Specialist Bariatric bed rental costs in the last three financial years.**

<b>Financial Year</b>	<b>Specialist Bariatric Bed Rental (£)</b>
<b>2011-12</b>	<b>10,156</b>
<b>2012-11</b>	<b>2,948</b>
<b>2013-14</b>	<b>0</b>

Unfortunately, our Equipment Stores system does not record the type of wheelchair purchased. We also do not rent any hoists or hoist chairs.

We can confirm that no structural work to accommodate bariatric patients has been undertaken at Walsall Manor Hospital during this time period.

Commodos are purchased by our organisation for patients on the understanding that patients return them when no longer required. Due to our Equipment Stores system no recording patient details, we are not able to break down total numbers purchased for overweight patients.

**054/14**

**Translation and Interpretation Services**

please could you resend the answers to the original FOI but for each of the financial years: 2011-12, 2012-13 and 2013-2014?

Please see my amended FOI below for reference.

Amended FOI:

For each of the financial years 2011-12, 2012-13 and 2013-14, please provide the following information:

a) the total sum spent on translation and interpretation services by your trust

**Answer: This information relates to agency invoices and does not include staffing costs. The total sum spent by our organisation during these financial years is listed below;**

<b>2011-12</b>	<b>=</b>	<b>£65,082</b>
<b>2012-13</b>	<b>=</b>	<b>£100,400</b>
<b>2013-14</b>	<b>=</b>	<b>£111,168</b>

**The information below details the staffing costs for our Team of Linkworkers who are employed by our organisation.**

<b>2011-12</b>	<b>=</b>	<b>£27,060</b>
<b>2012-13</b>	<b>=</b>	<b>£40,444</b>
<b>2013-14</b>	<b>=</b>	<b>£42,833</b>

b) the list of languages for which such services were obtained

c) for each of the languages listed in b) , the sum spent on translation and interpretation services for that language

**Answer: Please see the tables below. Unfortunately, we are still collating the 2013-14 information so this is not available at the moment. We have included the 2010-11 figures instead into the attachment if this assists you.**

**This information relates to booked appointments made with agencies. Please note that the figures broken down by language for years 2011 and 2012 vary from the actual yearly totals above. This is due to some invoices not being cross referenced with our booking information when they were received. Please also bear in mind that appointment times run over the hour, are cancelled and**

can be out of hours. When this occurs, our organisation can be invoiced for a higher amount than that originally anticipated and recorded at the time of booking the appointment with the agency. Our organisation may also be charged for some cancellations.

<u>Date 2010/11</u>	Bengali	Mirpuri	Punjabi	Urdu	Guj/Hindi	Polish	Slovak	Czech	French	Thai	Chinese	Somalian	Farsi	Khurdish	Albanian	Romanian	Hungarian	Portugese	Lithunian	Russian	Pushto	Vietnemes	Tamil	Arabic	Basic Sign Language
<b>Cost £ (Approx)</b>	11340	8820	17700	5190	6600	9000	3240	1170	1020	480	2850	510	750	450	60	420	600	180	120	240	90	30	150	216	23112

<u>Date 2011/12</u>	Bengali	Mirpuri	Punjabi	Urdu	Guj/Hindi	Polish	Slovak	Czech	French	Thai	Chinese	Somalian	Farsi	Khurdish	Albain	Romanian	Hungarian	PORTUGESE	Lithuanian	Russian	Spanish	Pushto	Vietnemes	dari	Arabic	Basic Sign Language
<b>Cost £ (Approx)</b>	1257 0	939 0	1764 0	954 0	690 0	939 0	318 0	234 0	30 0	15 0	366 0	30 0	126 0	165 0	15 0	117 0	165 0	12 0	21 0	30 0	18 0	57 0	21 0	0	42 0	2354 4

Date 2012/13	Bengali	Mirpuri	Punjabi	Urdu	Guj/Hindi	Polish	Slovak	Czech	French	Vietnamese	Chinese	Somalian	Farsi	Khurdish	Albain	Romanian	Hungarian	PORTUGESE	Lithuanian	Russian	Pushto	Arabic	Dari	Basic Sign Language
Cost £ (Approx)	13980	11850	26130	14550	9630	12180	5100	4800	600	210	4590	120	1140	1470	330	600	3150	0	210	570	360	660	330	23976

055/14

#### Agencies Used and Spend by Calendar Years

I was wondering if you could tell me the names of the agencies the trusts uses in the calendar years of 2012,2013 and to-date in 2014 and what agency provides which staff eg; ABC Recuritment provides Administration Staff etc; The amount the Trust paid each agency in each of the years; If all agencies used by the trust are located in the UK; If not could you tell me where they located eg; Dublin etc

**Answer: All agencies used by our organisation are located in the UK. Please see the table below.**

Agency	Profession Supplied	Calendar Years		
		2012 (£)	2013 (£)	2014 (£) up to 30/04/14 only
Advantage Healthcare	Nursing	1,818	866	0
Arrows / Imperial Staffing	Nursing	273	28,963	41,214
Atlantis Medical	Allied Health Professionals	7,999	83,466	37,425
British Nursing Association	Nursing	36,789	132,874	9,529

Care4Health	Allied Health Professionals	57,769	104,139	72,383
Godiva Healthcare	Nursing	0	31,108	90,698
HCL Healthcare	Nursing & Allied Health Professionals	26,555	213,392	48,194
ID Medical	Nursing	188,994	575,943	132,483
Labmed	Allied Health Professionals	0	16,535	12,227
Mayday	Nursing	0	31,572	17,963
Medacs	Nursing	1,237,625	1,632,181	561,828
Medbank Healthcare	Nursing	7,034	69,458	22,764
Medics Pro	Nursing	874	230,028	56,051
Medisec	Administrative Staff	558	19,090	0
Meridian Health	Nursing	146,107	274,213	71,665
MSI	Nursing	0	22,660	25,347
NRS Global	Allied Health Professionals	0	17,296	0
Piers Meadows Recruitment	Allied Health Professionals	36,541	26,667	24,252
Plan B	Nursing	0	0	9,155
Precedo Healthcare	Nursing	0	7,645	35,370
Prime Time	Nursing	132,044	0	0
Pulse Nursing Agency	Allied Health Professionals	121,110	459,047	91,051
Real Staffing	Allied Health Professionals	84,537	71,535	14,592
Reed Recruitment	Allied Health Professionals	2,497	299	580
RIG Recruitment	Allied Health Professionals	2,997	13,933	9,548
Robin Recruitment	Nursing	0	1,066,276	377,456
Routes	Nursing	104,347	0	0
Sanctuary	Allied Health Professionals	0	0	6,728
Servoca / Firstpoint	Nursing	2,447	1,904	1,545

Swiis Healthcare	Nursing	53,415	66,668	23,167
Team 24	Nursing	7,416	41,428	11,625
Team Support	Nursing	322	55,596	19,358
The Flame Lily	Nursing	0	2,511	0
The Placement Group	Allied Health Professionals	1,496	2,682	14,783
Thornbury Nursing	Nursing	367,726	1,052,834	253,127
Yourworld Recruitment	Allied Health Professionals	346,489	144,598	28,571

**056/14**

**Application Software for Consultant and Speciality Doctor Job Planning**

I am writing you to request under the freedom of information Act the following information related to the management of your annual consultant job planning process

1) Whether you use a software application to assist with job planning for consultants and specialty doctors

**Answer: Yes, our organisation does use a software application to assist with job planning for our Consultants and Specialty Doctors.**

2) Whether the software application is owned by the NHS or by a third party

**Answer: The software application is owned by a third party.**

3) The name of the software application

**Answer: Clinical Resource Management System (CRMS)**

4) (If the software is provided by a third party) - the name of the third party

**Answer: The Learning Clinic**

5) (If the software is provided by a third party) when the contract with the third party is due for renewal (or expires)

**Answer: The contract and software license is annually renewed at the end of November.**

**057/14**

**Lease Car Scheme**

Under the Freedom of Information Act, I request the following information:

1. Do you have a lease car scheme?

**Answer: Yes, our organisation does have a lease car scheme.**

2. If Yes, do you outsource the management of the scheme?

**Answer: Yes, the management of the scheme is outsourced.**

3. If Yes, when does the contract expire?

**Answer: We can confirm that our organisation does not currently have a contract.**

4. How many lease cars do you have?

- a. 0 – 50
- b. 51 – 100
- c. 101 – 200
- d. 201 – 300
- e. 301 – 400
- f. 401 – 500
- g. 501 +

**Answer: Our organisation currently has 0 – 50 lease cars.**

**058/14**

**Technology Fund Details**

My request comes in three parts. Please provide the following information:

Part 1: Did your trust submit a bid to the Technology Fund?

**Answer: No, our Trust did not submit a bid to the Technology Fund.**

- If the answer is “yes”, please go to part 2.
- If the answer is “no” please go to Part 4 (parts 2 and 3 are only relevant for trusts which bid for Tech Fund 1).

Part 2: Please provide your trust’s bid documents

Part 3: Please also provide answers to the following questions in the space provided. Please type them into this words document and then return the word document to me attached.

- Please explain what your bid was for in one or two sentences in the space below
- Please state how much money you bid for
- Please state if your bid successful. If the answer is yes, please state how much money the trust is receiving and in which financial years

Part 4: Does your trust have a plan to have a fully operational electronic patient record? The trust was required by NHS England to complete the plan by April 2014. The original NHS England target set out in the “Everyone Counts” planning guidance published in December 2013 (see link below)

<http://www.england.nhs.uk/wp-content/uploads/2012/12/everyonecounts-planning.pdf>

The guidance said: “We will expect secondary care providers to be able to account for the outcomes of all patients they treat and to adopt modern, safe standards of electronic record keeping by 2014-15.”

The targeted was diluted by Tim Kelsey in 2013. Now trusts are only required to have a plan for electronic patient record system, rather than have deployed the system itself (see link below)

<http://www.hsj.co.uk/news/kelsey-dilutes-digital-records-target/5055645.article#.U2yefPldWa8>

- If the trust does not have a plan, please reply to say the trust does not have a plan.
- If the trust has a plan, please provide the plan.

**Answer: Yes, our Trust does have a plan to have a fully operational electronic patient record. Please see a copy of the plan attached as requested – available upon request.**

059/14

### Innovation, Health and Wealth Questionnaire

Please complete the attached questionnaire.

### Innovation, Health and Wealth Freedom of Information Request Questionnaire

#### Digital First

**Answer: Our IT strategy is currently concentrating on the introduction of a new combined Patient Administration System (PAS) Lorenzo. As a result, although we have some basic digital initiatives for patients this has not been developed extensively.**

**We do plan to bid jointly with our CCG for the nursing technology fund monies.**

1. (a) Has the Trust identified the ten digital initiatives – identified in the report ‘Digital First’ – that apply to them?

- Minor ailments online assessment √	Yes	<input type="checkbox"/>	No
- Appointment booking online <input type="checkbox"/>	Yes	√	No
- Primary Care pre-assessment √	Yes	<input type="checkbox"/>	No
- Appointment reminders <input type="checkbox"/>	Yes	√	No
- Mobile working in community nursing <input type="checkbox"/>	Yes	√	No
- Pre-operative screening online √	Yes	<input type="checkbox"/>	No
- Post-surgical remote follow up √	Yes	<input type="checkbox"/>	No
- Remote follow up in Secondary Care √	Yes	<input type="checkbox"/>	No

- Remote delivery of test results  Yes  No
- Secondary Care clinic letters  Yes  No

(b) Has the Trust identified any other local initiatives aimed at reducing inappropriate face to face contact? – If so please list

**NO**

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(c) Has the Trust developed with local commissioners any local CQUIN goals that relate to the digital first initiative?

Yes  No

If so – could you estimate how much this CQUIN payment might be worth in the following years?

2014/15 \_\_\_\_\_

2015/16 \_\_\_\_\_

Intra-operative fluid management (IOFM)

**Answer: We do not currently count numbers of procedures using IOFM. IOFM means there is a suitable monitor in place and we are giving fluids perioperatively according to clinical protocols.**

**We currently use two types of monitors in the theatres. We have evaluated their use and move to a single sensor (IV000 Edwards) from November 2014.**

**The clinical team are conducting an audit of IOFM for elective colorectal theatres, aiming for 100% use of technology.**

(a) How many procedures have been carried out at the Trust using intra-operative fluid management technologies in the following time periods? – **WE DO NOT**

**COLLECT THIS DATA**

i. 2012/13 \_\_\_\_\_

ii. Since April 2013 \_\_\_\_\_

(b) What proportion of procedures identified in appendix 3 of the NTAC guidance have been carried out at the Trust using intra-operative fluid management technologies in the following time periods? – **WE DO NOT COLLECT THIS DATA**

- i. 2012/13 \_\_\_\_\_
- ii. Since April 2013 \_\_\_\_\_

(c) Please estimate the proportion of procedures that will be carried out at the Trust using intra-operative fluid management technologies in the following years? **THE CLINICAL TEAM HAVE NOT BEEN ABLE TO IDENTIFY THIS PORTION.**

- i. 2013/14 \_\_\_\_\_
- ii. 2014/15 \_\_\_\_\_
- iii. 2015/16 \_\_\_\_\_

(d) (f) NICE (MTG£) recommends use of the ODM IOFM technology in major and high risk surgery and in high risk patients undergoing lesser risk surgery. NICE estimates this applies to 10% of all surgical procedures. Please estimate in what proportion of these 10% of patients ODM will be used in: - **NOT AVAILABLE**

- i. 2013/14 \_\_\_\_\_
- ii. 2014/15 \_\_\_\_\_
- iii. 2015/16 \_\_\_\_\_

(e) Has the Trust agreed specific to intra-operative fluid management (IOFM) technologies within an SDIP action that it will take during 2014/15 to complete full implementation relevant to its services?

Yes  No

If so, please give details

**We have agreed to confirm a plan to extend in 2014/2015**

\_\_\_\_\_

\_\_\_\_\_

3 Million Lives

**Answer: Telehealth/Telemedical**

**We are currently using telehealth and telemedicine both in the acute and community setting with over 200 pieces of equipment in use at any time.**

**We have also included the development of this work in our Care Close to Home Programme. Our Commissioners are currently reviewing their commissioning intentions.**

2. (a) Has your Trust agreed new models of technology provision using the Whole System Demonstrator programme for the uptake of telehealth and/or telecare?

Yes  No

If so, please give details

**We have developed technologies with Commissioners but not within the WSD Framework**

(b) Has this been done in the field of

- |   |     |                                     |    |
|---|-----|-------------------------------------|----|
| - Diabetes Care                         | Yes | <input type="checkbox"/>            | No |
| <input checked="" type="checkbox"/>     |     |                                     |    |
| - Chronic Obstructive Pulmonary Disease | Yes | <input checked="" type="checkbox"/> | No |
| <input type="checkbox"/>                |     |                                     |    |
| - Coronary Heart Disease                | Yes | <input checked="" type="checkbox"/> | No |
| <input type="checkbox"/>                |     |                                     |    |
| - Other – please give details           |     |                                     |    |

\_\_\_\_\_

\_\_\_\_\_

(c) Has the Trust developed with local commissioners any local CQUIN goals that relate to telehealth and telecare?

Yes  No

If so – could you estimate how much this CQUIN payment might be worth in the following years?

- i. 2014/15 \_\_\_\_\_
- ii. 2015/16 \_\_\_\_\_

Child in a chair in a Day

3. (a) Has the Trust developed with local commissioners any local CQUIN goals that relate to the child in a chair in a day programme?

Yes  No

If so – could you estimate how much this CQUIN payment might be worth in the following years?

i. 2014/15 \_\_\_\_\_

ii. 2015/16 \_\_\_\_\_

Carers for People with Dementia

**Answer: We have developed much of our work in partnership with Age UK which has proved successful, evaluating well with carers.**

4. (a) Has the Trust put in place a strategy to ensure that for every person who is admitted to hospital where there is a diagnosis of dementia, their carer is sign-posted to relevant advice and receives relevant information to support them?

Yes  No

If so, please give details

**We have dementia support workers. The 6 CIT assessment is under referral on admission by the Mental Health in Older People team. Dementia Support worker then made as appropriate.**

- (b) What procedures are in place to follow up with carers to ensure that the advice and information was helpful?

**Dementia support workers – AGE UK have evaluated with carers and plan to invest further.**

- (c) Has the Trust developed with local commissioners any local CQUIN goals that relate to carers for people with dementia?

Yes  No

If so – could you estimate how much this CQUIN payment might be worth in the following years?

**We currently run national CQUIN where our carers are surveyed – local element relates to over 65's not over 75's.**

i. 2014/15 \_\_\_\_\_

ii. 2015/16 \_\_\_\_\_

International and Commercial Activity

**Answer: As a small local integrated Trust our opportunity for international commercial activity is restricted.**

**We do, however, see increasing local opportunities for increasing commercial activity (AQP, tenders etc) and will be developing our Commercial Strategy during 2014/2015.**

(a) Has the Trust put in place a strategy to exploit the value of commercial intellectual property developed at the Trust?

Yes  No

(b) Has this been done independently by the Trust or in collaboration with an Academic Health Science Network?

(c) Has the Trust developed with local commissioners any local CQUIN goals that relate to international and commercial activity?

Yes  No

If so – could you estimate how much this CQUIN payment might be worth in the following years?

i. 2014/15 \_\_\_\_\_

ii. 2015/16 \_\_\_\_\_

Any further comments:

**As a relatively small member of the AHSN we await their guidance on this issue. Our options for international activity is restricted. We plan to develop our commercial strategy during 2014/15.**

**060/14  
Clinical Psychology Workforce**

FREEDOM OF INFORMATION REQUEST

**Walsall Healthcare NHS Trust**

		Band 6	Band 7	Band 8a	Band 8c	Band 8c	Band 8d	Band 9	Other
Current Qualified Clinical Psychology Posts	Headcount in post	0	1	2	1	1	0	0	1-Band 7
	F.T.E in post	0	0.15	2.00	0.94	1	0	0	0
	Vacant posts (headcount)	0	0	0	0	0	0	0	0
	Vacant posts (F.T.E)	0	0	0	0	0	0	0	0
	Frozen posts (headcount)	0	0	0	0	0	0	0	0
	Frozen (F.T.E)	0	0	0	0	0	0	0	0
Posts deleted from clinical psychology service over last 2 yrs	Deleted posts (headcount)	0	1 (in 2010)	0	0	0	0	0	0
	Deleted posts (F.T.E)	0	0.5	0	0	0	0	0	0
New Starters in Trust (2012-2014)		0	0	1	0	0	0	0	0
Attrition (no.leaving service 2012-2014) excl. retirement		0	0.2	1	0	0	0	0	0
Retired (2012-2014) and estimated 2015-2018		0	0	0	0	0	0	0	0
Any planned changes (increase or decrease) to clinical psychology workforce establishment over next 1-4 years?	Planned increase in headcount								
	Planned decrease in headcount								
	Planned increase in F.T.E								
	Planned decrease in F.T.E								

**No changes are planned at the moment to increase or decrease the Clinical Psychology workforce.**

**The Band 7 post highlighted in the 'Other' column relates to a Macmillan Cognitive Behaviour Therapist.**

**061/14  
FGM**

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

1. How many people/patients have been seen by the trust who are believed to have had female genital mutilation (FGM) carried out upon them (eg injuries/wounds/scars associated with FGM)?

Please provide figures for each year for the last 5 years. Please specify how many were under 18 – and how many were 18 and over.

**Answer: Walsall Manor Hospital does not specifically record these cases separately in order to provide an accurate figure. Any cases identified by or highlighted to hospital staff are recorded in patient's notes. Any women or children requiring treatment for this are referred to Birmingham Women's Hospital. We would recommend that you contact Birmingham Women's Hospital directly for information on how many cases we have referred to them. You can contact their Freedom of Information Office via email [foi.team@bwhct.nhs.uk](mailto:foi.team@bwhct.nhs.uk) or post (address - FOI Enquiries, Informatics Department, Norton Court, Birmingham Women's NHS Foundation Trust, Mindelsohn Way, Edgbaston, Birmingham B15 2TG).**

**Within our community services, any cases that come under the Specialist Health Visitor or School Health are documented in the child's records.**

**With regards to the cases recorded by the Specialist Health Visitors, 4 cases have been recorded during this time period. Please note that it is recorded that these cases were not performed in the UK. Two of the cases related to school age children (under 18 years old) the other two cases related to Adults.**

2. How many people/patients/cases have been referred to other bodies eg social services/police because of a belief FGM has been carried out? Please detail which bodies the cases were referred to.

**Answer: All cases involving children or unborn children which are identified by the Specialist Health Visitors are referred to Walsall Children's Social Care Services. Any cases relating to unborn children are also referred to the Specialist Midwife for FGM in Birmingham.**

3. Please provide details of how many/the percentage of medical staff eg doctors/nurses/midwives who have received training relating to FGM.

**Answer: We do not provide staff with specific training around FGM. It is incorporated into our training on ‘Tackling the Health & Social Care of Roman, Gypsies, Travellers, Asylum Seekers, Migrants and Refugees. This information reflects staff in post on 29<sup>th</sup> May 2014. The overall percentage of staff who have completed this training within our organisation is 16% (21 staff have completed the training out of 118).**

**The Children’s Partnership Board are reviewing their training programme for 2014/15 to incorporate FGM.**

4. Please provide details of what that training involves – including any relevant paperwork/handouts/training literature.

**Answer: Our current training covers the following areas;**

**Process of asylum  
Local and national support for asylum seekers  
Entitlements  
Access to services  
Maternity rights  
Safeguarding specifics  
Health needs of Asylum Seekers  
Levels of FGM/signs and Symptoms  
Sequence of need/Psychosomatic symptoms  
Signposting to services**

**Please find attached some handouts provided at the training and relevant training slides within the presentation which relate to FGM – available upon request. Please note that some slides have been removed due to photos which may cause distress or upset.**

**The training also recommends staff access the following websites for additional information and to print off handouts;**

- **Migration summary for Walsall meeting the health needs of the new population-Understanding Migration WMSMP March 2013**
- **Department of Health: How many Migrants are there in the West Midlands and who are they? March 2011**
- **FGM factsheet for professionals – produced by Birmingham City Council**

- **Safeguarding vulnerable families: Working with refugees and asylum seekers Community Practitioner Feb 2011, Volume 84, Number 2**
- **An update on WHO's work on FGM WHO-World Health Organisation**
- <https://www.gov.uk/government/organisations/home-office>
- [www.forwarduk.org.uk/key-issues/fgm](http://www.forwarduk.org.uk/key-issues/fgm)
- **Safeguarding Refugee & Asylum Seeking Children Child Abuse Review Vol 20:307-310(2011)**
- **The Health Needs of Asylum Seekers Briefing Statement Faculty of Public Health**
- **Asylum Seekers, Refugees and the politics of access to health care British Journal of General Practice**
- **NSPCC FGM is child abuse**

062/14

## Patient Feedback Handling

Dear Walsall Healthcare NHS Trust,

1. How are complaints, compliments and feedback handled at the Trust? This data might be obtained by means such as email, phone, letter, piece of paper in a hospital reception etc. etc. Is there a central place where this data is collated?

**Answer: The Patient Relations Team deal with complaints, compliments and feedback. Data is obtained via the hospital comments boxes or directly via letter, e-mail, telephone and face to visits to the Patient Relations Office which is located at Route 102 in the main hospital entrance.**

**Our Friends & Family Test feedback is led by the Associate Director of Nursing.**

2. Does your Trust employ dedicated staff for this purpose? If so how many?

**Answer: Yes, the Patient Relations Team consist of one Manager, two Patient Relations officers and three support staff.**

3. Is this data handled on site or is it subcontracted/held-off site?

**Answer: The data is handled on site by the Patient Relations Team. Our Friends & Family Test feedback is handled off site.**

4. Are complaints and feedback collated and then reported to authorised people, such as the Trusts board or senior managers?

**Answer: Yes, feedback is provided to the Trust Board, Divisional Quality Teams and the Patient Experience Group within our organisation.**

5. Who is in charge of complaints and feedback, if anyone?

**Answer: Our Patient Relations Manager leads on complaint feedback. The Friends & Family Test feedback is led by the Associate Director of Nursing.**

6. Is there a standard procedure to follow if complaints and feedback data is obtained?

**Answer: Our organisation has a Complaints Policy which includes provision for dealing with formal complaints and concerns as well as compliments and how these are recorded.**

7. What are the operational costs to the Trust for complaints and feedback, excluding redress (staff costs, computer and software costs, storage costs, legal costs, search costs, report compilation costs, maintenance and any other considerations)?

**Answer: We have no spend relating to operational costs for complaints and feedback which do not fall within the categories to exclude.**

8. Could you please supply your most recent annual complaint volume figures and the preceding 3 year volumes please?

**Answer: Please see the table below.**

<b>Financial Year 01 April – 31 March</b>	<b>Number of Complaints</b>
<b>2013-14</b>	<b>358 formal complaints 1648 informal concerns</b>
<b>2012-13</b>	<b>316 formal complaints 1333 informal concerns</b>
<b>2011-12</b>	<b>306 formal complaints 2135 informal concerns</b>

9. Do you capture and measure concern data separately?

**Answer: All data is centrally captured and measured by the Patient Relations Team, not separately.**

**063/14  
Pressure Ulcers**

**In relation to the information I am looking at the period 01/04/13 to 01/04/14**

1. Total number of patients treated for pressure ulcers in your Trust

**Answer: Please see the table below.**

<b>Number of Patients</b>	<b>Month</b>
<b>73</b>	<b>Apr-13</b>
<b>52</b>	<b>May-13</b>
<b>48</b>	<b>Jun-13</b>
<b>54</b>	<b>Jul-13</b>
<b>55</b>	<b>Aug-13</b>
<b>60</b>	<b>Sep-13</b>
<b>97</b>	<b>Oct-13</b>
<b>96</b>	<b>Nov-13</b>
<b>72</b>	<b>Dec-13</b>
<b>60</b>	<b>Jan-14</b>
<b>71</b>	<b>Feb-14</b>
<b>84</b>	<b>Mar-14</b>

2. The number of grade 3 and grade 4 pressure ulcers?

**Answer: Please note that the information below relates to grade 3 and grade 4 pressure ulcers which developed on caseloads within the hospital and community.**

<b>Number of Patients</b>	<b>Month</b>
<b>7</b>	<b>Apr-13</b>
<b>3</b>	<b>May-13</b>
<b>0</b>	<b>Jun-13</b>
<b>6</b>	<b>Jul-13</b>
<b>5</b>	<b>Aug-13</b>
<b>6</b>	<b>Sep-13</b>
<b>5</b>	<b>Oct-13</b>
<b>4</b>	<b>Nov-13</b>
<b>5</b>	<b>Dec-13</b>
<b>5</b>	<b>Jan-14</b>
<b>6</b>	<b>Feb-14</b>
<b>5</b>	<b>Mar-14</b>

3. How many patients with pressure ulcers present on admission.

**Answer: Please see the table below.**

<b>Number of Patients</b>	<b>Month</b>
<b>56</b>	<b>Apr-13</b>
<b>43</b>	<b>May-13</b>
<b>38</b>	<b>Jun-13</b>
<b>47</b>	<b>Jul-13</b>
<b>45</b>	<b>Aug-13</b>
<b>45</b>	<b>Sep-13</b>
<b>81</b>	<b>Oct-13</b>
<b>87</b>	<b>Nov-13</b>
<b>54</b>	<b>Dec-13</b>
<b>38</b>	<b>Jan-14</b>
<b>49</b>	<b>Feb-14</b>
<b>56</b>	<b>Mar-14</b>

4. How many patients admitted with pressure ulcers from either care home or nursing home

**Answer: Please see the table below.**

<b>Number of Patients</b>	<b>Month</b>
8	Apr-13
6	May-13
4	Jun-13
5	Jul-13
4	Aug-13
4	Sep-13
10	Oct-13
2	Nov-13
2	Dec-13
0	Jan-14
3	Feb-14
8	Mar-14

5. How many patients admitted with pressure ulcers form either care home or nursing home for period 01/04/12 to 01/04/13

<b>Number of Patients</b>	<b>Month</b>
2	Apr-12
3	May-12
3	Jun-12
10	Jul-12
6	Aug-12
7	Sep-12
6	Oct-12
9	Nov-12
12	Dec-12
8	Jan-13
7	Feb-13
3	Mar-13

6. Total number of patient admissions for the for the two 12 months periods detailed above.

**Answer: Please see the tables below.**

<b>Total Number of Hospital Admissions</b>	<b>Month</b>
<b>5682</b>	<b>Apr-13</b>
<b>5973</b>	<b>May-13</b>
<b>5766</b>	<b>Jun-13</b>
<b>6158</b>	<b>Jul-13</b>
<b>5470</b>	<b>Aug-13</b>
<b>5729</b>	<b>Sep-13</b>
<b>6044</b>	<b>Oct-13</b>
<b>5761</b>	<b>Nov-13</b>
<b>5615</b>	<b>Dec-13</b>
<b>5683</b>	<b>Jan-14</b>
<b>5405</b>	<b>Feb-14</b>
<b>5449</b>	<b>Mar-14</b>

<b>Total Number of Hospital Admissions</b>	<b>Month</b>
<b>5202</b>	<b>Apr-12</b>
<b>5756</b>	<b>May-12</b>
<b>5404</b>	<b>Jun-12</b>
<b>5657</b>	<b>Jul-12</b>
<b>5591</b>	<b>Aug-12</b>
<b>5329</b>	<b>Sep-12</b>
<b>5909</b>	<b>Oct-12</b>
<b>5914</b>	<b>Nov-12</b>
<b>5506</b>	<b>Dec-12</b>
<b>5835</b>	<b>Jan-13</b>
<b>5609</b>	<b>Feb-13</b>
<b>5948</b>	<b>Mar-13</b>

064/14

**CAMHS and Adult Mental Health**

Under the Freedom of Information Act 2000, please provide me with the following information for your trust.

Please find attached an Excel spreadsheet with seven sheets labelled Question 1, 2, 3, 4, 5, 6, and 7. I have also copied the tables below for reference. Please fill in the tables answering the following seven questions.

1. For each of the last four years, how many a) CAMHS b) adult mental health detentions subsequently had to be i) placed out of area or ii) in the private sector due to a shortage of beds locally?

	1st January - December 31st 2010		1st January - December 31st 2011		1st January - December 31st 2012		1st January - December 31st 2013	
	CAMHS	Adult	CAMHS	Adult	CAMHS	Adult	CAMHS	Adult
Number of mental health detentions placed out of area								
Number of mental health detentions placed in the public sector								

2. For each of the last four years, have you had dedicated inpatient beds for a) CAMHS b) adult patients with eating disorders? If so, how many and what is the average (mean) and longest waiting time (in calendar days) from i) referral to assessment, ii) assessment to treatment and iii) referral to treatment for A) CAMHS and B) adult eating disorder inpatient beds?

		1st January - December 31st 2010		1st January - December 31st 2011		1st January - December 31st 2012		1st January - December 31st 2013	
		CAMHS	Adult	CAMHS	Adult	CAMHS	Adult	CAMHS	Adult
Referral to assessment	Average (mean) waiting time (in calendar days)								
	Longest waiting time (in calendar days)								
Assessment to treatment	Average (mean) waiting time (in calendar days)								
	Longest waiting time (in calendar days)								
Referral to treatment	Average (mean) waiting time (in calendar days)								
	Longest waiting time (in calendar days)								

3. What is the number of a) self harm incidents b) restraining episodes c) suicide attempts (ligature, overdose or other) on your hospital/mental health wards for each of the last 4 years?

	1st January - December 31st 2010	1st January - December 31st 2011	1st January - December 31st 2012	1st January - December 31st 2013
Number of self harm incidents				
Number of restraining episodes				

Number of suicide attempts (ligature, overdose or other)				
--	--	--	--	--

4. How many FTE security staff have been employed in each of the last 4 years? If there has been any fluctuation in the figure please explain.

	1st January - December 31st 2010	1st January - December 31st 2011	1st January - December 31st 2012	1st January - December 31st 2013	Explanation
Number of FTE security staff employed					

5. How many a) 17 year olds b) 16 year olds c) 15 year olds and d) 14 year olds have been admitted to an adult mental health ward in each of the last 4 years?

	1st January - December 31st 2010	1st January - December 31st 2011	1st January - December 31st 2012	1st January - December 31st 2013
Number of 17 year olds admitted to an adult mental health ward				

Number of 16 year olds admitted to an adult mental health ward				
Number of 15 year olds admitted to an adult mental health ward				
Number of 14 year olds admitted to an adult mental health ward				

6. Do you have a Mental Health Act Section 136 suite or dedicated space? If so, what is the a) average b) longest stay for i) CAMHS ii) adult patients (in calendar days) in your Section 136 suite or dedicated space for each of the last 4 years?

	1st January - December 31st 2010		1st January - December 31st 2011		1st January - December 31st 2012		1st January - December 31st 2013	
	CAMHS	Adult	CAMHS	Adult	CAMHS	Adult	CAMHS	Adult
Average (mean) stay (in calendar days)								
Longest stay (in calendar days)								

6. For each of the last four years, what is the a) average b) longest number of days a CAMHS patient has waited on either a paediatric/acute/non-CAMHS ward for a specific CAMHS bed?

	1st January - December 31st 2010	1st January - December 31st 2011	1st January - December 31st 2012	1st January - December 31st 2013
	Number of calendar days	Number of calendar days	Number of calendar days	Number of calendar days
Average (mean)				
Longest				

**Answer: As we are not a Mental Health Trust and do not have any mental health wards within our organisation, we unfortunately do not hold this information.**

**We recommend you contact the Dudley & Walsall Mental Health Trust Freedom of Information office. When we contacted their office to obtain their email address for you, they advised us that this request has already been registered for you on their system. They can however be contacted on telephone number 01384 324511 if you need to speak to someone in the team.**

**065/14  
Annual Reports**

To whom it may concern,

I would like to request the following information under the FOI process:

The Annual Report for the year(s) 2004/5, 2005/6, 2006/7, 2007/8, and 2008/9

**Answer: Please find attached the Annual Reports as requested – available upon request.**

066/14

**Medical & Surgical Junior Doctors, Mortality Ratio, "Never" Events, Elective Procedures and Number of Deaths**

Would I kindly be able to request the following items of information from your hospital trust from August 2004 to August 2011:

For questions 1-4 please cover junior doctors working within all specialties.

For questions 1-3 can this please cover posts and not doctors.

1. The number of full-time medical and surgical junior (below consultant level, including non-training grade) doctors at your hospital

2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
<b>92</b>	<b>96</b>	<b>101</b>	<b>104</b>	<b>103</b>	<b>104</b>	<b>113</b>

2. The median average hours full-time junior doctors were contracted for per week (calculated over 6 months)

2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
<b>56</b>	<b>56</b>	<b>56</b>	<b>48</b>	<b>48</b>	<b>48</b>	<b>48</b>

3. The maximum hours full-time junior doctors were contracted for per week (calculated over 6 months)

2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
<b>56</b>	<b>56</b>	<b>56</b>	<b>48</b>	<b>48</b>	<b>48</b>	<b>48</b>

4. The percentage of full-time junior doctor's contracts that worked longer than an average of 48 hours per week (calculated over 6 months).

2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
<b>0</b>						

5. Hospital Standardised Mortality Ratio

2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
<b>106.32</b>	<b>104.90</b>	<b>117.12</b>	<b>104.44</b>	<b>88.96</b>	<b>100.88</b>	<b>106.49</b>

6. The number of "Never" events (Department of Health Definitions 2011/2012)

2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
-	-	-	-	-	<b>1</b>	<b>0</b>

**Answer: Please note our organisation did not record Never Events prior to 2009.**

7. Thirty day death rate for patients undergoing elective procedures

**Answer: We were unsure whether this question related to 30 days after discharge or 30 days as an inpatient. We have provided both figures in separate tables.**

**Unfortunately, the system which tracks deaths within 30 days of discharge was first introduced at our organisation in 2010-11 so this is the only accurate data that we are able to provide.**

2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
-	-	-	-	-	-	<b>0.38%</b>

**Answer: The table below shows the number of deaths in our hospital following an elective procedure with an length of stay of 28 days or greater.**

2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
<b>10</b>	<b>7</b>	<b>13</b>	<b>5</b>	<b>5</b>	<b>6</b>	<b>5</b>

8. Number of non-palliatively coded deaths

2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
<b>1359</b>	<b>1382</b>	<b>1519</b>	<b>1294</b>	<b>601</b>	<b>880</b>	<b>1034</b>

9. Raw number of deaths

2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11
<b>1371</b>	<b>1400</b>	<b>1535</b>	<b>1361</b>	<b>1355</b>	<b>1220</b>	<b>1235</b>

**067/14  
Whistleblowers**

I would like to request the following information on whistleblowing cases.

1. Please state the number of reported whistleblowing cases involving staff of the Trust for 2011, 2012, 2013 and 2014 to date.
2. Please break down the number of cases in each calendar year.
3. In each case, please state whether wrong doing was found against the staff and what actions were taken, including but not limited to: dismissed for gross misconduct, fraud, theft, a final written warning, a verbal warning, referred to the Standards and Ethics Board etc.

**Answer: Please see the table below. The information detailed in the table below relates to reported cases via our Whistleblowing Policy.**

Calendar Year	Number of Cases	Outcome of Investigation
<b>2011</b>	<b>1</b>	<b>No further action taken</b>
<b>2012</b>	<b>3</b>	<b>x2 individuals dismissed x1 no further action taken</b>

<b>2013</b>	<b>0</b>	<b>N/A</b>
<b>2014</b>	<b>0</b>	<b>N/A</b>

4. Please state the number of reported whistleblowing cases involving elected members for 2011, 2012, 2013 and 2014 to date.

5. Please break down the number of cases in each year.

6. In each case, please state whether wrong doing was found against the elected member and what actions were taken, including but not limited to: dismissed for gross misconduct, fraud, theft, a final written warning, a verbal warning, referred to the Standards and Ethics Board etc.

**Answer: We can confirm that there have been no reported whistleblowing cases involving elected members during this time.**

7. In 2011, 2012, 2013 and 2014 how many staff have been investigated for allegations of fraud, corruption, misappropriation of funds, acceptance of bribes or gifts contrary to the Bribery Act 2010 or theft?

Please break this data down by calendar year.

8. In each case, what were the outcomes of any such investigations?

**Answer: Please see the table below in relation to staff who have been investigated following allegations of fraud / corruption and/or misappropriation of funds.**

**We can confirm that there have been no allegations of bribery or gift acceptances within this time period.**

<b>Year</b>	<b>Number of Allegations Investigated for fraud / corruption and/or misappropriation of funds</b>	<b>Outcome of Investigation</b>
<b>2011</b>	<b>16</b>	<b>x1 employee disciplined x2 employees resigned x2 employees disappeared (immigration issues) No further action was taken in the remaining cases.</b>
<b>2012</b>	<b>20</b>	<b>x2 employees disciplined x1 employee resigned x1 employee was dismissed No further action was taken in the remaining cases.</b>
<b>2013</b>	<b>7</b>	<b>x1 employee was disciplined x1 employee resigned No further action was taken in the remaining cases.</b>
<b>2014</b>	<b>5</b>	<b>Currently under investigation, outcome not known at present</b>

Please see the table below in relation to staff who have been investigated following allegations of theft.

Year	Number of Allegations Investigated for theft	Outcome of Investigation
2011	0	N/A
2012	1	x1 employee dismissed
2013	1	x1 employee dismissed
2014	0	N/A

9. Please supply a copy of both your Whistleblowing Policy and your Anti Bribery Policy.

**Answer: Please find attached the two policies as requested – available upon request.**

**068/14**

**Gunshot and Stab Wounds**

Under the Freedom of Information Act 2000 I would like to request the following information relating to gunshot and stab wounds. It will include, but not be limited to:

The number of incidents of stab wounds Walsall Manor Hospital treated for the years 2011/12 2012/13 and 2013/14.

The number of gunshot wounds Walsall Manor Hospital for the years 2011/12, 2012/13 and 2013/14.

**Answer: Please see the table below.**

Financial Year	Assault Type	Number of Patients Presenting
2013-14	Gunshot	1
	Knife	7
2012-13	Gunshot	7
	Knife	14
2011-12	Gunshot	3
	Knife	15

069/14

### Clinical Nurse Specialists

As such, I would like to request the following Whole/Full Time Equivalent (WTE/FTE) data for the following questions (these were identical to the ones sent on Monday 10<sup>th</sup> February 2014):

1. What was the total number of clinical nurse specialists working in
  - (a) stoma care
  - (b) continence and
  - (c) urology employed by your Trust in each of the last ten years;

**Answer: Please note that Walsall Healthcare NHS Trust did not form until 01 April 2011 (when Walsall Hospital Trust & Walsall Primary Care Trust services merged). Due to this, and in line with previous historical FOI requests, information is not available in relation to any period pre 2011.**

Please see the table below.

Number of Clinical Nurse Specialists (CNSs)	Figure at 31 March 2011	Figure at 31 March 2012	Figure at 31 March 2013	Figure at 31 March 2014
Stoma Care	3.00	3.00	3.00	3.00
Continence	1.05	1.05	1.00	1.60
Urology	3.00	2.00	2.00	1.60

2. What was the number of clinical nurse specialists in
  - (a) stoma care
  - (b) continence and
  - (c) urology newly employed by your Trust in each of the last ten years;

**Answer: Please see the table below.**

Number of Newly Recruited Clinical Nurse Specialists	Figure at 31 March 2011	Figure at 31 March 2012	Figure at 31 March 2013	Figure at 31 March 2014
Stoma Care	0.00	0.00	0.00	0.00
Continence	0.00	0.00	0.00	1.00
Urology	0.00	0.00	1.00	0.00

3. How many nurses on the NMC register with a specialist practice qualification were employed by your Trust in each of the last ten years;

**Answer: Please see the table below.**

<b>Nurses on the NMC register with a specialist practice qualification</b>	<b>Figure at 31 March 2011</b>	<b>Figure at 31 March 2012</b>	<b>Figure at 31 March 2013</b>	<b>Figure at 31 March 2014</b>
	<b>191.45</b>	<b>176.70</b>	<b>174.56</b>	<b>157.14</b>

4. What was the total number of specialist nurses employed by your Trust in each of the last ten years?

**Answer: Please see the table below.**

<b>Number of Clinical Nurse Specialists</b>	<b>Figure at 31 March 2011</b>	<b>Figure at 31 March 2012</b>	<b>Figure at 31 March 2013</b>	<b>Figure at 31 March 2014</b>
	<b>126.16</b>	<b>134.29</b>	<b>140.49</b>	<b>129.97</b>

Some Trusts encountered difficulty understanding the questions submitted on February 10<sup>th</sup>. Here are some clarifying points:

- For question 1, I would like data year by year rather than a single figure for the whole ten year period.
- For question 2, newly employed staff are staff who were newly employed in that area in that given year. For example, if your Trust hired a new nurse to work in stoma care in 2008, that would count as a newly employed nurse.
- For question 4, a clinical nurse specialist is an expert nurse with a background in a particular area, in this case stoma, urology or continence.

#### **070/14 Mobile Phones**

I want to make a Freedom of Information request, could you please send me the following information with regards to the organisation's Mobile Phones:

1. Existing Supplier(s) - If there is more than one supplier please split the contract up including the contract value, number of users, duration, contract dates and internal contact details.

**Answer: Our existing supplier is Orange / EE.**

2. Annual Average Spend- Can you please provide me with the average annual spend over the 3 years. If this is a new contract can you please provide the estimated annual spend.

**Answer: The annual average spend at our organisation over the last three years is £167,918.67.**

3. Number of Users- Number of connections for each network provider.

**Answer: We currently have 1315 connections (phone, Blackberry, data cards/3G cards).**

4. Duration of the contract- please state if the contract also include contract extensions for each provider.

**Answer: The duration of the contract is 10 years with the option to extend for a further 5 years.**

5. Call off Contract Start Date- please provide me with information on when the framework commenced and include the month and year and day if possible for each network provider.

**Answer: The contract commencement was February 2011.**

6. Call off Contract Expiry Date- please provide me with information on when the framework expires and include the month and year and day if possible for each network provider.

**Answer: The contract expiry date is February 2021 with an option to extend another 5 years to February 2026.**

7. Contract/Framework Agreement Review Date- please provide me with the month and year and day if possible of when the organisation plans to review it mobile phone contracts for each network provider.

**Answer: The contract review date is February 2016.**

8. The person within the organisation responsible for this particular contract. Can you send me the full contact details Contact Name, Job Title, Contact Number and direct email address for each network provider.

**Answer: Please note that we do not release individual staff names below Director level. This is withheld under section 40 (personal Information).**

**Ian Baines is the Director of this service. His email address is; [ian.baines@walsallhealthcare.nhs.uk](mailto:ian.baines@walsallhealthcare.nhs.uk) and contact telephone number is; 01922 721172.**

If there is more than one supplier can you please split the contract into two so they show information for both supplier including, total contract value, users, duration and the other dates.

If the supply of mobile phones if provided by an external organisation please state the name of the organisation, the number of users (Connections of your organisation only) and the name of the network provider.

Please can you provide me with the latest information- If the organisation's is currently out to tender please can you also state the approx. date of award along with the information above.

If this contract was awarded within the past three months can you please provide me with a shortlist of suppliers that bid on the contract?

**071/14**

**Contact Details for EBME Staff**

Could you send me contact details of staff who work within EBME / Medical Engineering who would be in charge of ordering labels, tags etc?

Emails and direct lines please.

**Answer: Please note that we do not release individual staff names below Director level. This is withheld under section 40 (personal Information).**

**Colin Plant is the Director of this service. His email address is; [colin.plant@walsallhealthcare.nhs.uk](mailto:colin.plant@walsallhealthcare.nhs.uk) and contact telephone number is; 01922 721172.**

**072/14**

**Salaries of Doctors**

This is a freedom of information request on the salaries of doctors at your trust for the year 2013.

Could you please provide the information on a spreadsheet such as Microsoft XL

Could you tell me

1. The salaries of your three highest paid doctors including money earned from extra activity.. Could you also provide their job title and department.

**Answer: The salaries and job titles of our organisation's three highest paid doctors is detailed below. These figures include earnings from extra activity. Department information is withheld under section 40 (Personal Information).**

<b>Job Title</b>	<b>Salary incl. extra activity earnings</b>
<b>Consultant</b>	<b>£203,083</b>
<b>Consultant</b>	<b>£196,943</b>
<b>Consultant</b>	<b>£191,572</b>

2. Could you tell me how many doctors earn between £100,000 and £200,000 including money earned from extra activity.
3. Could you tell me how many doctors earn between £200,000 and £300,000 including money earned from extra activity.
4. Could you tell me how many doctors earn between £300,000 and £400,000 including money earned from extra activity.

5. Could you tell me how many doctors earn between £500,000 and £600,000 including money earned from extra activity.
6. Could you tell me how many doctors earn more than £600,000 including money earned from extra activity.

**Answer: Please see the table below**

<b>Earnings</b>	<b>Number of Doctors</b>
<b>£100,000 - £200,000</b>	<b>132</b>
<b>£200,000 - £300,000</b>	<b>1</b>
<b>£300,000 - £400,000</b>	<b>0</b>
<b>£400,000 - £500,000</b>	<b>0</b>
<b>£500,000 - £600,000</b>	<b>0</b>
<b>&gt;£600,000</b>	<b>0</b>

**073/14**

#### **Referral to Treatment Pathway Data**

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

- For what reason did Walsall Healthcare NHS Trust fail to submit any (admitted, non-admitted and incomplete) Referral To Treatment pathway data for March 2014.

**Answer: Following the implementation in March of Lorenzo, a new Patient Administration System, a number of issues have impacted upon the Trust's ability to report accurate RTT information. This situation has also been experienced by other Trusts implementing Lorenzo.**

**We continue to give very high priority to this area of reporting and have identified and are undertaking focused initiatives and work to address the situation.**

**A partial submission for April's RTT has been made (which included returns for both admitted and non admitted pathways) and the Trust Board and other interested parties, including Unify, the NTDA & Walsall CCG have been kept fully informed of our situation and progress against actions.**

**074/14**

#### **Self Funding Patients**

Please can the Trust answer the following questions relating to self-funding patients (i.e. patients who pay a fixed cost price for a procedure) under the Freedom of Information Act.

Please can you supply information in the format of an Excel spreadsheet if possible.

*1 - Does your Trust offer the option to patients for self-funding of certain treatments and procedures? If so, please state when this policy was first introduced.*

2 - Please list all treatments and procedures that patients currently have the option of self-funding at your trust.

3 - Please list any treatments and procedures that were added to the list of services patients can self-fund at your trust in the past 12 months.

4 - Please state the total number of self-funding patients the Trust treated in each the following years:

a) 2010/11

b) 2011/12

c) 2012/13

d) 2013/14

5 - Please state the total amount of money the Trust received from self-funding patients in each the following years:

a) 2010/11

b) 2011/12

c) 2012/13

d) 2013/14

To clarify, I am referring to a policy some hospitals have introduced to allow patients to pay for certain treatment at NHS rates. This usually applies to procedures that are restricted on the NHS, for example IVF. This is not something that has been introduced everywhere so may not apply to your own Trust.

Epsom and St Helier Trust, which does have this policy in place, describes self-funding on their website here. In this case they are talking about IVF...

<http://www.epsom-sthelier.nhs.uk/our-services/a-to-z-of-services/women-and-children/gynaecology/assisted-conception-unit/funding-your-treatment/>

It says: "You may wish to fund your own treatment if your PCT does not fund IVF, or you do not wish to wait for funding, or you are not eligible for NHS funding. We describe the treatment as "self-funded" rather than "private" because the treatment is exactly the same as for patients funded by the NHS. The charges we make are non-profit-making, i.e. they are at cost price."

This is the practice I am referring to. If your trust employs this policy for IVF or for any other treatment, this is what I am interested in receiving information on.

**Answer: Our organisation does not treat any self-funding patients.**

075/14

## Legal Costs for suspension via dismissal

Request for Information under the Freedom Of Information Act 2000 (FOIA)

- 1) I would like to request information relating to legal costs for 'suspension via dismissal' i.e. for those members of staff that have been suspended pending an investigation. I would like this from January 2004 to date. This will be a single figure.

In order to understand this information fully, I require a breakdown of this figure as in the highlighted examples below.

- a) expenditure on staffing costs i.e. the covering of duties not carried out due to suspension
- b) all legal cost i.e. various solicitors' firms, barristers etc
- c) the cost of inquiries into dismissals, when an inquiry was required i.e. personnel costs [panels/transcribers], facilities [room hire, recording equipment], accommodation, travel, subsistence, costs to release clinical/managerial staff from their duties [doctors, nurses, senior staff]
- d) Expenditure on PR companies
- e) Expenditure on private investigators

- 2) I would appreciate if the figures stated above could be provided in the following categories:

- a) The Trust's total expenditure on legal service from January 2004
- b) A breakdown of legal costs per year

I would be grateful if you could provide the total expenditure on legal cost pertaining to 'suspension via dismissal'. This will include various sub-categories e.g expenditure on staffing costs, all legal costs etc I have described above.

**Answer: Please see the table below. Unfortunately, we are not able to confirm costs of inquiries into dismissals ie, facilities and personal costs. This is not recorded on any of our systems.**

Total expenditure on legal costs pertaining to 'suspension via dismissal'.	<b>£43,376.47</b>
Breakdown of legal costs per year	2012 <b>£473.40</b>
	2013 <b>£42,903.07</b>
	2014 <b>£0</b>
Expenditure on staffing costs i.e. the covering of duties not carried out due to suspension	<b>£0</b> <b>(Duties picked up by existing staff)</b>
All legal cost i.e. various solicitors' firms, barristers etc	<b>As Above in legal costs</b>

Cost of inquiries into dismissals, when an inquiry was required i.e. personnel costs [panels/transcribers], facilities [room hire, recording equipment], accommodation, travel, subsistence, costs to release clinical/managerial staff from their duties [doctors, nurses, senior staff]	
Expenditure on PR companies	£0
Expenditure on private investigators	£0

**076/14**

**Ophthalmology Services**

Please provide the following information under the Freedom of Information Act and the Code of Practice on Openness in the NHS:

1) Has the Trust paid any supplier or party to deliver clinical ophthalmology services on behalf of the Trust, which are or have been recorded as the Trust's own NHS activity for the following period?

PERIOD	YES	NO
1 <sup>st</sup> November 2012 – 31 <sup>st</sup> March 2013	<input checked="" type="checkbox"/>	
1 <sup>st</sup> April 2013 – 31 <sup>st</sup> March 2014	<input checked="" type="checkbox"/>	

2) For this period, please provide a list of parties the Trust has paid:

	1 <sup>st</sup> November 2012 – 31 <sup>st</sup> March 2013	1 <sup>st</sup> April 2013 – 31 <sup>st</sup> March 2014
1	<b>Royal Wolverhampton NHS Trust</b>	<b>Royal Wolverhampton NHS Trust</b>

(Please add additional rows if needed)

3) Has the Trust received payment for the supply of Trust employees who deliver clinical ophthalmology services on behalf of another NHS organisation, which are not or have not been recorded as the Trust's own activity for this period?

PERIOD	YES	NO
1 <sup>st</sup> November 2012 – 31 <sup>st</sup> March 2013		<input checked="" type="checkbox"/>
1 <sup>st</sup> April 2013 – 31 <sup>st</sup> March 2014		<input checked="" type="checkbox"/>

4) For this period, please provide a list of parties that the Trust has received payment from:

	1 <sup>st</sup> November 2012 – 31 <sup>st</sup> March 2013	1 <sup>st</sup> April 2013 – 31 <sup>st</sup> March 2014
1		

**Answer: This question is not applicable to our organisation.**

**077/14**

### **Delayed Transfers of Care**

Under the Freedom of Information Act 2000, I request Walsall Hospitals NHS Trust to provide me with the following information.

1. How many bed days were lost due to delayed transfer of care where there was involvement with the UK border agency in each of the following financial years:

2010/11, b) 2011/12, c) 2012/13, d) 2013/14

**Answer: This information is based on the weekly non-acute reports produced by our Integrated Discharge Team (IDT). Unfortunately, information is incomplete for 2010 and 2011 due to this being compiled by other staff members. In April 2011, Walsall Healthcare formed following the merge of Walsall Hospitals Trust and Walsall Primary Care Trust Services.**

**IDT have conducted searches on files and cannot find any mention of delayed transfers of care where there was involvement with the UK border agency, immigration or visa issues.**

2. How many patients experienced delayed transfer of care due to involvement with the UK border agency in each of the following financial years:

2010/11, b) 2011/12, c) 2012/13, d) 2013/14

**Answer: IDT have conducted searches on files and cannot find any mention of delayed transfers of care where there was involvement of the UK border agency, immigration or visa issues.**

3. What is the longest continual stretch of days that have been lost to delayed discharge by one patient? (where the patient is either still a resident at your hospital or was discharged sometime after 1/5/2010) with the start date and final date of that episode

**Answer: The longest amount of days lost due to delays in discharging a patient was 106 days. The patient was admitted on 29/09/2009 and discharged on 26/08/2010.**

4. How many patients necessitated the Trust's involvement with the UK border agency in each of the following financial years:

2010/11, b) 2011/12, c) 2012/13, d) 2013/14

**Answer: Our organisation does not record this information on a specific system in order to provide accurate figures. It would be detailed in patient's records.**

5. What are your trust's protocols for involvement with the UK border agency?

**Answer: If a patient is suspected of being in the UK illegally, our Local Counter Fraud Specialist is informed. The Local Counter Fraud Specialist then liaises with the UK Border Agency to inform them of the relevant information.**

A delayed transfer of care is defined as follows:

A delayed transfer of care from acute or non-acute (including community and mental health) care occurs when a patient is ready to depart from such care and is still occupying a bed. A patient is ready for transfer when:

- a. A clinical decision has been made that patient is ready for transfer AND
- b. A multi-disciplinary team decision has been made that patient is ready for transfer AND
- c. The patient is safe to discharge/transfer.

*NHS England, Monthly Delayed Transfer of Care SitReps, Pg. 6*

**078/14**

### **Healthcare Applications on smartphones**

Please complete the attached survey.

**Answer: A copy of the answers provided on the survey is below and will also be attached with this letter.**

1. Does your hospital/Trust encourage the use of medical smart-phone/tablet computer applications ("apps") by staff in the clinical environment? Please circle your choice.

Yes

No

2. Is there someone responsible (or likely to be responsible) for decision making for medical apps? Please provide name and details.

**Answer: Our Information Governance Lead in collaboration with the Director of IT, Solutions Department Manager and the Clinical Department Manager.**

3. Who is (are) the primary buyer(s) of the app(s) within the hospital/Trust?

**Answer: If our organisation were to use smartphone apps, the primary buyer would be our Procurement Department.**

4. What are your hospital/Trust's overall objectives for using such apps? Pick as many as applicable.

*Research/data gathering*

*Benchmarking*

*For clinical/diagnostic reasons*

*Clinical effectiveness*

*Workflow efficiency*

*Other (please provide details)*

**Answer: At the moment, apps are not centrally controlled within our organisation. The use of smartphones and tablets within our organisation is in its infancy.**

5. What is your hospital/Trust's budget for development of such app(s) this year and next? Please pick one.

Less than £5k

Between £5-10k

Between £10-50k

Between £50k-100k

Between £100-500k

Higher than £500k

6. How do you deal with quality assurance of such apps? Please pick as many as applicable. If "other", please provide brief detail.

CE mark from MHRA

Comply with ISBO0129

Comply with Information Standards

Other  **this is not applicable to our organisation at the moment**

7. For each app, please fill in the following information:

	App 1	App 2	App 3
Name of Application			
Launch Date of the Application			
Focus of App (i.e.: Mental Health, Medical Education etc.)			
Target Audience (physicians, patients, etc.)			
Do(es) the app(s) have link(s) to IOS or Android?			
How many downloads has the app had to date?			

**Answer: This is not applicable to our organisation at the moment**

8. What sort of patient information does the app store? Please pick as many as applicable.

Financial Information

NHS Number

Health Insurance Number

No data stored

Not applicable

Other (please provide details)  **this is not applicable to our organisation at the moment**

9. Please provide as much information about each app as possible:

	App 1	App 2	App 3
Is the data stored in the UK?			
Is the user made aware of any details collected about them?			
Does the user explicitly consent to providing their details?			
How is the user being made aware that their details are collected?			
Does the app have privacy policy available?			

Is the user made aware which organisations their data is shared with? (if not shared, please simply indicate "N/A")			
If data shared, are back to back data privacy policies in place with these third parties?			

**Answer: This is not applicable to our organisation at the moment**

**079/14**

**Legal Cost Comparison**

Name of NHS Trust: Walsall Healthcare NHS Trust

Classification of NHS Trust

Acute	<input checked="" type="checkbox"/>
Mental health	
Ambulance	
Community Health Care	<input checked="" type="checkbox"/>
Others, Pls specify	

1. Does your Trust have an internal legal department?

YES	NO
	<input checked="" type="checkbox"/>

2. If yes, Please answer questions 4 to 10.

3. If No, Please answer questions 6 to 10

4. Does the internal legal department handle some, most or all Litigation matters?

Some	Most	All

5. What is the total number of staff i.e. full time equivalent of your internal legal department?

1 to 5	6 to 10	11 and above

6. Do you involve external Legal firm in your litigation case?

YES	NO
<input checked="" type="checkbox"/>	

7. What percentage of your litigation cases are referred to external legal firm?

up to 20%	up to 50%	Above 50%
		<input checked="" type="checkbox"/>

8. What is the annual cost in GBP of running your internal legal department i.e. Staff cost and overheads in the years?

2011/12	2012/13	2013/14

**Answer: This question is not applicable to our organisation.**

9. What is the annual cost in GBP paid to external legal firms, excluding compensation to claimants?

2011/12	2012/13	2013/14

**Answer: The Trust pays an annual subscription to be a member of the scheme managed by the NHS Litigation Authority. In respect of legal fees these are limited to the level of excess, per case, as per our agreement. The fees are included in final case costs to our excess level.**

10. Would you consider having an internal legal department to be cost efficient in managing your Trust's litigation cases?

YES	NO	DON'T KNOW
	<input checked="" type="checkbox"/>	

**080/14**

**Patients with Erectile Dysfunction following Treatment for Prostate Cancer**

Q.1 Tadalafil (Cialis) tablets - Is a low daily dose (2.5/5mg) available on the NHS to men in your area?

Yes - please provide any comments below

No - please provide any comments below

Don't know - please provide us with who does hold this information below

Please help us understand why you selected this answer

**2.5mg and 5mg, is a once daily dosage available on the NHS for patients who meet the schedule 11 guidelines for acceptable criteria for free prescriptions.**

Q.2 Vacuum erection device - Is this treatment available on the NHS to men in your area?

Yes - please provide any comments below

No - please provide any comments below

Don't know - please provide us with who does hold this information below

Please help us understand why you selected this answer

Q.3 Penile implant surgery (semi-rigid or inflatable implant devices) - Is this treatment available on the NHS to men in your area? \*

Yes - please provide any comments below

No - please provide any comments below

Don't know - please provide us with who does hold this information below

Please help us understand why you selected this answer

**We can refer patients to a specialist at another hospital for consideration of this. However it is not usually done freely on the NHS. Please see the NHS guidance on erectile dysfunction treatments (schedule 11) on the Department of Health website (link -<https://www.gov.uk/government/organisations/department-of-health>)**

Q.4 Please provide the name of the CCG or Health Board you are providing information for.

**Answer: Walsall Clinical Commissioning Group**

**081/14**

**Never Events**

Could you provide us with a full list of your recorded 'never events' since April 1 2013.

Please address each of the following questions:

- Date of the event
- What exactly happened?
- Why did it happen?
- How was the patient affected?
- Were they given any compensation?
- Have any policies or procedures at the hospital changed as a result?

Please treat this request under the terms of the Freedom of Information Act.

**Answer: Please see the table below.**

<b>Month</b>	<b>Details of incident</b>	<b>Why it happened</b>	<b>How was patient affected</b>	<b>Compensation?</b>	<b>Policies/Procedures changed as a result of the incident?</b>
<b>April 2013</b>	<b>A chest drain was inserted and check x-ray was reviewed and noted to have 'no problems'. The following day, the drain fell out was not replaced. During a lung MDT it was identified that a guide-wire was present in the base of the left lung.</b>	<b>Lack of understanding of roles in relation to specialist patient management/ poor cohesive management.  -Patient admitted to non-respiratory ward -Ultrasound scan of lung not carried out prior to aspiration and chest drain</b>	<b>The patient was transferred to another hospital to have the guidewire removed and has made a full recovery.</b>	<b>This has been received as a Letter of Claim – currently no compensation payout has been made</b>	<b>Yes</b>

		<p>insertion</p> <ul style="list-style-type: none"> <li>-Delay in referral to Respiratory team</li> <li>-Delay in being seen by Respiratory Team</li> <li>-Individual staff members experience in chest drain insertion.</li> <li>-Failure to remove the chest drain guide-wire</li> <li>-Procedure not assisted by a registered nurse</li> <li>-Drain not sutured in place</li> <li>-Several x-rays and a CT scan reported, guide-wire not indicated</li> </ul>			
November 2013	<p>Diabetic patient was admitted with a history of non-compliance and episodes of diabetic keto-acidosis. The patient's blood sugars were unstable and rose for more than 24 hours before insulin was administered. The prescription chart indicated the dose of insulin required to stabilise blood sugars but none was given.</p>	<ul style="list-style-type: none"> <li>-Individual omission</li> <li>-Failure to follow protocol and act on test result.</li> <li>-Equipment not available –SDS is a discharge unit and not an acute medical area</li> </ul>	<p>The patient suffered a period of diabetic keto-acidosis, requiring HDU care and recovered well.</p>	<p>This has been received as a Letter of Claim – currently no compensation payout has been made</p>	<p>Yes</p>

**082/14**

**Expectant Mothers who Drink Alcohol**

I would be grateful if your maternity unit(s) could answer the following questions under the Freedom of Information of Act 2000.

1.

a) Do you record whether or not expectant mothers drink alcohol?

**Answer: Yes, our organisation does record this information within patient's records.**

b) If so, do you record the level/amount of alcohol they drink?

**Answer: Yes, our organisation does record the amount of alcohol patient's disclose they are drinking. This information is then recorded within patient records.**

c) How do you calculate that level (please give as much detail as possible)?

**Answer: We do not calculate this information. We specifically record the amount that patient's disclose.**

d) Do you keep a record of the amount of alcohol drunk throughout all three trimesters?

**Answer: No, we do not record the amount of alcohol expectant mothers' drink throughout all three trimesters.**

2. For each of the past three financial years

a) how many expectant mothers attending your unit have drunk more than four units of alcohol per week during pregnancy?

b) Please could you also provide that figure as a percentage of the total number of expectant mothers attending your unit?

**Answer: Unfortunately, our Clinical Coding system does not record different amounts of alcohol patients may consume in order to provide this information. This information is only recorded in the patient's records.**

**083/14**

**Staff Members Assaulted**

How many staff members have been assaulted while on duty between January 2009 to December 2013.

Please state the role of the staff member e.g doctor / nurse, whether they required time off work, whether they required medical treatment, and where the incident took place, such as the name of the hospital and the department.

Please break it down by calendar year.

**Answer: The incident reporting system PRISM was in place during the dates specified, however the license has now expired and we changed risk management systems in January 2012 to Safeguard. Historical data was captured from PRISM and archived into the new Safeguard system, however only the reporting categories VA01**

– Violence and Aggression due to patient’s medical condition and VA02 – Violence and Aggression not due to patient’s medical condition were recorded – the focus codes detailing whether the incident related to patient on patient or patient or staff are not able to be extracted from the data.

The information below has been obtained from the Safeguard system and covers the date range 01 January 2012 to 31 December 2013. Unfortunately, information on whether the staff member required medical treatment or time of work was not recorded on the Safeguard system.

Please find below a list of all reported incidents by calendar year.

In 2012, a total of 93 incidents were reported involving a staff member being physically assaulted.

In 2013, a total of 126 incidents were reported involving a staff member being physically assaulted.

2012		
Role of the Staff Member	Location of where Incident Took Place	Directorate Incident Reported By
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Security Guard	Accident & Emergency	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Patients Home	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Midwife	Delivery Suite	Division of Womens, Childrens & Clinical Support
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions

<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Clinical Support Worker</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Clinical Support Worker</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Clinical Support Worker</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Clinical Support Worker</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Clinical Support Worker</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>District Nursing Services</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Imaging</b>	<b>Division of Womens, Childrens &amp; Clinical Support</b>
<b>Clinical Support Worker</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>House Keeper</b>	<b>Discharge Suite</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Health Care Assistant</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Discharge Suite</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>

Staff Nurse	Accident & Emergency	Division of Medicine & Long Term Conditions
Staff Nurse	Patients Own Home	Division of Medicine & Long Term Conditions
Staff Nurse	Accident & Emergency	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Surgery
Security Guard	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Discharge Suite	Division of Medicine & Long Term Conditions
Clinical Support Worker	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Clinical Support Worker	Ward	Division of Medicine & Long Term Conditions
House Keeper	Ward	Estates & Facilities
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Accident & Emergency	Division of Medicine & Long Term Conditions
Clinical Support Worker	Ward	Division of Medicine & Long Term Conditions
Clinical Support Worker	Ward	Division of Medicine & Long Term Conditions
Midwife	Ward	Division of Womens, Childrens & Clinical Support
Staff Nurse	Accident & Emergency	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Clinical Support Worker	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	HDU	Division of Medicine & Long Term Conditions
Health Care Assistant	Ward	Division of Medicine & Long Term Conditions
Health Care Assistant	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Patients Home	Division of Medicine & Long Term Conditions

<b>Security Guard</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>ITU</b>	<b>Division of Surgery</b>
<b>Staff Nurse</b>	<b>ITU</b>	<b>Division of Surgery</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Clinical Support Worker</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Clinical Support Worker</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Accident &amp; Emergency</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Surgery</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Surgery</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Surgery</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Student Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Discharge Suite</b>	<b>Division of Medicine &amp; Long Term Conditions</b>

2013		
Role of the Staff Member	Location of where Incident Took Place	Directorate Incident Reported By
Staff Nurse	Theatres	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	ITU	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	District Nursing Services	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Critical Care	Division of Medicine & Long Term Conditions
Clinical Support Worker	Ward	Division of Medicine & Long Term Conditions
Health Care Assistant	Discharge Suite	Division of Medicine & Long Term Conditions
Clinical Support Worker	Discharge Suite	Division of Medicine & Long Term Conditions
Staff Nurse	Accident & Emergency	Division of Medicine & Long Term Conditions
Staff Nurse	Sexual Health Services	Division of Womens, Childrens & Clinical Support
Health Care Assistant	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Therapist	Discharge Suite	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Patients Home	Division of Medicine & Long Term Conditions
Staff Nurse	District Nurses - Pinfold	Division of Medicine & Long Term Conditions
Staff Nurse	Patients Home	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Security Guard	Ward	Division of Medicine & Long Term Conditions
Student Nurse	Ward	Division of Surgery
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions

<b>Clinical Support Worker</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Clinical Support Worker</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Clinical Support Worker</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Midwife</b>	<b>Ward</b>	<b>Division of Womens, Childrens &amp; Clinical Support</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Clinical Support Worker</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Womens, Childrens &amp; Clinical Support</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Clinical Support Worker</b>	<b>Medicine</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Clinical Support Worker</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Clinical Support Worker</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Security Guard</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Clinical Support Worker</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Clinical Support Worker</b>	<b>Medicine</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Security Guard</b>	<b>Accident &amp; Emergency</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Security Guard</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Security Guard</b>	<b>Corridors</b>	<b>Corporate Division</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Security Guard</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>District Nursing Services</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Health Care Assistant</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>

<b>Clinical Support Worker</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Clinical Support Worker</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Clinical Support Worker</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Clinical Support Worker</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Bank Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Clinical Support Worker</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff</b>	<b>Accident &amp; Emergency</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Security Guard</b>	<b>Accident &amp; Emergency</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Clinical Support Worker</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Security Guard</b>	<b>Accident &amp; Emergency</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Clinical Support Worker</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Security Guard</b>	<b>Accident &amp; Emergency</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Clinical Support Worker</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>ITU</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>General Surgery</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>ITU</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Critical Care</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Critical Care</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Security Guard</b>	<b>Accident &amp; Emergency</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Occupational Therapist</b>	<b>Patients Home</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>District Nursing Services</b>	<b>Division of Medicine &amp; Long Term Conditions</b>

Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Health Care Assistant	Ward	Division of Medicine & Long Term Conditions
Security Guard	Accident & Emergency	Division of Medicine & Long Term Conditions
Clinical Support Worker	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Clinical Support Worker	Ward	Division of Medicine & Long Term Conditions
Security Guard	Ward	Division of Surgery
Health Care Assistant	Ward	Division of Surgery
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Health Care Assistant	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Security Guard	Ward	Division of Medicine & Long Term Conditions
Security Guard	Accident & Emergency	Division of Medicine & Long Term Conditions
Agency Staff	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Security Guard	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Theatres	Division of Surgery
Security Guard	Accident & Emergency	Division of Medicine & Long Term Conditions
Staff Nurse	Ward	Division of Medicine & Long Term Conditions
Clinical Support Worker	Ward	Division of Medicine & Long Term Conditions
Staff Nurse	Patients Home	Division of Medicine & Long Term Conditions
Staff Nurse	Patients Home	Division of Medicine & Long Term Conditions
Clinical Support Worker	Ward	Division of Medicine & Long Term Conditions

<b>Nursing Staff</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Clinical Support Worker</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Health Care Assistant</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Apprentice</b>	<b>Ward</b>	<b>Division of Surgery</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Clinical Support Worker</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse &amp; Clinical Support Worker</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse &amp; Clinical Support Worker</b>	<b>Medicine</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Security Guards</b>	<b>Accident &amp; Emergency</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Clinical Support Worker</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurses</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Accident &amp; Emergency</b>	<b>Division of Medicine &amp; Long Term Conditions</b>
<b>Staff Nurse</b>	<b>Ward</b>	<b>Division of Medicine &amp; Long Term Conditions</b>

**084/14**

**Patients Requiring a 6 Month Appointment**

Under the freedom of information Act, I would like to know how many patients required a 6 month appointment and how many were actually seen in 6 months.

**Answer: This information has been broken down by month for patients due to receive a 6 month appointment between 1<sup>st</sup> January to 30<sup>th</sup> April 2014.**

Month When The 6 Month Appointment was Due	Percentage of Patients Provided an Appointment when Due (%)	Number of Patients Provided an Appointment and Number of Patient Appointments Required
January 2014	22.11%	231 out of 1045
February 2014	20.64%	173 out of 838
March 2014	12.29%	151 out of 1229
April 2014	10.17%	119 out of 1170

The Trust recognises that the current performance in terms of allocating routine follow up appointment slots within the timeframes specified by the clinical teams is unacceptable. There are plans in place to address this which include the continued monitoring/validation of follow ups at specialty level to ensure any potential clinical risks are kept to a minimum. In addition, in order to improve performance, we are in the process of undertaking additional sessions within problematic specialties to ensure patients receive their appointment in a timely fashion.

Capacity and demand modelling has also been undertaken at specialty level to ensure going forward there is sufficient capacity to meet current demand, thus ensuring patients medical conditions are monitored in line with clinical requirements.

#### 085/14 Ophthalmology Services

Please provide the following information under the Freedom of Information Act and the Code of Practice on Openness in the NHS:

1) Does the trust provide ophthalmology services?

**Answer: Yes, our organisation provides outpatient and day case ophthalmology services.**

2) If yes, has the Trust implemented a Service Line Management System?

**Answer: Our organisation has not implemented a Service Line Management system.**

3) If yes, please provide copies of the Service Line Management Reports relating to Ophthalmology over the following periods:

(a) 1<sup>st</sup> April 2011 to 31<sup>st</sup> March 2012

**Answer: Please see the table below.**

2011/12 - Full Year	OPHTHALMOLOGY
<b>INCOME</b>	<b>£2,442,863</b>
Access & Assessment	£54,368
Accident and Emergency	£0
Anaesthetics	£1,318

Audiology	£0
Blood Products	£0
Clinic Staff	£191,403
Clinical Measurement Unit	£28
CNST Premiums	£306
Divisional Management incl OOH	£39,869
Endoscopy Department	£0
Health Recs & Clinical Coding	£86,464
High Cost Consumables	£33
Imaging	£12,477
Junior Medical Staff	£269,020
Medical Secretaries	£83,172
Orthoptics	£187,611
Pathology	£10,551
Patients Appliances	£186,967
Pharmacy Dept	£13,994
Prescribed Drugs	£61,520
Senior Medical Staff	£370,663
Specialist Nurses	£129
Theatres inc Starling	£247,600
Therapies	£188
Waiting List Initiatives	-£2,562
Ward Nursing & Non Pay	£50,164
<b>Contribution</b>	<b>£577,580</b>
<b>Contribution %</b>	<b>23.64%</b>
Site Costs	£274,919
<b>Contribution After Space Costs</b>	<b>£302,661</b>
<b>Contribution % After Space Costs</b>	<b>12.4%</b>
Corporate Departments	£175,962
Capital Charges	£107,240
<b>Net Surplus/Deficit</b>	<b>£19,459</b>

(b) 1<sup>st</sup> April 2012 to 31<sup>st</sup> March 2013

**Answer: Unfortunately, due to issues with staffing levels, data was not collated or reported for this financial year.**

(c) 1<sup>st</sup> April 2013 to 31<sup>st</sup> March 2014

**Answer: This data is up to 31 December 2013.**

<b>2013/14 - YTD Q3 (31 December 2013)</b>	<b>OPHTHALMOLOGY</b>
<b>INCOME</b>	<b>£1,784,750</b>
<b>OPERATIONAL COSTS</b>	

Blood & Blood Products	£0
CNST	£7,341
Critical Care	£0
Divisional Management	£7,745
Drugs (excl High Cost Drugs)	£51,146
Emergency department	£0
Imaging	£687
Medical Staffing	£565,351
Operating Theatres	£221,237
Other Clinical Supplies & Services	£0
Other Diagnostics Testing	£209,769
Outpatients	£353,434
Pathology	£6,464
Pharmacy costs	£9,871
Prostheses/implants/devices	£0
Endoscopy	£0
Special procedure suites (excl Endoscopy)	£0
Specialist Nursing Staff	£28
Therapies	£243
Waiting List Initiatives	£29,824
Wards	£31,187
<b>Contribution</b>	<b>£290,423</b>
<b>Contribution %</b>	<b>16.27%</b>

**086/14  
Cancer Drugs Fund**

I should like to request the following information with respect to the Cancer Drugs Fund between the dates of April 2011 to May 2014 inclusive:

- The number of applications your trust has submitted for treatments using the Cancer Drugs Fund for each month, broken down by the drug used and the indication in which it was used.
- The number of applications which were approved and rejected, broken down by drug and the indication in which it was used.
- The monthly invoiced spend overall, and broken down by drug and the indication in which it was used.
- Forecast spend to all timepoints that have thus far been calculated.
- The destination of any underspent funds thus far.

I would appreciate if the information from the first 3 points could be provided in a similar format to the outline below (grey text indicating a fictional example of data):

Month and year	Drug	Indication	Number of applications for drug/indication combination	Number of applications approved/rejected	Invoiced spend (£)
April 2011	Fulvestrant	Metastatic Breast Cancer	2	2/0	1000
	Bendamustine	Myeloma	1	1/0	2000
	Bendamustine	Metastatic Breast Cancer	1	0/1	1000
Total April 2011	2	2	4	3/1	4000
May 2011	Fulvestrant	Metastatic Breast Cancer	1	Approved	1000
Total May 2011	1	1	1	1/0	1000

I should prefer to receive these in electronic format at this email address.

**Answer: We would recommend you contact NHS England who will hold all of this information on behalf of our organisation. They have operational management of the Cancer Drugs Fund. You can also access their quarterly figures detailing Individual Cancer Drug Fund Requests on their website using the following link; <http://www.england.nhs.uk/ourwork/pe/cdf/>. The Freedom of Information Team at NHS England can be emailed on [england.contactus@nhs.net](mailto:england.contactus@nhs.net).**

**087/14**

**Patients Treated for Colorectal Cancer**

1. Within your organisation how many patients are currently being treated for Colorectal Cancer?

**Answer: We can confirm that 9 patients are currently receiving treatment for colorectal cancer.**

Of those patients please split by their current drug treatment;  
Please complete the table below, and state if possible the number that are 1<sup>st</sup> line patients

Drug	Total Patients	1 <sup>st</sup> Line Patients
Bevacizumab		
Cetuximab		
Panitumumab		
Aflibercept		
Oxaliplatin		
Irinotecan		
5-Fluorouracil		
Irinotecan with 5-fluorouracil (5FU) and folinic acid [FOLFIRI]		
Oxaliplatin with 5-fluorouracil (5FU) and folinic acid [FOLFOX]		
Capecitabine and oxalipatin (CAPOX / XELOX)		
Capecitabine and irinotecan (CAPIRI)		
Tegafur Uracil + folinic acid		

**Answer: We can confirm that the 9 patients mentioned are not being treated with any of the drugs listed above.**

2. Within your organisation how many patients are currently being treated for head and neck cancer (Squamous cell carcinoma) ?

**Answer: We can confirm that 1 patient is currently receiving surgical treatment for head and neck cancer by our organisation.**

Of those patients please split by their current drug treatment;

Drug	Total Patients	1 <sup>st</sup> Line Patients
Cetuximab		
Carboplatin		
Cisplatin		
Docetaxel (Taxotere)		
Gemcitabine		
Fluorouracil (5FU)		

**Answer: We can confirm that the patient mentioned is not being treated with any of the drugs listed above. Please note that our head and neck cancer patients are referred to the Queen Elizabeth Hospital in Birmingham for non-surgical treatment. We would recommend you contact University Hospitals Birmingham directly for**

information on what drug treatments they provide patients. You can contact their Freedom of Information Team via email [foi@bch.nhs.uk](mailto:foi@bch.nhs.uk).

**088/14**

**Parking Fines, Speeding Fines and Driving Offences**

I request the following;

For each of the past five financial years, I would like to know how much the trust has spent on A- parking fines, B – speeding fines – C – other driving offences (please state nature of offence).

For each year I would like a table which should include the totals for each category of motoring offence and overall totals for each year.

If you have a record of any of the fines being reclaimed by the trust, please indicate this in a separate column on the table and state how much was recouped.

**Answer: We can confirm that our organisation does not pay for any parking, speeding or other driving offences fines under any circumstances. It is the duty of all employed personnel to ensure that they drive and park lawfully at all times.**

**089/14**

**Inpatient Surgeries**

Please could you provide the following (broken down by hospital if more than one in the trust):

The time period would be January 1<sup>st</sup> 2013 to January 1<sup>st</sup> 2014.

1. Number of inpatient surgeries performed for 'Repair of Ventral Hernia using insert of prosthetic material' OPCS Code T27.2

**Answer: Please see the table below.**

<b>Number of Inpatient Surgeries for Ventral Hernia Repairs</b>	<b>Month</b>
<b>0</b>	<b>Jan 2013</b>
<b>6</b>	<b>Feb 2013</b>
<b>5</b>	<b>Mar 2013</b>
<b>1</b>	<b>Apr 2013</b>
<b>2</b>	<b>May 2013</b>
<b>0</b>	<b>Jun 2013</b>
<b>4</b>	<b>Jul 2013</b>
<b>3</b>	<b>Aug 2013</b>
<b>1</b>	<b>Sep 2013</b>
<b>1</b>	<b>Oct 2013</b>
<b>3</b>	<b>Nov 2013</b>
<b>1</b>	<b>Dec 2013</b>
<b>2</b>	<b>Jan 2014</b>

2. Number of inpatient surgeries for Rubber band ligation of haemorrhoid OPCS Code H52.4

**Answer: Please see the table below.**

Number of inpatient Surgeries for Rubber Band Ligation of Haemorrhoid	Month
11	Jan 2013
10	Feb 2013
14	Mar 2013
10	Apr 2013
17	May 2013
7	Jun 2013
13	Jul 2013
12	Aug 2013
13	Sep 2013
15	Oct 2013
19	Nov 2013
7	Dec 2013
8	Jan 2014

**090/14**

**Drug/Medication Errors**

Please can you provide me with details of the following:

The number of drug/medication errors over the last two years within your organisation.

**Answer: There were 422 recorded drug/medication errors in 2012-13 and 545 recorded in 2013-14.**

The number of Registered Nurses disciplined over the last 2 years for medication errors.

**Answer: We can confirm that 17 Registered nurses have been disciplined in our Trust over the last 2 years for medication errors.**

The outcome of the disciplinary in each instance and also the gender, age and ethnicity of each nurse disciplined.

**Answer: Please see the table below.**

Gender	Ethnicity	Age Range	Outcome
Female	White	50-60	Formal Counselling
Female	White	40-50	Formal Counselling
Female	White	30-40	Formal Counselling
Female	White	30-40	Formal Counselling
Female	Asian	30-40	First Written Warning

Female	Asian	30-40	First Written Warning
Female	White	30-40	First Written Warning
Female	White	40-50	First Written Warning
Female	White	50-60	First Written Warning
Female	Asian	50-60	First Written Warning
Female	Asian	40-50	First Written Warning
Male	Asian	40-50	First Written Warning
Female	White	20-30	Formal Counselling
Female	White	40-50	Formal Counselling
Male	Asian	30-40	Formal Counselling
Female	White	30-40	First Written Warning
Female	Asian	50-60	Dismissed

**091/14**

**Contact Information**

Please can you provide me with the name and contact information (phone and email) for the following positions within the Trust:

IT Managers,  
Informatics Leads  
ICT Manager's

**Answer: Please note that we do not release individual staff names below Director level. This is withheld under section 40 (Personal Information).**

**Steve Darkes is the Director of this service. His email address is; [steve.darkes@walsallhealthcare.nhs.uk](mailto:steve.darkes@walsallhealthcare.nhs.uk) and contact telephone number is; 01922 721172.**

Training Managers/Learning and Development Managers  
HR Manager

**Answer: Please note that we do not release individual staff names below Director level. This is withheld under section 40 (Personal Information).**

**Sue Wakeman is the Director of this service. Her email address is; [sue.wakeman@walsallhealthcare.nhs.uk](mailto:sue.wakeman@walsallhealthcare.nhs.uk) and contact telephone number is; 01922 721172.**

**092/14**

**Working Patterns of Doctors**

I would like to make a FOI request for the following information:

1.
  - a) Does the trust use any electronic software to monitor the work patterns of doctors?
  - b) If so which?
  - c) If 'Allocate Software' is used; can the Trust give me approval to access the data via the

software company's records to allow ease of analysis? Allocate Software is able to facilitate this with a Trust's permission.

**Answer: Yes, our organisation does use the electronic software 'Allocate Software' to monitor the work patterns of our doctors. Unfortunately, we cannot provide you with permission to access this data via the software.**

2. Has the trust conducted 'activity monitoring' of doctors i.e. asking doctors to report on what activity they are performing in each time interval throughout the day (e.g. ward round/admin/rest...)

**Answer: We do not conduct activity monitoring of our doctors. We monitor rest periods and obtain information on doctor on-call days and normal working days only.**

3. If I cannot be granted permission to access the electronic data I request a summary of the results of all monitoring exercises in each hospital conducted from the year 2000. To include:

a) Number of hours worked by doctors over each period of monitoring, broken down by department i.e. surgery/medicine/A&E... and by grade of doctor i.e. FY1/FY2/ST1-7/CT1-7...

b) Total time spent on each activity (if activity-monitoring has been carried out) broken down in the same way described above i.e. by department and grade.

**Answer: In relation to the data held on the Junior Doctor Portal, the data is only required to be maintained for a period of 6 years. Unfortunately, as mentioned for question 2, we do not monitor doctor activity on the system and we do not have a single report that contains the specific information that you require.**

093/14

**Communication Issues between Patient's/carers and Hospital staff**

I would be grateful if the communication team of the Trust could disclose the following information under the Freedom of Information Act.

1. Total number of Complaints the Trust has received in the last five years in a yearly breakdown.
2. Total number of complaints attributed to communication issues between the Patients/carers and Hospital staff in the last five years in a yearly breakdown.
3. Total number of complaints resulting in litigations following operative procedures in the last five years in a yearly breakdown
4. Total or approximate number of man-hours needed to deal with all the complaints in the last five years in a yearly breakdown.
5. Legal expenses incurred to the Trust in dealing with the complaints arising from communication issues and operative procedures in the last five years in a yearly breakdown.

**Please see table below.**

Question	Answer				
	Jan – Dec 2010	Jan – Dec 2011	Jan – Dec 2012	Jan – Dec 2013	Jan – May 2014
1. Total number of complaints the Trust has received in the last five years	341	319	304	383	180
2. Total number of complaints attributed to communication issues between the patients/carers and hospital staff	61	33	20	26	10
3. Total number of complaints resulting in litigations following operative procedures	6	3	3	6	9
4. Total or approximate number of man hours needed to deal with all the complaints	5 x 37.5 hours per week = 9750 per annum x 5 years = 48750 1 x 20 hours per week = 1040 per annum x 5 years = 5200 <b>Total hours for 5 years = 53950</b>				
	Jan – Dec 2010	Jan – Dec 2011	Jan – Dec 2012	Jan – Dec 2013	Jan – May 2014

5. Legal expenses incurred to the Trust in dealing with the complaints arising from communication issues and operatives procedures	£0	£0	£7,042.00	£2,422.50	£0
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6. Total expenses incurred on the PR and marketing campaign in the last five years in a yearly breakdown.

**Answer: Please see the table below.**

<b>Financial Year (01 April – 31 March)</b>	<b>Spend on PR and Marketing Campaign</b>
<b>2009/10</b>	<b>£163,115</b>
<b>2010/11</b>	<b>£190,000</b>
<b>2011/12</b>	<b>£84,000</b>
<b>2012/13</b>	<b>£51,895</b>
<b>2013/14</b>	<b>£61,666</b>

**094/14**

**Structural Charts**

To whom this may concern,

Could you please send me the departmental structure charts for the following:

Clinical Coding

**Answer: Please see the letter attached – available upon request our via our website.**

GPIT

**Answer: Please see the letter attached – available upon request our via our website.**

Data Warehousing

**Answer: This area is currently undergoing a structural review so no chart is available at the moment.**

Business Intelligence

**Answer: This area is currently undergoing a structural review so no chart is available at the moment.**

Core ICT

**Answer: Please see the Informatics structural chart available on our Walsall Healthcare NHS Trust website via our Publication Scheme. 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. Please contact Sarah Betts on telephone 01922 656470 or email [sarah.betts@skanska.co.uk](mailto:sarah.betts@skanska.co.uk).**

Informatics

**Answer: Please see the letter attached – available upon request our via our website.**

Analytics

**Answer: Please see the letter attached – available upon request our via our website.**

**095/14**

**Date the Hospital was Built, any Rebuilds or Renovations and the Total Number of Beds at the Hospital**

It would be useful to know the following information for individual hospitals in England:

1. Date the hospital was built
2. Date of any rebuilds or renovations
3. Number of beds

I have been able to find this information for some individual hospitals, but much of the information I have found groups numbers together for each NHS Trust, whereas we require the information for each individual hospital.

If you could provide the above information for your Trust's hospitals it would be much appreciated.

**Answer: This information relates to Walsall Manor Hospital.**

1. Date the hospital was built

**Answer: West Wing was built in 1987, Maternity in 1994, the new hospital modular wards in 2006/07 and the new hospital was built in 2010.**

2. Date of any rebuilds or renovations

**Answer: Maternity rebuild in 1994, Pharmacy update in 2009/10, Ward 16 & 17 update in 2010 and the new hospital modular wards in 2006/07 and the new hospital rebuild/renovation in 2010,**

3. Number of beds

**Answer: Our organisation currently has 500 beds within the hospital.**

**096/14**

**Annual Report 2007/08**

We basically need the remuneration report for 2007/08, which should be part of the Annual Report 2007/08. As the successor of Walsall Hospitals NHS Trust you might have access to this report. Could you send us a copy of the relevant pages?

**Answer: To avoid missing any pages that you may require, please find attached the complete Annual Report for 2007/08 – available upon request.**

097/14

## External / 3rd Party Hosting

I would like to request information under the Freedom of Information Act. The information that I require relates to a specific external/3rd party hosting contract which may include:

1. Software as a Service (SaaS) is a software distribution model in which applications are hosted by a vendor or service provider and made available to customers over a network, typically the Internet.

**Answer: Our organisation does not purchase any IT software as SaaS.**

2. E-commerce hosting is a business that furnishes merchants with solutions for selling their merchandise online. The merchant is typically billed monthly for using space on the hosting company's server. Software is also leased for online order processing. E-commerce hosting businesses usually manage all the technical facets of commercial website development and maintenance for their clients. E-commerce hosting can also include electronic data interchange (EDI).

**Answer: Our organisation does not use E-commerce hosting.**

3. Exchange Hosting is a service in the telecommunications industry whereby a provider makes a Microsoft e-mail box and space available on a server so its clients can host their data on the server. The provider manages the hosted data of its clients on the server.

**Answer: Our organisation does use local email called nhs.net mail. There is a review planned this year of NHS.mail. There is no cost to the organisation for NHS Mail.**

4. Web Hosting is the activity or business of providing storage space and access for websites.

**Answer: Please see the table below.**

5. VOIP Hosting is a methodology and group of technologies for the delivery of voice communications and multimedia sessions over Internet Protocol (IP) networks, such as the Internet. Other terms commonly associated with VoIP are IP telephony, Internet telephony, voice over broadband (VoBB), broadband telephony, IP communications, and broadband phone service.

**Answer: Please see the table below.**

6. Contact Centre: A hosted contact centre offers all the utilities associated with running a customer service outfit with a pay-as-you-go plan. This means that managers don't need to buy prohibitively expensive hardware, instead they can add software as needed and get deeper in their involvement as they grow.

**Answer: Our organisation does not hold any external Contact Centre contract.**

7. Unified communications is the integration of real-time communication services such as instant messaging, presence information, telephony, video conferencing, data sharing, call control and speech recognition with non-real-time communication services such as unified messaging.

**Answer: Our organisation does not use externally hosted services for Unified communications.**

Please can you see the attached file and fill the information into the space provided (Contract1-8). If none of the contract above apply to the organisation please can you state the reasons why. If however the services i have request is hosted internally please can you state this within the response as well as providing me information on the annual average spend and the internal contact for that particular type of hosting.

	Contract 1	Contract 2
<u>Type of External Hosting Contract: The types of hosting could include SaaS or Application, Ecommerce, Exchange, Web, VOIP, Contact Centre, and Unified Communications.</u>	<u>VOIP</u>	<u>Web Hosting</u>
<u>Supplier Name: Who is the contracted supplier for this external hosting?</u>	<u>HP</u>	<u>Connect Internet Solutions</u>
<u>Annual Average Spend: The annual average spend for this contract and please provide the average spend over the past 3 years for each provider. If this is a new contract please provide me with the estimated annual average spend.</u>	<u>circa £90k</u>	<u>£3.5K</u>
<u>Contract Duration: Please state the duration of the contract including any extensions.</u>	<u>Renewed annually</u>	<u>Three Year contract</u>
<u>Contract Expiry Date: When does this contract expiry? DD/MM/YY</u>	<u>June-14</u>	<u>April-16</u>
<u>Contract Review Date: When will the contract be reviewed? DD/MM/YY</u>	<u>June-14</u>	<u>Nov-15</u>
<u>Contract Description: Please provide me with information of the services provided under this contract.</u>	<u>Maintenance and support contract</u>	<u>Maintenance and support contract</u>
<u>Internal Contact: Can you please provide me with the contact details of the person responsible for this contract please include their full name, actual job title and direct contact number and email address.</u>	<p><b><u>Please note that we do not release individual staff names below Director level. This is withheld under section 40 (Personal Information).</u></b></p> <p><b><u>Steve Darkes is the Director of this service. His email address is: <a href="mailto:steve.darkes@walsallhealthcare.nhs.uk">steve.darkes@walsallhealthcare.nhs.uk</a> and contact telephone number is; 01922 721172.</u></b></p>	<p><b><u>Please note that we do not release individual staff names below Director level. This is withheld under section 40 (Personal Information).</u></b></p> <p><b><u>Anne Baines is the Director of this service. Her email address is: <a href="mailto:anne.baines@walsallhealthcare.nhs.uk">anne.baines@walsallhealthcare.nhs.uk</a> and contact telephone number is; 01922 721172.</u></b></p>
<u>If any of the information above is not available can you please provide me with notes into the reason(s) why. Also if the contract is due to expire please provide me with the likely outcome of the expiring contract. If this is a new contract or a new supplier please can you provide me with a short list of suppliers that bid on this service/support contract?</u>	<b><u>We are currently in the process of re-negotiating the contract for when it expires.</u></b>	<b><u>N/A</u></b>

098/14

### Qualified Nurse to Patient Ratios

Please could you provide me qualified nurse to patient ratios for the last year for each ward of your hospital.

**Answer: As patient numbers constantly fluctuate at our organisation it is not possible to accurately provide the ratio by number of patients.**

The table below shows the number of qualified Nurses on duty and the number of beds on each ward. Please note that there will be some variance as a few wards were changed during the year. The extra capacity areas have not been included. Please note that wards 20BC and 23 also have day cases attached to them.

This is not exact but will be a reasonable representation of the level of qualified Nurses on duty at any one time.

Ward Number	Number of Beds	Number of Registered Nurses (Day Shift)	Ratio	Number of Registered Nurses (Night Shift)	Ratio
1	28	5	1.5.6	2	1.14
3	34	5	1.6.8	2	1.16
4	34	5	1.6.8	2	1.6
5 & 6	42	9	1.4.6	8	1.5.2
7	18	4	1.4.5	2	1.9
9	27	4	1.6.75	2	1.13.5
10	27	4	1.6.75	2	1.13.5
11	25	4	1.6.75	2	1.13.5
12	27	3	1.9	2	1.13.5
14	27	3	1.9	2	1.13.5
15	27	3	1.9	2	1.13.5
16	24	3	1.8	2	1.12
17	24	4	1.6	3	1.8
20A	16	2	1.8	2	1.8
20BC	24	4	1.6	2	1.12
23	14	2	1.7	2	1.8

099/14

### Imaging Equipment

Please find the relevant questions listed below.

1. How many of the following machines do you operate in your Trust?

	# Machines
MRI	1
CT	2

2. What year were these machines installed, and who is the Original Equipment Manufacturer?

	OEM	Year Installed
Scanner 1	<b>GE (CT)</b>	<b>2009</b>
Scanner 2	<b>GE (GT)</b>	<b>2010</b>
Scanner 3	<b>Siemens (MRI)</b>	<b>2001</b>

3. Have you used a mobile MRI or CT service in the last 12 months? Approximately how many scans were undertaken on a mobile scanner in the last 12 months?

	MRI	CT
Mobile Service used in last 12 months? (Y/N)	<b>Yes</b>	<b>No</b>
# Scans undertaking on a mobile scanner in last 12 months	<b>89</b>	<b>Not Applicable</b>

4. If so, what is the primary reason for using mobile services (allocate an approximate % if multiple reasons)

	MRI	CT
a. Short-term capacity – static scanner broken	<b>100%. As part of contract for static MRI service – no additional costs</b>	<b>Not Applicable</b>
b. Short-term capacity – static scanner being replaced or installed	~	<b>Not Applicable</b>
c. Not enough static/ in-house capacity	~	<b>Not Applicable</b>
d. The mobile is used more like a permanent scanner i.e. it doesn't move week to week	~	<b>Not Applicable</b>

5. If you answered c or d above:

a. Is this because any in-house capacity is fully utilised?

	MRI	CT
In-house capacity fully utilised? (Y/N)	<b>Not Applicable</b>	<b>Not Applicable</b>

b. What is the main reason why a new static scanner has not been installed to serve this volume? (allocate an approximate % if multiple reasons)

	MRI	CT
i. Capex is too high	<b>Not Applicable</b>	<b>Not Applicable</b>
ii. Not enough space in the Hospital	<b>Not Applicable</b>	<b>Not Applicable</b>

iii. The current volumes cannot support a new static scanner	<b>Not Applicable</b>	<b>Not Applicable</b>
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6. Is your Trust planning on installing a new scanner in next 12 months? If so, is this as a replacement for a scanner already in your Trust?

	MRI	CT
a. New Scanner Installation planned in next 12 months? (Y/N)	<b>No</b>	<b>No</b>
i. If Y, replacement for a scanner already in the Trust? (Y/N)	<b>Not Applicable</b>	<b>Not Applicable</b>

**100/14**

**Audited Accounts, circumcisions, Consultant Urology Surgeon Fees, Gastric Band Operations, Addresses of Hospitals**

Please send me copies of your audited accounts for year end 2013-14 and for year end 2014-15.

**Answer: Unfortunately, at the moment, our 2013-14 Annual Accounts Report is not due to be released until the end of July 2014. The document will be available to view via our internet page using the following link; <https://www.walsallhealthcare.nhs.uk/our-publications.aspx>**

**As we are currently in financial year for 2014-15, the Annual Accounts Report will not be available until March 2015. In our letter to you on the 3<sup>rd</sup> December 2013, we sent you a copy of our 2014-15 Plan and advised you of this in further letters to you dated the 4<sup>th</sup> February 2014 and 3<sup>rd</sup> March 2014.**

Please send me the hospital fixed price fees for a male circumcision operation and stay of 1 night in hospital. Please send me names of the Consultant Urology Surgeons and their outpatients fees before the operation.

**Answer: Please note that we provided you with this information in our letter to you dated 4<sup>th</sup> February 2014.**

**Our organisation's chargeable fee to private patients is £200 if the operation is performed under local anaesthetic and £500 if performed under general anaesthetic. A cost per night will not apply in this case.**

**The following surgeons are currently employed by our organisation.**

**Mr S Chandrasekharan, Consultant Urologist  
Mr S Ganta, Consultant Urologist  
Mr S R Koneru, Consultant Urologist**

**The Trust is not involved in transactions between Surgeons and their private patients. The fees charged by Surgeons for private outpatient consultants are a matter for the surgeon and his patient.**

Please confirm the hospital fixed price fee for a gastric band operation and the names of the Consultants who do such operation and their outpatient fees before the operation.

**Answer: Our organisation does not have a fixed price for gastric band operations. We actually treat very few private inpatients as most Surgeons undertake their private work elsewhere. If we did undertake the operation privately, the total cost would consist of the cost of the gastric band itself, the length of stay and time in theatre. These costs are broken down below.**

**The cost for the gastric band itself is £1,800  
The cost of an inpatient stay on a ward is £345 per day.  
Theatre costs depend on the length of the operation. Please see the table below.**

<b>Time of Operation</b>	<b>Cost £</b>
<b>Operations lasting up to 30 minutes</b>	<b>629</b>
<b>Operations lasting over 30 and up to 60 minutes</b>	<b>1181</b>
<b>Operations lasting over 60 and up to 120 minutes</b>	<b>2186</b>
<b>Operations lasting longer than 120 minutes</b>	<b>2990</b>

**The following surgeons currently undertake gastric band operations at our organisation.**

**Mr Amir Khan, Medical Director  
Mr Mirza, Bariatric General Surgeon**

**The Trust is not involved in transactions between Surgeons and their private patients. The fees charged by Surgeons for private outpatient consultants are a matter for the surgeon and his patient.**

Please send me the full addresses of Spire Hospital in Solihull, Queen Elizabeth Hospital, main NHS hospital in city of Kings Lynn and address of Royal London Hospital and address of main NHS hospital in city of Blackpool and city of Rochdale and Dover.

**Answer: As this is your third request for addresses of hospitals within the UK, we would recommend you conduct searches on the NHS Choices website on the intranet via the following link: <http://www.nhs.uk/Pages/HomePage.aspx>. You will be able to find addresses and contact numbers for NHS Services across the UK.**

**Please note that we provided you with the address for Blackpool Victoria Hospital in our letter to you dated 4<sup>th</sup> February 2014.**

**101/14  
Agency Staff**

I would like to know the following broken down by hospital and by the area of hospital work that each person is employed in:

- The number of agency staff that were employed between June 2013 and June 2014 and what percentage these staff make up of the entire hospital staff.

**Answer: We only book agency shifts on an ad-hoc basis.**

- The number of these staff that are considered as being full time equivalent workers.

**Answer: We only book agency shifts on an ad-hoc basis.**

- The average amount that agency staff are paid per shift and the average length of a shift. I would like this information for each calendar year from 2010 to 2014.

**Answer: Please see below table**

**Nursing**

					Part Year
	2010	2011	2012	2013	2014
average pay per shift	£182.51	£183.89	£178.25	259.095	292.445
average shift (nursing)	11.5	11.5	11.5	11.5	11.5

**Medics**

					Part Year
	2010	2011	2012	2013	2014
average pay per shift	£664.90	£636.20	£555.03	£567.09	£525.36
average shift medics	10	10	9	9	8

- The most that an agency worker has been paid for a single shift and the duration of that shift. I would like this information for each calendar year from 2010 to 2014.

**Answer: Please see below table**

**The highest would be a medic**

**Medics**

					Part Year
	2010	2011	2012	2013	2014
Duration of single shift	13	19	12.5	12.5	17
Total Paid	1198.17	1528.74	1002.75	1133.19	1701.56

- The number of foreign nationals that were employed between June 2013 and June 2014 and what percentage these staff make up of the entire hospital staff.

**Answer: Please see table below**

Total No. Substantive Staff Employed between June 2013 & June 2014	4867
Total No. Substantive Foreign Nationals Employed between June 2013 & June 2014	47
<b>Percentage Substantive Foreign Nationals Employed between June 2013 &amp; June 2014</b>	<b>0.97%</b>

**102/14  
Locum Doctors**

1. Total amount the Trust spent on agency locum doctors 2013/2014 (April – March)

**Answer: £2,374,004**

2. For this information to be broken down by specialty and grade.

**Answer: see below table**

<b>Speciality by Grade</b>	<b>Total Cost (£)</b>
<b>A&amp;E</b>	<b>545,665</b>
Consultant	87,079
Med Staff Grade	422,756
Senior House Officer	7,633
Specialist Training 1to 5	28,197
<b>AMU</b>	<b>30,114</b>
Consultant	25,689
Med Staff Grade	-9,991
Senior House Officer	14,415
<b>Anaesthetics</b>	<b>36,262</b>

<b>Speciality by Grade</b>	<b>Total Cost (£)</b>
Med Staff Grade	34,566
Senior House Officer	744
Specialist Training 1to 5	952
<b>Clinical Support</b>	<b>51,986</b>
Consultant	24,912
Med Staff Grade	27,074
<b>Elderly</b>	<b>278,781</b>
Consultant	130,975
House Officer	16,343
Med Staff Grade	95,056
Senior House Officer	1,221
Specialist Training 1to 5	35,187
<b>ENT</b>	<b>1,471</b>
House Officer	1,895
Med Staff Grade	-424
<b>Medicine</b>	<b>762,428</b>
Consultant	299,815
House Officer	11,827
Med Staff Grade	336,772
Senior House Officer	108,611
Specialist Training 1to 5	5,403
<b>Occ Health - Corporate</b>	<b>76,798</b>
Consultant	76,798
<b>Paediatrics</b>	<b>268,680</b>
Consultant	52,918
Med Staff Grade	143,668
Senior House Officer	23,102
Specialist Training 1to 5	48,991
<b>Surgery</b>	<b>82,471</b>
House Officer	4,542
Med Staff Grade	28,417
Senior House Officer	2,687
Specialist Training 1to 5	46,826
<b>T&amp;O</b>	<b>13,126</b>
House Officer	494
Med Staff Grade	3,689
Senior House Officer	8,942
<b>Urology</b>	<b>56,063</b>

Speciality by Grade	Total Cost (£)
Consultant	56,063
<b>Womens</b>	<b>170,160</b>
Consultant	4,336
Med Staff Grade	148,601
Senior House Officer	5,255
Specialist Training 1to 5	11,969
<b>Grand Total</b>	<b>2,374,004</b>

**103/14**

**Spending on Pornography to aid men providing sperm samples**

For each of the last two years for which data is available (ie broken down into an annual basis), please tell me how much Walsall Healthcare NHS Trust has spent on pornography. Please also supply me with a list of companies from which pornography has been procured, and levels of spending with each company. If possible, please break down this spending between printed material and video material. If possible, please also provide me with the names of any magazines or videos/DVDs that have been purchased.

**Answer: We can confirm that our Trust does not spend any money on pornography to aid men providing sperm samples.**

**104/14**

**Healthcare Assistants**

I would like to request the following information in relation to healthcare assistants (HCAs) working for the NHS.

1. Details of all complaints made against HCAs since January 1, 2010. More specifically:
  - a) The total number of complains made against HCAs for each calendar year since January 2010

2010	1
2011	5
2012	1
2013	2
2014	0

- b) For each case, the date of the complaint made, a brief description of the allegations, whether there was a case to answer, whether the complaint was upheld and details of any subsequent action taken (including, but not restricted to written warning, verbal warning, restricted duties, sacked, suspended etc)

No	Year	Date Complaint dealt with in HR	Allegation	Outcome
1	2010	Jun-10	Disciplinary - Conduct	Final Written Warning
2	2011	Jan-11	Disciplinary investigation - Damage to Trust Property	No action required
3	2011	Feb-11	Disciplinary - Patient Care	Formal Counselling
4	2011	May-11	Disciplinary - Patient Care	Decision not upheld
5	2011	Oct-11	Disciplinary - Failure to follow procedure	Dismissal
6	2011	Oct-11	Disciplinary - Conduct	Decision not upheld
7	2012	Apr-12	Disciplinary - Conduct	Formal counselling
8	2013	Mar-13	Disciplinary – Patient Care	Formal counselling
9	2013	Nov-13	Disciplinary – Patient Care	no case to answer

- c) How many HCAs have faced misconduct hearings since January 1, 2010? For each case, please provide a breakdown of the nature of the misconduct hearing, and the outcome.

**Answer: 21 in total.**

No	Year	Date Complaint dealt with in HR	Allegation	Outcome
1	2010	Jun-10	Disciplinary - Conduct	Final Written Warning
2	2010	Jul-10	Disciplinary - Internet usage	Formal counselling
3	2010	Oct-10	Disciplinary - conduct	Resigned
4	2011	Jan-11	Disciplinary investigation - Damage to Trust Property	No action required
5	2011	Feb-11	Disciplinary - conduct	Final Written Warning
6	2011	Feb-11	Disciplinary - Patient Care	Formal Counselling
7	2011	May-11	Disciplinary - Patient Care	Decision not upheld

8	2011	Oct-11	Disciplinary - Failure to follow procedure	Dismissal
9	2011	Oct-11	Disciplinary - Conduct	Decision not upheld
10	2012	Jan-12	Disciplinary - Conduct	First Written Warning
11	2012	Apr-12	Disciplinary - Conduct	Formal counselling
12	2013	Mar-13	Disciplinary – Patient Care	Formal counselling
13	2013	Nov-13	Disciplinary – Patient Care	No case to answer
14	2013	Nov-13	Disciplinary - Inappropriate use of social media	Counselling
15	2013	Nov-13	Disciplinary - Inappropriate use of social media	Counselling
16	2013	Nov-13	Disciplinary - Inappropriate use of social media	Counselling
17	2013	Nov-13	Disciplinary - Inappropriate use of social media	Counselling
18	2013	Nov-13	Disciplinary - Inappropriate use of social media	Counselling

2. Details of DBS/CRB checks carried out on healthcare assistants since January 1, 2010. More specifically:

**Answer: 416**

- a) How many healthcare assistants began their employment with the trust, without a relevant DBS/CRB check being completed?

**Answer: None**

- b) For each case, please state the date, and how long the HCA worked at the trust before the relevant DBS/CRB check was completed

**Answer: N/A**

- c) Please disclose how many HCAs were found to have a previous caution or conviction during their employment with the trust

**Answer: Each case is dealt with on an individual basis and outcomes are not recorded centrally.**

- d) For each case listed in 2c) please describe the previous caution or conviction discovered and the subsequent action taken against them

**Answer: Each case is dealt with on an individual basis and outcomes are not recorded centrally.**

**105/14  
Nursing Uniforms**

I would like to ask the following under the Freedom of Information Act 2000.

1. How many different designs of nurses' uniform are currently used within your health trust?

**Answer: We have two designs, one tunic and dresses. In terms of colours we have pale blue for unregistered, hospital blue for band 5, button blue for band 6, navy with white trim for band 7, navy with red trim for Matrons, the more senior nurses wear grey with red piping. The midwives wear royal blue**

2. Please could you provide a brief description of each design and the staff roles / posts / job titles (as appropriate) assigned to wear each one?

**Answer: Same as above**

3. How much has your Trust spent since the start of the 2011/12 financial year on fees related to the design (not manufacture) of nurses' uniforms?

**Answer: Our Trust purchases off-the-shelf uniforms and not ones with bespoke designs.**

**106/14  
AMU**

1. How many beds do you have in your AMU\*?

**Answer: 46 beds on AMU**

2. In the financial year 2013/14 how many patients for each month were admitted to your AMU?

**Answer: Please see table below.**

No Of Patients	Month
1166	2013 (04) Apr
1185	2013 (05) May
1133	2013 (06) Jun
1171	2013 (07) Jul
1087	2013 (08) Aug
1067	2013 (09) Sep

1188	2013 (10) Oct
1172	2013 (11) Nov
1273	2013 (12) Dec
1234	2014 (01) Jan
1116	2014 (02) Feb
1177	2014 (03) Mar
1158	2014 (04) Apr

3. What is the time limit you place on patients being in AMU before transfer to a bed on the appropriate ward?

**Answer: 72 hours**

4. In each month of the financial year 2013/14 how many patients breached your time limit of AMU?

**Answer: Please see table below.**

No Of Patients	Month
64	2013 (04) Apr
37	2013 (05) May
48	2013 (06) Jun
48	2013 (07) Jul
78	2013 (08) Aug
53	2013 (09) Sep
35	2013 (10) Oct
40	2013 (11) Nov
32	2013 (12) Dec
54	2014 (01) Jan
39	2014 (02) Feb
36	2014 (03) Mar

5. In each month of the financial year 2013/14 what was the average length of stay in your AMU?

**Answer: Please see table below.**

Average LOS In Hours	Month
25	2013 (04) Apr
23	2013 (05) May
24	2013 (06) Jun
24	2013 (07) Jul
27	2013 (08) Aug
27	2013 (09) Sep
24	2013 (10) Oct
26	2013 (11) Nov
22	2013 (12) Dec
25	2014 (01) Jan

26	2014 (02) Feb
23	2014 (03) Mar

6. In each month of the financial year 2013/14 what was the longest patient stay in AMU?

**Answer: Please see table below.**

No Of Patients	Longest Patient Stay (In Hours)	Month
1	256	2013 (04) Apr
1	214	2013 (05) May
1	181	2013 (06) Jun
1	220	2013 (07) Jul
1	228	2013 (08) Aug
1	220	2013 (09) Sep
1	154	2013 (10) Oct
1	186	2013 (11) Nov
1	168	2013 (12) Dec
1	291	2014 (01) Jan
1	297	2014 (02) Feb
1	169	2014 (03) Mar

#### **107/14**

#### **Never Events**

I would like to find out the number of non-event incidents that have taken place in your hospital that involve 'retained surgical items'.

I would also like to find out

How many non-event incidents that specifically relate to 'retained surgical instruments / items' have occurred at your Hospital Trust during each of the following years: 2011/2012, 2012/2013, 2013/2014.

For each incident recorded please include the following information:

- I) The surgical procedure being carried out
- II) The item that was retained in the body
- III) Details of any recorded impact on the patients' health: e.g. infection, damage to internal organs, deterioration in condition etc.

**I would like to clarify that in my Freedom of Information Request my reference to the term "non-event" is intended to be "never event"**

**Answer: Please see below table.**

Year	Surgical procedure	Item retained	Impact on Patient's Health
2011/12	Chest drain	Guide-wire retained in the lung	None identified
2013/14	Chest drain	Guide-wire retained in the lung	None identified

**108/14**

**Audiology Services**

1) Please confirm or deny if there is a mandatory requirement for patients referred to the Trust for suspected age related hearing loss to be seen as general outpatients prior to being referred to audiology services.

**Answer: There is no mandatory requirement for patients referred to the Trust for suspected age related hearing loss to be seen as general outpatients prior to being referred to audiology services. They can be referred straight to Audiology as long as they meet the set criteria for referral.**

2) Please supply details of the defined pathway for a patient referred for suspected age related hearing loss.

**Answer: An extract from the Guidelines for Referral by the British Academy of Audiology is below.**

**British Academy of Audiology**

**Guidelines for Referral to Audiology of Adults with Hearing Difficulty (2009)**

**This document is intended both as a basis for service planning and to guide the practice of those who make direct referral of adults to Audiology services, primarily GPs. A simple checklist for use by Audiology departments to ensure that the guidelines have been followed is included as an appendix. This document replaces the earlier guide (TTSA, 1989) and has been approved by the Board of the British Academy of Audiology.**

**The guidelines comprise a set of contra-indications for adult (16+ years) *direct* referral to Audiology for hearing assessment and rehabilitative treatment either from Primary Care or via other intra-hospital Consultant pathways.**

- 1) The contra-indications may be evident at the time of referral, in which case the patient should normally be referred to ENT in the first instance. Contra-indications may additionally become evident on assessment<sup>1</sup> in Audiology, in which case medical opinion should be sought regarding potential referral to ENT. This may require the patient to be seen by a medical practitioner in clinic, or may be based on discussion of relevant findings between the medical practitioner and audiologist. Referral for a medical opinion should not normally delay impression taking or hearing aid provision: the audiologist must make a professional decision based on ear examination whether it is safe to proceed with impression taking. Findings, whether positive or negative, and any advice given regarding these conditions must be recorded and the patient's GP informed. Pre-existing and investigated (medical) conditions should be taken into account if relevant.**

**Contra-indications**

***History:***

- . Persistent pain affecting either ear (defined as earache lasting more than 7 days in the past 90 days before appointment);
- . History of discharge other than wax from either ear within the last 90 days
- . Sudden loss or sudden deterioration of hearing (sudden=within 1 week, in which case send to A&E or Urgent Care ENT clinic)
- . Rapid loss or rapid deterioration of hearing (rapid=90 days or less)
- . Fluctuating hearing loss, other than associated with colds
- . Unilateral or asymmetrical, or pulsatile or distressing tinnitus lasting more than 5 minutes at a time
- . Troublesome, tinnitus which may lead to sleep disturbance or be associated with symptoms of anxiety or depression
- . Abnormal auditory perceptions (dysacusis) Vertigo
- . Normal peripheral hearing but with abnormal difficulty hearing in noisy backgrounds; possibly having problems with sound localization, or difficulty following complex auditory directions.

***Ear examination:***

Complete or partial obstruction of the external auditory canal preventing proper examination of the eardrum and/or proper taking of an aural impression.

Abnormal appearance of the outer ear and/or the eardrum (e.g., inflammation of the external auditory canal, perforated eardrum, active discharge).

***Audiometry:***

Conductive hearing loss, defined as 25 dB or greater air-bone gap present at two or more of the following frequencies: 500, 1000, 2000 or 4000 Hz.

Unilateral or asymmetrical sensorineural hearing loss, defined as a difference between the left and right bone conduction thresholds of 20 dB or greater at two or more of the following frequencies: 500, 1000, 2000 or 4000 Hz.

Evidence of deterioration of hearing by comparison with an audiogram taken in the last 24

months, defined as a deterioration of 15 dB or more in air conduction threshold readings at two or more of the following frequencies: 500, 1000, 2000 or 4000 Hz.

***Other findings:***

Any other unusual presenting features at the discretion of the audiologist.

Where audiologists are not qualified (according to local guidelines) to undertake wax removal, or where any findings indicate possible need for further specialist assessment (e.g. otological, medical, neurological, neuro-otological), a medical opinion (normally from ENT or Audiovestibular Medicine) is required. Example findings include: middle ear disease or indications for acoustic neuroma.

Where agreement has been reached with local medical staff, audiologists may undertake extended roles that substitute for parts of the medical opinion referred to above. They must always operate within defined local protocols. Examples include: audiologists removing ear wax; undertaking vestibular function and tinnitus assessments followed by delivery and review of appropriate rehabilitation programmes; assessment and consideration of audiological suitability for bone anchored hearing aids and cochlear.

3) Please list the total number of

- (a) new adult hearing devices fitted by the Trust in the 2014-15 year to date and each of the last two financial years

**Answer: Please see the table below.**

Year	Total Number of First Fits	Total Number of Second ear fits
2014 to date (23.06.14)	228	28
2013-14	1866	228
2012-13	2058	243

- (b) replacement adult hearing devices fitted by the Trust in the 2014-15 year to date and each of the last two financial years

Year	Total
2014 to date (23.06.14)	385
2013-14	1973
2012-13	2325

- (c) patients who have been assessed and fitted for a hearing device on the same day in the 2014-15 year to date and each of the last two financial years and

**Answer: Please note that the figures below may not accurately reflect the true number of patients fitted with a hearing device on the same day.**

**Unfortunately, our new patient administration system does not currently allow us to record or report this information. As use of the new system started on 1<sup>st</sup> March 2014, we are only able to provide information up to 28<sup>th</sup> February 2014. Our organisation is working on configuring the system to enable us to record and report this information in the future.**

**The figures below have been collated from three of our clinics.**

Year	Total
2014 to date	No data available
2013-14	53
2012-13	54

- (d) after-care appointments carried out by the Trust in the 2014-15 year to date and each of the last two financial years.

**Answer: We would be grateful if you could respond to our email to you on the 14 July in order to provide you with the correct information. Please respond within 12 weeks from the date of our email. If you do not respond before this time, your request for this information will be closed.**

4) Please list the total number of binaural adult hearing devices fitted by the Trust in the 2014-15 year to date and each of the last two financial years.

**Answer: The total number of hearing aid fitted is recorded on a stock sheet, the numbers for which have been recorded in question 3 above.**

5) Please list the makes and models of hearing aids currently fitted by the Trust.

**Answer: Please see the list below.**

**Oticon Zest S  
Oticon Zest P  
Oticon Zest S Mini  
Oticon Zest C. SP  
Oticon RITE/PLUS RITE  
Phonak Naida/Nathos SP  
Phonak Naida/Nathos UP  
Phonak Nathos micro  
Phonak Cassia Cros aid's  
BP100/110 BAHA's**

6) Please supply the number of staff who carried out hearing aid fittings in the last financial year, broken down by Agenda for Change staffing grade.

**Answer: Please see the list below.**

**x1 Band 8 Audiologist  
x2 Band 7 Audiologists  
x10 Band 6 Audiologists  
x1 Band Audiologist**

7) Please supply details of the price (tariff) paid by the Local Clinical Commissioning Group for each

**Answer: Below is the tariff we currently charge for non-AQP patients:**

- (a) a hearing assessment **-£62.68**
- (b) a monaural hearing aid fitting **-£62.68 + £84.58 for device = £147.26**
- (c) a binaural hearing aid fitting and **-£62.68 + £84.58 x2 = £231.84**
- (d) after-care visits. **-£62.68 (please note repairs charged at £17.38)**

**If this specially relates to AQP, below are our tariffs.**

**AQP Audiology Tariffs**

<b>Tariff</b>	<b>Basis</b>	<b>Price</b>
<b>1</b>	<b>Assessment</b>	<b>£49.00</b>
<b>2</b>	<b>Assessment, Fitting 1 Hearing Aid, Follow Up</b>	<b>£225.00</b>
<b>3</b>	<b>Assessment, Fitting 2 Hearing Aids, Follow Up</b>	<b>£319.00</b>
<b>3a</b>	<b>Delayed Fitting of Second Aid</b>	<b>£94.00</b>
<b>4</b>	<b>Aftercare</b>	<b>£23.00</b>

8) Please confirm or deny whether the Trust applies a market forces factor charge to this price.

**Answer: Please see below.**

- **No MFF applied – Local tariff**
- **No MFF is applied to AQP tariff**

9) Please supply details of the market forces factor charge that is added to the price.

**Answer: This is not applicable to our organisation.**

10) Please confirm or deny if the Trust collects data on any of the following outcomes achieved for people attending adult hearing services

- |                                  |                       |
|----------------------------------|-----------------------|
| • (a) patient experience         | <b>Yes</b>            |
| • (b) patient satisfaction       | <b>Yes</b>            |
| • (c) referral to treatment time | <b>Yes</b>            |
| • (d) patient choice             | <b>Unknown</b>        |
| • (e) personalised care          | <b>No</b>             |
| • (f) other (please specify)     | <b>Not applicable</b> |

11) Please supply details of the outcomes achieved for people attending adult hearing services provided by the Trust.

**Answer: This depends which ‘outcomes’ are being referred to. Very positive responses were received from recent questionnaires completed by patients.**

12) Please confirm or deny if the Trust currently subcontracts for any audiology services to any other providers.

**Answer: Our organisation does not subcontract any audiology services to other providers.**

13) Please list all providers that the Trust holds subcontracts with to provide audiology services.

**Answer: This is not applicable to our organisation.**

14) Please list all of the locations where your trust holds NHS Adult Hearing Clinics from (including community locations).

**Answer: Our organisation holds Adult Hearing Clinics at the following locations:**

**Walsall Manor Hospital  
Blackwood Surgery  
Anchor Meadow Health Centre  
Darlaston Health Centre  
Park View Health Centre  
Pinfold Health Centre**

**109/14**

**Primary Dental Care Services**

1. Does your organisation provide a salaried primary dental care service? Yes/No

**Answer: We can confirm that our organisation does not provide a salaried Primary Dental Care Service.**

2. If you do not have a salaried primary dental care service, please provide the name of the organisation that provides this service in your geographical area:

**Answer: Birmingham Community Healthcare NHS Trust provides this service to patients within our area.**

3. How many salaried primary dental care services are provided by your organisation?

If your organisation provides more than one salaried primary dental care service, then please give the following information for each one of the services you provide.

4. What geographical area does the service cover?
5. During the last financial year (2013/14), what was the contract value received by your organisation to provide this service?
6. During the last financial year (2013/14), what percentage of this contract value was allocated to public health functions?
7. During the last financial year (2013/14), what was the revenue budget provided to the clinical director of this service to run the service?
8. Please provide the number (headcount) of male and female dentists currently employed in this service in each of the following age-bands:

Age	Male	Female
Under 25 years		
25-34 years		
35-44 years		
45-54 years		
55-64 years		
Over 64 years		
Total		

9. Currently, how many (headcount) dentists are employed on salaried dentists' terms and conditions in each of the following bands?

- a) Band A:
- b) Band B:
- c) Band C Managerial:
- d) Band C Specialist:
- e) Other dentist (please specify):

10. Currently, how many (whole time equivalent) dentists are employed on salaried dentists' terms and conditions in each of the following bands?

- a) Band A:
- b) Band B:
- c) Band C Managerial:
- d) Band C Specialist:
- e) Other dentist:

11. Currently, how many (headcount) dentists are employed on salaried dentists' terms and conditions are on the highest point on the pay scale in their band?

- a) Band A:
- b) Band B:
- c) Band C Managerial:
- d) Band C Specialist:
- e) Other dentist:

12. Currently, how many (headcount) dentists are in a permanent post in each of the following bands?

- a) Band A:
- b) Band B:
- c) Band C Managerial:
- d) Band C Specialist:
- e) Other dentist:

13. Currently, how many (headcount) dentists are in a temporary or locum post in each of the following bands?

- a) Band A:
- b) Band B:
- c) Band C Managerial:
- d) Band C Specialist:
- e) Other dentist:

14. Currently, how many (headcount) dentist posts are vacant in each of the following bands?

- a) Band A:
- b) Band B:
- c) Band C Managerial:
- d) Band C Specialist:
- e) Other dentist:

15. During the last financial year (2013/14), how many (headcount) vacant posts were advertised for in each of the following bands?

- a) Band A:
- b) Band B:
- c) Band C Managerial:
- d) Band C Specialist:
- e) Other dentist:

16. During the last financial year (2013/14), how many (headcount) vacant posts were filled in each of the following bands?

- a) Band A:
- b) Band B:
- c) Band C Managerial:
- d) Band C Specialist:
- e) Other dentist:

**110/14**

**A&E Self Harm Presentations**

I would like to request the following details under the Freedom of Information request for patients presenting at all A&E's under Walsall hospital group who have self-harmed during April 13 to March 14;

**Answer: Please see attached excel spreadsheet – available upon request.**

**111/14**

**IT/IM&T Dept Contact details, structure chart**

Under the Freedom of Information Act 2000, I kindly request the following information:

- 1) A list of current employees within your IT/IM & T Departments; including job titles, email address, contact details and structure chart.

**Answer: Please note that we do not release individual staff contact details or email addresses below Director level. This is withheld under section 40 (personal Information).**

**Steve Darkes is the Director of this service. His email address is; [steve.darkes@walsallhealthcare.nhs.uk](mailto:steve.darkes@walsallhealthcare.nhs.uk) and contact telephone number is; 01922 721172.**

**Please find attached the structural chart for this department as requested – available upon request.**

- 2) The number of temporary staff from employment agencies have been employed by your organisation over the last 12 months, and a breakdown of this, by job title and rate banding (ie 5 x helpdesk analysts (band 4).

**Answer: We can confirm that during the last 12 months, the positions listed below have been undertaken by temporary agency staff. The agencies who provided staff in these positions invoice us per day/hour and not by banding.**

**x4 Service Desk Operators  
x3 Business Change Specialists  
x1 Information Manager  
x2 Project Managers**

#### **112/14 DBS Checks**

I would ask that you answer as many of the following questions as you can within the cost limits set out in the FOI Act.

- 1) How many full time equivalent posts are there within your organisation?  
**Answer: There are 3626.91 full time equivalent posts within our organisation.**
- 2) How many of these posts require an applicant to have passed a check with the Disclosure and Barring Service?  
**Answer: 3216.85 full time equivalent posts are required to have passed a DBS check.**
- 3) How many members of staff have criminal records?  
**Answer: Unfortunately, this information is not recorded centrally.**
- 4) How many applicants for posts have you rejected due to the results of the DBS check since December 1 2012?  
**Answer: Unfortunately, our organisation does not record this information on a specific system.**
- 5) How many members of staff have been dismissed due to the results of a DBS check since December 1 2012?  
**Answer: We can confirm that one staff member has been dismissed due to the outcome of a DBS check.**
- 6) If possible, please provide details of the types of criminal offence that would preclude someone from working for your organisation and of the types of offence that are permissible. An electronic copy of any policy document you may have with regards to DBS checks would be fine.  
**Answer: Criminal offences relating to Safeguarding or Fraud would preclude someone from working in our organisation.**

113/14

### Use of temporary social workers

1. How many qualified Social Workers did you have working on a temporary (Agency) basis on 31st March 2014?
2. What was your total expenditure on temporary (Agency) Social workers supplied through a recruitment agency in the financial year 2013-14?

**Answer: We did not have any agency social workers during 13-14 and had no agency social workers on the 31.03.14.**

114/14

### Stroke Services

**Answer:** Please note that our data is recorded by financial year so the data is for April 2013-March 2014. Most of the figures are available in the public domain on SSNAP (stroke national audit programme) for each quarter and can be accessed by the link [www.ssnap@RCPLondon.ac.uk](mailto:www.ssnap@RCPLondon.ac.uk). The data included in the response is taken from our own local data unless otherwise stated and based on discharge dates, the SSNAP data is recorded by quarters, based on admission dates and the first quarter report was a pilot and not all patients at this point may have been entered into the data base, therefore the figures may differ.

1. Does the Trust provide 24 hour fully staffed acute stroke diagnostic and treatment 7 days a week, 5 days a week, or other (please explain)?  
**Answer: YES : 24hrs 7 days a week ( also have a 7 day TIA service)**
2. Does the Trust provide 24 hour routine access to scanning facilities for suspected stroke patients 7 days a week, 5 days a week, or other (please explain)?  
**Answer: YES: 24/7 CT scanning available**
3. In 2013, what proportion of patients suspected of having a stroke received diagnostic scans (CT scans) within the first hour of having their stroke, as per NICE Clinical Guideline 68?  
**Answer: See below table**
4. In 2013, what proportion of patients suspected of having a stroke received diagnostic scans (CT scans) within the first 24 hours of having their stroke?  
**Answer: We have included the 12hr target as this has now replaced the 24hr target (SSNAP only looks at 1hr and 12hrs)**

CT Scanning 2013-14 – Trust data base													
Time	Target	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
1hr	50%	42	51	22	27	24	46	25	42	33	40	45	38

12hr	80%	80	87	77	87	86	93	80	81	85	89	93	82
24hr		97	95	100	100	96	96	97	88	96	100	97	86

5. Does the Trust provide 24 hour routine access to intravenous thrombolysis for stroke patients 7 days a week, 5 days a week or other (please explain)?

**Answer: Yes: 24/7**

6. In 2013, what proportion of patients confirmed as having a stroke received intravenous thrombolysis within the first three hours of having their stroke, as per NICE Clinical Guideline 68?

**Answer: Nationally we record percentage of patients thrombolysis, but this can be up to 4.5 hrs. 2013-14: 6.1%**

7. Does the Trust record patient outcomes on discharge, based on the Modified Rankin Score?

**Answer: Yes**

8. If the answer to question 7 was Yes, what was the score in 2013?

**Answer: We record Rankin for individual patients so there is no overall score. SSNAP records the percentage of patients in each band of the rankin score (Rankin is score 0-6 0-no disability and 6 - patient died) both on admission and discharge but there is no individual comparisons but it does record the number of changes between Rankin on admission and discharge ( see below)**

Change in Rankin score	NB this is at point of discharge form hospital	Q1 %	Q2 %	Q3 %
0 ( returned to pre stroke function)		53	50	49
1 ( one band worse than pre stroke function)		11	15	15
2 (2 bands worse)		9	12	14
3		10	12	12

9. In 2013, what proportion of patients were admitted to a specialist stroke unit within 4 hours of arriving in hospital?

**Answer: 2013-14: 67%**

10. In 2013, what proportion of stroke patients spent at least 90% of their time in hospital in a stroke unit?

**Answer: 2013-14: 82%**

11. Does the Trust provide ward rounds by specialist stroke physicians 7 days per week or the standard 5 days per week?

**Answer: Stroke consultant 5 days a week, but stroke specialist physician 7 days a week for review of new patients**

**115/14**  
**Wi-Fi Access**

Do you charge patients for Wi-Fi access and if so, how much for how long?

**Answer: We do not charge for Wi-Fi access. Wi-Fi is available in certain areas of the hospital.**

**116/14**  
**Private Patient Income**

I wish to submit a Freedom of Information (FOI) request regarding your hospital trust's private patient income.

Specifically, I would like to know how much income did the Walsall Healthcare NHS Trust receive in private patient income in the financial years 2009/10, 2010/11, 2011/12, 2012/13, 2013/14, excluding income from overseas patients?

**Answer: The income recorded by the Trust in relation to private patients is detailed below.**

<b>Financial Year</b>	<b>Income</b>
<b>2009/10</b>	<b>£53,818.55</b>
<b>2010/11</b>	<b>£51.151.00</b>
<b>2011/12</b>	<b>£14.312.00</b>
<b>2012/13</b>	<b>£22.179.00</b>
<b>2013/14</b>	<b>£13.713.70</b>

**117/14**  
**SIRO Details**

Could you please tell me the name, job title, phone number and email address of the person who holds the role of 'Senior Information Risk Owner (SIRO)' within your organisation?

**Answer:**  
Mr Ian Baines  
Director of Finance and Performance  
[ian.baines@walsallhealthcare.nhs.uk](mailto:ian.baines@walsallhealthcare.nhs.uk)  
01922 656264



118/14

### Provision of NHS Ophthalmology Services

Please provide the following information under the Freedom of Information Act and the Code of Practice on Openness in the NHS:

- 1) Does the trust provide NHS funded ophthalmology services?  
**Answer: We can confirm that our organisation does provide these services.**
- 2) If yes, does the Trust measure the timeliness of the provision or non-provision of ophthalmology follow up appointments?  
**Answer: We can confirm that our organisation does measure the timings of the provision and non-provision of follow up appointments.**
- 3) Does the trust measure the number of follow up patients for whom the Trust is unable to provide appointments for within the interval specified by the clinician that last saw the patient?  
**Answer: We can confirm that our organisation does measure this.**
- 4) Please provide copies of any reports, analysis or action plans (internal or external) related to questions 2 and/or 3 produced since 1st April 2013 to date.  
**Answer: Please see analysis details below up to the end of March 2014 as requested. Waiting list initiative clinics have been arranged to eradicate the backlog.**

Month	Consultant 1		Consultant 2		Consultant 3		Consultant 4		Consultant 5		Overall Totals	
	Capacity	Backlog	Capacity	Backlog								
Oct-13	0	5	0	0	0	0	0	0	0	0	0	5
Nov-13	0	27	0	0	0	0	0	0	0	0	0	27
Dec-13	0	78	0	41	0	11	0	0	0	0	0	130
Jan-14	0	93	0	122	0	37	0	33	0	17	0	302
Feb-14	6	82	52	135	20	82	8	95	55	67	141	461
Mar-14	72	102	118	161	113	155	77	105	71	95	451	618

**119/14  
CRB Checks**

Prior to 26.6.2014, what procedures did the Trust have in place to CRB check (or similar) visitors to its sites sanctioned by those sites. i.e. 'celebrity' visitors to wards.

**Answer: There is no DBS requirement for visitors to wards as they would never be left alone with vulnerable patients.**

What does the Trust currently have in place to CRB check (or similar) visitors to its sites sanctioned by those sites. i.e. 'celebrity' visitors to wards.

**Answer: This is not applicable to our organisation as per the answer above.**

If possible, this information to be broken down into areas, i.e. children's ward, geriatric wards.

**Answer: This is not applicable to our organisation as per the answer above.**

How many such visits 'celebrity' (entertainers, actors, sports stars etc) took place over the past 3 years?

**Answer: The only visitors we have are Walsall Football Club at Christmas and they are supervised at all times whilst on hospital premises.**

Were visitors CRB checked in advance?

**Answer: This is not applicable to our organisation as per the answers above.**

**120/14  
Emergency Admissions related to mephedrone**

For each of the last five years for which figures are available, how many emergency admissions were attributable, or partially attributable, to the consumption of:

- a) mephedrone;
- b) piperazine;
- c) salvia divinorum.

If data is not available for previous 5 years, please supply the data for the years which is available.

The aim of my inquiry is to ascertain if there has been an increase in admissions related to New Psychoactive Substances (so-called 'legal highs') have increased. If you believe there is a better question to ask, please do let me know.

**Answer: Unfortunately, our clinical coding system does not record emergency admission by specific drug names so we are not able to provide you with this information. Figures can be identified from the system by the drug type/drug group. Please note that doing a system search in this way would identify all the drugs within that group/type.**

**If you would like to request information for a specific drug type/group of drugs, please inform us of what you would like your request to cover. Please respond within 12 weeks from the date of this letter. If you do not respond before this time, your request will be closed.**