

FREEDOM OF INFORMATION

Disclosure Log – Quarter 2 (July-September 2014)

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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.

121/14

ENT

1) Do you employ any doctors working in adult or children's ENT / Otolaryngology services?

If 'No' - please simply reply with confirmation that you do not employ any ENT / Otolaryngology Surgeons.

Answer: Yes

If 'Yes' then please supply the following information:

2a) The number of permanent (not locum) Consultant ENT / Otolaryngology Surgeons you employ.

Answer: We employ 4 permanent Consultant Surgeons.

2b) The first and last names or first and last initials of these Consultants.

Answer: Please see below.

S. Minhas

A. Dezso

N. Turner

M. Simmons

2c) How many of these surgeons are male, and how many are female?

Answer: The surgeons are all male.

2d) How many of these surgeons are full time and how many are less than full time.

Answer: All four are full-time.

3a) The number of Locum Consultant ENT / Otolaryngology Surgeons you employ.

Answer: We currently do not employ any locum Consultant Surgeons.

3b) The first and last names or first and last initials of these Locum Consultants.

Answer: This is not applicable to our organisation.

3c) How many of these surgeons are male, and how many are female?

Answer: This is not applicable to our organisation.

3d) How many of these surgeons are full time and how many are less than full time.

Answer: This is not applicable to our organisation.

4a) The number of permanent Associate Specialist ENT / Otolaryngology Surgeons you employ.

Answer: We currently do not employ any permanent Associate Specialists Surgeons.

4b) The number of locum Associate Specialist ENT / Otolaryngology Surgeons you employ.

Answer: This is not applicable to our organisation.

4c) How many of these surgeons are full time and how many are less than full time.

Answer: This is not applicable to our organisation.

5) The number(s) and job title(s) of all other doctors employed in the ENT / Otolaryngology Department at any level of responsibility eg 3 Specialty Doctors, 2 Specialty Registrars, 2 fellows, 4 FY2's etc. Please indicate for each post whether it is filled with a permanent or a locum employee. Please also indicate any posts filled by a less than full time doctor.

Answer: We currently employ the following;

X1 Locum Senior House Officer

X3 Specialty Doctors

X2 Specialty Registrars (Higher)

X2 Foundation Year 1 Doctors

All filled 100% with substantive doctors.

6) The number(s) and job titles of any vacant posts which are not included in the information already given.

Please do give any clarifying information you feel may be helpful in understanding the medical staffing levels in your ENT / Otolaryngology Department (s) eg a locum filling in for maternity leave of a permanent member of staff, and for non -standard posts eg Trust fellow please indicate what level they are working at eg SHO, Registrar equivalent etc.

Answer: This is not applicable to our organisation.

**122/14
Structures**

Please can you provide details of the organisational structures covering Finance, Estates & Facilities and HR.

Answer: We are applying an exemption under section 21 (3) as this information is available on our publication scheme. Please use the following link to access this information; <https://www.walsallhealthcare.nhs.uk/who-are-we-and-what-do-we-do.aspx>

**123/14
Exotic animals**

Please can you tell me how many people were admitted to hospital in the past three years with injuries inflicted by exotic pets/animals. Can I please have a list of the animals in question for each year. For example 31 snake, 4 skunk, 10 fox etc.

Answer: The date period covered by this information is 01 April 2011 to 28 February 2014. Unfortunately, searches on our clinical coding system are not able to be broken down by separate animals. The majority of our system codes are by group or type of animal. Please see the results from our system search below.

Number of Patients	Injury	Financial Year
13	Bitten by Dog	2011/12
6	Bitten or stung by other mammals	2011/12
4	Bitten or stung by nonvenomous insect or other nonvenomous arthropods	2011/12
2	Contact with hornets, wasps and bees	2011/12
1	Contact with unspecified venomous animal or plant	2011/12
1	Contact with venomous marine animals and plants	2011/12
20	Exposure to other and unspecified animate mechanical forces	2011/12

6	Bitten by Dog	2012/13
3	Bitten or stung by other mammals	2012/13
12	Bitten or stung by nonvenomous insect or other nonvenomous arthropods	2012/13
9	Exposure to other and unspecified animate mechanical forces	2012/13
14	Bitten by Dog	2013/14
4	Bitten or stung by other mammals	2013/14
10	Bitten or stung by nonvenomous insect or other nonvenomous arthropods	2013/14
1	Contact with venomous snakes and lizards	2013/14
4	Exposure to other and unspecified animate mechanical forces	2013/14

**124/14
Clinical Coding Department**

Please could you supply me with the information as detailed below,

1. Please supply structure of your Clinical Coding Dept

Answer: Under section 21, we would recommend you access the structure on our Publication Scheme via our website. A link to the page is below:

<https://www.walsallhealthcare.nhs.uk/who-are-we-and-what-do-we-do.aspx>

2. How many FCE's per year do you have?

Answer: Our organisation has 71,000 FCE's per year.

3. How many Coders do you employ broken down into Bandings (If not detailed in 1 above)

Answer: Please see the table below.

Band	Role	Number Employed (WTE)
8	Head of Coding	1.00
6	Divisional Managers	2.00
5	Senior Coders	5.24
4	Intermediate Coders	2.62
3	Junior Coder	1.00
2	Support Secretary	0.80

4. Do you code totally from the full Medical Record or an EPR?

Answer: Our organisation codes from medical records and discharge summaries.

5. How many separate systems are used to contribute to the Coding process by system e.g. Radiology systems, Laboratory systems?

Answer: Our organisation uses the Fusion system to obtain laboratory reports, radiology reports and discharge summaries.

6. Who by and how are mortality reviews undertaken within your Trust?

Answer: Consultants undertake the reviews within our organisation. Mortality review meetings are held on a monthly involving clinicians and clinical coding.

7. Do you have a qualified Clinical Coding Trainer or Clinical Coding Auditor?

Answer: The Head of Clinical Coding is an auditor and trainer. However, at the moment the post is currently an interim one to cover maternity leave and the interim is not an auditor nor trainer.

8. Do you have an encoder?

Answer: Our organisation has not had an Encoder since the implementation of our new Patient Administration System in March 2014.

9. Is the Clinical Coding Dept a centralised function?

Answer: Yes.

10. Do the Coders visit wards to gather the coding information?

Answer: Yes, in most instances.

11. Are your Coders speciality specific

Answer: No, our Coders rotate around the wards/specialties within our organisation.

12. Do you have Coding runner/porters that support note delivery to the Coding Team

Answer: We have a Clinical Coding Support Secretary who undertakes this role.

13. Please supply a copy of your last PbR Coding Audit

Answer: Please find the May 2013 report attached – available upon request

125/14

Staff Study Leave Expenses Policy

I require a copy of the staff study leave expenses policy.

I would like the above information to be provided to me electronically if this is possible

Answer: Please find attached our Staff Study Leave Policy as requested – available upon request. There is a national agreement for travel expenses under Agenda for Change Terms and Conditions. We recommend you review the NHS Employers website for national policy information. Please see the link below.

<http://www.nhsemployers.org/search-results?q=study+leave+expenses>

Further to my request for a copy of the study leave policy I have just realised I have been sent the policy which is not applicable to medical and dental staff. Can I please be sent the policy which applies to Consultants?

Answer: Please find attached the study leave guideline for doctors which comes from the Deanery – available upon request.

126/14

Infrastructure Services

1. Please provide the name, job title and email address for the Infrastructure lead for the Trust.
(This is likely to be designated Head of Infrastructure, Head of ICT Services or similar).

Answer: Please see below.

Andy Griggs

Infrastructure Service Manager

Email Address: andy.griggs@walsallhealthcare.nhs.uk

Tel: 01922 721172

2. Is the person above agreeable to a short follow up telephone interview or face to face visit around this topic? If yes, please additionally provide telephone contact details.

Answer: Please see above.

3. Is your Trust currently running any Cloud based services (yes/no)

Answer: No, we are not currently running any Cloud based service.

1. If yes, please provide brief details of the nature of the projects and what Cloud platform is being used (vendor and/or type, e.g. Private, Hybrid, Public).
4. Is your Trust considering undertaking any Cloud based projects or initiatives within (0 – 3 months, 6 – 12 months, 1 – 3 years) (yes/no)

Answer: No, not at the moment.

1. If yes, please provide brief details of the nature of the projects and what Cloud platform is being used (vendor and/or type, e.g. Private, Hybrid, Public).
5. If you have, or are considering Cloud adoption, what are the primary drivers for this?

Answer: Cost, business continuity, security and collaboration.

6. If you have considered using Public Cloud services and rejected please state primary reasons for rejection, e.g. cost, complexity, training, security, governance.

Answer: Security and Governance.

7. Would you consider yourself to have a good understanding of Private Cloud offerings and benefits to your Trust? (Grade 0-9 with 0 being no knowledge and 9 being extensive understanding)

Answer: 5.

8. Do you feel that there is a skills shortage generally with regard to Cloud knowledge and training within the NHS? (possibly yes/probably yes/yes/not sure/no/probably no/possibly no)

Answer: Yes.

9. Do you feel that there needs to be significant investment in supporting Cloud knowledge and training within the NHS? (possibly yes/probably yes/yes/not sure/no/probably no/possibly no)

Answer: Probably yes.

10. Does there need to be additional central support and direction for Cloud adoption within the NHS (possibly yes/probably yes/yes/not sure/no/probably no/possibly no)

Answer: Probably yes.

127/14

Operations/Procedures

I would like to request the following information as soon as possible please.

1. The number of operations or procedures that are cancelled or postponed at the Manor Hospital by the hospital this year to the end of June.

Answer: We can confirm that 44 operations were cancelled during 01 April 2014 and 30 June 2014.

2. The number of operations or procedures that have been carried out this year to the end of June.

Answer: We can confirm that there were 5885 admissions during this time period with a procedure code in the primary position.

3. If available the reasons for the cancellations or postponements of operations or procedures for the above period

Answer: Please see the table below.

Number of Operations Cancelled	Reason Recorded for the Cancellation
4	Administration error
6	Critical Care bed not available
1	Emergencies/Traumas
2	Equipment Failure/Unavailability
8	List Overrun
3	Surgeon unavailable
20	Ward bed not available

4. The average waiting time for surgery at the Manor Hospital for the same period.

Answer: This is exempt under section 21 (Information available by other means). Please find below the link to the publicly held data for our referral to treatment waiting times on the NHS England website.

<http://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2014-15/#Apr14>

128/14

Board Member Details

1) Which of your organisation's board level executive posts are currently vacant (please include posts which currently have an interim in place)

Answer: As at 14 July 2014, the following Executive Board member post is vacant although an interim arrangement is in force. A substantive appointment has now been made and a start date is being determined with the successful appointee.

2) How long these board level executive vacancies have existed (again, please count posts which currently have an interim in place)

Answer: The Chief Operating Officer post became vacant on Monday 7th July 2014.

3) How many of your organisation's non-executive director posts are currently vacant

Answer: None

4) How long these non-executive director vacancies have existed

Answer: Not applicable.

5) How long your organisation's current chief executive has been in post (please note if this individual is an interim)

Answer: Our current Chief Executive has been in post 3 years and 2 months approximately.

6) The last three board level executive roles to which appointments have been made, and whether those individuals appointed were from inside the trust or outside it

Answer: Please see below.

Director of Nursing appointed in June 2014 (Internal)

Director of Finance & Performance appointed in August 2013 (External)

Chief Operating Officer (External)

**129/14
Dog Bites**

Can I please have the number of people who attended A&E to be treated for dog bites for the past three years, 2014, 2013, 2012?

Answer: Unfortunately, A&E is not able to record the source of a bite on our systems, just that a bite has occurred. The source would be written within patient records. However, we are able to provide figures for inpatients that have been bitten by a dog. Please see the table below and note that this will not include patients who attend A&E.

Calendar Year	Number of Inpatients
2012	5
2013	12
2014	13

**130/14
Elective Patients**

Please can you tell me how many elective patients at the trust were referred to private providers in 2012-13, 2013-14 and 2014-15, so far?

Answer: Please see the table below.

Financial Year	Number of Elective Patients Referred to Private Providers
2012-13	0
2013-14	0
2014-15	1

Please could you provide a figure for each financial year detailed above.

Answer: We can confirm that the one case referred in 2014-15 was for £10,748.

Please could you also tell me how many of these referrals were turned down by the private provider and include the reason, if any was given.

Answer: No referrals were rejected by the private provider.

**131/14
Midwifery**

How does the trust manage shortages in midwifery?

Answer: Our organisation follows the ‘Maternity Staffing and Bed Management Escalation Policy’. Please find attached a copy of the policy – available upon request. This describes how we manage shortages at an operational level.

What did the trust spend on agency midwives in 2012/2013 and YTD 2014?

Answer: We can confirm that our organisation has had no spend on agency midwives during this time period.

Which agencies are used in midwifery and how is the decision reached as to who to use?

Answer: We do not raise any agency requests for midwifery. We do, however, utilise midwifery bank staff.

**132/14
Rheumatology**

I would like to request the following information about rheumatology services within your trust:

- 1) Does the Trust have a rheumatology service?
 - a. Yes
 - b. No – survey finished

- 2) Does the Trust have an early inflammatory arthritis clinic?
 - a. Yes
 - b. No

- 3) Is the Trust currently meeting or exceeding the standards of the Best Practice Tariff for Early Inflammatory Arthritis?
 - a. Yes, for all patients
 - b. Yes, for some patients
 - c. No
 - d. Don't know

- 4) Which tariff does the Trust predominantly use for early inflammatory arthritis patients?
- The standard Payment by Results tariff**
 - Best Practice Tariff for Early Inflammatory Arthritis
 - A locally agreed tariff based on the Best Practice Tariff for Early Inflammatory Arthritis
 - A locally agreed tariff based on standard Payment by Results tariff
 - Other – please state
- 5) Is the Trust planning to introduce the Best Practice Tariff for Early Inflammatory Arthritis in 14/15?
- Yes
 - No**

6) Does the Trust use any other Best Practice Tariffs?

a. Acute stroke care	Y/N	YES
b. Adult renal dialysis	Y/N	NO
c. Daycases	Y/N	YES
d. Diabetic ketoacidosis and hypoglycaemia	Y/N	NO
e. Early inflammatory arthritis	Y/N	NO
f. Endoscopy procedures	Y/N	YES
g. Fragility hip fracture	Y/N	YES
h. Interventional radiology	Y/N	YES
i. Major trauma	Y/N	Not applicable
j. Outpatient procedures	Y/N	YES
k. Paediatric diabetes year of care	Y/N	YES
l. Paediatric epilepsy	Y/N	NO
m. Parkinson's disease	Y/N	NO
n. Pleural effusion	Y/N	NO
o. Primary total hip and knee replacements	Y/N	THE OLD ONE - YES, THE NEW 2014/15 ONE - NO
p. Same day emergency care	Y/N	YES
q. Transient ischaemic attack	Y/N	YES

Q6 Answer: Our organisation is aware that there are multiple tariffs under the target rates for these areas. If our organisation is partially using BPTs or has just started using them in these areas, we have answered yes. If our organisation is currently developing or not using BPTs in these areas at the moment, we have answered no.

133/14

Formal Complaint

I would like to request a copy of all staff that worked in A&E on the 22 June 2014, Ward 11 on the 22-25 June, Ward 20c on the 25-27 June 2014 and also Pharmacy on the 26-27 June 2014

Answer: Unfortunately, we do not release individual staff names below Director level via Freedom of Information Requests. This is withheld under section 40 (Personal Information). However, we can provide the numbers of staff on duty within these areas by their job role.

Please find the information below.

A&E Nursing Shift Breakdown

Day Shift - 7.30am-8pm

Night Shift - 7.30pm-8am

A&E	
Date and Shift	Number of Nursing Staff on Duty
21st/22nd June night shift	x1 Sister and x6 Staff Nurses
22nd June day shift	x1 Sister, x7 Staff Nurses and x2 Clinical Support Workers (CSWs)
22nd/23rd June night shift	x1 Sister, x7 Staff Nurses
Date and Shift	Number of Doctors/Consultants on Duty
22nd June on-call shift (24 hours)	x1 Consultant
22nd June 8am-6pm shift	x1 Middle Grade Doctor
22nd June 10am-10pm shift	x1 Middle Grade Doctor
22nd June 12noon-10pm shift	x2 Middle Grade Doctors
22nd June 4pm-2am shift	x1 Middle Grade Doctor
22nd June 10pm-4am shift	x1 Middle Grade Doctor
22nd June 10pm-8am shift	x1 Middle Grade Doctor
22nd June 8am-8pm shift	x1 Junior Grade Doctor
22nd June 10am-10pm shift	x1 Junior Grade Doctor
22nd June 2pm-2am shift	x1 Junior Grade Doctor
22nd June 8pm-8am	x1 Junior Grade Doctor

Ward 11 Nursing Shift Breakdown

Long Day Shift - 7am-7pm

Night Shift - 7pm-7.30am

Ward 11	
Date and Shift	Number of Nursing Staff on Duty
22 nd June long day shift	x4 Nurses (includes x1 Agency Nurse) and x5 CSWs (includes x3 Agency CSWs)
22 nd June night shift	x2 Nurses and x3 CSWs (includes x2 Bank CSWs)
23 rd June long day shift	x3 Nurses and x5 CSWs (includes x1 Agency CSW)
23 rd June night shift	x2 Nurses and x3 CSWs (includes x2 Bank CSWs)
24 th June long day shift	x4 Nurses (including x1 Agency Nurse) and x5 CSWs (including x2 Agency CSWs)
24 th June night shift	x2 Nurses and x3 CSWs (includes x1 Bank CSW)
25 th June long day shift	x4 Nurses (includes x1 Bank Nurse) and x5 CSWs (includes x1 Bank CSW and x1 Agency CSW)
25 th June night shift	x2 Nurses and x3 CSWs (includes x2 Bank CSWs)

Ward 20C	
Date	Number of Nursing Staff on Duty
25 th June	x1 Nurse and x1 CSW
26 th June	x2 Nurses and x1 CSW
27 th June	x1 Nurse and x1 CSW

Medical Staff in surgical specialties are not ward based. However, teams (a combination of Consultant, Middle Grade and Junior Doctors) undertake any required daily ward rounds on each ward to review patients. As a minimum, the FY1 Doctor will usually

remain on the ward completing any jobs arising from the ward round. There is also an on-call team available 24 hours a day (consisting of a Consultant, Middle Grade Doctor and Junior Doctor). An FY1 Doctor is also on-call until midnight.

Pharmacy	
Date	Number of Staff on Duty
26 th June	x17 Pharmacists, x33 Pharmacy Technicians, x13 Pharmacy Assistants and x5 Admin and Clerical Staff
27 th June	x19 Pharmacists, x33 Pharmacy Technicians, x14 Pharmacy Assistants and x5 Admin and Clerical Staff

134/14

Serious untoward incidents

I request the following;

1. For each of the past five financial years – 2009-10 to 2013-14 – I would like the total number “serious untoward incidents” recorded at the trust.

Answer: Please see the table below. Please note these figures include ‘Never Events’

2009/10	2010/11	2011-12	2012-13	2013-14
25	55	325	177	140

2. For each of the last five years, I would also like the total number of “never events” (or similar) recorded at the trust.

Answer: Please see the table below.

2009/10	2010/11	2011-12	2012-13	2013-14
1	0	2	1	2

3. For the 2013/14 financial year, I would like a breakdown containing details of each serious untoward incident and never event. The breakdown should include a description of what happened, an indication of whether the patient suffered harm and if so, the extent of the harm, as well as the name of the hospital where it happened.

Answer: Please see the table below.

Serious Incidents & Never Events Walsall Healthcare NHS Trust			
Year	Type of Incident	Description of what happened:	Severity of Harm
2013/14	Accident Whilst in Hospital	Patient got right leg stuck in a cotside causing bone damage and large deep skin tear.	Major
2013/14	Accident Whilst in Hospital	Patient fell out of bed and sustained a fracture to the pubic rami	Major
2013/14	Accident Whilst in Hospital	Patient sustained an extensive leg injury following a bed transfer using a hoist.	Major
2013/14	Attempted Suicide by Outpatient (not in receipt)	Patient attempted suicide in the A&E department.	Major
2013/14	C.Diff & Health Care Acquired Infections	A period of increased incidence of C.difficile has been noted on Ward.	None
2013/14	C.Diff & Health Care Acquired Infections	A period of increased incidence of C. difficle has been established on Ward	None
2013/14	C.Diff & Health Care Acquired Infections	A period of increased incidence of Cdifficile has been noted on Ward	None
2013/14	C.Diff & Health Care Acquired Infections	A period of increased incidence of CDifficile has been noted on Swift Discharge Suite involving two patients who were in the same ward and time.	None
2013/14	C.Diff & Health Care Acquired Infections	The Infection Control Team were notified that a patient has died of Ecoli . Part 1 - EColi Septicaemia . Part 2 – Hospital acquired pneumonia.	Major
2013/14	C.Diff & Health Care Acquired Infections	Period of increased incidence of C.diff on medical ward involving 2 patients confirmed c.diff within a 28 day period	Moderate
2013/14	Child Death	5 day old baby admitted to A&E. Required resuscitation shortly after admission, which was unsuccessful and baby died..	Moderate
2013/14	Communicable Disease and Infection Issue	Patient not isolated on suspicion of diagnosis of Tuberculosis. The patient was found to have been nursed in open ward.	Moderate
2013/14	Confidential Information Leak	Confidential information was left in a private home following a visit.	None

2013/14	Confidential Information Leak	Member of the public contacted Occupational Health department advising that a letter relating to a member of staff had been sent to the wrong address.	Moderate
2013/14	Delayed diagnosis	Patient had a delayed diagnosis of pancreatic cancer.	Moderate
2013/14	Delayed diagnosis	Two patients with the same first name - Incorrect patient attended imaging for chest CT scan and scan was undertaken, whilst the second patient had a delayed diagnosis of lung cancer as wrong results were reviewed during clinic.	Moderate
2013/14	Delayed diagnosis	Patient had a delayed diagnosis of metastatic disease following extensive treatment for breast cancer.	Major
2013/14	Delayed diagnosis	Patient had a delayed diagnosis of caecal cancer.	Moderate
2013/14	Delayed diagnosis	Patient had a delayed diagnosis of lung cancer.	Major
2013/14	Delayed diagnosis	Patient had a delayed diagnosis of breast cancer..	Moderate
2013/14	Delayed diagnosis	Delayed diagnosis of a fractured neck of femur.	Major
2013/14	Delayed diagnosis	Patient had a delayed diagnosis of colon cancer.	Major
2013/14	Delayed diagnosis	Patient had a delayed diagnosis of metastatic spinal cord compression.	Major
2013/14	Drug Incident (general)	Patient was administered incorrect pain relief following a surgical procedure.	Major
2013/14	Drug incident (Insulin)	Insulin was administered to an incorrect patient during a medication round.	Minor
2013/14	Drug incident (Insulin) – NEVER EVENT	A diabetic patient was not administered sliding scale insulin for over 12 hours.	Major
2013/14	Drug incident (Insulin)	A non insulin dependant diabetic patient administered insulin via sliding scale.	Minor
2013/14	Maternity Services - Intrapartum death	Patient had an intra-partum death at 25 weeks & 5 days gestation.	Major
2013/14	Maternity Services - Intrauterine death	An intra-uterine death occurred at 38 weeks and 2 days gestation.	Moderate
2013/14	Maternity Services - Intrauterine death	An intra-uterine death occurred at 39 weeks + 5 days gestation	Moderate
2013/14	Maternity Services - Intrauterine death	An intra-uterine death occurred at 40 weeks & 5 days gestation.	Moderate
2013/14	Maternity Services - Intrauterine death	An intra-uterine death occurred at 37 weeks & 5 days gestation.	Moderate

2013/14	Maternity Services - Maternal unplanned admission to ITU	Patient was admitted to ITU following emergency caesarean birth.	Moderate
2013/14	Maternity Services - Unexpected admission to NICU (neonatal intensive care unit)	Baby was born in poor condition and was admitted to neonatal unit	Moderate
2013/14	Maternity Services - Unexpected admission to NICU (neonatal intensive care unit)	Baby was born in poor condition by caesarean section following a failed forceps delivery. Full resuscitation commenced however required transfer to neonatal intensive care unit	Moderate
2013/14	Maternity Services - Unexpected admission to NICU (neonatal intensive care unit)	Baby was delivered in poor condition and required intubation and transfer to Walsall neonatal unit.	Moderate
2013/14	Maternity Services - Unexpected neonatal death	Unexpected neo-natal death on day 8 of life following discharge.	None
2013/14	Maternity Services - Unexpected neonatal death	An unexpected neonatal death occurred at 30 weeks and 6 days gestation - sepsis related.	Moderate
2013/14	MRSA Bacteraemia	An MRSA bacteraemia has been confirmed at Laboratory.	
2013/14	Other	During a laparoscopic procedure, a surgical item could not be located and the patient had to undergo further explorative surgery.	Moderate
2013/14	Out patient appointment delay	Patient diagnosed malignant melanoma was not appropriately followed up.	Major
2013/14	Pressure ulcer Grade 3	Patient developed category 3 pressure ulcer	Moderate
2013/14	Pressure ulcer Grade 3	Patient discharged from hospital into residential home care, deterioration of category 2 pressure ulcer occurred whilst in the residential home to a category 3.	Moderate
2013/14	Pressure ulcer Grade 3	Development of grade 3 pressure ulcers.	Moderate
2013/14	Pressure ulcer Grade 3	Development of category 3 pressure ulcer confirmed to right inner buttock .	Moderate

2013/14	Pressure ulcer Grade 3	Category 3 pressure damage confirmed to left buttock	Moderate
2013/14	Pressure ulcer Grade 3	Category 3 pressure damage confirmed to left heel.	Moderate
2013/14	Pressure ulcer Grade 3	Category 3 pressure areas confirmed to various areas of the patients body.	Moderate
2013/14	Pressure ulcer Grade 3	Development of category 3 pressure ulcer to the left buttock.	Moderate
2013/14	Pressure ulcer Grade 3	Development of category 3 pressure ulcer to heels.	Moderate
2013/14	Pressure ulcer Grade 3	Category 3 to left heel developed whilst in patient on ward.	Moderate
2013/14	Pressure ulcer Grade 3	Development of Category 3 pressure damage	Moderate
2013/14	Pressure ulcer Grade 3	Category 4 pressure ulcer confirmed for a patient in a residential home setting.	Moderate
2013/14	Pressure ulcer Grade 3	Patient developed grade 3 pressure damage to coccyx and left heel.	Moderate
2013/14	Pressure ulcer Grade 3	Category 3 pressure ulcer to the right buttock whilst under care of Nursing Team.	Moderate
2013/14	Pressure ulcer Grade 3	Development of category 3 pressure ulcer whilst under the care of the Nursing Team.	Moderate
2013/14	Pressure ulcer Grade 3	Category 3 pressure ulcer developed to patient under care of Nursing Team.	Moderate
2013/14	Pressure ulcer Grade 3	Category 3 pressure damage to right foot confirmed as developed whilst care of Nursing Team.	Moderate
2013/14	Pressure ulcer Grade 3	Development of category 3 pressure ulcer	Moderate
2013/14	Pressure ulcer Grade 3	Development of category 3 pressure ulcer to right heel whilst an inpatient on ward.	Moderate
2013/14	Pressure ulcer Grade 3	Development of category 3 pressure ulcer whilst under care of Nursing Team.	Moderate
2013/14	Pressure ulcer Grade 3	Category 3 pressure damage confirmed by Nurse to the persons left buttock .	Moderate
2013/14	Pressure ulcer Grade 3	Development of grade 3 pressure damage to sacrum and buttocks whilst under the care of Nursing Team.	Moderate
2013/14	Pressure ulcer Grade 3	Development of grade 3 pressure ulcer	Moderate
2013/14	Pressure ulcer Grade 3	Development of grade 3 pressure ulcer.	Moderate
2013/14	Pressure ulcer Grade 3	Deterioration of existing pressure ulcer from grade 3 to grade 4 and development of another grade 3 pressure ulcer on another body location.	Moderate

2013/14	Pressure ulcer Grade 3	Patient has developed grade 3 pressure damage to right heel whilst an inpatient.	Moderate
2013/14	Pressure ulcer Grade 3	Development of category 3 pressure ulcer.	Moderate
2013/14	Pressure ulcer Grade 3	Patient developed grade 3 pressure damage to right malleolus whilst an inpatient on Ward	Moderate
2013/14	Pressure ulcer Grade 3	Development of grade 3 pressure ulcer.	Moderate
2013/14	Pressure ulcer Grade 3	Confirmed category 3 pressure damage to sacrum (left) and right buttock by Nurse.	Mod
2013/14	Pressure ulcer Grade 3	Development of category 3 pressure damage whilst under the care of Nursing Team.	Moderate
2013/14	Pressure ulcer Grade 3	Development of category 3 pressure ulcer whilst under the care of the Nursing Team.	Moderate
2013/14	Pressure ulcer Grade 3	Development of grade 3 pressure ulcer whilst under the care of the Nursing Team.	Moderate
2013/14	Pressure ulcer Grade 3	Patient has developed grade 3 pressure damage to right buttock whilst under the care of Nursing Team.	Moderate
2013/14	Pressure ulcer Grade 3	Development of grade 3 3 pressure ulcer whilst under care of Nursing Team.	Moderate
2013/14	Pressure ulcer Grade 3	Development of category 3 pressure ulcer whilst under the care of Nursing Team.	Moderate
2013/14	Pressure ulcer Grade 3	Development of category 3 pressure ulcer whilst under the care of the Nursing Team.	Moderate
2013/14	Pressure ulcer Grade 3	Development of category 3 pressure ulcer whilst under the care of the Nursing Team.	Moderate
2013/14	Pressure ulcer Grade 3	Development of category 3 pressure ulcer whilst under the care of the Nursing Team.	Moderate
2013/14	Pressure ulcer Grade 3	Development of category 3 pressure ulcer	Moderate
2013/14	Pressure ulcer Grade 3	Patient developed Grade 3 Pressure damage to his right heel whilst an inpatient on Ward	Moderate
2013/14	Pressure ulcer Grade 3	Development of category 3 pressure ulcer to the left heel	Moderate
2013/14	Pressure ulcer Grade 3	Development of category 3 pressure ulcer whilst an inpatient at Hospital.	Moderate
2013/14	Pressure ulcer Grade 3	Development of category 3 pressure ulcer with the potential to become a category 4.	Moderate
2013/14	Pressure ulcer Grade 3	Development of category 3 pressure ulcer to upper right buttock	Moderate

2013/14	Pressure ulcer Grade 3	Development of category 3 pressure ulcer to his spine whilst an inpatient	Moderate
2013/14	Pressure ulcer Grade 3	Development of category 3 pressure ulcer developed whilst on Swift discharge unit	Moderate
2013/14	Pressure ulcer Grade 3	Development of grade 3 pressure damage t whilst under the care of Nursing Team.	Moderate
2013/14	Pressure ulcer Grade 3	Development of category 3 Pressure Ulcer to the Right Hip whilst under the care of Nursing Team.	Moderate
2013/14	Pressure ulcer Grade 3	Development of grade 3 pressure damage to her right buttock under the care of Nursing Team.	Moderate
2013/14	Pressure ulcer Grade 4	Development of grade 4 pressure ulcer whilst under the care of Nursing Team.	Major
2013/14	Pressure ulcer Grade 4	Confirmed category 4 pressure damage to sacrum	Major
2013/14	Pressure ulcer Grade 4	Development category 4 pressure ulcer	Major
2013/14	Pressure ulcer Grade 4	Category 4 pressure ulcer developed to patient under care of Nursing Team.	Major
2013/14	Pressure ulcer Grade 4	Development of category 4 pressure ulcer whilst under care of Nursing Team.	Major
2013/14	Pressure ulcer Grade 4	Previous category 3 pressure ulcer has deteriorated into a category 4 ulcer.	Major
2013/14	Pressure ulcer Grade 4	Development of category 4 pressure ulcer to right elbow	Major
2013/14	Pressure ulcer Grade 4	Development of category 4 pressure ulcer to the sacrum by the Nurse.	Major
2013/14	Pressure ulcer Grade 4	Development of category 4 pressure ulcer to left thumb on left hand.	Major
2013/14	Radiology/Scanning incident	A number of patients received a greater dose of radiation during CT examinations.	Major
2013/14	Radiology/Scanning incident	Patient had a delayed diagnosis of brain tumour.	Moderate
2013/14	Safeguarding Vulnerable Adult	Patient was assaulted by a relative during inpatient admission.	Moderate
2013/14	Safeguarding Vulnerable Child	Baby on Neonatal Unit sustained a fractured neck of femur.	Moderate
2013/14	Safeguarding Vulnerable Child	Pregnant patient admitted to Walsall maternity service under a false name with no maternal hand held notes on arrival - previous child had been incorrectly registered.	None

2013/14	Screening Issues	Patient missed down's screening during ante-natal period - testing was not undertaken.	Moderate
2013/14	Slips/Trips/Falls	Patient had an unwitnessed fall on the ward and sustained a fractured neck of femur.	Major
2013/14	Slips/Trips/Falls	Patient had a fall whilst an inpatient and sustained a head injury confirmed by CT scan as an extensive subdural haematoma.	Moderate
2013/14	Slips/Trips/Falls	Patient had a fall in the bathroom and sustained a right inter-trochanteric fracture.	Major
2013/14	Slips/Trips/Falls	Patient had a fall on the ward and sustained a fractured right pubic rami.	Moderate
2013/14	Slips/Trips/Falls	The patient had a fall whilst an inpatient and sustained a fractured neck of femur.	Major
2013/14	Slips/Trips/Falls	Patient had a fall whilst an inpatient and sustained a subdural haematoma head injury.	Major
2013/14	Slips/Trips/Falls	Patient had a fall whilst an inpatient and suffered an extensive head injury resulting in the deterioration of condition, the patient unfortunately died.	Catastrophic
2013/14	Slips/Trips/Falls	Patient had a fall whilst an inpatient and sustained a right right sided intertrochanteric fracture of the pelvis.	Major
2013/14	Slips/Trips/Falls	Patient had a fall whilst an inpatient and sustained a fractured neck of femur.	Major
2013/14	Slips/Trips/Falls	Patient had a fall whilst mobilising and sustained a right sided fractured neck of femur.	Major
2013/14	Sub-optimal care of the deteriorating patient	Patient was admitted following diagnosis of small bowel obstruction and fluid balance monitoring was ordered. The patient was catheterised and NG inserted which drained 900mls of faecal fluid. The patient was transferred to the ward where urine output diminished through the night.	Major
2013/14	Sub-optimal care of the deteriorating patient	Patient suffered a cardiac arrest and sadly died whilst being transferred from x-ray department back to the ward.	Major
2013/14	Sub-optimal care of the deteriorating patient	Patient admitted with signs of septic shock having recently undergone chemotherapy however the neutropenic sepsis protocol was not adhered to.	Major
2013/14	Sub-optimal care of the deteriorating patient	Patient's condition deteriorated post-operatively and suffered a cardiac arrest following which the patient died.	Major

2013/14	Sub-optimal care of the deteriorating patient	Patient was admitted and required antibiotics, however there was a delay in the administration of the drugs and the patient died a short time later. Case has been reported to the Coroner.	Major
2013/14	Sub-optimal care of the deteriorating patient	Patient was admitted with bowel obstruction and sepsis and required Intravenous antibiotics. Only one drug was administered and the patient's condition deteriorated requiring admission to ITU.	Moderate
2013/14	Sub-optimal care of the deteriorating patient	Patient suffered an extensive bleed following a biopsy procedure and their condition deteriorated, resulting in a fatal cardiac arrest.	Catastrophic
2013/14	Surgical Error – NEVER EVENT	Never Event Chest drain was inserted; however it fell out and was not replaced. X-ray was reviewed during MDT discussion and it was noted that the guide wire was still insitu.	Major
2013/14	Surgical Error	The patient sustained internal injuries during a surgical laparotomy.	Major
2013/14	Unexpected Death (general)	The patient underwent a surgical procedure for abdominal obstruction, however post operatively suffered a cardiac arrest and despite resuscitation died.	
2013/14	Unexpected Death (general)	Community patient receiving regular visits from Nurses became unwell during GP/DN visits and was found deceased at his property.	Major
2013/14	Venous Thromboembolism (VTE)	Patient developed DVT whilst in hospital but was discharged without treatment and was re-admitted with extensive bilateral thrombosis	Moderate
2013/14	Venous Thromboembolism (VTE)	Patient was diagnosed as having PE +/- DVT however did not receive the prescribed enoxaparin.	Major
2013/14	Ward / Unit Closure	Ward has been CLOSED to admissions and transfers due to Diarrhoea and vomiting.	None
2013/14	Ward / Unit Closure	Ward was closed to admissions and transfers due to positive Norovirus	None
2013/14	Ward Closure	Ward reported patients with Diarrhoea and Vomiting symptomatic of Norovirus. Closed to admissions discharges and transfers by on call microbiologist.	None
2013/14	Ward Closure	Two ward closures with suspected Norovirus.	None
2013/14	Ward Closure	Ward have reported 4 patients with vomiting and/or diarrhoea today across 3 bays and one side room, the ward has been closed to admissions and transfers.	None
2013/14	Ward Closure	Ward was closed to admissions discharges and transfers due to diarrhoea and /or vomiting which may be symptomatic of Norovirus.	None

2013/14	Ward Closure	Ward has been closed by the on call microbiologist following a confirmed case of Norovirus.	None
2013/14	Ward Closure	Ward was closed due to 3 bays with symptoms of vomiting and/or diarrhoea.	None
2013/14	Ward Closure	Ward was closed due to symptoms of vomiting and/or diarrhoea.	None
2013/14	Ward Closure	Swift Discharge Unit has fully closed due to norovirus symptomatic patients	None
2013/14	Ward Closure	Ward has been closed following reported symptoms consistent with Norovirus.	None
2013/14	Ward Closure	Ward was closed to admissions and discharges and transfers due to report of 3 patients reported with diarrhoea and/or vomiting which may be symptomatic of norovirus.	None

135/14

Multiple Sclerosis

I would like to request the following information about multiple sclerosis prescribing within your organisation:

How many patients with Multiple Sclerosis are currently being treated with the following drugs;

- Interferon beta-1a [Avonex or Rebif]
- Interferon beta-1b [Extavia or Betaferon]
- Glatiramer acetate [Copaxone]
- Natalizumab [Tysabri]
- Fingolimod [Gilenya]
- Alemtuzumab [Lemtrada]
- Dimethyl fumarate [Tecfidera]
- Teriflunomide [Aubagio]
- Other

If possible please complete the following table:

Answer: Please see our entries as you specify below.

Drug Name	Brand Name	Number of Patients
Interferon beta-1a	Avonex	20
Interferon beta-1a	Rebif	21
Interferon beta-1b	Extavia	0
Interferon beta-1b	Betaferon	5
Glatiramer acetate	Copaxone	20
Natalizumab	Tysabri	4
Fingolimod	Gilenya	0
Alemtuzumab	Lemtrada	0
Dimethyl fumarate	Tecfidera	0
Teriflunomide	Aubagio	0
Other	Ivig	1
TOTAL		71

136/14

Agency Spend

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

Answer: We can confirm that our organisation does not currently have any locum/agency staff working within our Pharmacy Department. During 2013-14, the total spend for our organisation for locum staff working in the Pharmacy Department was £23,191.86.

137/14

Contact Details for OT and AHP

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

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

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

Answer: Please note that we do not release individual staff names, email addresses or telephone numbers below Director level. This is withheld under section 40 (personal Information).

Our organisation has Occupational Therapists within three separate clinical divisions.

Johanne Newens is Director of the Division of Medicine and Long Term Conditions. Her email address is; johanne.newens@walsallhealthcare.nhs.uk and contact telephone number is; 01922 721172.

Rachel Benson is Director of the Division of Surgery. Her email address is; rachel.benson@walsallhealthcare.nhs.uk and contact telephone number is; 01922 721172.

Simon Hallion is the Director for Family Services. His email address is; simon.hallion@walsallhealthcare.nhs.uk and contact telephone number is; 01922 721172.

138/14

Bed Capacity

I am writing to make a request under the Freedom of Information Act for details of bed capacity in hospital in-patient wards.

More specifically:

1. For 2014 so far, please provide the following information for each hospital in-patient ward: the number of days when the wards recorded no bed capacity (no available beds) at any point during the day. Please also provide the dates when this occurred. Please provide the information in spreadsheet (xls or csv) format. An example of a table might be:

HOSPITAL	WARD	NUMBER OF DAYS ZERO BEDS	DATES
Hospital A	A&E	3	January 4, January 7, February 18

2. The same for 2013
3. The same for 2012
4. The same for 2011
5. The same for 2010

Answer: Unfortunately, as bed capacity availability changes a number of times each day, our organisation does not record when this occurs on any systems.

6. For each day of 2014 so far, please provide the following information for each hospital in-patient ward: the maximum bed capacity, the number of beds occupied (at the point of greatest occupancy), the number of beds available (at the point of greatest occupancy). Please provide the information in spreadsheet (xls or csv) form. An example of a table might be:

DATE	HOSPITAL	WARD	CAPACITY	OCCUPIED	FREE
Jan 1 2014	Hospital A	A&E	100	95	5

7. The same for 2013
8. The same for 2012
9. The same for 2011
10. The same for 2010

Answer: The data below relates to specialty level and not ward level as this is not captured on our systems. Please note that data collection only commenced from 09 June 2014 so we are not able to provide information prior to this date.

	Core Beds Total	Core Medical Beds	Core Surgical Beds	Escalation Beds Total	Escalation Medical Beds	Escalation Surgical Beds	Total Beds Occupied	Medical Beds Occupied	Surgical Beds Occupied
09/06/2014	410	292	118	29	24	5	471	321	123
10/06/2014	410	292	118	24	20	4	466	317	122
11/06/2014	410	292	118	30	25	5	472	322	123
12/06/2014	410	292	118	24	19	5	468	317	123
13/06/2014	410	292	118	19	15	4	461	316	122
14/06/2014	410	292	118	11	11	0	453	308	123
15/06/2014	410	292	118	10	10	0	447	307	123
16/06/2014	410	292	118	13	13	0	426	308	118
17/06/2014	410	292	118	24	16	8	447	313	134
18/06/2014	410	292	118	21	16	5	434	311	123
19/06/2014	410	292	118	23	19	4	434	314	122
20/06/2014	410	292	118	16	14	2	428	306	122
21/06/2014	410	292	118	12	10	2	426	302	124
22/06/2014	410	292	118	17	13	4	431	305	126
23/06/2014	410	292	118	22	15	7	441	292	117
24/06/2014	410	292	118	32	21	11	460	310	240
25/06/2014	410	292	118	20	12	8	453	307	126
26/06/2014	410	292	118	21	14	7	437	306	132
27/06/2014	410	292	118	25	14	11	435	306	129
28/06/2014	410	292	118	14	14	11	417	290	113
29/06/2014	410	292	118	19	15	4	427	292	116
30/06/2014	410	292	118	23	21	2	442	320	122
01/07/2014	410	292	118	23	20	3	441	328	121
02/07/2014	410	292	118	22	23	4	435	311	119

03/07/2014	410	292	118	24	20	3	430	310	121
04/07/2014	410	292	118	31	21	10	458	320	138
05/07/2014	410	292	118	18	15	3	433	309	124
06/07/2014	410	292	118	18	16	2	428	310	125
07/07/2014	410	292	118	27	24	3	447	326	124
08/07/2014	410	292	118	36	25	11	455	321	134
09/07/2014	410	292	118	24	21	3	443	319	124
10/07/2014	410	292	118	19	15	4	433	307	126
11/07/2014	410	292	118	14	14	0	423	306	118
12/07/2014	410	292	118	13	13	0	423	305	118
13/07/2014	410	292	118	17	17	0	427	309	118
14/07/2014	410	292	118	19	17	2	427	309	118
15/07/2014	410	292	118	24	18	6	441	317	124
16/07/2014	410	292	118	26	24	2	445	327	120
17/07/2014	410	292	118	28	17	11	452	312	140
18/07/2014	410	292	118	25	15	10	447	309	138
19/07/2014	410	292	118	15	15	0	421	290	116
20/07/2014	410	292	118	16	16	0	425	308	117
21/07/2014	410	292	118	24	20	4	444	308	126
22/07/2014	410	292	118	20	17	3	436	312	124
23/07/2014	410	292	118	11	11	0	425	307	118
24/07/2014	410	292	118	17	17	0	430	313	118

139/14

Medication / Drugs

For the years 2011, 2012, 2013 and to date in 2014 please provide the following information:

1. How many drugs went missing each year and what the annual cost was to the trust with regards to the unaccounted for medication/drugs.

Answer: The figures below show the number of incident reports completed by our organisation for missing medication/drugs.

Unfortunately data is only available from January 2012 from our reporting system. The 2014 figure covers January – June 2014.

2012 16

2013 22

2014 13

2. Please detail the types and categories of all drugs that went missing for each year and specify the amount/volume for each category/type.

Answer: We can only provide a broad indication as to whether a whole prescription was missing or if there were multiple items. As our reporting system uses free text fields. Please see the tables below.

3. Please list for each year, when each drug went missing, whether it was subsequently found, how it is thought to have gone missing (eg lost or stolen), from what hospital it went missing or was stolen from, what action was taken (eg police informed, trust inquiry) and who the perpetrator was (eg staff member, patient or member of the public).

Answer: Given our formal quarterly audits and twice daily checks, the most commonly reported loss is for controlled drugs. All incidents are reported quarterly to the Controlled Drug Local Intelligence Network (CDLIN). Sessions with the police about best practice for wards have been run, as often, it is this that causes loss (eg. resealing blister packs with tape, to prevent waste, but when the tape peels back, tablets drop out). We can confirm that there have not been any confirmed thefts of medication/drugs at our organisation. Please see the tables below.

4. Please supply copies of any reports or incident logs referencing the missing drugs in each year and any alerts to staff members about the missing or stolen drugs.

Answer: Please see the tables below.

5. Please provide details of any suspected breaches of security or break-ins to drug stores during each year specified in this request (2011, 2012, 2013, and to date in 2014). Please include details of the number of incidents, when they took place and whether anything was stolen.

Answer: We can confirm that no suspected breaches of security or break-ins have been reported during this time.

Definitions: CD – Controlled Drug, POM – Prescription only medication, EDS – Electronic Discharge Summary

Walsall Manor Hospital							
Year incident Reported	Type	Incident Information / Drug Details	Cause	Outcome	Location	Investigation	Action
2012	CD INV POM	Patients medication was checked and there was an inconsistency of 5 missing ampoules of midazolam	miss count/mis read of medication	Found, miscout in medication	Patients own drug at patients residence	Trust	Investigated by District Nursing. Highlighted at CDLIN and part of monthly drug incidents
2012	CD POM	alerted by staff that 2 methadone tablets were missing.	Unable to clarify whether incorrect amount noted on admission. Lack of documentation.	Lost, Not located	Hospital	Trust	Investigated. Highlighted as part of CDLIN report. Reminder issued about procedure as investigation raised issues about initial stock count
2012	CD INV POM	stock take on the Dihydrocodeine 60mg m/r tablets 56 pack. Stock level on the computer says that we have 18 tablets in stock, but the physical stock is only 10 tablets.	Patient may have been given the 8 tablets. Lack of documentation.	Lost, Not located	Hospital	Trust	Investigated. Awareness of the importance of documenting entries for Dihydrocodeine in the registers made to all staff.
2012	Various	Medicines were dispensed for two different patients on a ward profile sheet. When the ward was visited the following day, by Pharmacy, the medicines were missing.	Cause unknown	Lost, Not located	Hospital	Trust	Investigated

2012	CD INV POM	Visited patient today when patient asked us to change patch which was due to be changed but not done. We found that 3 x 10mcg Butran patches were missing and unaccounted for following last documentation.	Possible that patches were changed during recent hospital stay. Lack of documentation.	Lost, Not located	Patient own medication at place of residence	Trust	Investigated. Review of procedure requested
2012	laxative	Pt was sent from assessment unit without Bisocodyl which has been dispensed to them – Pharmacy will not dispense another dose as it has been sent to them.	Cause unknown	Lost, Not located	Hospital	Trust	local review
2012	POM CD - No reg	Pharmacy had ordered a supply of 28 Zopiclone tablets on Monday and then again on Thursday had to re-order as there were no tablets in either the stock cupboards or the drug trolleys therefore taking our usage of zopiclone tablets to 56 tablets within 48hrs.	miss count/mis read	Found, miscount in medication	Hospital	Trust	Investigated. Drugs moved to secure storage
2012	P	Received a request for aciclovir cream for a patient from ward. Checked on Ascribe and it reflected that two tubes of creams had been dispensed. Rang the ward, staff claimed the drug was not on the ward.	Cause unknown	Lost, Not located	Hospital	Trust	Investigated.
2012	Type	On arrival to my patient for replenishing syringe driver I noticed the medication stock record was incorrect. 10 ampules of 20mg/2ml of oxycodone was not accounted for.	Stock recounted and miss count/mis read identified	Found, miscount in medication	Patients own drug at patients residence	Trust	Investigated.

2012	CD INV POM	whilst drawing up a dose of oramorph there was shown to be a discrepancy of 12mls	It is possible this was due to an accumulative loss of a small and insignificant volume	Found, drug loss accounted for	Trust	Trust	ongoing issue in terms of use of oral syringes and quills leading to discrepancies in volume left due to residual solution. Staff documentation process amended.
2012	CD POM	I went to obtain SUMATRIPTAN 50mg from the mediwell machine in the emergency drug room. When I opened the drawer there wasn't any in the slot just the prescription leaflet. So it was logged out that I have taken the drug out but I have not.	Item out of stock at the time so Medi Machine not replenished.	Found, miscount in medication	Trust	local	Investigated. Robust process now in place to follow for replenishment of out of stock items for the .medi.
2012	CD INV POM	A Zoladex implant was dispensed for a patient. Upon treatment following discharge the Zoladex went missing. The Zoladex which was found in another patients locker.	Found in another patients locker	Found	Trust	local	Investigated. No Further Action.
2012	Various	Staff checked and administered a patient's Lantus insulin and returned it back to the fridge. An hour later the patient was due some Novorapid insulin so staff went back to the fridge and found that the box of Novorapid pens and the box of Lantus pens were both missing.	Staff member had removed bag of expired vial of actrapid and x3 Novorapid pens found in the bag. Lantus pens not found.	Some Drugs located	Trust	local	Investigated.
2012	CD INV POM	Stock level query regarding the Medi was brought to our attention by ward. On inspection the stock level on a number of items were incorrect. The stock levels were considerably lower than what the Medi was indicating.	Poor use of device	Found, miscount in medication	Trust	local	review of use of the Medi

2012	laxative	Medication supplied to patient in preparation for discharge, not in patients locker, not in treatment room, not in drugs trolley.	Cause unknown	Lost, Not located	Trust	local	Investigated. Resupply of medication
2012	POM CD - No reg	Levetiractam 250mg tablets issued to ward was lost since last administration.	Stock Resupplied. Cause unknown.	Lost, Not located	Trust	local	resupply of medication

Walsall Manor Hospital						
Year Incident Reported	Type	Incident Information / Drug Details	Cause	Outcome	Investigation	Action
2013	Various	patient's discharge medication was missing so re-dispensed Amoxicillin, Clarithromycin, Prednisolone and Carbocisteine.	Electronic Discharge Summary failed to transfer from admitting ward to discharging ward	Lost, Not located	Trust	Investigated. No further action.
2013	Various	patient's discharge medication could not be found which had been sent to the ward. I Re-dispensed Carbamazepine 200mg BD for epilepsy and Propranolol 40mg BD.	Patient did receive his medication but there was a considerable delay.	Found	Trust	Investigated.
2013	Various	Medications that had been requested on the profile sheet, have had been lost and thus needed resupplying	Cause unknown.	Lost, Not located	Hospital	Investigated.
2013	Various	Items have been dispensed and delivered however could not be found on ward (treatment room or patients bedside locker). Medication: Dermovate and Epaderm	Cause unknown.	Lost, Not located	Hospital	
2013	CD PoM	staff was checking the Control Drugs and observed that one drug was missing.	Cause unknown.	Lost, Not located	Hospital	Investigated. Advised staff re seriousness and policy discussed.

2013	CD PoM	Home visit to patient to give 25mcg patch, stock recorded stated their were 4 patches left. They were nowhere to be found, all that remained in the house was 12mcg patches.	Cause unknown.	Lost, Not located	Patients own drugs in patients own residence	Investigated.
2013	POM	While checking the control medication on routine daily check it was discovered that the phenobarbital tablet 30mg x1 tablet was missing... the pack was empty.	Cause unknown.	Lost, Not located	Hospital	Investigated by Ward Pharmacist
2013	POM	Seretide 250 evohaler missing. Patient's locker and drug trolley were searched but inhaler not found.	Cause unknown.	Lost, Not located	Hospital	
2013	POM	Received a request to dispense ferrous fumerate 210mg tablets for a once daily dose for patient. the medicines had already been dispensed the previous day and the ward based technician remembers checking them and sending to the ward.	Cause unknown.	Lost, Not located	Hospital	Forwarded to Ward Manager or investigation
2013	POM	received request for Galantamine 24mg tablets for ONCE daily dose for patient on Saturday - this had been dispensed the previous day and sent to the ward.	Cause unknown.	Lost, Not located	Hospital	Forwarded to Ward Manager or investigation
2013	CD POM	Discharged patient's oxycontin syrup was returned to pharmacy so it was no longer required. According to the check 10.5mls of oxycontin is not accounted for.	After an investigation looking at doses given to patients and accuracy of record keeping, it was agreed that the total wastage could have easily been 10 mls due to 40 doses been drawn up by a kwill	Found, drug loss accounted for	Hospital	Investigated.

2013	POM	on routine stock check of medicines in the gum clinic, it was identified that 3 products were found with packs missing since last check on Monday.	Cause unknown.	Lost, Not located	Trust	Investigation by Matron. Locks have been changed, pharmacy are sole key holders. Pre and post stock take is taking place on days pharmacy attend clinic. ED drugs have been removed, including benzodiazepines.
2013	CD POM	whilst checking the controlled drugs to be returned with pharmacy as they are no longer being used. Noted that one controlled drug is missing Bupenorphine 200mch S/L tablet.	Cause unknown.	Lost, Not located	Hospital	re-training to be instigated for trained staff
2013	Various	Staff members from ward rang on to say they had not received medication or drug chart for patient. Drug chart was rewritten on ward. Medication redispensed.	Electronic Discharge Summary sent to wrong ward	Lost, Not located	Hospital	
2013	POM	Amitriptyline dispensed to the ward. Pharmacy asked to re-order next day as medication could not be found on the ward.	Cause unknown.	Lost, Not located	Hospital	Local investigation undertaken by ward manager
2013	POM	Staff ordered some medicines on friday of which were sent to them the same day but could not be found.	Goods had been delivered but not unpacked by staff.	Found	Community hospital	Pharmacy have now implemented a system in which the porter signs for the boxes, as that was not the case and we had no audit trail. MH technician ensures all goods expected to be dispensed for the day are put into the box for delivery.

2013	Varous	Discharge summary dispensed, no record on EDS which bag number medication was delivered in as the ward had not received the medication.	Spoken to person involved - bag number was missed.	Lost, Not located	Hospital	Investigated. Processes of completing an EDS have changed, there is now a system to put additional labels onto patients bag of drugs to indicate how long EDS has taken to process and reason if exceeded time frame set.
2013	CD POM	on checking the CDs it was noticed that the amount of oromorph did not match up to what was documented.	Accumulative loss from use of quill. Advised staff to measure with syringe each time they are checking CDs.	Found, drug loss accounted for	Hospital	
2013	POM	medication dispensed to the ward could not be found.	Cause unknown.	Lost, Not located	Hospital	
2013	POM	Ward rang to say not received the pregabalin for patient.	Drug not discovered despite search	Lost, Not located	Hospital	
2013	Various	patient was transferred from the ward to SDS. Pharmacy dispensed all medication for the patient whilst on the ward but it could not be found.	Patients medication was returned to pharmacy in green bags, from a different ward.	Found	Hospital	Discharging ward investigated.
2013	POM	Patient was prescribed Hyoscine patches. These were ordered from pharmacy and delivered. The next day, the patches could not be found.	Cause unknown.	Lost, Not located	Hospital	

Walsall Manor Hospital

Year Incident Reported	Type	Incident Information / Drug Details	Cause	Outcome	Location	Investigation	Action
2014	Varous	Patient supplied with medication. Ward requesting re-supply as unable to locate stock from ward before re-order due.	Cause unknown.	Lost, Not located	Hospital	Local	Not recorded
2014	CD-PoM	As part monthly CD AUDIT, all CD quantities are checked against the register entries. Patients own methadone 1mg/1ml (physetone)-labelled as 35ml per bottle, having checked each bottle using a syringe and kwill we found each bottle to contain 33ml.	Syringe and quill used might indicate a loss as there is always residual in using these. Possibly attributable to transfer loss from bottles to administering containers.	Lost, Not located	Hospital	local	Raised with the CDLIN for information in case other aspects come to light. At this stage cannot confirm or deny the kwill was a factor
2014	GSL	Patient was issued 1xop (7 patches) of nicotinell 14mg patches. The patient was moved to the ward but did not have their medication with them and it could not be found.	Cause unknown	Lost, Not located	Hospital	Local	redispensed
2014	PoM	Start up bags ordered from Hospira on Friday, due to be delivered on Saturday. Delivery didn't arrive.	Late delivery	Found	Hospital	Local	review with company
2014	Various	Prescription taken to pharmacy for medications to be dispensed for a patient's discharge. Medicines were not received by the ward.	Cause unknown	Found	Hospital	Local	local investigation by pharmacy
2014	PoM	I attempted to gain excess to some chlordiazepoxide via the medi cupboard. I attempted numerous times to gain amount but drawer was empty.	staff using the medi incorrectly thus stock imbalance is going wrong.	Lost, Not located	Hospital	Local	local investigation by pharmacy. Highlighted to matron.

2014		staff reported that 30mg MST missing on checking the CDs.	Evidence of tablets being resealed into strips	Lost, Not located	Hospital	Local	Investigated. Recently highlighted CD management at senior sisters away day.
2014	Various	Duplicated orders of 3 different patient's medication that has already been sent to the ward in the previous few days.	Duplicate dispensing	Lost, Not located	Hospital	Local	
2014	PoM	The controlled drugs were checked and it was found that there was 2 diazepam missing. The box with the two diazepam was not in the cupboard.	Review of records accounted for the missing medication	Found, miscount in medication	Hospital	Local	Investigated.
2014	PoM	Staff nurse ordered a seretide 500 accuhaler but this had already been ordered and sent to ward but could not be found.	Cause unknown	Lost, Not located	Hospital	Local	redispensed
2014	PoM	Serology report received from patient's booking sample informing of rhesus status. Anti d ordered in routine way. When actioning DNA's for clinic noted pt had moved to London and transferred care. Anti d issued for the DNA'd patient could not be found.	Cause unknown.	Found, drug loss accounted for	Clinic	Local	Process reviewed.
2014	PoM	Granddaughter of patient stated that when patient was transferred across to the ward she noticed that x2 100mg tablets of Clozapine were missing and that there had definitely been an equal number in each packet when the patient was admitted.	Highly likely that the patient had taken the missing tablets	Lost, Not located	Hospital	Local	Investigated.
2014	Various	patient's medication missing from their locker.	Cause unknown	Lost, Not located	Hospital	Local	Investigated.

140/14
patients discharged from hospital

There have been newspaper reports of patients being 'kicked out' of hospital overnight, but I'm interested in finding out how many of these discharges actually involved direction by a clinical member of staff, and how many were for other reasons, such as self discharges etc. You may not readily hold this data, but it would be just as helpful for me to know this.

My request is outlined below.

For the financial year 2013-14:

1) The number of patients recorded as discharged between the hours of 23:00 and 06:00 and the percentage of total discharges this represents

Answer: Please see the table below.

Year Ending	Number of Discharged Patients Out of Hours	Total Number of Patient's Discharged	Percentage of Patients Discharged Out of Hours
2013/14	1747	68731	2.54%

2) A breakdown of these discharges by reason for discharge, specifically for the following categories:

- a. medical advice
- b. self-discharges
- c. discharges by a relative
- d. deceased
- e. any other reasons specified by your records

Answer: Please see the table below.

Discharge Reason	2013/14	2012/13
Patient Died	287	308
Patient discharged on clinical advice or with clinical consent	1392	1506
Patient discharged him/herself or was discharged by a relative or advocate	62	74
Stillbirth	6	9
Total	1747	1897

3) Please advise whether your data records the time of discharge or the time at which the discharge was processed, and any further guidance you are able to give on the accuracy or reliability of the data you are releasing.

Answer: Our organisation does have reservations about the accuracy of the information due to the fact that overnight activity reported in the past has been found to be inaccurate due to lack of real time data capture.

4) If it does not exceed cost limits, the same request applying to data for the 2012-13 financial year.

Answer: Please see the table below.

Year Ending	Number of Discharged Patients Out of Hours	Total Number of Patient's Discharged	Percentage of Patients Discharged Out of Hours
2012/13	1897	67661	2.80%

141/14

Tenders for NHS Services

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

1) In the financial year 2013/14, (a) how many tenders for NHS services did you assess for a possible bid, and (b) of these, how many did you actually bid for?

a) In 2013/14, the number of tenders for NHS services assessed for a possible bid by the trust:

Answer: We estimate that in 2013/14, 10 tenders were assessed.

b) Of these, the number of tenders for NHS services the trust actually bid for:

Answer: In 2013/14 we submitted PQQs or bids for three services and were successful in all three. There were four other bids that the commissioner subsequently withdrew in 2013/14.

2) What was the cost for the trust of bidding for the last service tender that you did? If you cannot provide an exact figure, please provide an estimate to the nearest £10,000. Please include staff costs, administrative costs and expenses, and the costs of any external and legal advice.

The cost (or an estimate of the cost) for the trust of bidding for the last service tender that you bid for:

Answer: Unfortunately, this information is not recorded centrally. Staff involved in the last tender would have completed this work as part of their day to day duties. Any expenses or costs for any external or legal advice are unfortunately, not recorded by the tender they relate to. Unfortunately, it is not possible to estimate this cost

3) For the last service tender that you assessed for a possible bid but did not bid for, what was the cost of assessing the tender for a possible bid? If you cannot provide an exact figure, please provide an estimate to the nearest £10,000. Please include staff costs, administrative costs and expenses, and the costs of any external and legal advice.

The cost (or an estimate of the cost) for the trust of assessing the tender for a potential bid:

Answer: Unfortunately, this information is not recorded centrally. Staff involved in the last tender would have completed this work as part of their day to day duties. Any expenses or costs for any external or legal advice are unfortunately, not recorded by the tender they relate to. Unfortunately, it is not possible to estimate this cost

142/14

Nasogastric Feeding Tubes

Please supply the following information:

- The number of patients in your trust who required an nasogastric feeding tube during the past three years and why
Answer: Unfortunately, our organisation does not record this centrally in order to provide this information.
- The number of patients in your trust who required a retaining or restraining device to secure an nasogastric feeding tube during the past three years and why
Answer: Unfortunately, our organisation does not record this centrally in order to provide this information.
- The reason why a retaining or restraining device was required eg what type of patient was it – Stroke, neurological etc and what was the reason they required the device
Answer: Unfortunately, our organisation does not record this centrally in order to provide this information.
- The type of device used: nasal bullring, nasal bridle, Statlock nasal plaster, mittens, hand bandages, other?
Answer: For stroke patients mittens and bridles are used to retain or restrain patients in order to secure a nasogastric feeding tube.
- Any reported adverse effects as a result of using any of the above – please least which consequence, if any, arose from which device?
Answer: In relation to stroke patients, our organisation is not aware of any reported adverse effects from using these devices.
- In the past three years have you stopped using any of the devices (nasal bullring, nasal bridle, Statlock nasal plaster or mittens? If so, why?
Answer: Our organisation does not use bridles very often as some patients pull at them and they are also not appropriate for confused patients.
- Cost savings, if any, as a result of using any of the above devices in the past three years compared to previously
Answer: Unfortunately, this information is not recorded on a specific system.
- Any record of improved patient outcomes as a result of using any of the above devices

Answer: Unfortunately, we do not have any documentation detailing this information.

- Any records you have of nurses being reluctant to use these devices.

Answer: We are not aware of any reporting concerns or issues related to our Nurses using these devices.

143/14

Patient Information Leaflets

Can you answer the following questions please:

How many patient information leaflets do you produce?

How many new leaflets are produced each year and how many are reviewed

How is the content derived for each leaflet?

Answer: Unfortunately, we do not record this information.

Each department within our organisation has their own individual budget and tend to either reproduce what they currently use or contact our Communications Team if it needs to be updated. Some departments also approach external bodies such as Macmillan Cancer, who produce generic leaflets.

How much does it cost to produce the leaflets?

Answer: Please see the answer above. Unfortunately, the cost of leaflet production which our Communications Team completes varies depending upon design, content (eg. if external bodies are to be involved) and production time.

How many staff are involved in the production of the leaflets?

Answer: When our Communications Team are asked to produce patient leaflets, three team members are mainly involved in production.

Who is in charge of the production of the leaflets?

Answer: When our Communications Team are asked to produce patient leaflets, our Digital Communications Manager is in charge of production.

Who is responsible for the accuracy of the leaflets?

Answer: When our Communications Team are asked to produce patient leaflets, team members would proof read the document but factual accuracy is the responsibility of the leaflet requester.

Are they freely available on the Hospital Web Site?

Answer: Unfortunately, as there are so many patients leaflets used within our organisation, and they are condition/treatment/case specific, they are not freely available on our website at the moment.

144/14

Windows XP Migration

Could you tell me if the trust has migrated away from Windows XP yet?

Answer: Our organisation is currently migrating to Windows 7.

If not: How many devices does it have running Windows XP?

Answer: We currently have 2500 devices running Windows XP.

And has it put a Premier Services Agreement in place with Microsoft to provide security patch downloads in the interim?

Answer: The Crown Commercial Service (CCS), a new central purchasing agency within the Cabinet Office paid Microsoft to provide important security software updates for Windows XP, Office 2003 and Exchange 2003 for the entire UK public sector for one year until 8 April 2015.

145/14

Print and Scan Environment

I am interested in your print and scan environment. I was wondering if you could answer the following please.

1) How many employees does your organisation currently have?

Answer: Our organisation currently employs 4260 substantive individuals (3632 FTE).

2) Who supplies your multifunctional devices (main printer fleet)?

Answer: Xerox (UK) Ltd currently supply our multifunctional devices.

3) How many devices do they supply?

Answer: Xerox supply our organisation with 28 devices.

4) What BRAND device/s do they supply (Canon, Ricoh, Xerox, Kyocera, Dell, Samsung, HP, Epson, Toshiba, Konica Minolta, ect)?

Answer: They supply our organisation with Xerox branded devices.

5) Do they also supply print management software?

Answer: Yes, they also supply our organisation with print management software.

6) Do they also supply any additional scanning software?

Answer: No, they do not supply any additional software.

7) When does the contract for your print fleet expire?

Answer: The contract expires on the 28th February 2015.

8) What PDF solutions do you pay for (not free readers like Adobe)?

Answer: This is not applicable to our organisation as we do not pay for any PDF solutions. However, our organisation does purchase Adobe Acrobat licenses individually as per user requirements.

9) What Document Management/Document Repository/s do you use within the organisation?

Answer: Our organisation uses 3M.

10) What EPR/HER (electronic patient/health record system) do you have in place or are putting in place?

Answer: Our organisation uses Lorenzo as our patient administration system.

11) Who is the contact within the organisation responsible for the print fleet?

Answer: Ian Baines, Director of Finance and Performance is responsible for this service.

146/14

Phasing out of the Liverpool Care Pathway

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

1 - Does your Trust use the Liverpool Care Pathway (as of July 14th 2014) ?

Answer: We can confirm that our organisation has discontinued its use as of this date and thereafter. Our use since July 2013 and the Neuberger review; More Care, Less Pathway has reduced substantially and we have been monitoring its use via the organisation's End of Life Dashboard.

2 - If yes, when does your Trust plan to stop using the LCP?

Answer: This is not applicable to our organisation as we will not be using the LCP after the stipulated date.

147/14

FGM

Please send me the information kept by the Trust as of July 14th 2014.

As background - I understand that since April all NHS acute hospitals have been required to record this information. Please see below link for further details.

<https://www.gov.uk/government/news/new-government-measures-to-end-fgm>

1 - How many patients have undergone Female Genital Mutilation?

Answer: Walsall Manor Hospital does not specifically record these cases separately in order to provide an accurate figure. The codes used to record these cases on our clinical coding system would cover other disorders or scenarios. We are not able to breakdown these figures by condition.

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 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, 5 cases have been recorded. 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 three cases related to Adults.

2 - How many patients have a family history of FGM?

Answer: Walsall Manor Hospital does not specifically record these cases separately in order to provide an accurate figure. The codes used to record these cases on our clinical coding system would cover other disorders or scenarios. We are not able to breakdown these figures by condition.

3 - How many times has an FGM-related procedure been carried out on a woman?

Answer: We do not carry out any FGM related procedures on patients at our organisation. Patients who require treatment are referred to Birmingham Women's Hospital.

148/14

Mitrofanoff Procedures

May I request:

1a. How many Mitrofanoff surgical operations has your Trust conducted since its inception in the early 1980's?

or

1b. (Recognising that the information for 1a may not be held or time and resource intensive)

How many Mitrofanoff surgical operations has your Trust conducted within the past year?

Answer: We have checked our Clinical Coding System and identified that our organisation has not performed this operation in the past year.

2a. Quantitive data regarding the ages of patients undergoing the Mitrofanoff procedure
or

2b. (Where disclosing the age may contravene Section 40 restrictions by enabling identification of persons) Quantitive data regarding the average age of patients undergoing the Mitrofanoff procedure by either - age brackets (1-10, 11 - 20 etc.) or the mean average.
Answer: This is not applicable to our organisation.

3. The success rate of Mitrofanoff procedure operations conducted by your Trust, measured by the number/requirement of re-admissions for a surgical revision in 12 months.

Answer: This is not applicable to our organisation.

4. How many surgeons in your trust are trained to conduct the Mitrofanoff procedure?

Answer: None of our surgeons are fully trained to conduct this procedure at the moment.

5. Of the number of surgeons in the result of 4, how many have conducted less than 10 Mitrofanoff procedure operations within the past 12 calendar months?

Answer: None of the surgeons have performed this procedure in the past year.

149/14

Children Admitted to A&E due to Self Harm

Under FOI laws I would like to find out the number of persons aged under the age of 18 that have been admitted to A&E wards in your area due to having self-harmed (i.e. the number fitting into the 'Deliberate self-harm patient group).

I would like this information broken down by financial year for the five most recent years you hold (from 2009/10 to 2013/2014).

For each year, I would also like to know the age of the youngest patient admitted due to having self-harmed.

I would prefer if this information could be provided in .xls or .csv format.

Answer: Please see the table below. This information covers patients aged between 5 – 17 years.

Financial Year	Age of Youngest Child Attending A&E (Yrs)	Total Number of Children Attending due to Deliberate self-harm
2009-10	5	153
2010-11	9	117

2011-12	7	163
2012-13	8	175
2013-14	8	136

150/14

Consent to Organ Donations

1. Do you have a policy on seeking consent for organ transplantation? If so, can you provide me with a copy?
2. The National Blood and Transplant Service provides the following frequently asked question and answer on its website:
 - 43. What will happen if my relatives object?

We know that in most cases families will agree to donation if they knew that was their loved one's wish. If the family, or those closest to the person who has died, object to the donation when the person who has died has given their explicit permission, either by telling relatives, close friends or clinical staff, or by carrying a donor card or registering their wishes on the NHS Organ Donor Register, healthcare professionals will discuss the matter sensitively with them. They will be encouraged to accept the dead person's wishes and it will be made clear that they do not have the legal right to veto or overrule those wishes. There may, nevertheless, be cases where it would be inappropriate for donation to go ahead.

Can you provide information about how often in your trust in the last 5 years, that the objections of relatives have led to a decision not to take organs which would otherwise have been suitable for transplantation?

3. Do you collect and keep information about the incidence in your trust of relatives' refusals and decisions not to take organs for donation?

Answer: We do not undertake organ transplants at our hospital. We have contacted the NHS Blood and Transplant organisation and they plan to provide one response rather than individual responses as you have asked for this information from a number of NHS Trusts. They have advised me that they will respond to you directly. However, if you would like to contact them yourself, their general enquires line by telephone is 0300 123 23 23 or you can email your request to customer.services@bhsbt.nhs.uk

151/14

Technologies in Place to Reduce Paper Processes

Due to the ambitious targets set to have a Paperless or Paperlite NHS I am interested in looking at the technologies that are in place to reduce paper use within NHS organisations and what technologies you have in place or are implementing to reduce paper processes. To this end could you please answer the following questions.

Q1 How many employees does your organization currently have?

Answer: Our organisation currently employs 4260 substantive individuals (3632 FTE).

Q2 Who currently is contracted to supply your main fleet of printing devices (MFD's)?

Answer: Xerox (UK) Ltd currently supply our multifunctional devices.

Q3 What brand of device do they supply you with?

Answer: They supply our organisation with Xerox branded devices.

Q4 How many devices do they supply you with?

Answer: Xerox supply our organisation with 28 devices.

Q5 Do they supply you with an print management software? If so which one?

Answer: Yes, they also supply our organisation with print management software.

Q6 Do they supply you with any scanning software (additional to the software native to the device)?

Answer: No, they do not supply any additional software.

Q7 When is this contract (for your MFD's) due to expire?

Answer: The contract expires on the 28th February 2015.

Q8 What Document Management solution/s do you currently use within your organization?

Answer: Our organisation uses 3M.

Q9 What EPR (electronic patient record), also known as HER (electronic health record) do you have/will you roll out?

Answer: Our organisation uses Lorenzo as our patient administration system.

Q10 What PDF software do you pay for? And how many licenses do you pay for (an average per annum would be a good number here please)?

Answer: Our organisation purchases Adobe Acrobat licenses individually as per user requirements. This is paid for by each staff member or Department if they require that functionality. We do not have a corporate license with Adobe as some of our systems have built in PDF solutions. Unfortunately, it is not recorded centrally how many individual licenses may have been purchased by departments.

Q11 Who is the person within your organization responsible for the MFD's and the contract, what is their title, and their email address please?

Answer: Ian Baines, Director of Finance and Performance is responsible for this service. His email address is ian.baines@walsallhealthcare.nhs.uk.

152/14

2013-14 and 2014-15 Annual Account Reports and UK Hospital Addresses

Please send me copies of your audited accounts for year end 2013-14 and for year end 2014-15.

Answer: Please find attached a copy of our Annual Accounts report for 2013-14 as requested – available upon request.

As we are currently in financial year 2014-15, the Annual Accounts Report will not be available until July 2015.

Please send me names and addresses of main NHS hospitals in Blackpool, Nelson, Boston, Leyland, Carlisle, Barrow, Taunton, and Queen Elizabeth Hospital in Birmingham.

Answer: We unfortunately do not hold the full addresses of all NHS organisations across the UK and as this is your four request for this information, 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 Hospital and services across the UK.

Please note that we provided you with the address for Blackpool Victoria Hospital in our letter to you dated 4th February 2014.

153/14

Diagnostic Test Costs

I was wondering if you were able to email me the cost per patient to your hospital (actual hospital costs not the way in which it may be charged to commissioners) for conducting the tests listed below.

Answer: Please see the table below.

Test	Cost Per Patient
Full blood count	£2.10
Urea & electrolytes	£1.58
Magnesium	£1.58
Liver function test	£1.58
Serum creatinine	Not applicable, completed as part of urea & electrolytes test above
Creatinine clearance	£1.79
Estimated Glomerular Filtration Rate	£1.58
Radioisotope Glomerular Filtration Rate	Not applicable, this is not offered at our organisation
Gamma-glutamyl transpeptidase (GTT)	Not applicable, completed as part of liver function test above
Lipid profile	£1.90 (non fasted)
Fasting glucose test	£1.58
Urine test for proteinuria	No test undertaken but closest is albumin creatinine at £1.58
Urine test for infection	£1.89
Tuberculosis test	£4.42
Chest X-ray	£13.32
Smear test	Not applicable, this is not offered at our organisation
Pregnancy test	£0.65
HIV test	£6.71
Hepatitis B	£19.54
Hepatitis C	£13.45
VZV IgG	£22.34

154/14

Medical Treatment of Foreign Nationals

I request disclosure of every unpaid bill for treating foreign nationals (non EU/EEA citizens) for the financial years 2012/2013 and 2013/14.

For each case I require:

the date of the treatment, the nature of the treatment, the nationality of the patient, the sex of the patient, the age of the patient, the hospital where the treatment was carried out, the amount the treatment cost (estimation is fine), the amount of the treatment cost recovered by the hospital from the patient, if possible an indication of whether the remaining bill for treatment is still being actively sought or has been written-off

I would be grateful if you could send me any information in the form of an Excel spreadsheet, for the purposes of collation.

Answer: Please see the table below and the attachment as requested.

2012/13 Walsall Manor Hospital								
MONTH OF TREATMENT	INVOICE VALUE (£)	COUNTRY OF ORIGIN / NATIONALITY	AGE	SEX	TREATMENT	TOTAL DEBTS WRITTEN -OFF	TOTAL DEBT RECOVERED TO DATE	PROGRESS INDICATOR
Sep-11	£889.00	INDIA	49	F	MALARIA		£0.00	Actively being sought
Oct-11	£111.00	PAKISTAN	88	M	VALVULAR HEART DISEASE	£111.00		Written-off
Oct-11	£111.00	CANADA	42	F	CONCUSSION	£111.00		Written-off

Dec-11	£752.00	SOUTH AFRICA	32	M	LAPROSCOPIC APPENDICECOTOMY	£752.00		Written-off
Dec-11	£598.00	CYPRUS	74	F	HYPERTENSION ENCEPHALOPATHY	£598.00		Written-off
Dec-11	£376.00	IRAN	46	F	CHEST PAIN	£376.00		Written-off
Apr-12	£111.00	MOZAMBIQUE	59	F	BLOOD TESTS	£111.00		Written-off
Aug-12	£677.00	INDIA	52	F	CHEST PAIN	£677.00		Written-off
Aug-12	£656.00	CHINA	40	M	DYSPEPSIA	£656.00		Written-off
Sep-12	£648.00	PAKISTAN	57	F	WARD STAY		£0.00	Actively being sought

2013/14 Walsall Manor Hospital								
MONTH OF TREATMENT	INVOICE VALUE (£)	COUNTRY OF ORIGIN / NATIONALITY	AGE	SEX	TREATMENT	TOTAL DEBTS WRITTEN -OFF	TOTAL DEBT RECOVERED TO DATE	PROGRESS INDICATOR
Mar-13	£567.00	PAKISTAN	55	F	CHEST PAIN		£260.00	Actively being sought
Aug-13	£45.00	INDIA	66	F	XRAY		£0.00	Actively being sought
Aug-13	£2,319.00	AMERICAN	11	M	LAPROSCOPIC APPEDICECTOMY		£0.00	Actively being sought
Dec-13	£672.00	UNKNOWN	75	F	CHEST INFECTION		£437.68	Actively being sought
Jan-14	£1,325.00	AFRICAN	65	M	ABDOMINAL PAIN		£220.84	Actively being sought

155/14
ICT Configuration

Under the provisions of the Freedom of Information Act, please could you provide the following information about your ICT configuration:

I would be grateful if you could provide your responses using the attached Excel workbook.

Answer: Please see the answers below as well as the excel attachment as requested.

1) How many workstations (desktops, laptops and VDI clients) do you have on your estate?

Answer: Desktops – 3871, Laptops – 681, VDI 100

2) Is your workstation estate covered by a desktop management and asset management software tool?

Answer: Yes

3) If so, which vendor and product (eg Microsoft SCCM, Novell ZENworks) do you use?

Answer: Frontrange Discovery

4) How many licences do you have currently under maintenance?

Answer: None

5) How many mobile devices (eg Smartphones, Tablets, Blackberry) do you support within your estate?

Answer: Smartphones - None, Tablets – 117, Blackberry - 267

6) Do you have a management/enforcement product supporting mobile devices?

Answer: Yes

7) If so, which product/s do you use?

Answer: Sophos MDM

8) How many licences do you have currently under maintenance?

Answer: 1000

9) Which software product do you use for your IT and general service desk tool?

Answer: Richmond Support Desk

10) When is the renewal due on the maintenance?

Answer: April 2015

11) Do your users make use of cloud-based storage services such as Dropbox?

Answer: No

12) Do you currently have a mobile and desktop file sharing solution that allows "Dropbox-like" functionality to your users?

Answer: No

13) If so, which vendor and product do you use?

Answer: This is not applicable to our organisation.

14) What file transfer solutions (eg FTP, SFTP, SCP) are you using for moving files in and out of your organisation?

Answer: SFTP

15) Do you run older (legacy/green-screen/main-frame) systems within your estate?

Answer: No

16) How do you connect to the older systems (eg terminal emulation)?

Answer: This is not applicable to our organisation.

17) How do you integrate the older systems with newer technologies (eg GUI/NUI front-end making ODBC calls to older/legacy system)?

Answer: This is not applicable to our organisation.

18) Which directory service/s (eg Active Directory, eDirectory, OpenLDAP etc) do you use within your organisation?

Answer: Active Directory

19) How many users, service accounts and groups do you have in each directory?

Answer: Approximately 4500 active accounts.

20) If you run multiple directories, do you synchronise objects between them?

Answer: This is not applicable to our organisation.

21) If so, which software product do you use?

Answer: This is not applicable to our organisation.

156/14

Learning Disability Nurses

1. Does your trust currently directly employ a learning disability liaison nurse(s)?

Answer: No- we do not directly employ a Learning Disabilities Acute Liaison Nurse but the acute liaison post is a jointly funded post, 50:50 by Walsall Integrated Learning Disability Team (part of the Black Country Partnership Foundation Trust) and Walsall Manor Hospital at its original conception in 2009.

2. If you have directly employed one or more learning disability liaison nurses in the last five years, how many have you employed and what bands/levels are they? Please provide this information for 2010, 2011, 2012, 2013, and 2014.

Answer: The acute Learning Disabilities Liaison post sits within the Health Facilitation team as part of the Black Country partnership Foundation Trust. Our Trust currently funds 50% of the post. Two people have held this post since 2009 at Band 6.

3. If you currently directly employ a learning disability liaison nurse or nurses, how many hours each day does each hospital in your trust have a learning disability liaison nurse on site? Please specify the hospital and the hours. If no set timetable is available, please provide approximate times.

Answer: No set timetable is available. The post holder works 7.5 hours every day. Part of these hours are undertaken at Walsall Manor Hospital and part are undertaken off site with the Health Facilitation Team and service users working on protocols and procedures to support adults with a learning disability as they access acute care.

4. Do you currently directly employ a consultant learning disability nurse? If not, do you have any plans to employ one in the future?

Answer: We do not currently have no plans to employ a Consultant Learning Disability Acute Liaison in the future at the moment.

5. If you do not currently directly employ a learning disability liaison nurse, do you have any plans in place to employ one in the future?

Answer: We do not have any plans to directly employ a Learning Disabilities Liaison Nurse in the future but we plan to recruit a Children's Mental Health Specialist Nurse.

6. Does your trust currently host an acute liaison nurse(s) who may be employed by specialist learning disability services?

Answer: Yes, we host one Specialist from the Black Country Partnership. The Acute Liaison Post a jointly funded post, 50:50 by Walsall Integrated Learning Disability Team (part of the Black country Partnership foundation Trust) and Walsall Manor Hospital at its original conception in 2009.

7. If you have hosted one or more learning disability liaison nurses in the last five years, how many have you employed and what bands/levels are they? Please provide this information for 2010, 2011, 2012, 2013, and 2014.

Answer: One WTE Band 6. Please note that our organisation only funds half of the post.

8. If you currently host a learning disability liaison nurse or nurses, how many hours each day does each hospital in your trust have a learning disability liaison nurse on site? Please specify the hospital and the hours. If no set timetable is available, please provide approximate times.

Answer: The post holder works 7.5 hours every day. Part of these hours are undertaken at Walsall Manor Hospital and part are undertaken off site with the Health Facilitation Team and service users working on protocols and procedures to support adults with a learning disability as they access acute care-

9. If you do not currently employ or host a learning disability liaison nurse, do you have any plans in place to employ or host one in the future?

Answer: This is not applicable to our organisation.

157/14

FOI Requests

Please complete the table below.

Data	Response
Number of WTE and bandings directly involved in FOI process.	1.00 FTE Band 3
Numbers of FOI requests received during 2013/14 year.	486
Number of FOIs received during 2013/14 resulting in publication.	<p>All of our FOI responses are published on our Trust website as part of a Disclosure Log.</p> <p>Of the 486 requests received, 189 were</p>

	<p>Parliamentary or from the Media so could have led to publication.</p>
<p>Number of FOIs received during 2013/14 resulting in direction to existing publications available online etc.</p>	<p>Please note that as requests can contain a number of questions, our office may direct part of the request to online publications. The remainder of information will be released.</p> <p>x5 requests were redirected to online publications</p> <p>Plus</p> <p>Parts of x6 requests were also redirected to online publications</p> <p>TOTAL = 11 separate requests redirected to online publications</p>
<p>Number of FOIs received during 2013/14 to which responses were not provided due to exemptions.</p>	<p>Please note that as requests can contain a number of questions, our office may only apply an exemption to part of the request and release the remainder of information.</p> <p>x2 responses were withheld due to exemptions</p> <p>Plus</p> <p>Parts of x20 requests were also withheld due to exemptions</p> <p>TOTAL = 22 separate requests were withheld due to exemptions.</p>
<p>Annual cost per FOI to the organisation.</p>	<p>This work is completed by a current employee as part of their normal work duties.</p>

Number of FOI requests exceeding the 20 day response period in breach of requirements.	1 (the response was sent on the 21st day)
Number of FOI requests exceeding the 20 day response period after notifying the requestor of the delay.	6
Number of WTE staff within the Trust for 2013/14	3511.99 FTE staff as at 31 March 2013

158/14

Cost of a Hip Arthroplasty

Under the freedom of information act please can you advise the cost per night of keeping a patient in Walsall Manor Hospital and also the cost of a hip arthroplasty carried out there.

Answer: We can confirm the cost per night of keeping a patient in our hospital is £250.

As per the 2012/13 reference costs (the 2013/14 reference costs are not yet available) please see the table below which details the cost of hip arthroplasty procedures.

Reference Code	Procedure	2012/13 cost (£)
HB12A	Major Hip Procedures for Non-Trauma, Category 1, with Major complications and co-morbidities	8,323.01
HB12B	Major Hip Procedures for Non-Trauma, Category 1, with Intermediate complications and co-morbidities	6,451.22
HB12C	Major Hip Procedures for Non-Trauma, Category 1, without complications and co-morbidities	5,707.39

159/14

Numbers of Staff Physically and/or Verbally Abused by the Public

Please provide me with the following information as soon as possible.

1. How many patient-facing staff within your Trust have been physically and/or verbally abused by the public - specifically in A&E units and Urgent Care Centres - in the last 3 complete years?
2. Please provide me with either a breakdown or a list of the type of patient-facing staff affected? E.g. Doctors, nurses, receptionists, security staff, cleaners etc.
3. Please provide me with a breakdown of incident type or the top 5 most common occurrences.

Answer: The Walsall Urgent Care Centres fall under Walsall Clinical Commissioning Group. These services are available at Walsall Manor Hospital, however, our staff do

not provide these services. We recommend you contact their Freedom of Information Office directly for this information (email address: foi@walsall.nhs.uk or postal address: Jubilee House, Bloxwich Lane, Walsall, WS2 7JL.

With regard to incidents which have occurred in our A&E Department, please find below a list by reporting/financial years 2012-13 and 2013-14 (01 April – 31 March).

2012-13			
Month of Incident	Staff Member Affected	Location	Category of Incident
June	Nurse	Accident & Emergency	Verbal Abuse
July	Nurse	Accident & Emergency	Physical Violence / Assault
September	Nurse	Accident & Emergency	Physical Violence / Assault
September	Nurse	Accident & Emergency	Physical Violence / Assault
September	Nurse & Security	Accident & Emergency	Verbal Abuse
November	Nurse	Accident & Emergency	Physical Violence / Assault
November	Nurse	Accident & Emergency	Verbal Abuse
November	Security	Accident & Emergency	Verbal Abuse
November	Nurse	Accident & Emergency	Verbal Abuse
December	Doctor	Accident & Emergency	Verbal Abuse
December	Nurse & Security	Accident & Emergency	Verbal Abuse
February	Not Stated	Accident & Emergency	Physical Violence / Assault

160/14

Product Volumes for Last Financial Year

Within the last 12 months or last financial year, can you tell me what was the **quantities** of the items purchased and listed below (description first – NHS Catalogue Ref. No.second - unit of issue third – supplier fourth) or nearest matching item:

NOTE: These items, or similar, may have been purchased from NHS Supply Chain or direct from the supplier. Please indicate which.

Cobra single use biopsy gun gauge 18 length 10 cm. – NHS Cat Ref. FAL8209 – Box of 10 - Supplier Coloplast/Porges

Answer: We do not recognise this product or a similar alternative.

Cobra single use biopsy gun gauge 18 length 20 cm. – NHS Cat Ref. FAL 8211 – Box of 10
- Supplier Coloplast/Porges

Answer: We do not recognise this product or a similar alternative.

Monopolar 5mm x 330mm laparoscopic scissors metzembaum curved 17mm blade. - NHS
Cat Ref. FGE048 - Box of 12 – Supplier Cimpax.

Answer: The most probable alternative to this item that our organisation would use is LogiCut S/Use Metzemaum Scissors 16mm (120-7000) purchased from Elemental Healthcare via Eseries on catalogue number 0003604. 92 have been ordered during financial year 2013-14.

Scissors Dissection Disposable Rotatable 1.8 x 1200 mm single use sterile – NHS Cat. Ref.
FGE3297 – 3301(5 sizes) Box of 3 – Supplier Lyall Willis.

Answer: Our organisation does not use single use dissection scissors.

Needle amniocentesis 21 gauge x 120mm with stylet – NHS Cat. Ref. FTR109 – pack of 10
– Supplier Wallace

Answer: We do not recognise this product or a similar alternative.

Needle amniocentesis 21 gauge x 150mm with stylet – NHS Cat. Ref. FTR110 – pack of 10
– Supplier Wallace

Answer: We do not recognise this product or a similar alternative.

Needle amniocentesis 21 gauge x 90mm with stylet – NHS Cat. Ref. FTR107 – pack of 10 –
Supplier Wallace

Answer: We do not recognise this product or a similar alternative.

Amniocentesis exchange set 20g x 15cm needle with tube set syringe 3 way tap – NHS Cat.
Ref. FTR1459 – pack of 10 – Supplier Rocket Medical

Answer: We do not recognise this product or a similar alternatives.

Women's healthcare tumour biopsy: Punch Single use Tischler Morgan Biopsy Punch *NON
RETURNABLE ITEM* - NHS cat ref: FGR237 - pack of 10 – Supplier Medi-Tech

Answer: Our organisation uses Disposal Biopsy Punch 4mm from Kai Medical, pack of 20. 1 box was ordered in 2013-14.

Needle biopsy bone marrow 15 gauge x 39mm with 30 degree angle NHS Cat. Ref. FTR324
– pack each – Supplier Rocket Medical

Answer: We do not recognise this product or a similar alternative.

161/14

Metastatic Melanoma and NSCLC

I have a request regarding prescribing for Metastatic Melanoma and Non-small cell lung carcinoma which I hope you can help me with.

1. Within your organisation how many patients are currently [last 3 months] being treated for Metastatic Melanoma [Stage IIIB/Stage IV]?

Answer: Our organisation does not currently treat patients with this condition.

Of those patients please split by their current drug treatment;

Drug	Patients
Bevacizumab (Avastin)	
Dabrafenib (Tafinlar)	
Dacarbazine (DTIC)	
Ipilimumab (Yervoy)	
Trametinib (Mekinist)	
Verumafinib (Zelboraf)	
Other	

Answer: This is not applicable to our organisation

2. Within your organisation how many patients are currently being treated for Non-small-cell lung carcinoma [Stage IIIB/Stage IV]?

Answer: Our organisation is currently treating 15 patients with this condition.

Of those patients please split by their current drug treatment;

Drug	Patients
Afatinib (Giotrif)	0
Bevacizumab (Avastin)	0
Cetuximab (Erbix)	0
Crizotinib (Xalkori)	0
Erlotinib (Tarceva)	0
Gefitinib (Iressa)	0
Pazopanib (Votrient)	0
Pemetrexed (Alimta)	11
Other	4

162/14

ICU Beds / Early Warning Scores

How many adult critical care beds do you have in your hospital (or hospital trust)?

Answer: Our organisation has 13 critical care beds within the hospital. 5 of these are in ITU and 8 in HDU.

In your non-ICU wards, do you have computerised health records?

Answer: No, we do not have computerised health records in our non-ICU wards.

Are patients' vital signs recorded and /or monitored using paper charts or computerised records?

Answer: Patient's vital signs are recorded and monitoring using paper charts.

Do you use early warning scores on your wards to monitor patients?

Answer: Yes, we use early warning scores on our wards to monitor patients.

Which early warning scoring system or systems are used in your hospital?

Answer: The National Early Warning Score.

Do you plan to use the National Early Warning Score (designed by the Royal College of Physicians) if you do not already use it?

Answer: This is currently used.

163/14

Parenteral Iron in the Treatment of Iron Deficiency

1. How many patients with any iron deficiency anaemia have been treated over the last 12 months with parenteral iron preparations?

47

2. How many patients with any iron deficiency anaemia have been treated over the last 12 months with any of the following parenteral products: Ferinject, Rienso, Cosmofer, Venofer

	Ferinject	Rienso	Cosmofer	Venofer
Number of patients with any iron deficiency anaemia	0	0	44	3

3. How many patients with renal insufficiency (CKD) have been treated over the last 12 months with parenteral iron preparations?

3

4. How many patients with renal insufficiency (CKD) have been treated over the last 12 months with any of the following products over the last 12 months: Ferinject, Rienso, Cosmofer, Venofer

	Ferinject	Rienso	Cosmofer	Venofer
Number of patients renal insufficiency (CKD)	0	0	2	1

5. What is the average dose of parenteral iron for iron deficiency?

16.35mgs per week

6. How many patients requiring parenteral iron for any iron deficiency are seen more than once per year?

190

**164/14
Agency Staff**

I would like to know how many agency staff your trust has employed each year since 2010 to the present day (or your most recent figures).

This can be broken down in to yearly or quarterly figures.

I would like to know the cost of hiring the agency staff. This should be across all staffing areas.

Answer: The table below shows the total spend on agency staff within all areas of our organisation. Unfortunately, our systems do not record how many individual agency staff have been employed. We book agency staff and are invoiced by shifts and not by the number of individuals employed with an agency.

Calendar Year				
2010 (April-Dec)	2011	2012	2013	2014 (up to end of June)
£4,252,265	£4,211,317	£4,372,434	£8,209,082	£1,640,000

**165/14
HP Hardware Support**

Could you please provide the following information under the Freedom of Information Act 2000:

1. Name of current IT support provider – who maintain / service your HP hardware
Answer: Switchshop
2. Date of Expiry of current Support Agreement
Answer: June 2015

Value of Support Agreement awarded **166/14**
Recruited Nurses & Doctors

I would like to make a freedom of information request.

As much detail as you have from may 2010.
Split figures in to yearly figures.

- 1) Has the trust actively recruited a) nurses and b) doctors from
 - i) the EU/EEA (not including the UK)?
 - ii) foreign countries outside the EU/EEA (ie who have been registered through the Overseas Nurses Programme)?

Please give a total figure if this split is not calculable.

Answer: Our organisation has not actively been recruiting Nurses from EU/EEA countries during this time. However we are currently recruiting a Nurse from India.

Unfortunately, records relating to medical and dental staff only date back to October 2007. In November 2010, we combined with a large university hospital in Pakistan to appoint Middle Grade doctors in hard to fill positions we had within Medicine. We successfully appointed three doctors.

From December 2012 to October 2013, we sourced a recruitment agency to actively recruit European Doctors for hard to fill Middle Grade vacancies within Anaesthetics. We successfully appointed one Doctor.

2) Has the trust sent recruiting teams abroad for this purpose?

Answer: Our organisation is not sending staff overseas to recruit Nurses or medical and dental professionals.

3) What is the trust's total number of employed a) nurses and b) doctors?

Answer: The Trust currently employs 1251 substantive Nurses and 387 medical and dental professionals.

4) What is the number from abroad/who hold foreign nationality who are employed by the trust as a) nurses and b) doctors?

Answer: The Trust currently employs 113 substantive Nurses and 143 medical and dental professionals who hold foreign nationality.

3.

Answer: Current renewal was approximately £30K + VAT

4. Name of person who is in charge of IT maintenance / support within your organisation

Answer: Mark Taylor is the Assistant Director of this Service. His email address is mark.taylor@walsallhealthcare.nhs.uk or contact number 01922 721172.

166/14

Recruited Nurses & Doctors

I would like to make a freedom of information request.

As much detail as you have from may 2010.

Split figures in to yearly figures.

1) Has the trust actively recruited a) nurses and b) doctors from

i) the EU/EEA (not including the UK)?

ii) foreign countries outside the EU/EEA (ie who have been registered through the Overseas Nurses Programme)?

Please give a total figure if this split is not calculable.

Answer: Our organisation has not actively been recruiting Nurses from EU/EEA countries during this time. However we are currently recruiting a Nurse from India.

Unfortunately, records relating to medical and dental staff only date back to October 2007. In November 2010, we combined with a large university hospital in Pakistan to appoint Middle Grade doctors in hard to fill positions we had within Medicine. We successfully appointed three doctors.

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Answer: Our organisation is not sending staff overseas to recruit Nurses or medical and dental professionals.

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Answer: The Trust currently employs 1251 substantive Nurses and 387 medical and dental professionals.

4) What is the number from abroad/who hold foreign nationality who are employed by the trust as a) nurses and b) doctors?

Answer: The Trust currently employs 113 substantive Nurses and 143 medical and dental professionals who hold foreign nationality.

167/14

Hidradenitis Suppurativa

I was wondering if you were able to email me the following figures for your Trust:

Q1. How many people with Hidradenitis Suppurativa (HS) are under the care of your Trust in total?	patients
---	----------

Answer: Unfortunately, we do not have diagnostic coding within the outpatients setting. We estimate that we see one patient with this condition in our outpatient clinics per week. This could either be as a new patient or follow up appointment. Unfortunately, we do not record how many patients we are currently treating for this condition on our clinical coding system.

Q2a. How many individual patients did you see in the out-patients setting in your Trust for Hidradenitis Suppurativa (HS) in the last 12 months? (NB: Please count each individual patient only once, even if they had multiple appointments)	Total patients seen in out-patient
--	------------------------------------

Answer: Please see the answer above, unfortunately, we do not have diagnostic coding within the outpatients setting in order to provide this information.

Q2b. How many out-patients appointments did you have in total in your Trust for Hidradenitis Suppurativa (HS) in the last 12 months?	Total out-patient appointments
--	--------------------------------

Of these, how many were for:

Dermatology	out-patient appointments
Plastics / general surgery	out-patient appointments
Gynaecology	out-patient appointments
Other department	out-patient appointments

Answer: Please see the answer above, unfortunately, we do not have diagnostic coding within the outpatients setting in order to provide this information.

Q3a. How many individual patients were admitted to hospital as in-patients in your Trust for Hidradenitis Suppurativa (HS) in the last 12 months? <i>(NB: Please count each individual patient only once, even if they had multiple admissions)</i>	Total patients admitted
--	-------------------------

Q3b. How many admissions did you have in total in your Trust for Hidradenitis Suppurativa (HS) in the last 12 months?	4 Total admissions
---	---------------------------

Of these, how many were for:

Dermatology	0 admissions
Plastics / general surgery	4 admissions
Gynaecology	0 admissions
Other department	0 admissions

Q4. Where do referrals to your Trust come from for Hidradenitis Suppurativa (HS)? <i>(Please tick all that apply)</i>	
Local area <i>(please specify)</i>	<input checked="" type="checkbox"/> - Walsall
Your region <i>(please specify)</i>	
Anywhere in England / Scotland / Wales / NI <i>(Please delete as appropriate)</i>	
Whole of the UK	

Q5a. How many doctors in your Trust treat Hidradenitis Suppurativa (HS)?	4 Total doctors
--	-----------------

Of these, how many are:

Dermatologists	4
Surgeons	-
Gynaecologists	-
Other speciality <i>(please specify)</i>	-

Q5b. Please could you provide names of any doctors treating HS if possible. <i>(Please indicate if you have any doctors who have a particular interest in treating Hidradenitis Suppurativa (HS) patients by highlighting them in bold)</i>
<p>Dr J Halpern</p> <p>Dr C Defty</p> <p>Dr C Kasparis</p> <p>Dr M Khan</p> <p>None of the Doctors have indicated a particular interest in this condition.</p>

Q6. Are Hidradenitis Suppurativa (HS) patients typically discussed at a Multi-Disciplinary Team (MDT) meeting?	No
--	----

168/14

Births at our Hospital

I would like to request the information for each of the last four calendar years, please:

2011

2012

2013

2014 (Jan - July).

1. Could you please tell me how many babies were born alive at your trust at 20 weeks gestation for each of the last four years?

Answer: Please see the table below. The 2014 figures cover to the end of June as July figures are not available yet.

Calendar Year	Gestation (20weeks)
2011	1
2012	3
2013	0
2014	2

Could you please tell me how many babies born alive at your trust at 20 weeks gestation for each of the last four years were resuscitated and given active treatment to keep them alive?

Answer: Unfortunately, this information is not centrally recorded on any of our systems.

Could you please tell me how many babies born alive at your trust at 20 weeks gestation for each of the last four years survived?

Answer: Unfortunately, no babies survived.

2. Could you please tell me how many babies were born alive at your trust at 21 weeks gestation for each of the last four years?

Answer: Please see the table below. The 2014 figures cover to the end of June as July figures are not available yet.

Calendar Year	Gestation (21weeks)
2011	3
2012	2
2013	3
2014	1

Could you please tell me how many babies born alive at your trust at 21 weeks gestation for each of the last four years were resuscitated and given active treatment to keep them alive?

Answer: Unfortunately, this information is not centrally recorded on any of our systems.

Could you please tell me how many babies born alive at your trust at 21 weeks gestation for each of the last four years survived?

Answer: Unfortunately, no babies survived.

3. Could you please tell me how many babies were born alive at your trust at 22 weeks gestation for each of the last four years?

Answer: Please see the table below. The 2014 figures cover to the end of June as July figures are not available yet.

Calendar Year	Gestation (22weeks)
2011	6
2012	2
2013	0
2014	0

Could you please tell me how many babies born alive at your trust at 22 weeks gestation for each of the last four years were resuscitated and given active treatment to keep them alive?

Answer: Unfortunately, this information is not centrally recorded on any of our systems.

Could you please tell me how many babies born alive at your trust at 22 weeks gestation for each of the last four years survived?

Answer: Unfortunately, no babies survived.

4. Could you please tell me how many babies were born alive at your trust at 23 weeks gestation for each of the last four years?

Answer: Please see the table below. The 2014 figures cover to the end of June as July figures are not available yet.

Calendar Year	Gestation (23weeks)
2011	3
2012	1
2013	0
2014	1

Could you please tell me how many babies born alive at your trust at 23 weeks gestation for each of the last four years were resuscitated and given active treatment to keep them alive?

Answer: Unfortunately, this information is not centrally recorded on any of our systems.

Could you please tell me how many babies born alive at your trust at 23 weeks gestation for each of the last four years survived?

Answer: Please see the table below. The 2014 figures cover to the end of June as July figures are not available yet.

Calendar Year	Gestation (23weeks)
2011	0
2012	1
2013	-
2014	0

5. Could you please tell me how many babies were born alive at your trust at 24 weeks gestation for each of the last four years?

Answer: Please see the table below. The 2014 figures cover to the end of June as July figures are not available yet.

Calendar Year	Gestation (24weeks)
2011	4
2012	3
2013	5
2014	2

Could you please tell me how many babies born alive at your trust at 24 weeks gestation for each of the last four years were resuscitated and given active treatment to keep them alive?

Answer: Unfortunately, this information is not centrally recorded on any of our systems.

Could you please tell me how many babies born alive at your trust at 24 weeks gestation for each of the last four years survived?

Answer: Please see the table below. The 2014 figures cover to the end of June as July figures are not available yet.

Calendar Year	Gestation (24weeks)
2011	0
2012	0
2013	2
2014	0

Could you please tell me if your Trust intervenes to try to save the lives of babies born at:

- a) 20 weeks gestation
- b) 21 weeks gestation
- c) 22 weeks gestation
- d) 23 weeks gestation

Answer: All decisions taken are in conjunction with parents. There are no fast and regulated rules.

Could you please tell me if your Trust has a policy on intervening to try to save the lives of babies born at:

- a) 20 weeks gestation
- b) 21 weeks gestation
- c) 22 weeks gestation
- d) 23 weeks gestation

Answer: All decisions taken are in conjunction with parents. There are no fast and regulated rules.

169/14

CT Scanner Information

I would be grateful if you could respond to the following questions under the Freedom of Information (FOI) Act 2000.

Q1 How many CT devices are being used, by your trust, for NHS patients?

Answer: 2

Q2 What is the make and model of your CT Scanners that are used for NHS patients?

Answer: Both GE Lightspeed

Q3 What is their Slice property - 16, 32, 64, 128+?

Answer: 64 slice

Q4 When did you install the CT Scanners?

Answer: 2009 and 2010

Q5 Was/Were the scanner(s) an addition or an upgrade/replacement to an existing Scanner?

Answer: 1 Update, 1 additional

Q6 If this was an upgrade/replacement, can you please give the make and model of the previous scanner?

Answer: GE Single Slice

Q7 Please comment on the level of utilisation of your scanners for NHS patients (hours per day)?

Answer: Scanner 1 – Monday to Friday 8.30am-8pm plus on call emergency acces outside of these hours. Saturday to Sunday 10am-2pm plus on call emergency access outside of these hours

Scanner 2 – Monday to Friday 9am-5.30pm. Sunday 8.30am-1.30pm

170/14

MRI Scanner Information

I would be grateful if you could respond to the following questions under the Freedom of Information (FOI) Act 2000.

Q1 How many MRI devices are used, by your trust, for NHS patients?

Answer: 1

Q2 What is the make and model of your MRI Scanners that are used for NHS patients?

Answer: Siemens Symphony 1.5T

Q3 How many Channels?

Answer: 4

Q4 When did you install the MRI Scanners?

Answer: 2001

Q5 Was/Were the scanner(s) an addition or an upgrade/replacement to an existing Scanner?

Answer: No

Q6 If this was an upgrade/replacement, can you please give the make and model of the previous scanner?

Answer: Not applicable to our organisation.

Q7 Please comment on the level of utilisation of your scanners for NHS patients (hours per day)?

Answer: Currently our opening hours are 7am-8pm Monday to Friday and 8am-8pm Saturday to Sunday. This equates to 89 hours per week.

171/14

Finance and Planning/Budgeting

I would like to know please:-

1) The name of the most senior financially focused employee at the organisation (eg Director of Finance, Chief Financial Officer, Treasurer etc) and the deputy.

Answer: Ian Baines, Director of Finance and Russell Caldicott, Deputy Director of Finance.

2) The name of your General Ledger software (eg Agresso, Oracle Financials, SAP)

Answer: GL = Integra (Citrix)

3) Is your General Ledger application hosted internally or remotely (eg at the software vendors site or via an outsource partnership)

Answer: Remotely

4) The name of the person who oversees the development of annual budgeting/planning review process

Answer: Russell Caldicott, Deputy Director of Finance.

- 5) The name of the application used for Financial Planning, Budgeting, Forecasting (eg a specific Planning application such as TM1, or simply Excel)

Answer: Excel – locally developed spreadsheet.

- 6) The approximate number of budget holders who contribute to the planning review process.

Answer: Approximately 95 budget managers and approximately 420 monthly budget reports.

172/14

Linear Accelerator Information

I would be grateful if you could respond to the following questions under the Freedom of Information (FOI) Act 2000.

Q1 How many Linear accelerators do you have for NHS patients?

Q2 What is the make and model of your Linear Accelerators which are used for NHS patients?

Q3 Please describe special features/properties of your Linacs? i.e. IMRT, IGRT, OBI, CT

Q4 When did you install the Linacs?

Q5 Was/Were the Linacs an addition or an upgrade/replacement to an existing Scanner?

Q6 If this was an upgrade/replacement, can you please give the make and model of the previous Linacs?

Q7 Please comment on the level of utilisation of your Linacs for NHS patients (hours per day)?

Answer: We can confirm that our organisation does not offer radiotherapy at Walsall Manor Hospital.

173/14

Re-Admissions (Clarification to requester on 30/07/14 for Q3)

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

1. How many patients have been readmitted more than five times in the last 12 months? (please breakdown by age if possible)

2. How many patients have been readmitted more than ten times in the last 12 months? (please breakdown by age if possible)

3. Please list the five highest number of readmissions per patient in the last 12 months, with detail of age category and health reasons for readmission.

In order to provide you with the correct information, we would be grateful if you could clarify the following points;

- Are you asking about patients that have been admitted five or more times in the selected time period not as an elective admission? Or patients that have been admitted five or more times in the selected time period on a non-elective basis where the second admission is within 30 days of the initial discharge?
- With regards to question 3 and depending upon your response to the point above, are you referring to the five patients who had the highest number of re-admissions within the last 12 months?

yes emergency admissions in 30 days please.
And yes in response to your second question.

How many patients have been readmitted more than five times in the last 12 months?
(please breakdown by age if possible)

Answer: 75 patients have been re-admitted at our organisation more than five times in the last 12 months.

Age Range (Yrs)	Total Number
Under 18	1
18 – 40	14
41 – 65	24
66 and over	36

How many patients have been readmitted more than ten times in the last 12 months?
(please breakdown by age if possible)

Answer: 3 patients have been re-admitted more than ten times in the last 12 months.

Age Range (Yrs)	Total Number
Under 18	0
18 – 40	1
41 – 65	2
66 and over	0

Please list the five highest number of readmissions per patient in the last 12 months, with detail of age category and health reasons for readmission.

Answer: The five highest number of re-admissions per patient in the last 12 months were; 20 attendances, 11 attendances, 11 attendances, 8 attendances, 8 attendances and 8 attendances.

Please note that the two most recent admission diagnoses descriptions for each patient is detailed below:

Age Range (Yrs)	Total Number	Reason for Re-admission
Under 18	0	Not applicable
18 – 40	1	Pain localised to other parts of the lower abdomen. Other and unspecified abdominal pain.
41 – 65	3	Alcoholic Hepatic Failure. Alcoholic liver disease, unspecified. Asthma, unspecified (x2). Chronic obstructive pulmonary disease (x2).
66 and over	1	Nausea and vomiting. Vomiting following gastrointestinal surgery.

174/14

Maternity Appointments

Under the freedom of information act I'd like to request the following information in excel format.

Answer: Our responses are highlighted below but will also be attached in an excel worksheet as requested.

The number of antenatal bookings undertaken by your Trust per month from April 2011 to June 2014

Answer: Please see the table below. Unfortunately, data for June 2014 is still being collated and entered into the system.

Number of Antenatal Bookings Undertaken	Month
317	Apr-11
396	May-11
440	Jun-11
359	Jul-11
416	Aug-11
440	Sep-11
418	Oct-11
404	Nov-11
320	Dec-11
365	Jan-12
321	Feb-12
265	Mar-12
302	Apr-12

388	May-12
308	Jun-12
369	Jul-12
355	Aug-12
336	Sep-12
403	Oct-12
393	Nov-12
320	Dec-12
402	Jan-13
332	Feb-13
339	Mar-13
308	Apr-13
345	May-13
297	Jun-13
355	Jul-13
283	Aug-13
301	Sep-13
343	Oct-13
331	Nov-13
284	Dec-13
378	Jan-14
319	Feb-14
274	Mar-14
294	Apr-14
344	May-14

The number of women delivered per month at your Trust from April 2011 to June 2014, in total and broken down by hospital site if applicable

Answer: Please see the table below which relates to women who have delivered at Walsall Manor Hospital and our Midwifery Led Unit.

Number of Women Delivered	Month
322	Apr-11
361	May-11
369	Jun-11
411	Jul-11
362	Aug-11
349	Sep-11
378	Oct-11
371	Nov-11
387	Dec-11
418	Jan-12
368	Feb-12
385	Mar-12
367	Apr-12

374	May-12
396	Jun-12
389	Jul-12
398	Aug-12
381	Sep-12
411	Oct-12
394	Nov-12
385	Dec-12
385	Jan-13
356	Feb-13
383	Mar-13
358	Apr-13
396	May-13
389	Jun-13
441	Jul-13
380	Aug-13
438	Sep-13
387	Oct-13
383	Nov-13
358	Dec-13
400	Jan-14
327	Feb-14
415	Mar-14
350	Apr-14
390	May-14
359	Jun-14
TOTAL	14871

The number of attended outpatient appointments for consultant led obstetrics per month from April 2011 to June 2014

Answer: Please see the table below.

Number of attended Consultant Led Outpatient Appointments	Month
954	Apr-11
1189	May-11
1170	Jun-11
1097	Jul-11
1078	Aug-11
1186	Sep-11
1129	Oct-11
1251	Nov-11
1090	Dec-11
1211	Jan-12
1105	Feb-12

1281	Mar-12
1045	Apr-12
1358	May-12
1090	Jun-12
1247	Jul-12
1181	Aug-12
1085	Sep-12
1339	Oct-12
1166	Nov-12
939	Dec-12
1258	Jan-13
1131	Feb-13
1105	Mar-13
1259	Apr-13
1234	May-13
1187	Jun-13
1307	Jul-13
1087	Aug-13
1192	Sep-13
1375	Oct-13
1221	Nov-13
1047	Dec-13
1347	Jan-14
1173	Feb-14
1190	Mar-14
973	Apr-14
1078	May-14
1093	Jun-14

The number of community midwife outpatient appointments per month from April 2011 to June 2014 (if this service is provided by your Trust)

Answer: Please see the table below. Unfortunately, data for June 2014 is still be collated and entered into the system.

Number of Community Midwife Outpatient Appointments Attended	Month
2060	Apr-11
2227	May-11
2318	Jun-11
2005	Jul-11
2195	Aug-11
2228	Sep-11

2152	Oct-11
2384	Nov-11
2125	Dec-11
2333	Jan-12
2131	Feb-12
2249	Mar-12
2029	Apr-12
2368	May-12
2029	Jun-12
2187	Jul-12
2111	Aug-12
1952	Sep-12
2101	Oct-12
1989	Nov-12
1845	Dec-12
2292	Jan-13
1943	Feb-13
1983	Mar-13
2201	Apr-13
2153	May-13
2034	Jun-13
2253	Jul-13
2036	Aug-13
2016	Sep-13
2082	Oct-13
1911	Nov-13
1764	Dec-13
2080	Jan-14
1889	Feb-14
1894	Mar-14
2134	Apr-14
2000	May-14

175/14

Powered Wheelchair Provision

Freedom of Information Request

In this request, the term 'powered wheelchair' is used to refer to EPICs (electrically powered indoor powered wheelchairs) and EPIOCs (electrically powered indoor/outdoor powered wheelchairs).

1. Criteria for deciding suitability for a powered wheelchair.

Please supply copies of any documentation that sets out the criteria used to determine whether a person is suitable/eligible to receive a powered wheelchair, or funding towards a powered wheelchair, from Walsall Healthcare NHS – including clinical guidance.

Answer: Please see the attached criteria for the provision of electrically powered indoor and outdoor wheelchairs – available upon request.

2. Data on powered wheelchair supply.

Please supply the data listed below for the financial years 2011-12, 2012-13 and 2013-14.

2.1 Number of people who were registered with Walsall ICES Community Equipment Stores in each year.

Answer: Unfortunately, we did not record this data prior to July 2012. We also only currently record this information in calendar years and not financial years. For 2012-13 and 2013-14 we had approximately 8000 active users registered with this service. Please note that the service is responsible for maintaining equipment following supply whilst the equipment is on loan.

2.2. Number of people in each year who had a powered wheelchair which was entirely or partly funded by Walsall Healthcare NHS.

Answer: Please see below.

44 people during July 2012 – December 2012

110 people during January 2013 – December 2013

62 people during January 2014 – July 2014

2.3 Of the people above (2.2), the number who:

a. had their powered wheelchair entirely funded by Walsall ICES Community Equipment Stores

Answer: All of the above.

b. had their powered wheelchair partly funded by Walsall ICES Community Equipment Stores

Answer: None.

2.4 Specify whether Walsall ICES Community Equipment Stores has, in the time period specified above, jointly funded a powered wheelchair with any of the following:

a. Education authorities (y / n) **Answer: No**

b. Access to Work (y / n) **Answer: No**

c. Charities (y / n) **Answer: No**

2.5 Amount spent by Walsall ICES Community Equipment Stores per year on funding for the supply of powered wheelchairs

Answer: Please see the information below.

July 2012 – December 2012 £52,618.59 (New) plus £223.58

(Reconditioned)

January 2013 – December 2013 £92,476.65 (New) plus £1,437.30

(Reconditioned)

January 2014 – July 2014 £43,284.77 (New) plus £958.20

(Reconditioned)

2.6 Number of refurbished powered wheelchairs issued to people per year by Walsall ICES Community Equipment Stores

Answer: Please see the information below.

July 2012 – December 2012 7

January 2013 – December 2013 45

January 2014 – July 2014 30

3. Use of third parties for powered wheelchair supply and servicing.

3.1 Does Walsall ICES Community Equipment Stores use a third party contractor (eg equipment supply company or CIC) to supply wheelchairs? If so which?

Answer: Yes, since July 2012 to the present day, Serco has supplied our wheelchairs. Prior to this date, the third party contractor used was Woodisses.

3.2 Does Walsall ICES Community Equipment Stores use a third party contractor (eg equipment supply company or CIC) to service wheelchairs? If so which?

Answer: Yes, since July 2012 to the present day, Serco has serviced our wheelchairs. Prior to this date, Woodisses serviced our wheelchairs.

176/14

Anti-coagulation Treatments

I have a freedom of information request regarding new oral anti-coagulants (NOACs) which I hope you can help me with.

- Numbers of patients treated with the new oral anti-coagulation treatments:

Drug	Number patients treated in the last 3 months
Rivaroxaban (Xarelto)	20
Dabigatran (Pradaxa)	21
Apixaban (Eliquis)	6

- If possible, please split the patients by the following diagnosis;

Answer: Unfortunately, we do not code prophylaxis on our Clinical Coding system in order to provide you with accurate figures. Please note that VTE codes are rarely used as our Clinical Coding Department actually code to the site of the embolism.

Drug	Acute cardiac syndrome (ACS)	Venous Thrombo-embolism (VTE)	Prophylaxis of VTE
Rivaroxaban (Xarelto)	None of these drugs are indicated for ACS	Information not available	Information not available
Dabigatran (Pradaxa)	None of these drugs are indicated for ACS	Information not available	Information not available
Apixaban (Eliquis)	None of these drugs are indicated for ACS	Information not available	Information not available

- What is the usual dose/strength for the following treatments, for each of the indications listed:

Drug	Typical does for VTE prophylaxis	Typical dose for ACS	Typical dose for AF
Rivaroxaban (Xarelto)	Information not available	None of these drugs are indicated for ACS	429mg
Dabigatran (Pradaxa)	Information not available	None of these drugs are indicated for ACS	5,398mg
Apixaban (Eliquis)	Information not available	None of these drugs are indicated for ACS	206mg

- Please fill in the following table relating to dispensed items in the last 3 months:

Drug & strength	Number of items dispensed from pharmacy
Rivaroxaban (Xarelto) 20mg	27
Rivaroxaban (Xarelto) 10mg	2
Rivaroxaban (Xarelto) 15mg	24
Dabigatran (Pradaxa) 110mg	39
Dabigatran (Pradaxa) 75mg	-
Dabigatran (Pradaxa) 150mg	3
Apixaban (Eliquis) 2.5mg	2
Apixaban (Eliquis) 5mg	5

177/14

HSJ Awards Attendance and Expenditure

Please can you supply the following information:

I am not requesting information in relation to additional travel, subsistence or accommodation costs.

1. How many HSJ (Health Services Journal) Award events your Trust has attended in the financial year 2013-14

Answer: Our Trust attended two Award Events during this time period. The HSJ Awards and HSJ Efficiency Awards.

2. How many Trust representatives attended each of the above events in the financial year 2013-14

Answer: 10 representatives attended each event.

3. Total expenditure on purchasing group tables and individual places at each event, including bookings for forthcoming award events in financial year 2014-15.

Answer: £3975 plus VAT

178/14

Trust Parking

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

1) Does the trust manage patient and public car parks at its properties?

Answer: Yes (parking fines are dealt with by an external company).

- If so, how are patients and members of the public charged and what are they charged? i.e. pay and display, pay on exit, ANPR, £10-per-hour.

Answer: A mixture of pay and display and pay on foot.

30 minutes £1.00

1 hour £2.00

2 hours £3.00

3 hours £4.00

4 hours £5.00

Over 5 hours £6.00

- How much does the trust – or a third party contracted by the trust – charge in fines and/or penalty notices if people are deemed to have breached parking rules?

Answer: £30.00.

- How much money has been received in the last two financial years (2012-2013, 2013-2014) from the payment of fines and/or penalty notices?

Answer: £4,790.43 during the last two financial years.

- Does the trust – or a third party contracted by the trust – use debt collectors and/or solicitor's letters to pursue payment of fines and/or penalty notices?

Answer: No

- Has the trust – or a third party acting on the trust's behalf – ever taken anybody to court over the payment of a fine and/or penalty notice? If so, how many?

Answer: No

- If so, how much has the trust spent on legal costs in the last two financial years (2012-2013 - 2013-2014)?

Answer: This is not applicable to our organisation.

- How much has the trust paid to debt collection companies, solicitors firms and any other external body regarding the collection of fines and/or penalty notices in the last two financial years (2012-2013 - 2013-2014)?

Answer: This is not applicable to our organisation.

2) Does the trust use a third party company to manage patient and public car parks at its properties?

Answer: No

- If so, what is the financial arrangement between the trust and company. i.e. is the company paid, does the trust receive money from parking fees?

Answer: This is not applicable to our organisation.

- How are patients and members of the public charged and what are they charged for parking? i.e. pay and display, pay on exit, ANPR.

Answer: This is not applicable to our organisation.

- How much does the contracted company charge in fines and/or penalty notices if people are deemed to have breached parking rules?

Answer: This is not applicable to our organisation.

- How much money has been received in the last two financial years (2012-2013, 2013-2014) by the company from the payment of fines and/or penalty notices at car parks within the trust?

Answer: This is not applicable to our organisation.

- Does the trust receive any of this money? If so, how much?

Answer: This is not applicable to our organisation.

- Does the company use debt collectors and/or solicitor's letters to pursue payment of fines and/or penalty notices?

Answer: This is not applicable to our organisation.

- Has the company ever taken anybody to court over the payment of a fine and/or penalty notice at a car park within the trust? If so, how many?

Answer: This is not applicable to our organisation.

- If so, how much has the trust or company contracted by the trust spent on legal costs?

Answer: This is not applicable to our organisation.

As the third party companies that may be contracted by the trust are not obliged to answer my query directly, the information requested is not 'reasonably accessible by other means' as defined by the Act. It is appropriate therefore for the trust to provide the requested information, particularly given that car parks at NHS properties are predominantly used by members of the public.

179/14

Neurological Patients

Please could you tell me, how many people have been admitted to hospital for whatever reason with an underlying neurological condition in the last 12 months and 24 months?

Answer: We would be grateful if you could respond to our email dated 7th August 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.

How many people have visited A and E for whatever reason, with an underlying neurological condition? In the last 12 months and 24 months?

Answer: The table below shows the monthly counts of patients arriving at A&E. From February 2014, our organisation started to use a new patient administration system which resulted in changes to the way we code diagnoses. With the old system, call diagnosed central nervous system conditions were recorded, with the new system stroke and epilepsy conditions are excluded.

Financial Year	MONTH	Total Number of Patients
2012/13	April 2012	14
2012/13	May 2012	10
2012/13	June 2012	15
2012/13	July 2012	25
2012/13	August 2012	8
2012/13	September 2012	11
2012/13	October 2012	14
2012/13	November 2012	11
2012/13	December 2012	17
2012/13	January 2013	17
2012/13	February 2013	6
2012/13	March 2013	9
2013/14	April 2013	19
2013/14	May 2013	12
2013/14	June 2013	14
2013/14	July 2013	16
2013/14	August 2013	14
2013/14	September 2013	11
2013/14	October 2013	16
2013/14	November 2013	9
2013/14	December 2013	22
2013/14	January 2014	18
2013/14	February 2014	8
2013/14	March 2014	43

How many people with a neurological condition have had a planned stay in hospital, in the last 12 months and 24 months?

Answer: We would be grateful if you could respond to our email dated 7th August 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.

How many people with a neurological condition have been admitted after referral from GP, in the last 12 months and 24 months?

Answer: We would be grateful if you could respond to our email dated 7th August 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.

How many people with a neurological condition experienced unplanned emergency admission in the last 12 months and 24 months?

Answer: We would be grateful if you could respond to our email dated 7th August 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.

How many people with a neurological condition have experienced elective admissions in the last 12 months and 24 months?

Answer: We would be grateful if you could respond to our email dated 7th August 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.

How many babies born with cerebral palsy in the last 10 years?

Answer: We would be grateful if you could respond to our email dated 7th August 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.

180/14

Spend on Patient Transport

In the 2013/14 financial year how much money did you spend on providing patient transport?

Answer: Our organisation spent £436,000 for ambulances and taxi's provided by West Midlands Ambulance Service for patient transport during this time. Our organisation also had a contract with Yellow Cars to provide taxi transport for patients and staff. Unfortunately, we are not able to split this taxi spend by patient or staff so cannot provide you with an accurate figure.

How much of this was spent with private companies?

Answer: Please see the answer above, unfortunately, we are not able to split this taxi spend by patient or staff so cannot provide you with an accurate figure.

Please provide me with the name of the largest private provider of patient transport to your trust in the last financial year, and how much you spent with them?

Answer: West Midlands Ambulance Service as above.

181/14

Patient Experience Surveys

I would like to know if you take part in the National Patient Experience Survey Programme co-ordinated by the Picker Institute for CQC.

Answer: Our organisation does take part in the National Patient Experience Survey Programme.

If you do, please tell me if it is handled by one of the approved contractors or whether you administer the surveys in house.

Answer: The surveys are handled by the approved contractors.

If you administer the surveys in house, which Data Capture Software do you use?

Answer: This is not applicable to our organisation.

182/14

Agency Spend on Occupational Therapy

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

- Details of the Trusts spend on Agency Workers over the last 12 months, relating to Occupational Therapy services

Answer: During 01 August 2013 to 31 July 2014, spend on agency staff within Occupational Therapy was £116,750.

- Details of the Trusts spend on Agency Workers over the last 12 months, relating to Paediatric Occupational Therapy services

Answer: During 01 August 2013 to 31 July 2014, we did not have any spend on agency staff within Paediatric Occupational Therapy.

183/14

3D Printers

Please send me:

1. Has your Trust used a 3D printer supplier?,

Answer: No, our Trust does not use a 3D printer supplier.

if Yes

- Who was the consultant who requested the 3D printed model?
- Which department requested the 3D printed model?
- How much did the 3D printed model cost?
- What was the 3D printed model of?
- Who was the 3D printer supplier?

2. Do you have 3D printers within your Trust?,

Answer: No, our Trust does not use a 3D printers.

if yes:

- What is the make and model of the 3D printer(s)?

184/14

Ward Closures

Please confirm if there were any ward closures between January 2012 and July 2012 and detail the reason for the closure.

Answer: The table below details all the ward closures due to an outbreak of the Norovirus during the time period requested.

Ward	Date closed	Ward opened	Total number of days ward closed
4	9 th Jan 2012	16 th Jan	9 days
14	20 th Jan 2012	1 st Feb	12 days
16	20 th Jan 2012	24 th Jan	4 days
AMU	27 th Jan 2012-04-24 (1 bay)	28 th Jan	1 day
17	2 nd February 2012	9-2-12	7 days
4	10 th February 2012 (partial closure)	13-2-12	3 days
7	13 th February 2012	21.2.12	8 days
15	13 th February 2012	21.2.12	8 days
14	13 th February 2012	18-2-12	5 days
7	2 nd March 2012	8.3.12	6 days
7	23 rd April 2012	30 th April 2012	8 days
15	9 th May 2012	21 st May 2012	13 days
12	29 th March 2013	4 th April 2013	6 days

185/14

WAN contract (Clarification to requester sent on 06/08/14)

Who is the new supplier for the WAN contract?

Answer: Virgin Media / N3

What is the estimated annual average spend?

Answer: circa £250,000

Can you please send me the contract information for the contracts related to Manor Hospital. This was not included with the original response: Is this contract also for Line if so what is the type and number of lines?

Answer: We would be grateful if you could respond to our email dated 6th August 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.

186/14

Air Conditioning Assessments

This request follows legal and mandatory legislation under the European Performance of Buildings Directive and specifically T.M44 AirConditioning Assesment certification. Your AirConditioning Assesment Certificates should be readily available at all times and be lodged on the government Landmark database. Failure to have appropriate Certificates will be subject to fines of £300 per building, each week.

Q. It is a legal requirement that you hold valid AirConditioning Assesments if any building has a total of more than 12kw of air conditioning present. Certificates are valid from 5 years of the issue date. Have you undertaken a T.M44 AirConditioning Assesment?

Answer: Yes

Q. Who is the responsible person for ensuring that your buildings are surveyed and assessed, please provide the name, address, email address and telephone number of the responsible person.

Answer: Colin Plant is the Director of Estates and Facilities at our organisation. His postal address is Walsall Healthcare NHS Trust, Manor Hospital, Walsall, WS2 9PS, email address is colin.plant@walsallhealthcare.nhs.uk and telephone number is 01922 721172.

Q. If your T.M44 Certificates are in place, what is their expiry date?

Q. What was the order value of the works placed with the Company which undertook the work?

Q. Provide a breakdown of the price per building if available.

Q. How many Certificates were produced?

Q. Was the Assessor independent as required under the Regulations?

Q. Name the Assessor organisation.

Q. Do you have ISO 14001 Accreditation

Answer: We recommend you contact SKANSKA directly, as they hold this information on behalf of our organisation. Please contact either Sarah Betts or Alan Walsh by emailing Sarah Betts via email address; sarah.betts@skanska.co.uk or telephone number 01922 656470

187/14
Mulnutrition

I am sending this request under the Freedom of Information Act to ask for the following information:

Please provide the following information using the codes and details provided and please submit it on the spreadsheet provided (attached above)

1. The number of children, and their ages, admitted during the past 5 calendar years (1st January 2009 to 31st December 2013 and this year to date, 2014) that had malnutrition.

In this request please consider 'children' to mean any patient age under 17 on the day of admission regardless of specialty.

As the numbers are likely to be small, please indicate which age band the patient falls into at date of admission using:

0-4 yrs
5-8 yrs
9-12 yrs
13-16 yrs

Please provide the total number of episodes per spell and then the individual episode number with the ICD10 codes and main OPCS code.

To identify qualifying admissions please consider ALL episodes in the spell and give details for all episodes not just those in which the relevant code may have appeared.

In this request please use ONLY the code set and guidelines provided in order to identify these admissions (spells) / individuals.

Code set = ICD-10 codes:

E40.X
E41.X
E42.X
E43.X
E44.0/1
E46.X

Please exclude any admission (spell) / individual where one or more of these codes appear in the same spell as any of the following codes:

K90.- / B22.2 / F50.- / R63.0

In order for us to identify the total number of patients involved please either identify each DIFFERENT patient using a unique ID (e.g. 1,2,3.....A1,A2,A3.....) on the spreadsheet provided OR provide separate information as follows:

	2009	2010	2011	2012	2013	2014
Number of admissions with code in any position age 0-4						
Number of admissions with code in any position age 5-8						
Number of admissions with code in any position age 9-12						
Number of admissions with code in any position age 13-16						

Total number of admissions with code in any position						
Number of individuals with code in primary position in any episode age 0-4						
Number of individuals with code in primary position in any episode age 5-8						
Number of individuals with code in primary position in any episode age 9-12						
Number of individuals with code in primary position in any episode age 13-16						
Total number of individuals with code in primary position in any episode						

Answer: There are only two admissions relevant to this enquiry in the last five years at our organisation. Please see the completed attachment as requested – available upon request.

Please note that data for years not displayed equates to no relevant patients being admitted during that period. The data criteria is;

- 1) Patients aged between 0-17 years and**
- 2) With ICD-10 codes: E40, E41, E42, E43, E440, E441, E46 and**
- 3) Without ICD-10 codes: K90, B222, F50, R630**

188/14

Funded Disease Modification Therapy

I would like to make a freedom of information request to find out the percentage of patients with a diagnosed clinically isolated syndrome who are receiving funded disease modification therapy.

The definitions can be found in this paper <http://www.england.nhs.uk/wp-content/uploads/2013/04/d04-p-a.pdf>

Answer: There are currently no patients with clinically isolated syndrome or receiving funded disease modification therapy.

189/14

Organisation Chart

I would kindly like to make a request under the Freedom of Information Act for an up to date and current employee/organisational structure chart for the Trust.

The Freedom of information request is to include organisational charts for all departments including:

Governance – i.e Corporate and Clinical (Risk Management, Patient Safety, Complaints/PALS, Chief Nurse Directorate)

Strategy – i.e. Corporate Affairs, Commercial Directorate (Including Foundation Trust Team) Communications and CIP

Estates and Facilities

HR

Operations – to include COO, Dir of Ops, Divisional Managers, General Managers and Service Managers

PMO Team

The above request is for a complete detailed organisational structure broken down into directorate and departments/Head of / Divisions/Teams - Diagram in Word/PDF format. And also to include the all names of post holders along with the contact numbers and e-mail as far as is possible under the FOI Act.

Answer: This request is exempt under section 21 of the FOI Act. These department structures are available via our publications page on our website. Please use the link below to access them.

<https://www.walsallhealthcare.nhs.uk/who-are-we-and-what-do-we-do.aspx>

190/14

Pornographic materials for men providing sperm samples.

Under the terms of the Freedom of Information Act 2000, please provide me with full answers to each of the following questions.

They all involve the availability of pornographic material for men providing sperm samples.

1. How many pornographic a) magazines and b) videos/DVDs does your trust currently have on offer?
2. What are the titles of the a) magazines and b) videos/DVDs?
3. Where does your trust obtain this material? Please state if it is paid for, donated by publishers or brought in by patients.
4. How much money has your trust spent in each of the past five financial years (ie 2009-10, 10-11, 11-12, 12-13 and 13-14) on this material?
5. Has your trust spent any money in the past five financial years on either TVs and DVD players to watch the material, or rooms in which to watch it? If so, how much?

6. Does your trust provide computers/tablets for patients to access such material online?
7. Does your trust provide specific material for homosexual patients?
8. Has your trust received any complaints from a) patients or b) staff about the provision of pornography for patients? If so, what were the nature of the complaints?

Answer: At our organisation, male patients are asked to produce sperm samples off site and deliver it to Pathology. We do not and have not purchased any pornographic materials to aid men in providing sperm samples.

191/14

Patient Reminder Service (Clarification to requester on 11/08/14)

Response awaited from requester. Time period not yet expired.

192/14

Full Annual Accounts for year end March 2014

Please can I have a copy of the full annual accounts for the year ended 31 March 2014.

The accounts included in the Annual Report only appear to be summary accounts.

Answer: This request is exempt under section 21 of the FOI Act. Our Annual Accounts are available via our publications page on our website. Please use the link below to access them.

<https://www.walsallhealthcare.nhs.uk/our-publications.aspx>

193/14

Number of Claims Related to Warfarin

Under the Freedom of Information Act 2000, please provide me with the following information:

For each year from 2003 – 2013:

1. Total annual number of legal claims involving warfarin

Answer: We can confirm that there were claims involving warfarin in the years details below;

2003 1 claim

2004 1 claim

2005 to 2013 0 claims

2. Your organisation's CNST excess

Answer: Our organisation has no excess with CNST.

Claims referred to NHSLA

3. Number of claims involving warfarin referred to NHSLA

Answer: During 2003 to 2013, two claims involving warfarin were referred to the NHSLA.

4. Cost of these claims to your organisation (settlements and costs)

Answer: Please see the information below;

Case 1 Damages £325,000, Defense costs £43,034, Claimant costs £90,000

Case 2 Damages £0, Defense costs £3,370, Claimant costs £0

Claims responded to in-house

5. Total annual number of claims involving warfarin dealt with in-house

Answer: No claims involving warfarin have been responded to in-house.

6. Number of these claims settled within excess

Answer: This is not applicable to our organisation.

7. Number of open claims not yet proceeding

Answer: This is not applicable to our organisation.

Risk register

8. Total number of risks on your risk register associated with warfarin or anticoagulant monitoring services

Answer: We do not have any risks associated with anticoagulant service.

9. The nature of these risks

Answer: This is not applicable to our organisation.

10. The grading of these risks

Answer: This is not applicable to our organisation.

194/14

FGM

Under the terms of the Freedom of Information Act I am writing to obtain information relating to the number of Female Genital Mutilation (FGM) cases that your organisation has come into contact with.

To clarify, 'women' refers to all females whether under the age of 18 or not.

1. Have all medical practitioners, midwives and nurses in your institution who work in the midwifery unit, birth center, or maternity unit received training on the 2003 Female Genital Mutilation Act legislation? If not, how many have received this training and how many have not received it?

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. The overall percentage of staff who have completed this training at the moment within our organisation is 18% (21 staff have completed the training out of 117).

2. Has your institution recorded births to women showing signs of FGM in the financial years:

a. 2012-13 and 2013-14? If so, for each year, please provide the following information separately for each of those two years:

Answer: Yes, our organisation does record these cases on our Clinical Coding system. Unfortunately, these cases are not recorded separately in order to provide accurate figures. The codes used to record these cases on our clinical coding system would cover other disorders or scenarios. We are not able to breakdown these figures by condition.

i. how many births (of all types) took place and how many of those births were to women showing signs of FGM?

Answer: Please see table below. Unfortunately, FGM cases are not recorded separately in order to provide accurate figures. The codes used to record these cases on our clinical coding system would cover other disorders or scenarios.

Month	Live Born	SB Ante-partum	SB Indeterm stage	SB Intra-partum
2012 (04) Apr	371	1	-	-
2012 (05) May	379	3	-	-
2012 (06) Jun	398	3	-	-
2012 (07) Jul	394	1	-	-
2012 (08) Aug	401	1	-	-
2012 (09) Sep	383	1	-	-
2012 (10) Oct	408	5	-	-
2012 (11) Nov	393	2	1	-
2012 (12) Dec	391	1	-	-
2013 (01) Jan	391	1	-	-
2013 (02) Feb	358	2	-	1
2013 (03) Mar	389	-	-	-

ii. how many births by elective caesarean took place, and how many of those births by elective caesarean were to women showing signs of FGM?

Answer: 559 births took place by elective caesarean at our hospital. Unfortunately, FGM cases are not recorded separately in order to provide accurate figures. The codes used to record

these cases on our clinical coding system would cover other disorders or scenarios.

- iii. how many births by emergency caesarean took place, and how many of those births by emergency elective caesarean were to women showing signs of FGM?

Answer: 839 births took place by emergency caesarean at our hospital.

Unfortunately, FGM cases are not recorded separately in order to provide accurate figures. The codes used to record these cases on our clinical coding system would cover other disorders or scenarios.

- iv. how many vaginal births took place, and how many of those vaginal births were to women showing signs of FGM?

Answer: 3281 births took place by vaginal births at our hospital.

Unfortunately, FGM cases are not recorded separately in order to provide accurate figures. The codes used to record these cases on our clinical coding system would cover other disorders or scenarios.

- v. how many vaginal births using forceps or ventouse took place, and how many of those vaginal births using forceps or ventouse were to women showing signs of FGM?

Answer: 538 vaginal births took place by forceps or ventouse at our hospital.

Unfortunately, FGM cases are not recorded separately in order to provide accurate figures. The codes used to record these cases on our clinical coding system would cover other disorders or scenarios.

- vi. how many vaginal births involved de-infibulation, and how many of those vaginal births involving de-infibulation were to women showing signs of FGM?

Answer: No vaginal births took place involving de-infibulation at our hospital.

Unfortunately, FGM cases are not recorded separately in order to provide accurate figures. The codes used to record these cases on our clinical coding system would cover other disorders or scenarios.

- b. the first quarter of 2014-15? If so, please provide the data in questions i-vi in full. If not, please instead just provide the data relating to the total numbers in each question:

- i. how many births (of all types) took place and how many of those births were to women showing signs of FGM?

Answer: Please see table below. Unfortunately, FGM cases are not recorded separately in order to provide accurate figures. The codes used to record these cases on our clinical coding system would cover other disorders or scenarios.

Month	Antepartum Stillbirth	Livebirth
2014 (04) Apr	3	352
2014 (05) May	2	394
2014 (06) Jun	1	363
Grand Total	6	1109

- ii. how many births by elective caesarean took place, and how many of those births by elective caesarean were to women showing signs of FGM?

Answer: 127 births took place by elective caesarean at our hospital. Unfortunately, FGM cases are not recorded separately in order to provide accurate figures. The codes used to record these cases on our clinical coding system would cover other disorders or scenarios.

- iii. how many births by emergency caesarean took place, and how many of those births by emergency elective caesarean were to women showing signs of FGM?

Answer: 222 births took place by emergency caesarean at our hospital. Unfortunately, FGM cases are not recorded separately in order to provide accurate figures. The codes used to record these cases on our clinical coding system would cover other disorders or scenarios.

- iv. how many vaginal births took place, and how many of those vaginal births were to women showing signs of FGM?

Answer: 766 births took place by vaginal births at our hospital. Unfortunately, FGM cases are not recorded separately in order to provide accurate figures. The codes used to record these cases on our clinical coding system would cover other disorders or scenarios.

- v. how many vaginal births using forceps or ventouse took place, and how many of those vaginal births using forceps or ventouse were to women showing signs of FGM?

Answer: 106 vaginal births took place by forceps or ventouse at our hospital. Unfortunately, FGM cases are not recorded separately in order to provide accurate figures. The codes used to record these cases on our clinical coding system would cover other disorders or scenarios.

- vi. how many vaginal births involved de-infibulation, and how many of those vaginal births involving de-infibulation were to women showing signs of FGM?

Answer: No vaginal births involving de-infibulation took place at our hospital. Unfortunately, FGM cases are not recorded separately in order to provide accurate figures. The codes used to record these cases on our clinical coding system would cover other disorders or scenarios.

195/14

Survey on IT Strategy

Please complete the attached survey

Section 1 – About Walsall Healthcare NHS Trust

1. Does your trust have foundation trust status (Yes/No)?

Answer: No

2. Does your organisation have a business strategy (Yes/No)?

Answer: Yes

If yes:

- a. What date was it prepared?

Answer: June 2014 and covers the period 2014-15

- b. When does it expire?

Answer: This will be reviewed every 2 years, June 2016

3. Does your organisation have an IT/Informatics strategy (Yes/No)?

If yes:

- a. What date was it prepared?

Answer: 2011

- b. When does it expire?

Answer: 2015 – currently being rewritten

Section 2 – About Manor Hospital

Name of the hospital:	Walsall Manor Hospital	Does this hospital have an Accident and Emergency Department?	Yes
Number of beds:	450	Does this hospital provide General surgery?	Yes
Type of Hospital (Teaching or non-teaching):	Non-Teaching	Does this hospital provide General & Acute Medicine?	Yes

Does your hospital have a computerised or electronic system for any of the following functions? (“Fully implemented” means it has completely replaced the paper record for the function)

1. Electronic Clinical Documentation	Fully implemented across all departments	Fully implemented in at least one department	Beginning to implement in at least one department	Have resources to implement in the next year	Do not have resources but considering implementing	Not in place and not considering implementing	Is the level of functionality the same across all your hospitals
Patient demographics	<input checked="" type="checkbox"/>						
Medical notes		<input checked="" type="checkbox"/>					
Nursing assessments		<input checked="" type="checkbox"/>					
Problem lists		<input checked="" type="checkbox"/>					
Medication lists	<input checked="" type="checkbox"/>						
Discharge summaries	<input checked="" type="checkbox"/>						
Advanced directives(e.g. Do Not Resuscitate)			<input checked="" type="checkbox"/>				

2. Results viewing							
Lab reports	<input checked="" type="checkbox"/>						
Radiology reports	<input checked="" type="checkbox"/>						
Radiology images	<input checked="" type="checkbox"/>						
Other diagnostic test results (e.g. ECG report)		<input checked="" type="checkbox"/>					
Diagnostic test images(e.g., ECG tracing)		<input checked="" type="checkbox"/>					
Referral reports e.g. to physiotherapist / dietician	<input checked="" type="checkbox"/>						
3. Computerised provider order entry (where health professional e.g. doctor, nurse directly enters own orders)							
Laboratory tests	<input checked="" type="checkbox"/>						
Radiology Tests	<input checked="" type="checkbox"/>						

Medication / drug prescribing	<input checked="" type="checkbox"/>						
Referral Requests	<input checked="" type="checkbox"/>						
Nursing Orders			<input checked="" type="checkbox"/>				
4. Decision Support							
Clinical Guidelines (e.g., Beta blockers post-MI, Aspirin in CAD)			<input checked="" type="checkbox"/>				
Clinical Reminders (e.g., Pneumovax)			<input checked="" type="checkbox"/>				
Drug Allergy Alerts			<input checked="" type="checkbox"/>				
Drug-Drug Interaction Alerts			<input checked="" type="checkbox"/>				
Drug-Lab test Interaction Alerts			<input checked="" type="checkbox"/>				
Drug Dosing Support (e.g., renal dose guidance)			<input checked="" type="checkbox"/>				
5. Bar Coding							

Patient ID	<input checked="" type="checkbox"/>						
Laboratory specimens	<input checked="" type="checkbox"/>						
Tracking drugs	<input checked="" type="checkbox"/>						
Drugs administration				<input checked="" type="checkbox"/>			
Supply chain management				<input checked="" type="checkbox"/>			
6. Other Functionalities							
Telemedicine		<input checked="" type="checkbox"/>					
Radio Frequency ID tags	<input checked="" type="checkbox"/>						
Medical Use of Personal Data Assistant		<input checked="" type="checkbox"/>					

196/14

IT software suppliers/service providers

Dear sir or madam,

Please pass this message on to the person(s) responsible for dealing with Freedom of Information requests for your trust.

I am writing to you to request information concerning your IT systems and department, and procurement process for related services.

The information we would like to request for your trust is specifically:

- Current name and supplier of any PAS/EPR systems
Answer: CSC – Lorenzo (National contract)
- Current name and supplier of any Integration Engine used by the trust
 - o What version or variant of the product(s) is in place?
Answer: Orion Rhapsody v5.0
 - When were they installed and how often are they updated?
Answer: Initially installed in 2003, Typically annually.
 - o When did the commercial arrangements begin, and on what date are the commercial arrangements expected to expire for the above systems?
Answer: Rolling contract.
 - o What was the initial spend for each of the above systems, and what is the annual maintenance or license fee payable?
Answer: This is part of a wider contract with Orion which is currently £60K
 - o What stage of upgrade, renewal or replacement, is known about the individual system(s) and what are the typical replacement cycles?
Answer: Typically 5 years, our Patient Administration System is 10 years.
 - o What frameworks and/or Procurement process would you follow to procure the above systems?
Answer: The Trust's Procurement Policy will be followed.
 - Who are the key decision makers?
Answer: The EPR Programme Board of which our Chief Executive is Chairman.
 - Have any procurement activities been notified or planned for the above systems? If so what are these?
Answer: No
- Current name and supplier of identity management software used by the trust
Answer: This is not applicable to our organisation.
 - o What version or variant of the product(s) is in place?
Answer: This is not applicable to our organisation.
 - When were they installed and how often are they updated?
Answer: This is not applicable to our organisation.
 - o When did the commercial arrangements begin, and on what date are the commercial arrangements expected to expire for the above systems?
Answer: This is not applicable to our organisation.
 - o What was the initial spend for each of the above systems, and what is the annual maintenance or license fee payable?
Answer: This is not applicable to our organisation.
 - o What stage of upgrade, renewal or replacement, is known about the individual system(s) and what are the typical replacement cycles?
Answer: This is not applicable to our organisation.
 - o What frameworks and/or Procurement process would you follow to procure the above systems?

Answer: This is not applicable to our organisation.

- Who are the key decision makers?

Answer: Our Assistant Director of IT Services and Associate Director of Business Delivery.

- Have any procurement activities been notified or planned for the above systems? If so what are these?

Answer: This is not applicable to our organisation.

- Complete list of IT suppliers/contractors/consultants/service providers used over the past year when procuring IT services, and the total spend by supplier/contractor over the past 3 financial years. *(Services may include software/system integration, IT project management, IT purchasing support/consultancy)*

Answer: IT Project Management and purchasing support are undertaken in house. Please see the attached spreadsheet detailing this information – available upon request.

- In addition to this could I also please request the organisation structure and contact details for your IT department, in particular of individuals responsible for procurement of IT services/software?

Answer: This request is exempt under section 21 of the FOI Act. The Informatics structure is available via our publications page on our website. Please use the link below to access them.

<https://www.walsallhealthcare.nhs.uk/who-are-we-and-what-do-we-do.aspx>

Our IT department can be contacted on 01922 721172. Unfortunately, we do not release staff names below director level. This is withheld under section 40 (personal information).

197/14

Names of our Chief Medical Officer, Head of Prescribing and the Chief Informatics Officer

I'm currently researching the structure of NHS hospitals as part of a project which involves me compiling a database of important people who are vital to hospital operations.

I was hoping you could maybe help me find the names of the Chief Medical Officer, the Head of Prescribing and the Chief Informatics officer at the hospital(s) within Walsall Healthcare NHS Trust.

Answer: Please see the information below;

Chief Medical Officer – Mr Amir Khan is our Medical Director.

Head of Prescribing – Will Willson is our Director of Pharmacy.

Chief Informatics Officer – Steve Darkes is our Director of Informatics.

198/14

Numbers of Positive Blood Cultures for Viridans Streptococcus

We would be grateful if you could provide a list of all blood cultures that have grown viridans streptococci since January 1st 2000.

We would like the following data for each blood culture

1. Patient identifier –

This should be a unique identifier to your hospital, allowing us to identify when a patient at your hospital has had more than 1 positive culture over time, to ensure we do not double count data. It should not allow us to identify the patient in any way. It could be as simple as a number such as 1,2 etc.

2. Date of positive blood culture(s)

Day/month/year

3. Type of viridans streptococcus

E.g. S. viridans, S. oralis

4. More than 1 set of blood cultures positive?

Yes/no/don't know

5. Endocarditis confirmed?

Yes/no/don't know

Answer: Please see the table below. Unfortunately, information on whether endocarditis was or was not confirmed in these cases it is not recorded on our biomedical systems. This information is recorded in patient's records. If you still require confirmation on whether these patients had endocarditis diagnosed, please advise us.

Unique Identifier	Sample date	Strep ID	More than 1 set of cultures positive?	Endocarditis confirmed?
919	02/02/2011	Streptococcus mitis	No (1 of 3)	Don't know
256	16/07/2010	Streptococcus bovis	Yes (3 of 3)	Don't know
507	17/05/2012	Streptococcus bovis	No (1 of 2)	Don't know
816	26/01/2012	Streptococcus oralis	No (1 of 1)	Don't know
198	16/05/2010	Streptococcus sanguis	Yes (3 of 3)	Don't know

199/14

Email Addresses for Heads of Services

Could you please email me the name and email address for the person who has responsibility for:

Patient safety

Answer: Amir Khan is the Director of this service. His email address is; amir.khan@walsallhealthcare.nhs.uk.

Infection control

Answer: Amir Khan is the Director of this service. His email address is; amir.khan@walsallhealthcare.nhs.uk.

Risk

Answer: Amir Khan is the Director for Clinical Risk. His email address is; amir.khan@walsallhealthcare.nhs.uk. Dawn Clift is the Director for Corporate Risk. Her email address is; dawn.clift@walsallhealthcare.nhs.uk.

Health & safety

Answer: Colin Plant is the Director of this service. His email address is; colin.plant@walsallhealthcare.nhs.uk.

200/14
Body Bags

To whom it may concern,

- Please provide details of how many “Body Bags” (bags used for the deceased) are bought by your Trust annually.

Answer: Please see the table below.

- What types are bought.

Answer: Our organisation uses Body bag PEVA Adult size 220 x 107cm white with 3 sided zip capacity 140kg = 22 stone.

- Broken down by departments.

Answer: All purchases are made by the Mortuary.

- Prices paid by NHS.

Answer: Please see the table below.

Date	Number Purchased	Total Cost
01 April 2011 – 31 March 2012	125	£938.75
01 April 2012 – 31 March 2013	25	£192.50
01 April 2013 – 31 March 2014	78	£601.13

201/14
Our A&E Department

I am emailing you as a trust believed to have a Type 1 A+E department. If this is not the case please could you reply to me immediately so that I can delete your from this working list of hospital trusts and accept my apologies for emailing you in mistake.

If you do, indeed, have a Type 1 A+E department, I am sending this request under the Freedom of Information Act to ask for the following information:

Answer: If a type 1 A&E department is defined as a consultant-led 24 hour service with full resuscitation facilities, yes, our Trust does have a type 1 A&E department.

- 1) How many consultant and senior registrar posts staff your A+E department and how many of those posts were vacant in the last full quarter - April-June 2014?

Answer: We have six Consultant posts and 11 Middle Grades currently within our A&E Department. Two of our Consultant posts were filled with locum Consultants for the whole quarter (January-March 2014) which was 33%. Two of our Speciality Doctor posts were filled with locum Speciality Doctors for the whole quarter (January-March 2014) which was 18%. One Speciality Registrar (Higher) post was vacant for the whole quarter, which was filled by ad hoc locums.

- 2) What was the average percentage of consultant and senior registrar posts in your A+E filled by non-substantive staff in the last full quarter – April – June 2014?

Answer: Please see the answer above.

- 3) What was the total spend on non-substantive consultant and senior registrar staff in your A+E department in the last full quarter – April – June 2014?

Answer: Please see the table below.

Date Range	Non Substantive Job Roles	Total Spend
Jan-Mar 2014	Consultant	£18,487
Jan-Mar 2014	Senior Registrar (Middle Grades)	£126,390

202/14

Venous Thromboembolism Prevention Policies

FREEDOM OF INFORMATION REQUEST

FOI request into compliance of Trust Venous Thromboembolism (VTE) prevention policies with national VTE guidance

Name: **Various Staff Members Contributed**

Position: **Various Divisions within the Trust**

Acute Trust: **Walsall Healthcare NHS Trust**

Email: foi@walsallhealthcare.nhs.uk

Please note that additional paper or electronic copies are available on request

QUESTION ONE – WRITTEN VTE PREVENTION POLICY

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

Yes, the policy is attached – available upon request. Please note that this is currently being reviewed.	X
No	

b) If your Trust has a written VTE prevention policy in place, does it include the seven principles of best practice contained within the NICE quality standard on VTE prevention, which are set out below? (Place one X in each box to indicate whether or not the policy includes the principle listed)

- Statement 1: All patients, on admission, receive an assessment of VTE and bleeding risk using the clinical risk assessment criteria described in the national tool.

Yes	X
No	

- Statement 2: Patients/carers are offered verbal and written information on VTE prevention as part of the admission process.

Yes	
No	X

- Statement 3: Patients provided with anti-embolism stockings have them fitted and monitored in accordance with NICE guidance.

Yes	X
No	

- Statement 4: Patients are re-assessed within 24 hours of admission for risk of VTE and bleeding.

Yes	X
No	

- Statement 5: Patients assessed to be at risk of VTE are offered VTE prophylaxis in accordance with NICE guidance.

Yes	X
No	

- Statement 6: Patients/carers are offered verbal and written information on VTE prevention as part of the discharge process.

Yes	X
No	

- Statement 7: Patients are offered extended (post hospital) VTE prophylaxis in accordance with NICE guidance.

Yes	X
No	

QUESTION TWO – ROOT CAUSE ANALYSIS

According to Service Condition 20 of the NHS Standard Contract 2014/15, the provider must:

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

The provider must report the results of those Root Cause Analyses to the co-ordinating commissioner on request

- a) How many cases of hospital associated thrombosis (HAT) were recorded in your Trust in each of the following quarters?

Quarter	Recorded number of HAT
2013 Q1 (Jan – Mar)	10
2013 Q2 (Apr – Jun)	10
2013 Q3 (Jul – Sep)	13
2013 Q4 (Oct – Dec)	11

2014 Q1 (Jan – Mar)	12
2014 Q2 (Apr – Jun)	9

b) How many Root Cause Analyses of confirmed cases of HAT were performed in each of the following quarters?

Quarter	Number of Root Cause Analyses performed
2013 Q1 (Jan – Mar)	10
2013 Q2 (Apr –Jun)	10
2013 Q3 (Jul – Sep)	13
2013 Q4 (Oct – Dec)	11
2014 Q1 (Jan – Mar)	12
2014 Q2 (Apr – Jun)	9

c) How does your local commissioner quality assure that as a provider, you are complying with your obligation to perform Root Cause Analyses of all confirmed cases of HAT? (*Please place an X in as many boxes that apply*)

Method	Place an X as applicable
Requests real-time submission of Root Cause Analyses on completion	

Requests a monthly report of Root Cause Analyses	
Requests a quarterly report of Root Cause Analyses	X
Requests an annual report of Root Cause Analyses	
Requests a face-to-face meeting to discuss Root Cause Analyses	

Request made by other means not listed. (Please specify)	
Commissioners yet to request this information	

d) Has your Trust agreed a local CQUIN goal with your local commissioner to perform Root Cause Analyses on all confirmed cases of HAT?

Yes	X
No	

e) Has your Trust received any sanctions, verbal or written warnings from your local commissioning body for failure to comply with the national obligation to perform Root Cause Analyses of all confirmed cases of HAT?

Yes	
No	X

QUESTION THREE – NHS LITIGATION AUTHORITY RISK MANAGEMENT STANDARDS

- a) How many negligence claims relating to VTE (as defined by ICD-10 codes I80.0-I80.3, I80.8-I80.9, I82.9, O22.2 – O22.3, O87.0 – O87.1, I26.0, and I26.9) have been made against your Trust in each of the past three years?

Year	Number of negligence claims made
2013/14	1
2012/13	1
2011/12	0

- b) How many negligence claims relating to VTE (as defined by ICD-10 codes I80.0-I80.3, I80.8-I80.9, I82.9, O22.2 – O22.3, O87.0 – O87.1, I26.0, and I26.9) made against your Trust have been settled in each of the past three years?

Year	Number of negligence claims settled	Value of settled claims (£)
2013/14	1	£100,000
2012/13	1	£76,000
2011/12	0	Not Applicable

QUESTION FOUR – NATIONAL VTE PREVENTION CQUIN GOAL

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

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

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

Yes	
No	X

- b) Has your local commissioning body imposed a sanction on your trust for failing to deliver the minimal VTE risk assessment threshold? *(Place an X in one box)*

Yes	
No	X

QUESTION FIVE – PATIENT INFORMATION

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

- a) Is your Trust aware of the NICE Quality Standard on VTE Prevention’s patient awareness requirement? *(Place an X in one box)*

Yes	X
No	

- b) What steps does your Trust take to ensure patients are adequately informed about VTE prevention? *(Place an X in each box that applies)*

Distribution of own patient information leaflet	
Distribution of the 'Preventing hospital-acquired blood clots' leaflet produced by the NHS in conjunction with Lifeblood: The Thrombosis Charity	
Documented patient discussion with healthcare professional (If yes, please attach documented evidence that these discussions have taken place)	X
Other (please specify)	

c) Please attach a copy of the written information on VTE prevention that your Trust provides to patients upon admission and discharge.

Answer: All patients admitted to our hospital as an in-patient are given the patient information leaflet which is detailed as Appendix 2 in the attached policy. We do not routinely provide written information to patients upon discharge as this is already provided on admission.

203/14

Tattoo Removals

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

Please can you tell me how many tattoo removal treatments have taken place at your trust over the past five years and at what cost. I would like the number of removals and the relevant costs broken down for each year.

I would like the above information to be provided to me in electronic format.

Answer: We can confirm that our organisation does not perform these treatments.

204/14

Incident Reporting System

Does your Trust use Datix Incident Reporting system, please, and if so which version?

Answer: No, our Trust uses the Incident Reporting System, Safeguard.

205/14
Surgical Procedures

This is a request for information on behalf of BIRTH under the Freedom of Information Act.

1 - How many surgical procedures were performed with the patient in the prone position in your trust between 1st January 2012 and 31st December 2013

Answer: Unfortunately, we do not clinically code what position the patient is in when surgical procedures are undertaken. As this is not coded, we are not able to provide you with an accurate figure.

2 - How many surgical procedures were performed with the patient in the prone position in your trust between 1st January 2011 and 31st December 2012

Answer: Unfortunately, we do not clinically code what position the patient is in when surgical procedures are undertaken. As this is not coded, we are not able to provide you with an accurate figure.

3 - How many surgical procedures were performed with the patient in the prone position in your trust between 1st January 2010 and 31st December 2011

Answer: Unfortunately, we do not clinically code what position the patient is in when surgical procedures are undertaken. As this is not coded, we are not able to provide you with an accurate figure.

4 - How many spinal operations were performed in your trust between 1st January 2012 and 31st December 2013

Answer: We would be grateful if you could respond to our email dated 26th August 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.

5 - How many spinal operations were performed in your trust between 1st January 2011 and 31st December 2012

Answer: We would be grateful if you could respond to our email dated 26th August 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.

6 - How many spinal operations were performed in your trust between 1st January 2010 and 31st December 2011

Answer: We would be grateful if you could respond to our email dated 26th August 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.

7 – Which hospitals in your trust performed spinal between 1st January 2012 and 31st December 2013

Answer: Walsall Manor Hospital performed spinal surgery procedures during this time.

8 - Which hospitals in your trust performed spinal surgery between 1st January 2011 and 31st December 2012

Answer: Walsall Manor Hospital performed spinal surgery procedures during this time.

9 - Which hospitals in your trust performed spinal surgery between 1st January 2010 and 31st December 2011

Answer: Walsall Manor Hospital performed spinal surgery procedures during this time.

10 - How many hospitals placed patients in the prone position in Intensive Care/ Therapy Units in your trust in the latest calendar year for which data is available

Answer: Unfortunately, we do not clinically code what position the patient is in when surgical procedures are undertaken. As this is not coded, we are not able to provide you with an accurate figure.

11 - How many patients were placed in the prone position in Intensive Care/ Therapy Units in your trust in the latest calendar year for which data is available

Answer: Unfortunately, we do not clinically code what position the patient is in when surgical procedures are undertaken. As this is not coded, we are not able to provide you with an accurate figure.

206/14

EPR program / Strategy

I would like to make a request under the FOI Act. Please could you answer the following questions:

- Who is the Senior Responsible Officer for your EPR program/strategy?
Answer: Ian Baines, Director of Finance is our Senior Information Risk Owner (SIRO) within our organisation.
- What system did you procure under the NPfIT (i.e PAS/EPR)
Answer: The trust has not procured a solution under the NPfIT programme, however the Lorenzo product was installed as a result of the programme.
- What are your plans for replacing these systems once the NPfIT contract comes to a close?
Answer: We will follow the normal NHS tendering process to procure a replacement.
- What is your strategy for integrating across primary and secondary care?
Answer: We will use Lorenzo PAS and Orion Fusion to provide a Primary & Secondary Care integration path.
- What is your strategy around sharing data?
Answer: The extract below is from our Information Management & Technology Policy;

Other Data and New Forms/Sets of Data

- **the Governance team is responsible for ensuring formal agreements exist for the exchange of electronic data between authorised organisations. Organisations who we have a contract for the supply of IT systems are covered by a confidentiality clause in the contract, however any**

other organisations we need to send information to must sign a Confidentiality Undertaking Appendix I and a data sharing agreement must exist.

- for the Trust the a designated officer will be responsible for making formal agreements for the exchange of manual data between organisations.
 - all other Directors, Managers, Heads of Departments must liaise with one of the above - as appropriate - to ensure that the necessary agreements are in place.
 - these agreements must specify appropriate security conditions.
- What is your mobile working strategy, if applicable?
Answer: The extract below is from our Information Management & Technology Policy;

Mobile working/remote working policy & procedure

Objectives

To manage and prevent unacceptable risks arising to the organisation and other NHS information assets through the use of unapproved or unsafe home working facilities.

The Trust recognises that by providing staff with remote access to information systems, risks are introduced that may result in serious business impact, for example:

- unavailability of network, systems or target information
- degraded performance of remote connections
- loss or corruption of sensitive data
- breach of confidentiality
- loss of or damage to equipment
- breach of legislation or non-compliance with regulatory or ethical standards.

Remote working procedures

This section outlines the control procedures in place for remote working.

- Remote working must be approved by the Head of Service only on receipt of signed approval form (see Appendix Q) will the individual be granted remote access.
- Connection will only be made to the Trust network secure broadband access.
- A single entry point will control access to the network, e.g. firewall and secure ID Token.
- Users must authenticate to the network, by using two-factor authentication
 - Secure Token across a broadband line
 - Relevant Trust network user account (User name)

Terms and Conditions

- **Employees must identify themselves to the network by using their own logon credentials.**
 - **Two-factor credentials must be kept confidential at all times.**
 - **Lost tokens must be reported immediately so accounts can be disabled, this would also need to be documented as a security incident.**
 - **Employees who are leaving the company must ensure that all equipment is returned to IT Logistics so accounts can be disabled on the last day of employment.**
 - **If an employee's contract is terminated, it is the responsibility of HR to inform IT Services to ensure the necessary accounts are disabled.**
 - **Any agreement on remote working is not permanent and may be brought to an end at any time by the member of staff or the Trust. An authorisation will be based on the needs of the Trust, the job, and the department.**
- **What is your latest I.T strategy?**
Answer: Please find attached our IT Strategy – available upon request

207/14

Operations Performed Due to Ketamine Abuse

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

- 1) How many cystectomy operations were performed in your Trust because of ketamine abuse in the last three calendar years?
- 2) How many cystoplasty (bladder augmentation) operations were performed because of ketamine abuse in the last three calendar years?
- 3) Please give figures for the total number of patients treated in hospital for problems related to ketamine abuse.

Answer: Unfortunately, we do not code Ketamine abuse separately on our Clinical Coding System in order to provide you with this information. Ketamine misuse is coded together with other substances so it is not possible to break this down by substance.

208/14

Weight Loss Surgery

Please provide the following information under the Freedom of Information act:

1) What are your trust's criteria for qualifying for NHS funded weight-loss surgery?

Answer: The Trust follows the NICE criteria for Bariatric Surgery whom recommend surgery as a first line option for adults with a BMI of more than 50kgs/m² in whom surgical intervention is considered appropriate.

2) How many patients from your trust's area had gastric band surgery on the NHS in the past three years (August 2011-August 2014)?

- Please breakdown each case by year/ age/ gender/ pre-op weight.

Answer: Please see the table below. Unfortunately, the patient's weight at the time of the surgery is not recorded on our Clinical Coding System. The 2014 data is only shown is for the period 01 August 2011 – 31 July 2014. August data is still being collated and entered onto the Coding system.

Gender	Age	Year 2011/12	Year 2012/13	Year 2013/14	Year 2014/15	Grand Total
Female	20	-	1	-	-	1
Female	26	4	1	-	-	5
Female	28	2	-	-	1	3
Female	29	-	-	1	-	1
Female	30	1	-	-	-	1
Female	31	1	-	-	-	1
Female	32	1	-	-	-	1
Female	35	1	-	-	-	1
Female	37	3	-	-	-	3
Female	38	2	-	-	-	2
Female	40	2	-	-	-	2
Female	42	4	-	-	-	4
Female	43	1	-	-	-	1
Female	44	1	-	-	-	1
Female	45	1	1	-	-	2
Female	46	4	-	2	-	6
Female	47	1	1	-	-	2
Female	48	3	1	-	-	4
Female	49	1	-	-	-	1
Female	50	2	1	-	-	3
Female	51	2	-	-	-	2
Female	52	2	-	-	-	2
Female	53	1	-	2	-	3
Female	54	2	-	-	-	2
Female	55	-	2	-	-	2
Female	56	2	-	-	-	2
Female	58	1	-	-	-	1

Female	59	-	-	1	-	1
Female	60	1	1	-	-	2
Female	61	1	-	-	-	1
Female	64	1	-	-	-	1
Female	70	2	-	-	-	2
Male	23	1	-	-	-	1
Male	24	1	-	-	-	1
Male	29	-	-	1	-	1
Male	30	1	-	-	-	1
Male	42	1	-	-	-	1
Male	46	1	-	-	-	1
Male	47	1	-	-	-	1
Male	48	1	-	-	-	1
Male	50	1	-	-	-	1
Male	52	1	-	-	-	1
Male	53	1	-	-	-	1
Male	57	1	-	-	-	1
Male	62	1	-	-	-	1
Male	65	-	1	-	-	1
Male	67	1	-	-	-	1
Totals		63	10	7	1	81

3) How many patients from your trust's area had gastric bypass surgery on the NHS during the same period?

- Please breakdown each case by year/ age/ gender/ pre-op weight.

Answer: Please see the table below. Unfortunately, the patient's weight at the time of the surgery is not recorded on our Clinical Coding System. The 2014 data is only shown is for the period 01 August 2011 – 31 July 2014. August data is still being collated and entered onto the Coding system.

Gender	Age	Year 2011/12	Year 2012/13	Year 2013/14	Year 2014/15	Grand Total
Female	22	2	-	-	-	2
Female	23	-	-	1	-	1
Female	24	1	-	-	-	1
Female	25	1	-	-	-	1
Female	26	1	1	-	-	2
Female	28	5	-	-	-	5
Female	29	1	-	-	-	1
Female	30	1	1	-	-	2
Female	31	1	-	-	-	1
Female	32	1	-	-	-	1
Female	33	2	-	-	-	2
Female	34	1	1	-	-	2

Female	35	1	-	-	-	1
Female	36	3	2	-	-	5
Female	37	1	-	-	-	1
Female	38	2	-	-	-	2
Female	39	1	-	-	-	1
Female	40	2	1	-	-	3
Female	41	2	1	1	-	4
Female	42	2	-	1	-	3
Female	43	5	-	-	-	5
Female	44	4	2	-	-	6
Female	45	3	-	1	-	4
Female	46	5	-	-	-	5
Female	47	2	-	-	-	2
Female	48	-	-	-	1	1
Female	49	2	-	-	-	2
Female	50	1	-	-	-	1
Female	51	4	1	1	1	7
Female	53	3	-	-	-	3
Female	54	2	-	-	-	2
Female	55	3	-	-	-	3
Female	56	1	-	-	-	1
Female	57	3	-	-	-	3
Female	58	2	-	-	-	2
Female	59	1	-	1	-	2
Female	60	2	-	-	-	2
Female	61	1	-	-	-	1
Male	30	1	-	-	-	1
Male	33	1	-	-	-	1
Male	36	1	-	-	-	1
Male	37	1	-	-	-	1
Male	38	-	-	1	-	1
Male	39	1	-	-	-	1
Male	40	-	1	-	-	1
Male	41	1	-	-	-	1
Male	43	1	-	-	-	1
Male	45	3	-	-	-	3
Male	46	1	-	-	-	1
Male	48	4	-	-	-	4
Male	49	1	-	-	-	1
Male	51	1	-	-	-	1
Male	52	-	1	-	-	1
Male	54	2	-	-	-	2
Male	56	2	-	-	-	2
Male	57	1	-	1	-	2

Male	62	2	-	-	-	2
Male	65	-	1	-	-	1
Totals		99	13	8	2	122

4) In the last three years how many patients have received revision surgery on the NHS following a complication resulting from weight-loss surgery?

- Please breakdown by year/ age/ gender/ pre-op weight.

Answer: Please see the tables below. Unfortunately, the patient's weight at the time of the surgery is not recorded on our Clinical Coding System. The 2014 data is only shown is for the period 01 August 2011 – 31 July 2014. August data is still being collated and entered onto the Coding system.

Gastric Band Revision Surgeries						
Gender	Age	Year 2011/12	Year 2012/13	Year 2013/14	Year 2014/15	Grand Total
Female	25	1	2	-	-	3
Female	34	-	1	-	-	1
Female	35	-	1	-	-	1
Female	38	-	1	-	-	1
Female	39	-	-	2	-	2
Female	40	-	1	-	-	1
Female	41	-	-	1	-	1
Female	42	-	1	-	-	1
Female	43	-	-	1	-	1
Female	44	-	1	1	-	2
Female	46	1	2	-	1	4
Female	48	1	-	1	-	2
Female	49	-	1	-	-	1
Female	51	-	1	-	-	1
Female	53	-	1	-	-	1
Female	54	1	1	-	-	2
Female	57	1	-	-	-	1
Female	59	1	-	-	-	1
Female	64	-	-	1	-	1
Female	68	-	1	-	-	1
Male	27	-	-	-	1	1
Male	48	-	1	-	-	1
Male	60	-	-	-	1	1
Male	67	-	-	1	-	1
Totals		6	16	8	3	33

Gastric Bypass Revision Surgeries						
Gender	Age	Year 2011/12	Year 2012/13	Year 2013/14	Year 2014/15	Grand Total
Female	40	-	1	-	-	1
Female	43	-	1	-	-	1
Female	50	-	-	-	1	1
Female	51	-	-	-	1	1
Female	57	-	1	-	-	1
Totals		0	3	0	2	5

5) How many patients in question 4 had previously been treated privately in the UK or abroad?

- Please breakdown by year/ age/ gender/ pre-op weight.

Answer: Unfortunately, this information is not recorded on our Clinical Coding System in order to provide accurate figures.

209/14

Breast Augmentation

Please provide the following information under the Freedom of Information act:

1) What are your trust's criteria for qualifying for NHS funded breast augmentation?

Answer: Our organisation only performs breast reconstruction surgery for cancer patients. We do not perform breast reductions/enhancement surgery for cosmetic purposes.

2) How many women have have undergone NHS funded breast augmentation for cosmetic purposes in the past three years?(August 2011-August 2014)? Please breakdown each case by year/ age/ cup size.

Answer: This is not applicable to our organisation.

3) In the last three years, how many patients have received revision surgery on the NHS following a complication resulting from breast augmentation for cosmetic purposes? Please breakdown each case by year/ age/ cup size.

Answer: This is not applicable to our organisation.

4) How many patients in question 3 had previously been treated privately in the UK or abroad?

Answer: This is not applicable to our organisation.

210/14

IT Strategy and Laptop Spend

I would like to make a request under the FOI Act. Please could you send me the latest I.T Strategy and also the Laptop spend over the last five years.

Answer: Please find attached the IT strategy as requested – available upon request.

The table below details spend on laptops over the last five years.

Year	Total Spend
2009	£ 5,906.24
2010	£ 19,505.50
2011	£ 78,377.32
2012	£ 120,074.18
2013	£ 90,175.73
2014	£ 38,589.05

211/14

Staff Healthy Eating and Weight Loss

Please could I request the following information:

1. Does the trust offer any support or incentives to encourage its staff to eat healthily and/or lose weight?

Answer: Yes our organisation does offer support to staff in eating healthily and losing weight.

2. Could you provide details of the support or incentives that the trust offers its staff to encourage them to eat healthily and/or lose weight?

Answer: Staff are able to access Walsall's Health Trainer Service. It is appointment based for health trainer and smoking cessation appointments bookable by calling our organisation's Lifestyle Team. Staff can just turn up at the exercise classes but will need to fill in a physical activity readiness questionnaire which takes about 10 minutes to complete.

The Lifestyles Team have worked with some departments within the organisation around a healthy workplace initiative.

The health trainers support people over the age of 16 who live or work in Walsall or have a Walsall registered GP. A programme of physical activity is free to anyone living in Walsall or working for our organisation.

Initial appointments with a health trainer can take up to an hour, and the service can refer people to Weight Watchers or Slimming World if they meet certain criteria. This would be the criteria mentioned above as well as having a BMI of 30 or over and have not attended a slimming group in a specified time frame, currently the last 12 months.

People are not issued vouchers at their first appointment but this is explained at the initial appointment.

Our organisation also offers free access to dietitians and Nutricheck (an online weight management tool). Our Occupational Health Department also offer a weight management programme which is designed around individual requirements.

212/14

CBI Contributions

I am writing to obtain information about the amount your organisation pays to the Confederation of British Industry and its subsidiaries.

Please provide the amount paid to the CBI (and its regional subsidiaries)

- (a) in membership fees
- (b) fees for one off conferences or other events and
- (c) fees paid to the CBI for any other services.

Please make clear if the response includes payments from any Non-Departmental Public Bodies, Executive Agencies etc which fall under the department and please provide a breakdown of what payments came from which agency/body.

Please provide this information for the period 2009-2014 set out by calendar or financial year.

Clarification sought from requester: May we clarify if you have sent this request to any other NHS Trusts and received a positive response? As we are a public sector organisation, the National Health Service, we feel that we would not be a member or make any payments to this company.

Response: It is true, not many public sector organisations are members of the CBI but some establishments are. It would be a huge help if you were able to clarify your Trust's position

Answer: We have checked our purchase ledger for all the various formats of payments that can be made in relation to the Confederation of Business Industry and have not found any payments during the period requested. CBI is not setup as a supplier within our Trust's financial purchase ledger.

213/14

Consultant Contracts

I would like to request the following information:

1. Please send me a copy of the most recent standard contract for full-time consultants employed by the trust.

Answer: Please find the document attached as requested

2. How many full-time consultants does the trust employ?

Answer: We currently employ 152 full time Consultant posts of which 17 are locum appointments.

3. How many of these full-time consultants are employed on contracts or job plans that include less than 2.5 supporting professional activities (SPAs)?

Answer: Upon on appointment, all Consultant job plans are based upon 7.5 clinical activities and 2.5 SPAs.

4. How many full-time consultants are employed on contracts or job plans that do not guarantee a minimum of 2.5 SPAs or do not specify a minimum number of SPAs?

Answer: Upon on appointment, all Consultant job plans are based upon 7.5 clinical activities and 2.5 SPAs. As roles can change over time it is possible for SPA and DCC ratios to fluctuate.

214/14

Bidding Costs

This is a request for information under the Freedom of Information Act. The requested information relates to the costs of bidding in procurements and tenders.

The "procurements and tenders" this request covers are Part B health services, patient transport services and community healthcare provision. They include Any Qualified Provider and Any Willing Provider processes (including aborted Wheelchair AQPs), and framework agreements. They do not include procurement of supplies of goods, or procurement of care homes, Continuing Healthcare, domiciliary care, or supported housing - these are all excluded from the scope of this request. Part B health services are those covered by Part B of Schedule 3 of the Public Services Contracts Regulations 2006.

1. Please provide a list of all NHS procurements and tenders that the Trust bid for, where the Trust's involvement in the procurement/tender ended during the financial year 2013/14. A Trust's involvement in the procurement/tender should be considered to have "ended" at the point either when the Trust's bid was accepted (including selection of the Trust as "preferred bidder"), when the Trust's bid was rejected (including selection of an alternative "preferred bidder"), or when the tender/procurement was cancelled.

For each bid, please state which entity (e.g. CCG) was the procuring authority, what the procurement/tender was for, and whether the Trust's involvement in the procurement ended as either (a) selected/preferred bidder; (b) rejected bidder; or (c) procurement/tender cancelled

Answer: Listed below are the tenders that our Trust bid for which ended during the financial year 2013-14.

Procuring Authority	Reason for Tender	Outcome
Walsall CCG	Non-obstetric ultrasound	Accepted
Walsall CCG	Anti-coagulation	Accepted
Walsall CCG	Minor Surgery	Accepted though subsequently cancelled

2. For each bid listed in response to question 1, please give a monetary value for the financial cost to the Trust of each bid where the Trust was *not* the selected/preferred bidder. Ideally, this value will include (but not be limited to) the following:

- staffing time/staff costs
- legal advice and costs of any related litigation
- costs of financial advice/management consultants
- upfront bid costs demanded by the procuring authority (where not subsequently refunded)

Alternatively, if this level of detail is not available, please provide any figure the CCG has recorded (or budgeted) for total expenditure on each bid, with a brief outline of what that figure comprises (for example, it may include staff costs but exclude costs of legal advice).

Answer: This is not applicable to our organisation as all bids were successful.

215/14

Parkinson's Disease

Within your organisation how many patients are currently [in the last 12 months] being treated for Parkinson's Disease?

Answer: Our Clinical Nurse Specialist has a current caseload of 438 patients. These patients are all on some form of medicated treatment. Unfortunately, we could not accurately provide you with the number of patients who have been treated in the last 12 months.

What type of service does your trust run for Parkinson's Disease?

Answer: Our organisation provides Consultant led and Nurse led clinics in the community and at Walsall Manor Hospital. Our Clinical Nurse Specialist also conducts home visits and clients can make telephone contact if they require advice.

If you operate a service;

How many Parkinson's Disease Specialist Nurses are based at your trust?

Answer: We currently have one Clinical Nurse Specialist employed by our Trust.

How many Neurologists or other physicians who initiates/changes treatment are there?

Answer: We currently have one Consultant Neurologist who sees PD patients and a Geriatrics Consultant who has a special interest in Parkinson's Disease.

How many patients are being treated for Parkinson's Disease with the following treatments in the last 12 months:

Answer: Unfortunately, treatment information is not routinely recorded on our information systems so we are unable to provide accurate figures in response to this question.

Levodopa (co-beneldopa or co-careldopa)	
Pramipexole (Mirapexin) lkh	
Ropinirole (ReQuip)	
Rotigotine (Neupro)	

Apomorphine (APO-go) Pen and Infusion Levels	
Duodopa [carbidopa/levodopa] intestinal gel	
Deep Brain Stimulation	
Amantadine Hydrochloride	
Pergolide Mesilate	
Tolcapone	
Selegiline Hydrochloride	
Cabergoline	
Entacapone	
Pramipexole (Generic)	
Rasagiline Mesilate	
Any other drugs used in treatment of Parkinson's	

Does your trust carry out response tests for apomorphine, if so how many in the last 12 months?

Answer: Our Trust has completed four response tests for apomorphine over the last 12 months with another three planned.

216/14

Car Parking charges

Please could you tell me how much income the trust made from car parking charges during 2013/14?

Answer: During 2013-14, the Trust received £224,893 income from staff car parking charges and £1,007,183 income from visitor car parking charges.

217/14

ophthalmology

Does your organisation treat the following conditions, and if they are treated, how many have been treated in the last 4 months?

	Patients
Wet Age Related Macular Degeneration (wAMD)	This is not applicable to our organisation.
Visual impairment due to Diabetic Macular Oedema (DMO)	This is not applicable to our organisation.
Retinal Vein Occlusion - Central or Branch (CRVO or BRVO)	This is not applicable to our organisation.
Visual impairment due to choroidal neovascularization (CNV) secondary to pathologic myopia (mCNV)	This is not applicable to our organisation.

Answer: We do not treat any of these conditions at our organisation.

218/14

Bariatric Equipment

I wish to know how much your trust has spent on specialist bariatric equipment for obese patients during the last three financial years?

In order to provide you with the correct information we would be grateful if you could clarify the following points;

- Please specify all the items of specialist bariatric equipment you require your request to cover ie, is this wheelchairs, hoists, beds etc or more specialised equipment?*

I am particularly interested in Bariatric beds, chairs, commodes

Answer: Please see the table below. Unfortunately, the majority of products do not clearly state within the description label on our system that they are for bariatric use. The data on products, not referenced as bariatric within the description are not able to be incorporate into these figures.

Financial Year	Bariatric Beds Rental Spend
2011-12	£2,820 (rented equipment)
2012-13	£10,156 (rented equipment)
2013-14	£2,948 (rented equipment)
TOTALS	£15,924

Financial Year	Bariatric Equipment Type	Amount spent on Purchasing the Equipment
2011-12	Toiletting	£73
	Commode	£1,858
	Manual Handling	£2,183
	Walking aids	£399
	Perching Stools	£340
	Seating	£250
	Showering	£231
	Community Beds	£5,035
		TOTAL £10,369

Financial Year	Bariatric Equipment Type	Amount spent on Purchasing the Equipment
2012-13	Toileting	£192
	Commode	£1,575
	Manual Handling	£5,089
	Walking aids	£1,627
	Perching Stools	£907
	Seating	£7,193
	Showering	£1,976
	Community Beds	£2,850
		TOTAL £21,409

Financial Year	Bariatric Equipment Type	Amount spent on Purchasing the Equipment
2013-14	Toileting	£664
	Perching Stools	£524
	Shower Chairs	£2,425
	Walking Aids	£2,900
	Commodes	£4,638
	Community Beds	£2,156
	Other Equipment	£8,913
		TOTAL £22,220

Please give a breakdown of the type of equipment used by the trust and the amounts spent, split between Rental expenditure and Purchased Equipment?

Answer: Please see the table above. Unfortunately, we are not able to breakdown the type of equipment any further as this is how the items are categorized on our system.

How many Bariatric beds does the Trust own?

Answer: Our Trust hires bariatric beds for Walsall Manor Hospital as and when required. We do purchase beds for our community services. We currently own 15 beds in the community.

I would also like to know how many Bariatric patients have been admitted to your hospital/hospitals during 2013?

Answer: We can confirm that 109 bariatric patients were admitted to Walsall Manor hospital during 2013.

219/14

Staffing

Please can you provide me with information stated in Table A on the supply of agency staff to your trust/authority EACH of the following categories during the last financial tax year.

Categories:

Nursing

- General Band 5 Registered Nurses (Medical & Surgical)
- Specialty Registered Nurses (ITU, A+E)
- Midwives
- Theatre Nurses

Medical Locums

- SHO
- Registrar

ODP

TABLE A

	For each sub-category above please supply:
1	Name of Key Person responsible for facilitating new agency/locum contracts Unfortunately, we do not release staff names below Director level. This is withheld under section 40 (Personal Information). Sue Wakeman, Director of HR is responsible operationally for these services and our Director of Finance, Ian Baines is responsible for the procurement of contracts.
2	The total amount spent on agency staff for the last financial tax year During 2013-14 our Trust spent £8,468,098 on agency staff.
3	The name(s) of the Trust preferred agency nurse supplier(s) Our Trust does not have a preferred supplier for Nursing but Tier 1 agencies are used in the first instance due to costs being lower ie. Medacs.
4	The minimum amount per hour (exclusive of commission) the Trust pays to the preferred supplier(s) Unfortunately, our Trust does not record a breakdown of what agencies charge us in order to provide this information.
5	The minimum amount per hour (inclusive of all agency charges i.e. commission) the Trust pays to the preferred supplier(s) General Band 5 Registered Nurse (Medical & Surgical) = £27.50 per hour Specialty Registered Nurses = £30.00 per hour Theatre Nurses= £31.80 Medical Locum=£44.00 per hour (please note that we cannot confirm whether or not this includes or excludes a commission charge. Agencies we use do not provide us with a breakdown of their charges.)

6	<p>The minimum agency commission (in percentage terms) charged by the preferred supplier(s).</p> <p>Unfortunately, our Trust does not record the commission rates of the agency's we use in order for us to provide this information.</p>
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220/14

Decontamination and Sterilisation

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

1.) How is decontamination and sterilisation for the Trust's reusable surgical instruments provided:

- Onsite by the Trust
- On site by a 3rd party
- Offsite by a 3rd party
- Offsite by the Trust

2.) Where the service is provided by a 3rd party, please advise of:

- The name of the provider/supplier
- The annual value of the contract
- The contract start and end date

Answer: This is not applicable to our organisation.

3.) Does the Trust provide decontamination and sterilisation services for reusable surgical instruments to other customers who are not part of the Trust? If so please advise who.

Answer: No, the Trust does not provide any services outside of our organisation.

4.) Has the Trust invested in decontamination and sterilisation capacity and capability in the last 5 years?

Answer: The Trust has invested in the decontamination and sterilisation department and is currently having new washer disinfectors and sterilisers installed. The unit is also having a complete refurbishment internally.

5.) Is it the Trust's intention to utilise or consider the use of a third party service provider?

Answer: No, our Trust does not intend to do this at the moment.

221/14

Elective Patient Backlog

Please could you tell me:

- the size of your elective patient backlog
Answer: The number of patients reported on our 18 weeks RTT incomplete pathway report as at the 31st August 2014 was 38,741. This is an unvalidated report (raw data) and contains patients who will either be treated as admitted, non-admitted or decision not to treat.

- if your trust has sub-contracted any elective work to independent sector providers during July and August
Answer: No our Trust did not sub-contract any elective work to an independent provider during this time period.

- if your trust plans to sub-contract any work during September
Answer: No but our Trust does plan to sub-contract some work in the Autumn.

- if work has been subcontracted, please tell me how many patients have been treated by independent sector providers through a sub-contracting agreement, and how many patients are planned to be treated in September
Answer: We are still in discussion with providers.

- how much money has been paid to the independent sector providers through July, August and September
Answer: None, at the moment.

- the names of the independent sector providers
Answer: As we are still in contract discussions we do not feel able to release the providers name at this stage.

222/14

Delayed Transfers of Care

Under the Freedom of Information Act 2000, I request WALSALL HEALTHCARE NHS TRUST to provide me with the following information.

- 1) What is the longest continual stretch of days that have been lost to delayed discharge by one patient in?
 - a) 2009/10
 - b) 2010/11
 - c) 2011/12
 - d) 2012/13
 - e) 2013/14

Answer: Unfortunately, our records are detailed by calendar year and not financial year. Please note that over the years, the information that has been required to be

recorded by our Trust has changed so some information is not available. Please see the table below.

Calendar Year	Longest Continual Stretch of Days Lost to Delayed Discharge for one Patient	Dates Information Covers
2009	50 days	Apr09 – Nov09 only
2010	52 days	Jan10 to Sept10 only
2011	49 days	Dec11 only
2012	70 days	The Full year
2013	38 days	The Full year
2014	55 days	Jan14 up to end of Aug14

2) For each of the above, please could you state the reason why the patient's discharge was delayed, according to the reasons set out below. Please could you also state, whether the delay was attributable to the NHS, social care or both:

Answer: A delay can be caused by multiple reasons involving multiple agencies (ie, Social Care for the patient's home environment, families selecting a nursing home for a patient).

	2009/10	2010/11	2011/12	2012/13	2013/14	2014
A. Awaiting completion of assessment	22 days – Social Care	7 days – NHS	10 days – Social Care	14 days – NHS 7 days – Social Care	24 days – Social Care	7 days - NHS
B. Awaiting public funding	28 days – Social Care	-	-	14 days – Social Care	-	7 days - NHS
C. Awaiting further non-acute (including community and mental health) NHS care (including intermediate care, rehabilitation services etc)	-	-	-	-	-	-
D i). Awaiting residential home placement or availability	-	-	-	-	-	-
D ii). Awaiting nursing home placement or availability	-	-	-	-	14 days – Social Care	7 days – Social Care
E. Awaiting care package in own home	-	45 days – Social Care	-	-	-	-
F. Awaiting community equipment and adaptations	-	-	-	-	-	-
G. Patient or Family choice	-	-	39 days - NHS	35 days - NHS	-	14 days – NHS 13 days – Social Care

H. Disputes	-	-	-	-	-	7 days - NHS
I. Housing – patients not covered by NHS and Community Care Act	-	-	-	-	-	-

For reference, 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

223/14
Complaints Process

QUESTIONS	RESPONSES		
1. How many official complaints or concerns were registered with your NHS Trust, broken down by the following financial years?	2011/12 297	2012/13 321	2013/14 376
2. Do you routinely publish complaints data in the public domain? If yes please provide details of where and how frequently.	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	(DETAILS) Data is published in the Trust Annual report which is a public document. There is a monthly complaints report to Trust board again this is within the public domain. In addition the Annual data returns to the DOH are also published.
3. Do you formally record complaints made by third parties who don't have the expressed consent of the patient(s) – i.e. members of the public, people visiting other patients and external non-medical contractors who have concerns about the way patients are being treated or cared for?	YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>	(DETAILS) See Note 1 below.
4. If you do record complaints made by third parties, please could you provide the number of such complaints or concerns raised with your NHS Trust for the following financial years?	2011/12 Included in above figure. Unfortunately, our system is not able to break down the figures by complainant.	2012/13 Included in above figure. Unfortunately, our system is not able to break down the figures by complainant.	2013/14 Included in above figure. Unfortunately, our system is not able to break down the figures by complainant.

5. Do you include these types of complaints in your official complaints figures reported to the HSCIC?	YES ALL <input checked="" type="checkbox"/>	YES SOME <input type="checkbox"/>	NO <input type="checkbox"/>	DON'T KNOW <input type="checkbox"/>
6. If you don't officially record complaints or concerns raised by third parties, please could you provide details in the box below of any process that is in place for resolving or addressing these concerns / complaints? Please also indicate if there is no process in place.	PROCESS IN PLACE <input type="checkbox"/>	NO PROCESS IN PLACE <input type="checkbox"/>		

Details of complaints process:

Note 1: Third party complaints are always investigated and are included in the above figures. If they do not relate to a specific patient whereby consent can be sought, we will always speak with the complainant and look into the details of the concern as much as possible without breaching patient confidentiality. They are not identified as third party complaints as such but recorded accordingly within a category as either patient, relative, staff member, MP and so on.

224/14

Compulsory Purchase Orders

In accordance with the provisions specified within the above Act we hereby request that you provide the following information.

Required Information;- Compulsory Purchase Orders (CPO) issued by the trust since 1st April 2010.

For each Compulsory Purchase Order issued, please provide the following information -

1. Full name of the CPO
2. A copy of the map showing the areas affected by the CPO.
3. A copy of the CPO Order which details all of the effected land/properties.

Answer: Our organisation has not issued any compulsory purchase orders during this time.

225/14

Anaesthesia Procedures

Under the freedom of information act, please can you provide me with details on the following for your trust:

Please can you provide this for the last financial year

1). Number of General Anaesthesia procedures

Answer: Our Trust performs a number of procedures under general anaesthetic. Unfortunately, this information is not centrally recorded on a system in order to provide you with an accurate number. We could provide you the numbers of patients that have undergone a GA procedure during a certain time period. However, you will need to advise us of the specific GA procedures you would like this information to cover so we can search our system.

2). Number of Anaesthesia procedures done solely by intravenous anaesthesia (total intravenous anaesthesia)

Answer: Our Trust performs a number of procedures requiring anaesthesia. Unfortunately, this information is not centrally recorded on a system in order to provide you with an accurate number. We could provide you the numbers of patients that have undergone specific procedures during a certain time period. However, you will need to advise us of the specific procedures you would like this information to cover so we can search our system.

3). Total number of anaesthesia procedures

4). Total number of epidural procedures

Answer: Please see the table below which covers the time period 01 April 2013 to 31 March 2014. It shows the total number of patients who have undergone the highlighted anaesthetic type.

Number of Patients	Anaesthetic Type
11177	General
1864	Local
140	Spinal
623	Sedation
1	Bier Block
4	Regional Block
23	Epidural
2	Combined Spinal Epidural
37	Axillary Block
12	Brachial Plexus Block
10	Not Stated
TOTAL	13893

226/14

Children Treated for Diabetes

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

1 - How many patients under the age of 18 have been treated for type 2 diabetes in a) 2012-13 and b) 2013-14?

Answer: Unfortunately, our Accident & Emergency (A&E) presentations are specifically coded and do not differentiate between the types of diabetes. Type 2 diabetes patients are not able to be identified. We could only provide the total number of these patients that attended A&E who were treated for diabetes which would cover all types. Please advise us if you require this information.

Our outpatient activity is recorded by clinic type, as we do not run clinics for type 2 diabetes patients only, we cannot search our system for this information. Please also note that various care and treatments are discussed and provided to patients during clinic appointments. As some patients are seen in clinics for follow up appointments to discuss their care plan, some patients are treated and some are not. Unfortunately, our system does not record what treatments are provided to patients who attend a clinic appointment. This would be recorded in the patient's records. We could only provide the total number of these patients seen in all our diabetes clinics which would include patients that had and had not received treatment during the appointment. Please advise us if you require this information.

With regard to inpatients, one patient under the age of 18 was treated for type 2 diabetes in 2013-14. No inpatients under the age of 18 were treated during 2012-13.

2 - Please break down the information by a) age and b) sex of each patient so that I am able to see, for example, how many 10-year-old girls were treated in each year, how many 12-year-old boys, how many 14-year-old girls etc etc.

Answer: Please see the paragraphs above relating to A&E and outpatient activity.

With regard to inpatients, one female patient aged 12 was treated for type 2 diabetes during 2013-14. No inpatients under the age of 18 were treated during 2012-13.

3 - How old was the youngest patients treated for type 2 diabetes in a) 2012-13 and b) 2013-14?

Answer: Please see the paragraphs above relating to A&E and outpatient activity.

With regard to inpatients, the youngest patient treated for type 2 diabetes was aged 12 during 2013-14. No inpatients under the age of 18 were treated during 2012-13.

227/14

Patient Pre-operative Skin Preparation Products

Freedom of Information Request

This request for information is made under the Freedom of Information Act.

Please would you list all products that are used in your hospital operating theatres for patient pre-operative skin preparation?

Please note that these products might be supplied through pharmacy or direct to theatres via NHS Supplies

Products used regularly for pre-operative skin preparation
Videne Antiseptic Solution
Videne Alcoholic Tincture
Hydrex alcoholic solution (chlorhexidine gluconate with ethanol) either clear or with red dye
Our Anaesthetists use chloraprep prior to epidurals/spinals
Aqueous Chlorhexidine for ear and vaginal skin preparations
Antiseptic Betadine
Alcoholic Betadine

228/14

Never Events

I would like to make an FOI request. How many never events (serious, largely preventable never events that should never happen) have taken place at your hospitals so far in 2014? I would also like the same figures for 2013, 2012, 2011 and 2010. I would also like a breakdown of what the never events were.

Answer: Please see the table below.

Calendar Year	Number of Never Events Recorded	Brief Description of Incident
Jan-Dec 2010	1	Surgical procedure performed without valid consent completed
Jan-Dec 2011	2	Retained instruments following a surgical procedure
Jan-Dec 2012	1	Incorrect implant used for knee replacement
Jan-Dec 2013	2	x1 retained guide-wire used in chest drain insertion procedure x1 non-receipt of insulin as prescribed resulting in period of diabetic keto-acidosis
Jan-Aug 2014	0	Not applicable

229/14

Annual Spend on Electrical Materials

The estimated total annual spend on electrical materials for estates and facilities. E.g
Lamps, HVAC, cable, batteries etc

- Provide the top 10 lines used

Answer: As we are a Private Financial Initiative (PFI) hospital, any purchase of the above materials is done through the Project Company and their contractors (Skanska Facilities Services). We recommend you contact Skanska directly for this information. You can contact them via email addresses; sarah.betts@skanska.co.uk or alan.walsh@skanska.co.uk and telephone number; 01922 656470

- Detail any potential energy efficiency project you are considering if possible

Answer: We can confirm that no specific projects are being considering at the moment except for review of our waste streams.

- Detail any major new electrical work you are considering including new building projects.

Answer: The Trust will be commencing the build in relation to our new Intensive Care Unit and a 30 bed modular block prior to Christmas.

230/14
Annual Report 2002-03

With regard to the Freedom of Information act, I kindly request the following pieces of information about your Trust for the purposes of an academic research project:

Annual reports for the year(s): April 2002 - March 2003.

Answer: Unfortunately, report 2002-03 is not available. We do however have the 2003-04 report, which is attached for your information – available upon request. Reports from 2009 are also published on our website and can be accessed using the link below.

<https://www.walsallhealthcare.nhs.uk/our-publications.aspx>

Please note that Walsall Healthcare NHS Trust did not form until 01 April 2011 (when Walsall Hospital Trust & Walsall Primary Care Trust services merged).

231/14
Number of Employees who Received Remuneration

I am writing to obtain information about the number of your employees who received remuneration of more than £100,000 in 2013-14.

Remuneration includes, but is not limited to: salary, fees, allowances, bonuses, benefits in kind, compensation for loss of office and employers' pension contributions.

Please note that whilst some of the information may be in the public domain in accounts and on your website, **the information requested is not fully available from your annual reports, websites etc.**

Many public sector organisations publish senior management salaries online or produce a table showing employees in remuneration bands of £5,000 in their annual accounts.

It is not possible to answer the questions below with that information alone. Employer pension contributions are excluded from these bands and there can be employees who are not senior managers who received more than £100,000.

Please make it clear if you are responding on behalf of more than one organisation.

To outline my query as clearly as possible, I am requesting:

1. The total number of employees who received remuneration equal to, or in excess of £100,000 in 2013-14.

Answer: 109 employees received remuneration equal to or more than £100,000 in 2013-14.

2. For those who received remuneration in excess of £150,000:
 - i. The employee's name
 - ii. The employee's job title
 - iii. The remuneration received by the employee

iv. An itemised list of expenses claims made by the employee.
If an itemised list is not available, please provide the amount the employee claimed in expenses in 2013-14

Answer: 27 of the 109 employees received remuneration equal to or more than £150,000 in 2013-14. These 27 staff consisted of x25 Consultants and x2 Directors. We do not release employee's names below Director level. This is withheld under section 40 (Personal Information). 14 of the 25 Consultants received no expenses.

2013-14			
Name	Job Title	Total Remuneration Received	Expenses Received
Mr Richard Kirby	Chief Executive	£151,500.00	£657.05
Mr Amir Khan	Medical Director	£203,083.16	£48
Withheld under section 40	Consultant 1	£191,572.83	£729.05
Withheld under section 40	Consultant 2	£152,600.92	£240.15
Withheld under section 40	Consultant 3	£159,417.44	£168.50
Withheld under section 40	Consultant 4	£152,128.16	£56.95
Withheld under section 40	Consultant 5	£159,192.72	£610.15
Withheld under section 40	Consultant 6	£196,943.54	£419.08
Withheld under section 40	Consultant 7	£150,472.18	£175
Withheld under section 40	Consultant 8	£151,638.05	£833.58
Withheld under section 40	Consultant 9	£150,078.09	£600
Withheld under section 40	Consultant 10	£152,051.90	£431.76
Withheld under section 40	Consultant 11	£150,158.83	£734.80
Withheld under section 40	Consultant 12	£167,210.16	0
Withheld under section 40	Consultant 13	£189,722.56	0
Withheld under section 40	Consultant 14	£153,474.00	0
Withheld under section 40	Consultant 15	£155,170.24	0
Withheld under section 40	Consultant 16	£153,419.92	0
Withheld under section 40	Consultant 17	£167,222.51	0
Withheld under section 40	Consultant 18	£150,069.20	0

Withheld under section 40	Consultant 19	£162,645.84	0
Withheld under section 40	Consultant 20	£157,612.80	0
Withheld under section 40	Consultant 21	£160,488.60	0
Withheld under section 40	Consultant 22	£171,422.88	0
Withheld under section 40	Consultant 23	£158,427.84	0
Withheld under section 40	Consultant 24	£189,724.64	0
Withheld under section 40	Consultant 25	£153,415.72	0

232/14

Spend on Consultancy Fees, Local Medical Staff and Number of Inpatient Beds

1. In the financial period between April 2009 - April 2014, how much money was spent on consultancy fees to external organisations in relation to improving the efficiency of clinical services at your trust? Can you please break down these costs on an annual basis.

Answer: We can confirm that £1,375,020 has been paid to external organisations for consultancy fees in relation to this in 2012 and 2013. Please note that invoices are still being received and processed so this figure may change. A breakdown by financial year is below.

Financial Year (Apr-Mar)	Paid Invoices
2012-13	£864,480
2013-14	£510,540

2. In the financial period between April 2009 - April 2014, how much money was saved as a result of the input from these external organisations? Can you please break down the savings on an annual basis.

Answer: Unfortunately, this is not centrally recorded on a system in order to provide you with this information.

3. In the financial period between April 2009 - April 2014, how much money did your trust spend on locum medical staff, specifically doctors. Can you please break down the costs on an annual basis.

Answer: Unfortunately, we cannot retrieve information from our General Ledger System for 2009-10. Please see the table below.

Financial Year (Apr-Mar)	Spend on Locum Medical Staff
2010-11	£2,378,355
2011-12	£3,329,077

2012-13	£3,313,558
2013-14	£3,844,455

4. How many inpatient beds are there at your trust in the most recent financial year?
Answer: Contractually we had 552 inpatient beds at our Trust in 2013-14. Please note that the actual number of beds available fluctuated throughout the year due to capacity issues.

**233/14
Imaging Services**

Does your Trust provide Imaging services?
Answer: Yes

If you are a multi-site Trust, can you also please tell me which of your sites have Imaging services?
Answer: We are a multi-site Trust but only provide imaging services at Walsall Manor Hospital.

**234/14
Registered Nurses and Healthcare Assistants**

Please inform me as soon as possible if you hold any information of the following description and please provide a copy of that information within the time limit prescribed by the FOI Act.

- Please provide the funded establishment figure for the number of registered nurses in the trust for the financial year 2013-14 and 2014-15.
Answer: Our Trust's funded establishment figures for the number of registered nurses in 2013-14 was 1139.31 FTE and in 2014-15 is 1174.10 FTE.
- Please provide the funded establishment figure for the number of healthcare assistants in the trust for the financial year 2013-14 and 2014-15.
Answer: Our Trust's funded establishment figures for the number of Healthcare Assistants in 2013-14 was 376.21 FTE and in 2014-15 is 380.81 FTE.
- In the next 12 months is the trust planning any reductions or increases to its funded establishment for either registered nurses or HCAs? Please provide the increase or decrease in terms of whole time equivalent and percentage.
Answer: There is a planned 52 FTE increase in funded establishment for Nurses, and a planned 8 FTE increase in funded establishment for Healthcare Assistants over the next 12 months.

- Has the trust recruited registered nurses from outside the UK in the last 12 months (since Sept 2013) as part of any organised recruitment campaign? If so, please say which countries and the numbers of staff recruited.

Answer: Our Trust has not recruited any Nursing staff from outside the UK in the last 12 months as part of an organised recruitment campaign.

- Does the trust plan to recruit from overseas in the next 12 months up to Sept 2015? If so, please say which countries and the numbers of staff recruited.

Answer: Our Trust does not have any plans to recruit from overseas in the next 12 months at the moment.

Please can responses be provided in email and if involving numbers and data supplied via an Excel spreadsheet or as a PDF which is not locked to prevent editing.

235/14

Meeting Papers From Remuneration Committees and Audit Committees

Response awaited from requester. Time period not yet expired.

236/14

Orthotics Service Survey Questionnaire

Please complete the attached Orthotic Survey – available upon request.

237/14

Incidents of Theft

I would be grateful if you could tell me:

How many incidents of theft have there been from patients at the trust in the last three financial years?

Answer: Unfortunately, due to our reporting systems changing in January 2012, we can only provide information for the last two financial years (2012-13 and 2013-14). As we cannot provide you with the information for 2011-12, we will provide the information for the 2014-15 financial year up to end of August 2014 instead.

2012-13	4 incidents of patient thefts reported
2013-14	3 incidents of patient thefts reported
2014-15 (up to end of August14)	1 incident of patient theft reported

Could I have the figures broken down by per year and per each hospital in the trust?

Answer: Please see the figures above. These relate to Walsall Healthcare NHS Trust and the Manor Hospital only.

Can you break them down to show how many were inpatients and how many were outpatients?

Answer: Please see the figures below.

2012-13 All 4 incidents related to inpatients

2013-14 Two related to inpatients and one related to A&E

2014-15 The incident related to inpatients

Where possible could you please list the items that were reported stolen and the value of the items?

Answer: Please see the table below.

Year	Location	Item Stolen	Value
2012-13	Ward Area	Money	Not stated
2012-13	Ward Area	Money and Ring	Not stated
2012-13	Ward Area	Mobile Phone	Not stated
2012-13	Ward Area	Purse – containing money, credit cards and jewellery	Not stated

Year	Location	Item Stolen	Value
2013-14	Ward Area	Money	\$70
2013-14	Ward Area	Money	£235.00
2013-14	A&E	Handbag – containing purse, money, cards, mobile phone	Not stated

Year	Location	Item Stolen	Value
2014-15	Ward Area	Money	£30.00

How many times during this time frame have you had to call in the police to investigate a theft?

Answer: For the four incidents reported during 2012-13, one was investigated by the Police. For the three incidents reported during 2013-14, two were investigated by the Police. The incident in 2014-15 was also investigated by the Police.

238/14

Payments to Companies

I would like to make a request under the Freedom of Information Act.

Please would you tell me:

1. The total amounts of all monies paid to the following companies in the 2011/12, 2012/13 and 2013/14 financial years:

- a) Deloitte
- b) PwC (PricewaterhouseCoopers)
- c) EY (Ernst & Young)
- d) KPMG
- e) Capita

Please include all subsidiaries of these companies in your totals.

Please provide separate figures for each of the five companies above, and please break the figures down by financial year. It should therefore be possible to see how much each of the five companies was paid in each year.

2. If possible, please provide a brief description of what the monies were paid for. If doing so would breach the cost limit, please disregard this part of the request.

Answer: Please see the table below. Unfortunately, a brief description is not recorded on our purchase ledger system so cannot be provided.

Company	2011-12 (£)	2012-13 (£)	2013-14 (£)	TOTALS
Deloitte	0	92,576	18,802	£111,378
PwC (PricewaterhouseCoopers)	7,200	0	0	£7,200
EY (Ernst & Young)	0	0	0	£0
KPMG	0	0	0	£0
Capita Business Services Capita IB Solutions	0 98,683	0 128,403	420.00 65,318	£292,404
TOTALS	£105,883	£220,979	£84,539	£411,402

239/14

List of Transactions for all Private Finance Initiative Contracts

Response currently being prepared. Time period not yet expired.

240/14

Audiology Services Survey

Please complete the survey questions below online with the link provided.

Answer: Please see our responses highlighted in red below from the options available. We will also enter this information in your online survey as requested using the link you provided.

Questions

- Name and Address of Audiology Department
Audiology Department
Walsall Healthcare NHS Trust
Manor Hospital
Moat Road
Walsall
WS2 9PS
- Are you based in an area where Adult Hearing Services (non-complex audiology) is currently being delivered through Any Qualified Provider (AQP)? **Yes/No**

If Adult Hearing Services are delivered through AQP in your area:

- Are you providing Adult Hearing Services (non-complex audiology) under Any Qualified Provider? **Yes/No**
- If yes, are you paid the non-mandatory Any Qualified Provider tariff to deliver this service? **Yes/ No-paid above the non-mandatory tariff/ No-paid below the non-mandatory tariff / Not sure**
- Have there been reductions to your budget for non-AQP patients (i.e. complex audiology patients) over the last 2 years? (This includes if your budget has not risen with inflation) **Yes/ No**
- If yes, what has been the impact of these budget reductions? **Reduced follow up appointments / Reduced aftercare service / Reduced length of appointments / Reduced information provision / Increased time to reassessment / Change to policy on bilateral hearing aids / Change to hearing aid candidacy / Increased waiting times / Reduced availability of domiciliary visits / Reduced number or qualification level of specialist staff for complex cases / Reduced overall number of staff / Reduced average qualification level of professional staff/ Reduced tinnitus services / Other (please specify) There may have been a combination of factors leading to the options selected for this question not just budget reduction. Unfortunately, no reliable data is held on waiting times as the process for recording this information has changed. The Service has also changed the approach and process for follow up appointments.**
- Have you noticed any of the following changes for non-AQP patients over the last 2 years for a reason other than budget reductions? **Reduced follow up appointments / Reduced aftercare service / Reduced length of appointments / Reduced information**

provision / **Increased time to reassessment** / Change to policy on bilateral hearing aids / Change to hearing aid candidacy / Increased waiting times / **Reduced availability of domiciliary visits** / Reduced number or qualification level of specialist staff for complex cases / **Reduced overall number of staff** / Reduced average qualification level of professional staff/ Reduced tinnitus services / Other (please specify)

- If you have noticed any of the above, what was the reason for these changes? Increased demand / Changes to service priorities / **Other** (please specify) **There may have been a combination of factors leading to the options selected for the previous question not just increased demand or changes to Service priorities.**
- Are you aware of any budget reductions planned for the next 12 months? Yes/ No / **Not sure**

If Adult Hearing Services are not delivered through AQP in your area: **Answer: These questions are not applicable to our Trust.**

- Has the budget for your audiology service been reduced in the last 2 years? (This includes if your budget has not risen with inflation) Yes/ No
- If yes, what has been the impact of these budget reductions? Reduced follow up appointments / Reduced aftercare service / Reduced length of appointments / Reduced information provision / Increased time to reassessment / Change to policy on bilateral hearing aids / Change to hearing aid candidacy / Increased waiting times / Reduced availability of domiciliary visits / Reduced number or qualification level of specialist staff for complex cases / Reduced overall number of staff / Reduced average qualification level of professional staff/ Reduced tinnitus services / Other (please specify)
- Have you noticed any of the following changes over the last 2 years for a reason other than budget reductions? Reduced follow up appointments / Reduced aftercare service / Reduced length of appointments / Reduced information provision / Increased time to reassessment / Change to policy on bilateral hearing aids / Change to hearing aid candidacy / Increased waiting times / Reduced availability of domiciliary visits / Reduced number or qualification level of specialist staff for complex cases / Reduced overall number of staff / Reduced average qualification level of professional staff/ Reduced tinnitus services / Other (please specify)
- If you have noticed any of the above, what was the reason for these changes? Increased demand / Changes to service priorities / Other (please specify)
- Are you aware of any budget reductions planned for the next 12 months? Yes/ No / Not sure

All areas:

Audiology Waiting Times

- The national target in England is 18 weeks from Referral to Treatment (e.g. hearing aid fitting). Using your latest recorded figures please state the percentage (%) of patients that were seen within the national target waiting time and the time period to which this figure refers. **Answer: The referral to treatment times (RTT) are for referrals to Consultant led Services. As Audiology is not a Consultant led Service, we could not provide full figures. There is however a separate return specific to patients referred directly from GPs to our Audiology Services (this will not include patients who came in via other routes). This information is accessible on the NHS Statistics website. Please use the following link to access this information;**
<http://www.england.nhs.uk/statistics/statistical-work-areas/hospital-activity/monthly-hospital-activity/>

Please note that our Trust implemented a new Patient Administration System in March 2014 of which is undergoing various stabilisation projects in relation to RTT data and therefore, current financial year RTT data may not be directly comparable to last years.

Bilateral hearing aid provision

- What is your policy on bilateral hearing aid provision? **Where clinically appropriate we always offer two hearing aids** / We offer one hearing aid in the first instance unless someone specifically requests two hearing aids / We only offer one hearing aid per patient. Comments (optional)

Individual Management Plans

- Do you develop an Individual Management Plan with patients? Yes - with all patients / **Yes- with some patients** / No - we develop Individual Management Plans but do not involve the patient in the process / No - we do not develop Individual Management Plans.
- If yes, do you measure the outcomes of the Individual Management Plan? Yes – always / **Yes – sometimes** / Never.
- If yes, please describe how you measure outcomes **Answer: With the Glasgow Hearing Aid Benefit Profile.**

Follow-up appointments

- What follow-up arrangements do you generally offer for patients fitted with hearing aids? **Face-to-face follow-up appointments** / Telephone follow-up appointments / Follow-up by post.
- For each of the above, please state if they are offered to all patients, a particular group of patients, patients who request it, or not offered. **Answer: Follow up appointments are offered to those in need of a follow up appointment or if the patient requests it, but all patients are encouraged to contact us if they have any difficulties with their hearing aids and they can make an appointment or attend a walk in repair session.**

Aftercare

- In which settings do you offer a hearing aid repairs and replacement service? **At a hospital - drop-in clinics** / At a hospital - by appointment only/ At local health centres / GP surgeries - drop-in clinics/ **At local health centres/ GP surgeries - by appointment only**/ At a non-healthcare setting in the community (e.g. libraries)- drop-in clinics / At a non-healthcare setting in the community (e.g. libraries)- by appointment only / In care homes - drop-in clinics / **In care homes - by appointment only** / **At a person's home** / **By post** / Via third sector volunteers / We do not offer a hearing aid repairs and replacement service

Re-assessment

- Do you offer a re-assessment of patients' hearing needs: Automatically after a certain number of years / **On patient request** ?
- If you offer an automatic re-assessment, after how many years does this take place for non-complex patients? **Answer: This is not applicable to our Trust.**

Hearing therapy

- Do you offer hearing therapy: **For everyone with hearing loss**/ For patients with severe/profound hearing loss / For patients with complex needs / For patients with tinnitus / Not offered

Signposting and referrals

- Do you provide patients with information about and/or formal referral to: **Hearing aid repairs and replacements service / Communication training / Lipreading classes / Hearing therapy / Counselling / Local authority / council sensory services / Equipment and products that can help people with hearing loss / Benefits that people with hearing loss may be able to apply for / Voluntary organisations that help people with hearing loss / Peer support groups**

Tinnitus Services

- Are tinnitus patients seen by: A specially trained audiologist / **An audiologist** / A hearing therapist / We do not provide a service for tinnitus patients in house but refer patients to another tinnitus service / We do not provide a service or referrals for tinnitus patients
- Which of the following services are patients with tinnitus offered, where clinically appropriate? **Tinnitus retraining therapy** / Specialist tinnitus support / **Cognitive behavioural therapy (CBT)** / **Information about products and other services** / We don't routinely offer tinnitus services

Additional information (optional)

- Are there any examples you would like to share of innovation or changes you have made to increase quality or use resources more efficiently?
- Are there any examples you would like to share of plans your service has to respond to expected increases in demand?
- Please tell us any other information you would like to share regarding audiology service provision in your area
- Please provide the best point of contact if we should want to find out more about audiology services

241/14

Information Governance

Could you please provide me with information to the following questions under a Freedom of Information Request:

1. Can you please tell me the lowest banding that has direct input to the Information Governance toolkit?

Answer: Band 5

2. The lowest banding that produces reports that are used at various board meetings?

Answer: Band 5

3. The lowest banding that deals directly with Information Governance incidents? i.e. data breaches

Answer: Band 5

4. The lowest banding that provides information for FOI requests?

Answer: Band 3

5. The lowest banding that works on Information Sharing Agreements?

Answer: Band 7

6. Can you please provide me with the job descriptions for Clerical staff in Information Governance/ Data Protection Office at bands 3,4,5?

Answer: Please find attached the job descriptions for clerical staff at these bands within our Information Governance Office. We do not have a Data Protection Team, we only have a Data Protection Lead. However, some band 2 and 3 clerical staff photocopy health records for Subject Access Requests (SARs). As this is part of their general administrative duties and not specifically listed in their job description, we have not enclosed their job descriptions.

242/14

Pain Medication

I am writing to you in the form of a freedom of information request to ask for the following information. It should be noted that Grünenthal UK is requesting this information.

1. Does the hospital follow NICE/SMC or AWMSG guidance or is there a separate process for inclusion on formulary.

Answer: Our Trust follow the NICE guidance only. There is a separate formulary process and the guidance from SMC and AWMSG will be taken into account as part of the decision making tools.

2. Is the hospital part of an APC and if so which one?

Answer: Our hospital is part of the Joint Walsall Formulary.

3. Does the hospital use Patient Controlled Analgesia and if so for which procedures?

Answer: Yes. Patient controlled analgesia can be used for all patients requirement intravenous opiate after major surgical procedures, acute sickle cell crisis and serious pain conditions eg. acute pancreatitis etc.

4. If yes are these pumps, owned, rented or part of a contract/purchase volume deal?

Answer: Graseby Omnifuse pumps. All pumps are owned by our Trust.

5. Does your hospital run an Enhanced Recovery Programme and if yes what types of operations are included?

Answer: Yes. Enhanced recovery programmes are run on colorectal, major joint replacement, major gynaecology procedures and bariatric surgeries.

6. If your hospital formulary differs from that of the local CCG, please can you provide the formulary positions of the following drugs used in the treatment of pain according to their status as: suitable for primary care; suitable for secondary care initiation with follow up prescribing by a GP without a shared care agreement; suitable for secondary care initiation with follow up prescribing by a GP under a shared care agreement; suitable for secondary care prescribing only; not recommended/non-formulary.

Answer: Our Trust does not have a different formulary from our local CCG.

a. Palexia tablets

- b. Palexia oral solution
- c. Palexia SR
- d. Targinact
- e. Longtec
- f. Lynlor
- g. Oxycontin
- h. OxyNorm
- i. OxyNorm Liquid
- j. OxyNorm Conc
- k. Reltebon
- l. Durogesic Dtrans
- m. Fencino
- n. Matrifen
- o. Opiodur
- p. Morphgesic SR
- q. MST Continus
- r. MXL
- s. Oramorph
- t. Sevredol
- u. Zomorph
- v. Recivit
- w. Abstral
- x. Actiq
- y. Breakyl
- z. Effentora
- aa. Instanyl
- bb. Pecfent
- cc. Tramacet
- dd. Tramal Oral Drops
- ee. Tramal Suppository
- ff. Zydol Capsules
- gg. Zydol Injection
- hh. Zydol SR
- ii. Zydol XL
- jj. Transtec
- kk. Versatis
- ll. Lyrica
- mm. Neurontin
- nn. Duloxetine
- oo. Capsaicin 8% patch
- pp. Capsaicin cream
- qq. Arcoxia
- rr. Celebrex

7. Please can you provide me with a link to your formulary?

Answer: Our joint formulary page is accessible using the following link:

<http://walsallccg.nhs.uk/publications/formulary>

8. Please can you provide me with a link to any additional pain medication prescribing guidelines that sit alongside the formulary?

Answer: Please see the link below for the West Midlands Palliative Care

Guidelines:

http://www.c-a-s-t-l-e.org.uk/media/8812/west_midlands_palliative_care_physicians_guidelines_2012.pdf

243/14

Bariatric Surgery

1 - How many patients under the age of 18 have undergone bariatric surgery in a) 2011-12 b) 2012-13 and c) 2013-14?

Answer: We can confirm that no patients under the age of 18 have undergone bariatric surgery at our hospital during this time period.

2 - Please break down the information by a) age and b) sex of each patient so that I am able to see, for example, how many 10-year-old girls were treated in each year, how many 12-year-old boys, how many 14-year-old girls etc etc.

Answer: This is not applicable to our Trust.

3 - How old was the youngest patient who underwent bariatric surgery in a) 2011-12 b) 2012-13 and c) 2013-14?

Answer: Unfortunately, bilo-pancreatic diversion is not recorded on our Clinical Coding System so we are not able to provide data on this procedure. Please see the tables below.

4 - How many bariatric surgery operations have been carried out in a) 2011-12 b) 2012-13 and c) 2013-14?

Answer: Please see the tables below after question 5.

5 - If possible - but not if it takes the FOI request above cost limits - please state how much the Trust spent on bariatric surgery in a) 2011-12 b) 2012-13 and c) 2013-14?

Answer: Please see the table below.

Financial Year	Spend on Bariatric Surgery
2011/12	£1,901,428
2012/13	£652,363
2013/14	£433,373

For each of the above questions please state whether the surgery was i) gastric band ii) gastric bypass iii) sleeve gastrectomy iv) bilo-pancreatic diversion and v) intra-gastric balloon.

Answer: Please see the tables below.

Financial Year	Minimum Age of Patient	Total Number of Gastric Band Operations Performed
2011/12	20	107
2012/13	20	32
2013/14	26	28

Financial Year	Minimum Age of Patient	Total Number of Gastric Bypass Operations Performed
2011/12	22	162
2012/13	26	16
2013/14	23	8

Financial Year	Minimum Age of Patient	Total Number of Gastrectomy Sleeves Operations Performed
2011/12	20	90
2012/13	20	75
2013/14	23	53

Financial Year	Minimum Age of Patient	Total Number of Gastric Balloon Operations Performed
2011/12	Not Applicable	0
2012/13	51	1
2013/14	Not Applicable	0

**244/14
Drug Misuse**

Please would you tell me:

1. The number of staff suspended for alleged theft of drugs on hospital or medical premises in the calendar years 2013 and 2014 to date.

Answer: We have taken 'substance misuse' in this request to mean drugs and 'theft' and 'misuse' to mean that they are being used for their own use.

No staff have been suspended for alleged theft of drugs in 2013 or 2014.

2. The number of staff suspended for alleged substance misuse during the calendar years 2013 and 2014 to date.

Answer: No staff have been suspended for alleged substance misuse in 2013 or 2014.

3. For each case identified in question 1, please specify the drug(s) that were alleged to have been stolen.

Answer: This is not applicable to our organisation

4. For each case identified in question 2, please specify the drug(s) that were alleged to have been misused.

For questions 1 and 2, please provide the figures for each calendar year separately. I would prefer the data to be supplied in soft copy spreadsheet (.xls) format.

Answer: This is not applicable to our organisation

245/14

Agency Allied Health Professionals

How many of each of the following AHP professionals did you have working on a temporary (agency) basis on 1st September 2014?

- Dieticians

Answer: We can confirm that x2 locum Dietitians were working at our Trust on the 1st September. Please note that for one of the locums, we are invoicing an organisation directly for them so for this Dietitian, there are no costs to our Trust.

- Occupational Therapists

Answer: We can confirm that x1 locum Occupational Therapist was working at our Trust on the 1st September.

- Physiotherapists

Answer: We can confirm that x2 locum Physiotherapists were working at our Trust on the 1st September.

- Speech and Language therapists

Answer: We can confirm that no temporary/locum/agency Speech & Language Therapists were working in Trust on the 1st September.

- Imaging Professionals (e.g. Mammographers, Radiographers, Sonographers)

Answer: We can confirm that x4 agency Radiographers and x2 bank Radiographers were working in our Trust on the 1st September.

Please provide the number of agency workers in each of the 5 individual categories

246/14

Wheelchair Services

Can you please therefore provide the following information for each of your wheelchair services in respect of wheelchair provision **for people with Motor Neurone Disease**. Should you be unable to provide these details for people with Motor Neurone Disease, please provide the data for each wheelchair service, for their full client base.

Answer: Please note that these answers have also been entered in the excel spreadsheet as requested.

1. How many people with Motor Neurone Disease do you have on your current caseload?
Answer: There are currently 8 people who have a formal diagnosis of Motor Neurone Disease (MND) on our Wheelchair Service caseload. Please note that this figure may be higher as some clients still undergoing investigations for this.
2. What is the average waiting time in working days, from date of referral to date of delivery for an EPIC wheelchair?
Answer: Unfortunately, we are unable to provide this information specifically for people with MND or breakdown the supply of the powerchairs for all clients in relation to EPIC or EPIOC use from our database. The only information we can provide relates to all wheelchairs supplied through this service which includes manual or powerchairs over the past 12 months. The average waiting time for the date of referral to delivery for all wheelchairs is 24 weeks/120 working days.
3. What is the average waiting time, in working days, from date of referral to date of delivery for an EPIOC wheelchair?
Answer: Unfortunately, we are unable to provide this information specifically for people with MND or breakdown the supply of the powerchairs for all clients in relation to EPIC or EPIOC use from our database. The only information we can provide relates to all wheelchairs supplied through this service which includes manual or powerchairs over the past 12 months. The average waiting time for the date of referral to delivery for all wheelchairs is 24 weeks/120 working days.
4. What is the average waiting time in working days, from date of assessment to date of delivery for an EPIC wheelchair?
Answer: Unfortunately, we are unable to provide this information specifically for people with MND or breakdown the supply of the powerchairs for all clients in relation to EPIC or EPIOC use from our database. The only information we can provide relates to all wheelchairs supplied through this service which includes manual or powerchairs over the past 12 months. The average waiting time from date of referral to delivery of all wheelchairs is 18 weeks/90 working days.
5. What is the average waiting time, in working days, from date of assessment to date of delivery for an EPIOC wheelchair?
Answer: Unfortunately, we are unable to provide this information specifically for people with MND or breakdown the supply of the powerchairs for all clients in relation to EPIC or EPIOC use from our database. The only information we can provide relates to all wheelchairs supplied through this service which includes manual or powerchairs over the past 12 months. The average waiting time from date of referral to delivery of all wheelchairs is 18 weeks/90 working days.
6. What has been the longest waiting time in working days from date of referral to date of delivery for an EPIC wheelchair, during the last 12 months?
Answer: Unfortunately, we are unable to provide this information specifically for people with MND or breakdown the supply of the powerchairs for all clients in

relation to EPIC or EPIOC use from our database. The only information we can provide relates to all wheelchairs supplied through this service which includes manual or powerchairs over the past 12 months.

The longest waiting time from date of referral to delivery of all wheelchairs (including manual, EPIC, EPIOC and buggys) is 33 weeks/165 working days. This time period may include delays due to the wheelchair requiring a number of modifications and the approved repairer experiencing difficulty delivering the equipment.

7. What has been the longest waiting time in working days from date of referral to date of delivery for an EPIOC wheelchair, during the last 12 months?

Answer: Unfortunately, we are unable to provide this information specifically for people with MND or breakdown the supply of the powerchairs for all clients in relation to EPIC or EPIOC use from our database. The only information we can provide relates to all wheelchairs supplied through this service which includes manual or powerchairs over the past 12 months.

The longest waiting time from date of referral to delivery of all wheelchairs (including manual, EPIC, EPIOC and buggys) is 33 weeks/165 working days. This time period may include delays due to the wheelchair requiring a number of modifications and the approved repairer experiencing difficulty delivering the equipment.

Notes

EPIC – Electrically powered indoor wheelchair

EPIOC – Electrically powered indoor outdoor wheelchair

247/14

Private Patients

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

1. The cost to the Trust, both a) gross and b) net of treating private patients in the years 2009/2010, 2010/11, 2011/12, 2012/13 and 2013/14.

Answer: Unfortunately, we do not record costs but we can provide income received/charges made to private patients during these years. Please see the table below.

Financial Year	Private Patient Income
2009/10	£53,818.55
2010/11	£51,151.00
2011/12	£14,312.00
2012/13	£22,179.00
2013/14	£13,713.70

2. Details of capital investment in facilities to be used a) exclusively and b) predominantly for the treatment of private patients in the years 2009/2010, 2010/11, 2011/12, 2012/13 and 2013/14.

Answer: We can confirm that no exclusive facilities are used specifically for private patients.

248/14

Maternity Services

Please provide the following data separately for each service, relating to your hospital – based maternity services broken down by each of the following 4 quarters, Q3 July-September 2013, Q4 October-December 2013, Q1 January-March 2014 and Q2 April-June 2014. If the data for your Trust is not available in this format, please send the information you have according to your data collection timeframes.

Answer: Unfortunately, we are not able to provide information for all time periods requested as it has not been centrally recorded on a system. We can only provide information as it stands currently.

1. Total number of delays in inductions of labour per week and the reasons for these delays?

Answer: Unfortunately, this information is not recorded centrally on a specific system and is only handwritten in the patient's record.

2. The number of women receiving 1:1 care

Answer: All women in labour receive 1:1 care within our Trust.

3. The number of midwives on labour ward vs. the local standard for midwifery staffing

Answer: The number of Midwives on our Delivery Suite is 9 per shift.

4. The births: midwife ratio for the maternity unit

Answer: 1:31

5. The number of bank midwives that are working a bank shift per week

Answer: The equivalent of 12 WTE (approximately) Midwives currently work a bank shift per week at our Trust. All of these midwives are our own Midwives employed by the Trust.

6. The number of midwives employed by an agency per week

Answer: We can confirm that our Trust does not use agency Midwives.

7. The total cost of bank and agency midwives per week (separated out if possible)

Answer: Please see the table below which details payments for Bank Midwives made by our Trust by month. We are not able to accurately provide the payments made per week during this time period.

	Q3 Jul-Sept 2013			Q4 Oct-Dec 2013			Q1 Jan-Mar 2014			Q2 Apr-Jun 2014		
	Jul-13	Aug-13	Sept-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14
Spend on Bank Midwives (£)	1,456	12,069	9,956	15,567	18,953	12,248	12,930	35,556	27,529	24,456	27,942	25,874
TOTALS (£)	23,481			46,768			76,015			78,272		

8. What percentage of staff is deployed from other areas to help manage the labour ward:

- From within the hospital maternity unit?
- From the community midwives?

Answer: Unfortunately, this information is not centrally recorded on a specific system so we are not able to provide this.

9. On how many days did your maternity units have to close because it had reached capacity in each of the quarters?

Answer: We can confirm that our Delivery Suite have never closed during these time periods.

10. The total number of women diverted to:

- Other maternity units within the Trust and

Answer: In Q4 October-December 2013, x2 women were transferred to the Midwifery Led unit as they were suitably low risk.

- To other maternity units outside the Trust

Answer: We can confirm that no women have been transferred to other Delivery Suites outside our Trust during these time periods.

11. What was the financial implication (loss) as a result of each closure with respect to:

- Patient transport costs?

Answer: This is not applicable to our Trust.

- Loss of revenue due to loss of a birth in the unit?

Answer: This is not applicable to our Trust.

- Additional costs of administration work associated with capacity and divert issues?

Answer: This is not applicable to our Trust.

- Number of complaints arising from capacity and divert issues?

Answer: This is not applicable to our Trust.

249/14
Dog Bites

I am seeking information about dog bites in the West Midlands. Can you answer the following questions and break down the answers by year over the last three years?

- Q1 – How many people have been admitted to hospitals in your Trust for injuries caused by dog bites or attacks?
Answer: Unfortunately, the figures in the table below do not cover people who have presented at our A&E Department. A&E do not record the source of the bite/injury on their systems so we are not able to identify those ones caused specifically by a dog.

The table below details all patients who were admitted as an inpatient at our hospital. The 2014 figures cover admissions up to the end of September 2014.

Calendar Year	Number of Patients Admitted for treatment following Dog Bite(s)
2012	5
2013	12
2014	19

- Q2 – How many of those required inpatient treatment?
Answer: The patients detailed in the table above all received some form of treatment.
- Q3 – How many of those required reconstructive surgery?
Answer: The table below details the numbers of patients who had a surgical procedure performed whilst they were an inpatient. Please note that our Clinical Coding system does not detail whether it was reconstructive surgery or not. The 2014 figures cover admissions up to the end of September 2014.

Calendar Year	Number of Inpatients who underwent a Surgical Procedure for treatment following Dog Bite(s)
2012	4
2013	10
2014	13

- Q4 – How much has this cost the Trust?

Answer: Please see the table below. The 2014 figures cover admissions up to the end of September 2014.

Calendar Year	Cost to the Trust
2012	£10,287
2013	£23,465
2014	£44,492

- Q5 – Where on the patients bodies were the injuries?

Answer: Please see the table below. The 2014 figures cover admissions up to the end of September 2014.

Calendar Year	Unspecified	Forearm	Thigh	Lower Leg	Neck	Wrist/ Hand	Elbow	Finger	Foot	Upper Arm	Head
2012	-	2	1	2	-	-	-	-	-	-	-
2013	3	1	1	1	1	5	-	-	-	-	-
2014	2	1	1	2	1	4	1	1	2	3	1

- Q6 – How many people suffered fatal injuries from this?
Answer: We can confirm that no patients are recorded to have suffered fatal injuries.

250/14

Nursing staff on Inpatient Wards

I would like information for the following via email please:

Q1 How many general adult inpatient beds does your trust have?

Answer: 500 plus extra capacity.

Q2 How many general adult inpatients wards does your trust have?

Answer: 22 excluding our maternity inpatient wards

Q3 Between midday Wednesday May 21 and midnight on Saturday May 17, how many patients were admitted to those inpatient wards?

Answer: We would be grateful if you could respond to our email dated 3rd October 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

Q4 How many registered nurses were on duty on those general adult inpatient wards during those dates?

Answer: We would be grateful if you could respond to our email dated 3rd October 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

Q5 How many healthcare assistants/support workers were on duty on those wards?

Answer: We would be grateful if you could respond to our email dated 3rd October 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

251/14

Botulinum Toxin A

Within your organisation how many patients have been treated with a "botulinum toxin A" drug in the past 6 months; split by the brand used (Botox, Dysport or Xeomin) for the following conditions;

- Focal spasticity
- Spasmodic torticollis (Cervical Dystonia)
- Blepharospasm
- Hemifacial spasm
- Paediatric cerebral palsy spasticity
- Chronic Migraine
- Idiopathic overactive bladder

If possible, please enter the information into this table;

Condition	Total Patients	Botox	Dysport	Xeomin
Focal spasticity	0	-	-	-
Spasmodic torticollis	35	18	15	2
Blepharospasm	3	1	-	2
Hemifacial spasm	24	11	13	-
Paediatric cerebral palsy spasticity	0	-	-	-
Chronic Migraine	0	-	-	-
Idiopathic overactive bladder	0	-	-	-

Answer: Please note that figures detailed in the table below cover April-September 2014. We have not treated any patients on Xeomin in the past 6 months.

252/14

Mothers Giving Birth Whilst Suffering with an Addiction

I'd like to request the following under the Freedom of Information Act.

- 1) In each of following calendar years, how many mothers gave birth at hospitals in your trust while suffering addictions? 2009, 2010, 2011, 2012, 2013
- 2) For each case, please list:
 - a) the woman's age
 - b) the substance / drug
 - c) indicate if the baby survived or not.

Please only provide all the information in part 2) if it can be supplied within cost.

- 3) Please provide the information broken down by each hospital within your trust if this is possible within cost.

Answer: Unfortunately, this is not recorded centrally on a system for us to provide you with this information accurately.

253/14

Medical Staffing in A&E

1. How many vacancies have you had within the emergency department (A&E) for all grades of doctors?
Financial year 2013 April-present?
Answer: Our Trust had 5.8 whole time equivalent (WTE) doctor vacancies within the A&E Department during this time period.

2. What are those positions?

Answer: Please see the list below.

x1 (WTE) Consultant

x3 (WTE) Speciality Doctors

x1.8 (WTE) Speciality Trainees (Higher)

3. How many vacancies do you expect to have available a year from now (all grades of doctors)?

Answer: Unfortunately, we are not able to predict this in order to answer this question.

4. What positions do you have most difficulty filling (all grades of doctors and specialities)?

Answer: Middle Grades in A&E, Acute Medicine and Paediatric Anaesthetists, Obstetrics & Gynaecology and Consultants Paediatricians.

According to House of Commons Health Committee report issued in regards to the urgent and emergency services (second report of session 2013-2014) " A minimum of 10 consultants are required in order to deliver a 16 hour presence during working week in the emergency department "

5. Is the trust currently meeting this minimum requirement?

Answer: No

6. How many locums have you had working within the emergency department (A&E) financial April 2013 to present (staff bank only)?

Answer: Unfortunately, we do not centrally record the number of locums/bank staff that that worked for our Trust.

7. Do you often hire from outside sources?

Answer: Yes.

8. Can you specify which frame work your Trust is signed up for the provision of medical locums?

Answer: GPS

9. Does the Trust work with off framework agencies?

Answer: No

10. What percentage does the Trust pay to agencies providing medical locums?

Answer: The percentage would vary depending upon the agency as some agencies may not just provide our Trust with medical locums but other staff as well.