

## FREEDOM OF INFORMATION

### Disclosure Log – Quarter 2 (July – September 2015)

Reference	Date	Title of Request	Page
119/15	July	Agency Staffing	4
120/15	July	Food Concessions	5
121/15	July	Audited Accounts, Auditors Fees, Consultants and Outpatient Fees	6
122/15	July	Financial Spend and Forecast Information (f.up questions received from requester on 09/09/15)	7
123/15	July	Recruitment Agencies for Temporary Nursing Staff	7
124/15	July	IT Contacts	8
125/15	July	Unpaid Kidney Treatments	8
126/15	July	Maternal and Neonatal Deaths	8
127/15	July	Pain Clinic Referral Waiting Times	9
128/15	July	Permanent Recruitment (email to requester 08/07/15)	10
129/15	July	Staff Sickness Absence	11
130/15	July	Sepsis	12
131/15	July	Lorenzo Privacy Impact Assessments	14
132/15	July	Chemotherapy Nursing & Treatment	14
133/15	July	Maternity Care	15
134/15	July	Trust Management Board (email to requester 05/08/15 and 06/08/15, f.up question received 12/08/15)	17
135/15	July	Renal Replacement Therapies in Critical Care	23
136/15	July	Adult Hearing Services	23
137/15	July	Telephone Maintenance	24
138/15	July	Complaints	26
139/15	July	Chest x-ray Reporting	36
140/15	July	7-day Working	36
141/15	July	Prompt Payment Suppliers Invoices	37
142/15	July	Food Poisoning	37
143/15	July	Weight Loss Operations	38
144/15	July	Single Sex Accommodation Penalties	39
145/15	July	Catering Purchases	39
146/15	July	Information Governance Incidents	43
147/15	July	Weekend Working (f.up question received on 11/08/15)	45
148/15	July	Facilities Management (email to requester 20/07/15)	46
149/15	July	Locum Staff and Job Vacancies	49
150/15	July	Recycling and Waste Support and Maintenance Contracts	50
151/15	July	Fleet Information	54
152/15	July	Early Hospital Discharge and Readmissions, Recruitment and Competency Processes for Doctors	57
153/15	July	Compensation Payments to Staff	58
154/15	July	Primary School Children treated for Self Harm in A&E (email to requester 23/07/15)	62
155/15	July	Whistleblowing Governance	62
156/15	July	A&E Consultant Cover	63
157/15	July	Breakdown of Settlement Costs (email to requester 23/07/15 for one question)	63

158/15	July	Breakdown of Settlement Costs Case 2 (email to requester 23/07/15 for one question)	64
159/15	July	Weekend Call Rota	65
160/15	July	Number of consultants on shift	66
161/15	July	Biologics an Biosimilars	69
162/15	July	Consultant Weekend Working	69
163/15	July	Nurse Call System	70
164/15	July	Learning & Development Lead	71
165/15	July	Organisation Chart	71
166/15	July	Laundry and Linen Services	73
167/15	July	Christian Workers and Service Users	74
168/15	July	IT Equipment and Mobile Devices	74
169/15	July	Organisation Charts	77
170/15	July	Cataract Operations	78
171/15	July	Fleet Information	78
172/15	July	Corporate Software	80
173/15	July	Hysterectomy Procedures	83
174/15	July	ICT Documents	83
175/15	July	Drug Treatments (f.up questions received 24/08/15)	84
176/15	July	Senior Nurse Vacancies	86
177/15	July	Clinical Excellence Awards / Employer Based Awards	86
178/15	July	Non-NICE Funding	87
179/15	July	MRI / CT and X-ray Scans	87
180/15	July	Renal Cell Carcinoma	88
181/15	August	ICT	89
182/15	August	Continence Services	90
183/15	August	Employee Payments in Excess of £1000 a day or above	91
184/15	August	ICT Assets	92
185/15	August	Consultant Weekend Working	95
186/15	August	Heaviest Babies	95
187/15	August	CBI Contributions	96
188/15	August	Structures	97
189/15	August	The Care of People Affected by Dementia	97
190/15	August	Growth Hormone Prescribing	100
191/15	August	Legal Services Team (email to requester 12/08/15)	101
192/15	August	Non EU Patients	101
193/15	August	Chargeable Patients	102
194/15	August	Reporting of Plain Film X-rays	103
195/15	August	Locum Agencies	103
196/15	August	Occupational Therapy Services	104
197/15	August	VTE in Cancer	106
198/15	August	Staff Employeed within Pharmacy	110
199/15	August	Safe Midwife Staffing for Maternity Settings	111
200/15	August	Lorenzo	112
201/15	August	Injuries Caused through Consensual Sexual Intercourse	113
202/15	August	Appraisal Data (email to requester on 14/08/15 for Q6)	114
203/15	August	MRIs	116
204/15	August	Private Patients	117
205/15	August	Consultants Employed and Vacancies	117
206/15	August	Vending Machines	118
207/15	August	Bed and Pressure Care Management Tender ( <a href="#">Request Withdrawn</a> )	119

208/15	August	Contracting with Small and Medium Enterprises	119
209/15	August	IT Security	120
210/15	August	Agency & Locum Doctors and Consultants (email to requester 19/08/15)	121
211/15	August	Treatment of Foreign Nationals	123
212/15	August	Prescribing of Drugs	124
213/15	August	Biologics Prescribing	124
214/15	August	Private Patient Income	124
215/15	August	Staff and Agency Data 2014-15	125
216/15	August	Number of Deaths at Our Hospital	127
217/15	August	Spend on Interim Non-Clinical/Non-Medical Staff	127
218/15	August	CIP Enquiry	128
219/15	August	Homecare Drug Delivery	128
220/15	August	Temporary Staffing	130
221/15	August	Number of FTE Nurses and Doctors	133
222/15	August	Waste Electrical and Electronic Equipment	133
223/15	August	Electronic order communications systems	133
224/15	August	Consultants engaging in private practice	134
225/15	September	HR, Payroll and Bacs software contract expiry dates	134
226/15	September	Disposal of Pregnancy Tissue	135
227/15	September	Patient Transport Vehicles	138
228/15	September	Storage of Stillbirths/Foetal Remains Previous FOI Reference Number 0375/13	139
229/15	September	Delayed Transfer Of Care costs and reimbursement	139
230/15	September	Training Budgets	142
231/15	September	Catering Framework Contracts	144
232/15	September	Estates Information	144
233/15	September	Staffing Levels	145
234/15	September	FOI Systems ( <a href="#">Request Withdrawn</a> )	158
235/15	September	NHS Agenda for Change Terms of Conditions for Reckonable Service on Continuous Service	158
236/15	September	Psoriasis treatment	158
237/15	September	Agency/Locum Spend	158
238/15	September	Patient Funerals	161
239/15	September	Cases of Carbon Monoxide Poisoning	164
240/15	September	ICT Server Contracts	166
241/15	September	Structural Charts	168
242/15	September	Workforce Expenditure and Vacancies	168
243/15	September	Audited Accounts, Auditors Fees, Consultants and Outpatient Fees	167
244/15	September	Reference Costs Data	171
245/15	September	PAS and/or EPR System	171
246/15	September	VTE Prevention	172
247/15	September	Parking Fines	180
248/15	September	Pharmaceutical/Medical Device Companies	180
249/15	September	Parkinson's Disease	181
250/15	September	Energy Efficiency Projects	181
251/15	September	Contact Details	181
252/15	September	Multiple Sclerosis Prescribing	184
253/15	September	Translation & Interpretation Services	185
254/15	September	Spend and Budget for Nursing Staff	185
255/15	September	Locum & Agency staff	186
256/15	September	Staffing Cost and Agency Staff	186
257/15	September	PC Power management software	187

258/15	September	Software Information	187
259/15	September	Myeloma Patients, Specialist Geriatric Input	188
260/15	September	Resus to ITU Transfers	191
261/15	September	Financial Service Information	192
262/15	September	Prostate Cancer and/or Urological Cancer Multi-disciplinary team (MDT)	193
263/15	September	Aspirations	194

**119/15**

### **Agency Staffing**

- Spend on Agency Dieticians for the April 2014 – March 2015 Financial Year  
**Answer: We can confirm our total spend during this time period for these agency workers was £139,949.**
- Spend on Agency Podiatrists for the April 2014 – March 2015 Financial Year  
**Answer: We can confirm our total spend during this time period for these agency workers was £18,676.**
- Spend on Agency Arts Therapists for the April 2014 – March 2015 Financial Year  
**Answer: We can confirm our total spend during this time period for these agency workers was £0.**
- Spend on Agency Chaplains for the April 2014 – March 2015 Financial Year  
**Answer: We can confirm our total spend during this time period for these agency workers was £0.**
- Spend on Agency Clinical Psychologists, Counsellors or Psychotherapists for the April 2014 – March 2015 Financial Year  
**Answer: We can confirm our total spend during this time period for these agency workers was £0.**
- Spend on Agency Orthoptists for the April 2014 – March 2015 Financial Year  
**Answer: We can confirm our total spend during this time period for these agency workers was £0.**
- Spend on Agency Play Specialists for the April 2014 – March 2015 Financial Year  
**Answer: We can confirm our total spend during this time period for these agency workers was £0.**
- Spend on Agency Sexual Health Advisors for the April 2014 – March 2015 Financial Year  
**Answer: We can confirm our total spend during this time period for these agency workers was £0.**
- Spend on Agency Diagnostic Radiographers and Sonographers for the April 2014 – March 2015 Financial Year  
**Answer: We can confirm our total spend during this time period for these agency workers was £212,166.**
- Spend on Agency Therapy Radiographers / Radiotherapists for the April 2014 – March 2015 Financial Year  
**Answer: This is not applicable to our organisation as we do not provide this service.**
- Spend on Agency Physiotherapists for the April 2014 – March 2015 Financial Year  
**Answer: We can confirm our total spend during this time period for these agency workers was £258,918.**
- Spend on Agency Speech & Language Therapists for the April 2014 – March 2015 Financial Year  
**Answer: We can confirm our total spend during this time period for these agency workers was £0.**
- Spend on Agency Occupational Therapists for the April 2014 – March 2015 Financial Year  
**Answer: We can confirm our total spend during this time period for these agency workers was £77,216.**

- Spend on Agency staff within Pharmacy (Pharmacists, Technicians & ATO's) for the April 2014 – March 2015 Financial Year  
**Answer: We can confirm our total spend during this time period for these agency workers was £27,039.**
- Spend on Agency Audiologists for the April 2014 – March 2015 Financial Year  
**Answer: We can confirm our total spend during this time period for these agency workers was £258,918.**
- Spend on Agency Mortuary Technicians/Anatomical Pathology Technicians for the April 2014 – March 2015 Financial Year  
**Answer: We can confirm our total spend during this time period for these agency workers was £0.**
- Spend on Agency Cancer Screeners for the April 2014 – March 2015 Financial Year  
**Answer: We can confirm our total spend during this time period for these agency workers was £0.**
- Spend on Agency Cytology Screeners for the April 2014 – March 2015 Financial Year  
**Answer: We can confirm our total spend during this time period for these agency workers was £0.**
- Spend on Agency Healthcare Scientists for the April 2014 – March 2015 Financial Year  
**Answer: We can confirm our total spend during this time period for these agency workers was £0.**
- Spend on Agency Dental Staff for the April 2014 – March 2015 Financial Year  
**Answer: We can confirm our total spend during this time period for these agency workers was £0.**
- Spend on Agency Optometry Staff for the April 2014 – March 2015 Financial Year  
**Answer: We can confirm our total spend during this time period for these agency workers was £0.**
- Spend on Agency Phlebotomists for the April 2014 – March 2015 Financial Year  
**Answer: We can confirm our total spend during this time period for these agency workers was £194,267.**
- Spend on Agency Biomedical Scientists & Medical Lab Assistants for the April 2014 – March 2015 Financial Year  
**Answer: We can confirm our total spend during this time period for these agency workers was £0.**
- Spend on Agency Genetic Counsellors for the April 2014 – March 2015 Financial Year  
**Answer: We can confirm our total spend during this time period for these agency workers was £0.**
- Spend on Agency Clinical Physiologists (Including Cardiac) for the April 2014 – March 2015 Financial Year  
**Answer: We can confirm our total spend during this time period for these agency workers was £120,914.**
- Spend on Agency Medical Physicists for the April 2014 – March 2015 Financial Year  
**Answer: We can confirm our total spend during this time period for these agency workers was £0.**

120/15

### Food Concessions

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

1. For each hospital in your trust, please list the names of all concessions currently selling food (hot and cold) on hospital premises. Please indicate the number of outlets per hospital of each food concession listed.

**Answer: These are part of a PFI contract. We recommend you contact Skanska Facilities directly as they hold this data. Please contact either Marc Needham, Sarah Betts or Alan**

Walsh by emailing Sarah Betts via email address; [sarah.betts@skanska.co.uk](mailto:sarah.betts@skanska.co.uk) or telephone number 01922 656470.

2. For each food concession listed, please state what they are paying your trust to lease the space[s] in the current financial year (per calendar month).

**Answer: We recommend you contact Skanska Facilities directly as they hold this data. Please contact either Marc Needham, Sarah Betts or Alan Walsh by emailing Sarah Betts via email address; [sarah.betts@skanska.co.uk](mailto:sarah.betts@skanska.co.uk) or telephone number 01922 656470.**

121/15

### **Audited Accounts, Auditors Fees, Consultants and Outpatient Fees**

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

**Answer: Our Annual Accounts Report will be published on our website by the end of August 2015. Unfortunately, there has been a delay finalising the report. Exemption under Section 22 (Information intended for future publication) has been applied. You can download a copy of the report from our website after the date stipulated.**

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

Please send me the names of auditors and fees to do such hospital accounts.

**Answer: The auditors fee to audit our accounts for 2014-15 has not yet been finalised. We recommend you contact us again after the end of August 2015.**

Please send me the hospital fees for a bariatric operation and the names of Consultants who do such operations and their outpatient fees before the operation.

**Answer: Please see our response to this question within our letter to you dated 24<sup>th</sup> April 2015.**

Please send me the hospital fees for a male circumcision operation and the names of the Consultant Urology Surgeons and their outpatients fees before the operation.

**Answer: Please see our response to this question within our letter to you dated 24<sup>th</sup> April 2015.**

Please send me the names of Consultant Psychiatrists who can treat depression and their outpatient fees.

**Answer: We do not employ any Consultant Psychiatrists within our organisation. We would recommend that you redirect your request to Dudley & Walsall Mental Health Trust, Freedom of Information Office, 47-49 Kings Street, Dudley, West Midlands, DY2 8PS or email [foi@dwmh.nhs.uk](mailto:foi@dwmh.nhs.uk)**

What is the fee for a CT of the brain by a doctor.

**Answer: Please see our response to this question within our letter to you dated 26<sup>th</sup> May 2015.**

Please send me the full addresses of these hospitals;

London St Thomas Hospital

University College Hospital

Kings College Hospital in London

NHS Hospitals in Bristol, Bath, Swansea, Wales and Preston

**Answer: Exemption under Section 22 (Information intended for future publication) has been applied. We would recommend you conduct searches on the NHS Choices website on the intranet via the following link: <http://www.nhs.uk/Pages/HomePage.aspx>.**

**You will be able to find addresses and contact numbers for NHS Services across the whole of the UK.**

122/15

### Financial Spend and Forecast Information

I would like to request details of financial spend and forecast information for FY 2013-14, FY 2014-15 and FY 2015-16 under Freedom of Information Act (2000).

**Answer: Please find enclosed the completed spreadsheet as requested.**

#### Follow up Questions from Requester:

While reviewing your response I noticed some discrepancies in your data. It would be great if you could provide us data for the following queries:

- Please confirm whether the Revenue surplus is £16.24m and £2.66m for the year 2013-14 and 2014-15. Also, confirm whether the trust has incurred a Revenue deficit of £5.86m for the year 2015-16.

**Answer: Upon review I can confirm the correct figures as per the accounts are included in the resubmitted file. The Trust has a planned deficit of £17.657m for 2015/16.**

- Please provide the bifurcation of the Total Revenue spend on Software (i.e. Business Software and Clinical systems) for the year 2013-14, 2014-15 and 2015-16.
- Also I noticed that Total organizational IM&T Revenue spend is £2.67m, £4.62m and £4.76m for the year 2013-14, 2014-15 and 2015-16. However the Total organizational IM&T spend is the sum of (Total spend on Software + IT Services + IT staff + Other IT) comes as £9.36m, £10.74m and £9.80m respectively. Similarly, the Total organizational IM&T Capital spend is £1.10m, £1.44m and £610k for the year 2013-14, 2014-15 and 2015-16. While the sum of Total organizational IM&T Capital spend comes as £507,844, £520,890 and £230k respectively. Kindly, clarify the difference. Ideally Total organisational IM&T spend should match with the sum total of its sub-categories.

123/15

### Recruitment Agencies for Temporary Nursing Staff

Names of all recruitment agencies you are using to recruit your temporary nursing staff.

**Answer: As at the 13<sup>th</sup> July 2015, the external agencies available to our organisation which can be used for temporary nursing workers are:**

- Acton Banks
- Arcadia
- British Nursing Association
- Falcon Recruitment
- HCL Nursing
- ID Medical
- Kare Plus
- Last Minute Healthcare
- Mayday
- Medacs
- Medbank
- Medics Pro
- Meridian
- MSI
- Nursing Personnel
- Plan B Healthcare

- Precedo
- Primera Healthcare
- Pulse Nursing
- Servoca
- SWIIS
- Team 24
- Team Support
- Thornbury Nursing
- VIP

**124/15**  
**IT Contacts**

I am writing to request the key contacts within ICT for your organisation and for their contact telephone number and email address

**Answer: Unfortunately, we do not release staff details below director level. This is withheld under Section 40 (Personal Information). Steve Darkes is our Director of Informatics. His email address is; [steve.darkes@walsallhealthcare.nhs.uk](mailto:steve.darkes@walsallhealthcare.nhs.uk) and telephone number is 01922 721172**

**125/15**  
**Unpaid Kidney Treatments**

1 - Please state how many chargeable overseas visitors have received kidney dialysis at the trust – who have not paid for their treatment – for each of the last two years a) 2014/15 b)2013/14

**Answer: Our Trust does not provide Renal Services, therefore, kidney dialysis is not a treatment that would be provided. The nearest hospital that provides these services would be The Royal Wolverhampton NHS Trust. We recommend you contacting them directly to request this information. Their Freedom of Information Office can be contacted via email address; [rwh-tr.foi@nhs.net](mailto:rwh-tr.foi@nhs.net) or postal address; Freedom of Information Coordinator, Governance & Legal Services Department, The Royal Wolverhampton NHS Trust, New Cross Hospital, Wolverhampton, WV10 0QP.**

nb by chargeable I mean non-UK residents who have to pay for treatment themselves.

2 - Please state the longest duration of time a chargeable overseas visitor has received kidney dialysis without paying for this treatment.

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

3 - Please provide an estimation of the total cost in unpaid fees for 2.

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

**126/15**  
**Maternal and Neonatal Deaths**

I am looking for information on the number of maternal and neonatal deaths within your NHS trust in the last 5 years. I'm defining maternal deaths as deaths either during or shortly after the pregnancy, and neonatal deaths as those that occur when the baby is near full term until shortly after birth. If you are also able to give me information on the cause of death or any contributing factors, that would be extremely helpful.

**Answer: Please see the tables below. Unfortunately, the cause of death or any contributing factors is not recorded on our electronic system.**

Financial Year	Total Number of Neonatal
----------------	--------------------------

	Deaths
2010/11	16
2011/12	21
2012/13	25
2013/14	16
2014/15	19
<b>Grand Total</b>	<b>97</b>

Financial Year	Total Number of Maternal Deaths
2011/12	1
<b>Grand Total</b>	<b>1</b>

127/15

### Pain Clinic Referral Waiting Times

Could the Trust please provide the following information:

(i) what was the average waiting time during 2014 for patients referred to specialist pain services for their initial appointment? If it is not possible to provide a response for '2014' please provide a response for the most recent appropriate time period which is available.

**Answer: We can confirm that the average waiting time for an initial appointment with our Specialist Pain Services was 12 weeks during financial year 2014/15 (April to March).**

(ii) what is the longest time a patient has waited for their first appointment with specialist pain services during 2014? Again, if it is not possible to provide this information for '2014' please provide a response for the most recent appropriate time period which is available.

**Answer: We can confirm the longest time a patient has waited for their first appointment with our Specialist Pain Services was 53 weeks during financial year 2014/15 (April to March). This was due to the patient's choice ie.cancellations/not attendance/specific appointment arrangement requests.**

(iii) what is the shortest time a patient has waited for their first appointment with specialist pain services during 2014? Again, if it is not possible to provide this information for '2014' please provide a response for the most recent appropriate time period which is available.

**Answer: We can confirm that the average waiting time for an initial appointment with our Specialist Pain Services was 0 weeks during financial year 2014/15 (April to March). We do have a weekly urgent appointment slot available so these patients can we accommodated.**

(iv) how many patients referred to specialist pain services breached the 18-week referral-to-treatment target during 2014/15 (read: April 2014 to March 2015 inclusive)? If it is not possible to provide this information for the designated time period, please provide the most recent figure which is available.

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

Time Period	Number of Patients who breached the 18-week Referral to Treatment Target
-------------	--

	<b>(Pain Management Servs)</b>
<b>01/04/15 – 31/03/15</b>	<b>74</b>

(v) how many patients are currently on the waiting list for a specialist pain service appointment?

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

<b>Waiting Time Period</b>	<b>Number of Patients Waiting for Pain Management Treatment (as at 31<sup>st</sup> May 2015)</b>
<b>0-18 weeks</b>	<b>238</b>
<b>18 weeks</b>	<b>223</b>
<b>TOTAL</b>	<b>461</b>

(vi) how many patients were on the waiting list for a specialist pain service appointment at the same point last year (ie July 2014). If not possible to provide this information specific to July 2014, please provide another comparable figure which is available and clarify the date this figure refers to.

**Answer: Our Trust has seen an increase in referrals and are organising additional Waiting List Initiative sessions whilst trying to recruit an additional Consultant in order to address the current service demand. Please see the table below.**

<b>Waiting Time Period</b>	<b>Number of Patients Waiting for Pain Management Treatment (as at 31<sup>st</sup> August 2014)</b>
<b>0-18 weeks</b>	<b>72</b>
<b>18 weeks</b>	<b>25</b>
<b>TOTAL</b>	<b>97</b>

**128/15**

### **Permanent Recruitment**

I but would be interested to know answers to the following questions:

I am only looking for information on nurses and AHP in relation to the final two questions. It would be helpful if you would include other health professionals (including doctors) in relation to earlier questions

Do you use framework agreements for permanent UK and/or International recruitment?

If so which ones?

**Answer: Our Medical staffing Department used a framework agreement with a company called ATeam Recruitment at the end of 2012 / beginning of 2013 for Middle Grade Anaesthetics. Our Trust has not used any framework agreement agencies since.**

Please give me a breakdown of how many permanent candidates have you recruited through recruitment agencies, which agencies and what the cost per agency has been in 2012, 2013, 2014 and indicate whether these were framework or non-framework suppliers.

**Answer: We can confirm that no candidates have been permanently recruited through recruitment agencies during those years.**

Have any candidates been recruited from outside the UK? If so how many in 2012, 2013 and 2014?

**Answer: Unfortunately, our current systems do not allow us to report on the geographical recruitment location of new employees. As an alternative, we can provide the following**

information based upon the nationality of new recruits to the Trust in 2012, 2013 and 2014. Please see the table below.

New Employees Nationality	2012	2013	2014	Grand Total
EEA	16	24	22	62
Non EEA VL	36	53	72	161

Have any candidates been recruited from outside the EEA? If so how many in 2012, 2013 and 2014?  
**Answer: Unfortunately, our current systems do not allow us to report on the geographical recruitment location of new employees. As an alternative, we can provide the following information based upon the nationality of new recruits to the Trust in 2012, 2013 and 2014. Please see the table above.**

Have you engaged in any international recruitment projects for more than 25 nurses or allied health professionals in the last 5 years?  
**Answer: Yes**

If so please give details of the country/countries targeted, agency used (if any, both UK and International), number recruited, cost per candidate, dates project began and ended.  
**Answer: Greece and Italy. The agency used was HCL. The project began in May 2015 and it continues currently at the moment. x38 Nurses and x20 Midwives have so far been recruited. The average cost is £2,000 per Nurse.**

## 129/15 Staff Sickness Absence

Could you please supply me with:

- The number of staff (headcount) on the payroll in the financial year 2014/15  
**Answer: As at 31<sup>st</sup> March 2015, there were 4224 substantive employees of the Trust.**
- From the total figure given as answers to question 1, the number of staff taking sickness absence in the financial year 2014/15  
**Answer: Of the 4224 substantive employees, as at 31<sup>st</sup> March 2015, 2445 employees took sickness absence during financial year 2014/15.**
- From the total figure given as answers to question 1, the number of staff taking sickness absence due to musculoskeletal disorders in the financial year 2014/15  
**Answer: Of the 4224 substantive employees, as at the 31<sup>st</sup> March 2015, 413 individuals took sickness absence due to back and/or musculoskeletal problems during financial year 2014/15.**
- The total number of days of sickness absence taken in the financial year 2014/15  
**Answer: 62,941 FTR days were lost due to sickness absence during financial year 2014/15 resulting in a sickness absence rate of 4.87%.**
- The total number of days of sickness absence due to musculoskeletal disorders taken in the financial year 2014/15  
**Answer: 12,345 FTE days were lost due to sickness relating to back and/or musculoskeletal problems during financial year 2014/15.**

**130/15**  
**Sepsis**

please provide answers to these questions:

**1) How many whole time equivalent clinical staff (nurses, doctors, AHPs) are contracted specifically to:**  
**a) acute response to stroke?**

**Answer: We do not have a team specifically for thrombolysis/ acute stroke response, apart from a Lead Nurse for Stroke. However, we do have x5 Band 6 Nurses and several Senior Band 5 Nurses who have the knowledge and skills to respond to stroke in our Emergency Department (from ward nursing establishment). The Medical cover is within the Consultant's normal job plan and out of hours there is x1 Consultant on call for thrombolysis.**

**b) acute response to heart attack/ acute coronary syndrome?**

**Answer: The acute heart attack if it is a ST Elevation presentation is automatically taken to our Tertiary Centre for Primary PCI so we do not deal with this patient group.**

**The Non ST elevation infarct also known as Acute Coronary Syndrome is treated as per NICE guidelines in our Emergency Department and then transferred to the Coronary Care Unit (CCU) for monitoring and medical management including diagnostic angiography.**

**CCU and Post CCU has 5.00 WTE Consultant Cardiologists and 19.00 WTE Registered Nursing posts.**

**2) What % of medical and nursing staff can evidence being trained in sepsis recognition and management?**

**Answer: All medical and nursing staff are trained in sepsis recognition and management. The medical staff receive this training in their induction programme and then periodically in their teaching sessions. They also receive results of audits completed on sepsis within the department.**

**All nursing staff receive training in sepsis recognition through our Practice Development Nurses.**

**Training attendance records are kept but data is not collected routinely in order to confirm an accurate percentage of medical and nursing staff trained.**

**3) How many hours in total are a) medical and b) nursing staff expected to receive training in sepsis recognition and management per annum?**

**Answer: All doctors have received training regarding sepsis/sepsis care bundles/golden hour in their induction programme and teaching sessions.**

**All nursing staff receive teaching on sepsis/early warning score with our Practice Development Nurses. Sepsis training is provided on a one to one basis to Nurses. This started last year following an audit. This resulted in small groups or individual training sessions on sepsis being provided to staff. It is also covered on study days for newly employed staff both trained Nurses and Clinical Support Workers.**

**Unfortunately, we are not able to quantify the minutes/hours medical and nursing staff are expected to receive training in sepsis per annum. Training sessions and individual one to one sessions, vary in length depending upon the requirements of the individual(s).**

**4) If no specific training on sepsis is expected, how many hours in total are all medical and nursing staff expected to receive training in recognition and management of deterioration? Does this include sepsis training?**

**Answer: All new doctors will receive 30 minutes of teaching on management of an unwell patient in their induction programme. In addition to this, they are all ALS trained before they start working within our Emergency Department. This course covers management of a sick patient/management of a deteriorating patient.**

**All new nursing staff will receive training in NEWS before they start working within our Emergency Department. In addition, they re-certify their ILS every year and EPLS every 3 years.**

**Unfortunately, we are not able to quantify the minutes/hours medical and nursing staff are expected to receive training in recognition and management of deterioration. Training sessions and individual one to one sessions, vary in length depending upon the requirements of the individual(s).**

**5) Does your Trust have a:**

**a) dedicated Sepsis team? (dedicated means resourced specifically as part or whole of job plans)**

**Answer: Yes, which consists of the Trust Sepsis Lead (Consultant), x3 Sepsis Champions (x1 Practice Development Nurse and x2 Pharmacists).**

**b) dedicated Thrombolysis team for stroke?**

**Answer: Several Band 5 and 6 Nurses (from ward nursing establishment), x5 Consultants (x3 Elderly Care) on a thrombolysis rota out of hours and 1.0 WTE Band 8a Lead Nurse for Stroke**

**c) dedicated interventional team for heart attack/ acute coronary syndrome**

**Answer: The Non ST elevation infarct also known as Acute Coronary Syndrome is treated as per NICE guidelines in our Emergency Department and then transferred to the CCU for monitoring and medical management including diagnostic angiography.**

**CCU and Post CCU has 5.00 consultant cardiologists.**

**19.00 WTE RN posts.**

**6) How much time in total are clinical staff (nurses, doctors, AHPs) contracted specifically to the management of sepsis (sepsis being specifically a part of their job plans)?**

**Answer: No specific time has been allocated. All staff (both nursing and medical) manage septic patients/unwell patients as part of their day to day work. Sepsis triggers are on the front of the ED record. If the triage Nurse picks up these triggers, this is escalated to a Senior ED Doctor and the patient is managed appropriately (ie. receive their antibiotics in the first hour).**

**7) Do you have a Clinical Director with direct responsibility for sepsis?**

**Answer: Yes.**

**8) In total, how many overall cases of severe sepsis, red flag sepsis or septic shock did you deal with in 2014/15?**

**Answer: 501**

**9) How much will be invested via existing or new budgets in the next 12 months n (a) sepsis, (b) stroke and (c) cancer?**

**Answer: The Trust is currently undergoing service reviews in respect of Cancer Services and Stroke in respect of the regional reconfiguration, these reviews will determine any investment required from a local and national perspective.**

**In respect of sepsis, a care bundle has been developed and we are investing in an advanced care planning to work with the middle grades in resus which is associated to managing patients with sepsis.**

**10) Are you seeking to deliver the 2015/16 Sepsis CQuIN?**

**Answer: Yes.**

11) What level of payment do you expect to receive from the CQUIN in Q1 - Q4?

**Answer: Current contractual amount is £428,072. This is subject to change in line with any contract variation which impacts the contract value.**

12) How many sets of blood cultures are taken for each patient in order to detect if they have sepsis?

**Answer: There is no definitive answer to this question. The number of blood cultures taken depend upon the clinical need. Below is an excerpt from the UK Standards for Microbiology Investigations Issued by the Standards Unit, Public Health England that recommends 2 blood culture sets. For endocarditis patients 3-6 sets are recommended.**

***Exert from UK Standards for Microbiology Investigations:***

***'For the majority of patients, two blood culture sets are recommended. A second or third set taken from a different site not only increases yield but also allows recognition of contamination<sup>110</sup>. In most conditions other than endocarditis, bacteraemia is intermittent, given it is related to the fevers and rigors which occur 30-60 minutes after the entry of organisms into the bloodstream. Samples should be taken as soon as possible after a spike of fever'.***

131/15

#### **Lorenzo Privacy Impact Assessments**

Please can this request for information be passed to your IT department or Information Governance Team.

Can you supply me with copies of the Privacy Impact Assessment undertaken when the Lorenzo (PAS) system was implemented at your Trust? You will be aware that it is a requirement of the Information Governance Toolkit to carry out a PIA for implementations of systems that contain person identifiable data.

**Answer: Please find attached copies of the Privacy Impact Assessments and questionnaire our Trust used when the Lorenzo system was implemented as requested.**

132/15

#### **Chemotherapy Nursing & Treatment**

Please can you tell me if the trust has any staffing vacancies for chemotherapy nurses. If so, how many vacancies and how many chemotherapy nursing roles are filled by temporary staff.

**Answer: We currently have no Chemotherapy Nurse vacancies and all our Chemotherapy Nursing posts are filled with substantive staff.**

Please can you tell me if the trust provides any chemotherapy treatment in a mobile unit or units.

**Answer: The Trust has an acute unit based at Walsall Manor Hospital. Our Community Team administers treatments from the sunflower suite at Goscote Palliative Care Centre and treat Oncology patients.**

133/15

#### **Maternity Care**

Please could you supply me with the following information regarding the labours and subsequent births of women in your Trust:

1. How many labours were recorded for each of the previous three calendar years for each of these birth options:
  - a) home birth  
**Answer: Please see the table below**
  - b) birth in midwife-led unit  
**Answer: Please see the table below**
  - c) hospital birth (obstetrician-led unit)  
**Answer: Please see the table below**
  
2. Please list for each category how many labours resulted in caesarean delivery.  
**Answer: Please see the table below**

Calendar Year	Birth Location	Caesarean Delivery Type	Counts of Mothers who Delivered
2012	Home Birth	-	22
2012	Hospital	Elective CS	484
2012	Hospital	Emergency CS	831
2012	Hospital	None	3217
2012	Midwifery Lead Unit	None	104
2013	Home Birth	-	25
2013	Hospital	Elective CS	518
2013	Hospital	Emergency CS	773
2013	Hospital	None	3143
2013	Midwifery Lead Unit	None	194
2014	Home Birth	-	10
2014	Hospital	Elective CS	536
2014	Hospital	Emergency CS	838
2014	Hospital	None	2962
2014	Midwifery Lead Unit	None	206

3. Of the caesarean deliveries listed above, please state the number which were elective and out of those, which were booked on request of the patient.  
**Answer: Please see the table above. Unfortunately, our systems do not identify requests of the patient so we are not able to provide this information.**
  
4. If you hold information on the average cost for each birth option (home birth, midwife-led birth, hospital birth and additionally for caesarean), please can you provide this.  
**Answer: This is exempt under Section 21 (Information available by other means). Average costs for all types of delivery can be accessed via the government website using the following link;**

<https://www.gov.uk/government/publications/nhs-reference-costs-2013-to-2014>

134/15

**Trust Management Board**

Please provide the posts (job titles) which make up your trust’s board and senior leadership team – including posts which are currently vacant or filled with interim appointees. We would require the detail of your Executive and Non-Executive Board members as well as the senior leadership team. We are referring to all Executive and Non-Executive team as well as all other directors in the trust.

For each of the posts please specify

1. Whether they are an executive board director; a non-executive director; or an “other director” (such as an executive who attends, but is not a voting member of, the board)
2. If the post is filled, the name of the individual
3. The annual salary (If the job title is vacant, provide with the potential annual salary that will be paid to the new recruit (£K))
4. The date the individual in the post joined the trust (If a vacancy please state “VAC”).
5. If the individual joined two months ago or less, state which organization they joined from, and the method of recruitment.
6. If there is someone in post, state whether they are permanent or interim
7. If the post is vacant or filled by an interim, state how long the post has not been filled by a substantive appointee.
8. State if the post is newly created
9. If the post is vacant or filled by an interim, please record your current recruitment plan from:
  - a. Internally
  - b. Internal then advertising
  - c. External via advertising
  - d. External via consultants (please mention consultant details)
  - e. Other (please mention the strategy)

10. Who is responsible for recruiting? (E.g. HR Manager, Operations Director)

We suggest the information be presented in a spreadsheet or table like this:

Board Members	Name	Job Title	Salary	Joining Date	Perm/ Interim	How long vacant	New post?	Recruitment plan	Responsible for recruitment
Executive	Mr R Kirby	Chief Executive (voting position)	Senior Manager Scale (£75k - £160k)	May 2011	Perm	N/A	N/A	N/A	N/A
Executive	Mr R Caldicott	Director of Finance & Performance	Senior Manager Scale (£75k - £160k)	March 2008	Perm	N/A	N/A	N/A	N/A
Executive	Mr D	Interim Director of	Senior	Feb 2015	Interim	N/A	No	Unknown at	Our Head of

	<b>Fradgley</b>	<b>Strategy &amp; Transformation</b>	<b>Manager Scale (£75k - £160k)</b>					<b>present – currently being considered / decided.</b>	<b>HR Operations is responsible for recruitment</b>
Executive	<b>Mrs K Halford</b>	<b>Director of Nursing (voting position)</b>	<b>Senior Manager Scale (£75k - £160k)</b>	<b>Oct 2011</b>	<b>Perm</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Executive	<b>Mr K Hutchinson</b>	<b>Interim Director of Human Resources</b>	<b>Senior Manager Scale (£75k - £160k)</b>	<b>May 2015</b>	<b>Interim</b>	<b>Last occupied by a permanent employee =3 months ago</b>	<b>No</b>	<b>New Permanent Director of Human Resources commencing in post in Sept 2015. Salary to be confirmed / negotiated – employee has not commenced in post yet.</b>	<b>Our Head of HR Operations is responsible for recruitment</b>
Executive	<b>Mrs J Ilic</b>	<b>Interim Director of Corporate Affairs</b>	<b>Band 8C (Salary range £55,548-£67,805)</b>	<b>June 2015</b>	<b>Interim</b>	<b>N/A</b>	<b>Yes</b>	<b>Unknown at present – currently being considered / decided.</b>	<b>Our Head of HR Operations is responsible for recruitment</b>
Executive	<b>Mr A Khan</b>	<b>Medical Director (voting position)</b>	<b>Consultant Payscale (£60k to £105k)</b>	<b>Oct 1992</b>	<b>Perm</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

Executive	<b>Mr R Cattell</b>	<b>Chief Operating Officer</b>	<b>Senior Manager Scale (£75k - £160k)</b>	<b>Sept 2014</b>	<b>Perm</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Non-Executive	<b>Mr B Reid</b>	<b>Chair of the Board (voting position)</b>	<b>20-25 (Bands of £5000) £000 =Obtained from our Annual Rpt</b>	<b>Jun 2004</b>	<b>Perm</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

			2014-15						
Non-Executive	Mr A Burns	Non-Executive Director (voting position)	5-10 (Bands of £5000) £000 =Obtained from our Annual Rpt 2014-15	Jul 2013	Perm	N/A	N/A	N/A	N/A
Non-Executive	Mr N Summers	Non-Executive Director and Vice Chair (voting position)	5-10 (Bands of £5000) £000 =Obtained from our Annual Rpt 2014-15	Mar 2008	Perm	N/A	N/A	N/A	N/A
Non-Executive	Ms V Harris	Non-Executive Director and Vice Chair (voting position)	0-5 (Bands of £5000) £000 =Obtained from our Annual Rpt 2014-15	Apr 2015	Perm	N/A	N/A	N/A	N/A
Non-Executive	Mr J Dunn	Non-Executive Director and Vice Chair (voting position)	0-5 (Bands of £5000) £000 =Obtained from our Annual Rpt 2014-15	Feb 2015	Perm	N/A	N/A	N/A	N/A
Non-Executive	Mr J Silverwood	Non-Executive Director and Vice Chair (voting position)	0-5 (Bands of £5000) £000 =Obtained from our Annual Rpt 2014-15	Feb 2015	Perm	N/A	N/A	N/A	N/A
Non-Executive	Dr Jonathan Shapiro	Non-Executive Director and Vice Chair (voting position)	5-10 (Bands of £5000) £000 =Obtained from our Annual Rpt 2014-15	Oct 2013	Perm	N/A	N/A	N/A	N/A

Other	<b>Miss S Addison</b>	<b>Clinical Director – General Surgery</b>	<b>Consultant Payscale (£60k to £105k)</b>	<b>Jan 2010</b>	<b>Perm</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Other	<b>Mr G Alo</b>	<b>Clinical Director – Trauma &amp; Orthopaedics</b>	<b>Consultant Payscale (£60k to £105k)</b>	<b>Jul 2001</b>	<b>Perm</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Other	<b>Ms N Akinwale</b>	<b>Clinical Director - Anaesthetics</b>	<b>Consultant Payscale (£60k to £105k)</b>	<b>Sep 2004</b>	<b>Perm</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Other	<b>Mrs C Balachandar</b>	<b>Director of Medical Education</b>	<b>Consultant Payscale (£60k to £105k)</b>	<b>Oct 1995</b>	<b>Perm</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Other	<b>Dr A Bhaduri</b>	<b>Clinical Director - Paediatrics</b>	<b>Consultant Payscale (£60k to £105k)</b>	<b>Feb 2010</b>	<b>Perm</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Other	<b>Mr M Cox</b>	<b>Clinical Director - Gastroenterology</b>	<b>Consultant Payscale (£60k to £105k)</b>	<b>Oct 1998</b>	<b>Perm</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Other	<b>Mr S Darkes</b>	<b>Director of Informatics</b>	<b>Band 9 (Salary Range £77,850 - £98,453)</b>	<b>Aug 2014</b>	<b>Perm</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Other	<b>Dr L Holland</b>	<b>Associate Medical Director – Women’s, Children’s &amp; Clinical Support Services</b>	<b>Consultant Payscale (£60k to £105k)</b>	<b>Oct 1993</b>	<b>Perm</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Other	<b>Mr Javaid</b>	<b>Clinical Director – Elderly Care Medicine</b>	<b>Consultant Payscale (£60k to £105k)</b>	<b>Sep 2008</b>	<b>Perm</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>
Other	<b>Miss R Joshi</b>	<b>Clinical Director – Accident &amp; Emergency</b>	<b>Consultant Payscale (£60k to £105k)</b>	<b>Feb 2008</b>	<b>Perm</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

Other	Mr S Minhas	Clinical Director – Ear, Nose & Throat	Consultant Payscale (£60k to £105k)	Sep 2003	Perm	N/A	N/A	N/A	N/A
Other	Mrs A Muly	Clinical Director – Obstetrics & Gynaecology	Consultant Payscale (£60k to £105k)	Oct 2006	Perm	N/A	N/A	N/A	N/A
Other	Mrs J Newens	Divisional Director – Medicine & Long Term Conditions	Consultant Payscale (£60k to £105k)	Aug 1995	Perm	N/A	N/A	N/A	N/A
Other	Mr C Plant	Divisional Director – Estates & Facilities	Senior Manager Scale (£75k - £160k)		Perm	N/A	N/A	N/A	N/A
Other	Mr N Rashid	Associate Medical Director – Medicine & Long Term Conditions	Consultant Payscale (£60k to £105k)	Jun 1996	Perm	N/A	N/A	N/A	N/A
Other	Mr W Willson	Director of Pharmacy	Senior Manager Scale (£75k - £160k)	Band 8D	Perm	N/A	N/A	N/A	N/A
Other	Mr Q Zada	Divisional Director – Women’s, Children’s & Clinical Support Services	Senior Manager Scale (£75k - £160k)	Feb 2015	Perm	N/A	N/A	N/A	N/A
Other	Dr V Balagopal	Clinical Director – Medicine & Long Term Conditions	Consultant Payscale (£60k to £105k)	Feb 1996	Perm	N/A	N/A	N/A	N/A
Other	Ms R Benson	Divisional Director - Surgery	Senior Manager Scale (£75k - £160k)	Jul 2014	Perm	N/A	N/A	N/A	N/A
Other	Dr A Hartland	Clinical Director – Clinical Support Services	Consultant Payscale (£60k to £105k)	Jul 2004	Perm	N/A	N/A	N/A	N/A
Other	Mr N Turner	Associate Medical Director - Surgery	Consultant Payscale	Apr 1996	Perm	N/A	N/A	N/A	N/A

			(£60k to £105k)						
--	--	--	--------------------	--	--	--	--	--	--

**135/15**

**Renal Replacement Therapies in Critical Care**

I should like to request the following information under the Freedom of Information Act. My request concerns continuous renal replacement therapy modalities in the intensive care/critical care areas of the hospitals within your Trust.

1. How many machines do you have for continual renal replacement (CRRT) in the intensive care unit/critical care unit?

**Answer: Three**

- 1a. Can you split these by manufacturer and age of machine please?

**Answer: Gambro, three years old.**

2. Are you in a contract for your machines, if so when does the contract expire?

**Answer: These machines are maintained in-house by our EBME Team. No contract is required.**

3. How many CRRT treatments were carried out in 2014 (or the latest 12 month period you have data for)?

**Answer: Following investigation, we cannot provide accurate figures from our Clinical Coding system on these treatments.**

4. How many bags of fluid did you use for CRRT in 2014 (or the latest 12 month period you have data for)?

**Answer: Primasol and Haemasol =1042 bags for the last 12 month period.**

5. Who is your current manufacturer of fluids for CRRT?

**Answer: Primasol from Pharmacy manufactured by Gambro, distributed by Baxter**

6. Are you in a contract for fluids, if so, when does this expire and is it linked in with the machine contract?

**Answer: We are accessing a regional contract price and this expires Dec 2015**

7. What was your total spend on CRRT fluids in 2014 (or the latest 12 month period you have data for)?

**Answer: Primasol and Haemasol total spend for the last 12 month period: £7502.**

8. What was your total spend on CRRT consumables (eg. consumable sets for the machines) in 2014 (or the latest 12 month period you have data for)?

**Answer: Unfortunately, this information is not centrally recorded so we are unable to provide an accurate figure.**

**136/15**

**Adult Hearing Services**

Please complete the attached Questionnaire.

**Answer: The completed questionnaire is attached as requested.**

137/15

## Telephone Maintenance

Please can you send me the following contract information with regards to the organisation's telephone system maintenance contract (VOIP or PBX, other) for hardware and Software maintenance and support:

1. Contract Type: Maintenance, Managed, Shared (If so please state orgs)  
**Answer: BT Managed. Please note that our recent Maintenance contract with HP has expired and has not been renewed at the moment.**
2. Existing Supplier: If there is more than one supplier please split each contract up individually.  
**Answer: As above.**
3. Annual Average Spend: The annual average spend for this contract and please provide the average spend over the past 3 years for each provider  
**Answer: BT - £80K**
4. Number of Users:  
**Answer: BT – 600 users**
5. Hardware Brand: The primary hardware brand of the organisation's telephone system.  
**Answer: BT – Nortel Succession 1000S**
6. Application(s) running on PBX/VOIP systems: Applications that run on the actual PBX or VOIP system. E.g. Contact Centre, Communication Manager.  
**Answer: Basic ACD**
7. Telephone System Type: PBX, VOIP, Lync etc  
**Answer: VIOP**
8. Contract Duration: please include any extension periods.  
**Answer: BT is a rolling monthly contract**
9. Contract Expiry Date: Please provide me with the day/month/year.  
**Answer: BT is a rolling monthly contract,**
10. Contract Review Date: Please provide me with the day/month/year.

**Answer: This is not applicable.**

11. Contract Description: Please provide me with a brief description of the overall service provided under this contract.

**Answer: BT – Fully Managed**

12. Contact Detail: Of the person from with the organisation responsible for each contract full Contact details including full name, job title, direct contact number and direct email address.

**Answer: Colin Plant is the Director responsible for the BT contract within the Trust. His email address is; [colin.plant@walsallhealthcare.nhs.uk](mailto:colin.plant@walsallhealthcare.nhs.uk) and his contact number is; 01922 721172.**

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

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

If the maintenance for telephone systems is maintained in-house please can you provide me with:

1. Number of Users:

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

2. Hardware Brand: The primary hardware brand of the organisation's telephone system.

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

3. Application(s) running on PBX/VOIP systems: Applications that run on the actual PBX or VOIP system. E.g. Contact Centre, Communication Manager.

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

4. Contact Detail: Of the person from with the organisation responsible for telephone maintenance full Contact details including full name, job title, direct contact number and direct email address.

**Answer: Please see the answer to question 12 above.**

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

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

**138/15  
Complaints**

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

1.) How many complaints have been made against staff at your trust by patients and/or their families over the last four years? I am not requesting complaints made by members of staff. Please provide the information broken down by i)2012 ii)2013 iii)2014 iv)2015 (between January and June)

**Answer: Please see below.**

**2012 15  
2013 32  
2014 41  
2015 (Apr-Jun) 16**

2.) Please break down by position of the staff member: For instance, midwives, nurses, doctors etc.

**Answer: Unfortunately, this is not recorded as a separate field on our system. We can however provide the profession/division that the complaint related to. This information is detailed in the table below.**

3.) If possible, please provide a brief summary about each complaint made. If this would exceed cost limit, please just provide details of all complaints made in December 2014. If retrieving this information would still exceed cost limit, please exclude (3.) from my request.

**Answer: Please note that there may be duplicates displayed in the table below as a complaint may relate to more than one staff member.**

2012		
Complaint Type	Profession	Summary of Complaint
Formal Complain	Medical (Including Surgical)	Unhappy with care offered.
Formal Complain	Nursing, Midwifery, Health Vis	Difficulty in obtaining Nurses attention.
Formal Complain	Medical (Including Surgical)	Patient complimentary regarding staff with the exception of the Consultant - states they were rude, disagreeable.

<b>Formal Complain</b>	<b>Nursing, Midwifery, Health Vis</b>	<b>Unhappy with attitude</b>
<b>Formal Complain</b>	<b>Nursing, Midwifery, Health Vis</b>	<b>Unhappy with attitude</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Staff attitude</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Complainant was unhappy with staff.</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Unhappy with medical care following procedure and subsequent follow up care and further procedures.</b>
<b>Formal Complain</b>	<b>Nursing, Midwifery, Health Vis</b>	<b>Complaint relating to hospital surgical procedure</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Unhappy with attitude of Consultant</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Unhappy with medical advice provided by staff.</b>
<b>Formal Complain</b>	<b>Nursing, Midwifery, Health Vis</b>	<b>Unhappy with staff attitude of nurse.</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Questions over the attitude of a Doctor.</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Complimentary regarding staff with the exception of the Consultant - states they were rude and disagreeable.</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Unhappy with result of operation.</b>

2013		
Complaint Type	Profession	Brief details
Formal Complain	Medical (Including Surgical)	Unhappy with communications from staff to family members and attitudes of staff. Also unhappy with the attitude of a Doctor.
Formal Complain	Medical (Including Surgical)	Unhappy with sensitivity and appropriateness of assessing doctors' attitude.
Formal Complain	Medical (Including Surgical)	Lack of communication from staff with family members.
Formal Complain	Nursing, Midwifery, Health Vis	Unhappy with the attitude of staff on the ward.
Formal Complain	Medical (Including Surgical)	Unhappy with treatment delays and miscommunication regarding treatment plan.
Informal To For	other	Unhappy as procedure cancelled and refused to be performed by Consultant.
Formal Complain	Nursing, Midwifery, Health Vis	Various concerns raised around lack of care and communication. Lack of assistance from Nursing staff and lack of compassion and understanding from Midwives. Alleges that a staff member was 'rude and obtrusive'
Formal Complain	Medical (Including Surgical)	Patient unhappy with staff attitude.
Formal Complain	Medical (Including Surgical)	Patient very upset by Consultant's attitude and manner.
Formal Complain	Medical (Including Surgical)	Delays waiting for a Doctor's assessment and lack of communication/information.
Formal Complain	Medical (Including Surgical)	Unhappy with consultant's decision not to see them in clinic.

<b>Formal Complain</b>	<b>Other</b>	<b>Unhappy with: staff attitude</b>
<b>Formal Complain</b>	<b>Nursing, Midwifery, Health Vis</b>	<b>Poor communication regarding diagnosis/condition.</b>
<b>Formal Complain</b>	<b>Nursing, Midwifery, Health Vis</b>	<b>Family didn't feel they were listened to - lack of communication.</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Relative felt communication wasn't very good at the time with the Consultant and team.</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Unhappy with information provided by staff.</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Communication issues with Consultant. Not happy with comments made during the consultation.</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Patient very unhappy with treatment and doctors at the hospital.</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Patient unhappy with treatment whilst having procedure undertaken.</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Alleges that consultant did not fully explain aspects of the procedure and lack of communication post-operatively.</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Unhappy with information provided by staff.</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Complaint relates to delay in being seen by Consultant in clinic</b>
<b>Informal To For</b>	<b>Medical (Including Surgical)</b>	<b>Unhappy with refused treatment and staff attitude.</b>
<b>Formal Complain</b>	<b>Other</b>	<b>Unhappy with delays for appointment.</b>

<b>Formal Complain</b>	<b>Nursing, Midwifery, Health Vis</b>	<b>Lack of continuity between nursing and medical staff on ward.</b>
<b>Informal To For</b>	<b>other</b>	<b>Unhappy as procedure cancelled and refused to be performed by Consultant.</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Concerned with lack of information and compassion shown during the breaking of news re: the diagnosis.</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Concerns regarding the attitude of a Consultant during a clinic appointment.</b>
<b>Formal Complain</b>	<b>Professions Supplementary To Medicine</b>	<b>Unhappy with comments made in clinic letter.</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Unhappy with communications from staff on ward. Unhappy with the attitude of a doctor.</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Following loss of a hearing aid on Trust premises, caused patient and family communication difficulties with staff.</b>
<b>Formal Complain</b>	<b>Nursing, Midwifery, Health Vis</b>	<b>Lack of continuity between nursing and medical staff on ward. Concerns re: nursing staff on ward and lack of professionalism.</b>

<b>2014</b>		
<b>Complaint Type</b>	<b>Profession</b>	<b>Summary of Complaint</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Concerns around incorrect diagnosis even when Doctor challenged.</b>
<b>Informal To For</b>	<b>Medical (Including Surgical)</b>	<b>Various issues regarding staff attitude</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Relative unhappy with a patient's discharge.</b>

Formal Complain	Nursing, Midwifery, Health Vis	Patient unhappy with examination.
Formal Complain	Medical (Including Surgical)	Issue with staff member's attitude.
Formal Complain	Medical (Including Surgical)	Comments on the attitude of a staff member.
Formal Complain	Medical (Including Surgical)	Family disappointed with care that patient received
Formal Complain	Medical (Including Surgical)	Unhappy with the attitude of the Doctor.
Formal Complain	Nursing, Midwifery, Health Vis	Unhappy with regards to the procedure followed within District Nursing when attending homes and there is no answer.
Formal Complain	Nursing, Midwifery, Health Vis	Unhappy with the attitude of a Nurse
Formal Complain	Medical (Including Surgical)	Unhappy with care.
Formal Complain	Medical (Including Surgical)	Issues relating to the care of twin patients and an invitation to an appointment with the Doctor.
Formal Complain	Trust Administrative Staff/Mem	Unhappy with appointment/treatments delay.
Informal To For	Other	Unhappy that only seen by Junior Doctors and not the Consultant. Only able to see the Consultant personally after much complaining. Unhappy with attitude of Consultant.
Informal To For	Medical (Including Surgical)	Patient is unhappy with the care and treatment received.
Formal Complain	Medical (Including Surgical)	Unhappy with the care and treatment received by patient.
Formal Complain	Medical (Including Surgical)	Patient is unhappy with the attitude of the Consultant during appointment.

<b>Informal To For</b>	<b>Other</b>	<b>Unhappy with the attitude of the Consultant in clinic.</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Complainant identifies several issues with the care received in a number of area.</b>
<b>Formal Complain</b>	<b>Nursing, Midwifery, Health Vis</b>	<b>Unhappy with care/treatment.</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Unhappy with care.</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Unhappy with care.</b>
<b>Informal To For</b>	<b>Medical (Including Surgical)</b>	<b>Unhappy with surgical procedure performed.</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Complaint regarding the lack of support for a patient and lack of contact from a Doctor following messages left.</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Unhappy with the care and treatment received by patient.</b>
<b>Informal To For</b>	<b>Medical (Including Surgical)</b>	<b>Unhappy with surgical procedure performed.</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Unhappy with appointment delay. Issues with Doctor and Nurse attitudes.</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Poor communication amongst staff</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Patient is unhappy with the care and treatment received.</b>
<b>Formal Complain</b>	<b>Nursing, Midwifery, Health Vis</b>	<b>Unhappy with information provided and lack of contact from the Service after messages left.</b>
<b>Informal To For</b>	<b>Medical (Including Surgical)</b>	<b>Not able to contact team</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Relative is unhappy with the lack of support for a patient.</b>

Formal Complain	Medical (Including Surgical)	Family disappointed with care that patient received
Formal Complain	Medical (Including Surgical)	Relative is unhappy in how the diagnosis was communicated, the failure to diagnose correctly and the attitude of the doctor.
Formal Complain	Medical (Including Surgical)	Unhappy with the treatment/care of a patient.
Formal Complain	Medical (Including Surgical)	Unhappy with the treatment provided by a Consultant and delays to a brace being fitted.
Informal To For	Other	Unhappy with the surgery outcome.
Formal Complain	Medical (Including Surgical)	Unhappy with procedure performed by staff.
Formal Complain	Medical (Including Surgical)	Relative of deceased patient would like to know if anything could have prevented the patient's death.
Formal Complain	Nursing, Midwifery, Health Vis	Unhappy with regards to the procedure followed within District Nursing when attending homes and there is no answer.
Formal Complain	Medical (Including Surgical)	Relative attending with patient feels that attitude of Consultant was not good.

2015 (1 <sup>st</sup> April 2015 – 30 <sup>th</sup> June 2015)		
Complaint Type	Profession	Summary of Complaint
Formal Complain	Nursing, Midwifery, Health Vis	Complaint received regarding attitude
Formal Complain	Medical (Including Surgical)	Patient concerned about the delay in diagnosis
Formal Complain	Trust Administrative Staff/Mem	Unhappy with staff attitude/behaviours.

<b>Formal Complain</b>	<b>Trust Administrative Staff/Mem</b>	<b>Unhappy with staff attitude/behaviours.</b>
<b>Informal To For</b>	<b>Nursing, Midwifery, Health Vis</b>	<b>Family unhappy with care and lack of observations performed whilst patient was on the ward.</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Unhappy with attitude</b>
<b>Formal Complain</b>	<b>Trust Administrative Staff/Mem</b>	<b>Unhappy with staff attitude/behaviours.</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Concerns around why a certain surgery was not performed for a patient.</b>
<b>Formal Complain</b>	<b>Trust Administrative Staff/Mem</b>	<b>Unhappy with staff attitude/behaviours.</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Poor communication</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Complaint about staff</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Unhappy with Consultant during phone conversation.</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Unhappy with outcome of surgery .</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Concerns around equipment</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Issues with staff making a call without discussing prognosis with relative first.</b>
<b>Formal Complain</b>	<b>Medical (Including Surgical)</b>	<b>Issues with staff making a call without discussing prognosis with relative first.</b>

4.) How many complaints were made to the trust overall (including those not directed at a specific member of staff) Please provide the information broken down by i)2012 ii)2013 ii) 2014 iii)the first six months of 2015 (between January and June)

**Answer: The figures below show the overall numbers of formal complaints made to the Trust.**

<b>2012/13</b>	<b>337</b>
<b>2013/14</b>	<b>387</b>
<b>2014/15</b>	<b>377</b>
<b>2015/16 (1<sup>st</sup> April 2015 - 30<sup>th</sup> June 2015)</b>	<b>87</b>

All information requested above relates to the date a complaint was made, regardless of when the incident itself occurred.

139/15

### Chest x-ray Reporting

Under Freedom of Information I would like to request the below:

Please provide me with your radiology department policy on the reporting of chest xrays/radiographs taken of adult In-patients/Emergency Department patients.

**Answer: Our policy is currently awaiting ratification. Exempt under Section 22 (Information intended for future publication). We recommend you contact us on the 1<sup>st</sup> September ready the document has been ratified.**

Routinely are chest x-rays formerly reported (by the radiology department): immediately (or as near as), same day, within 1 week, or not at all? And who performs this formal report (radiologist / reporting radiographer)

**Answer: All chest x-rays are reported by the Radiology Department. These are reported by a Consultant Radiologist, although we are currently training x2 Advanced Practitioners to report on chest x-ray and Abdomen x-ray examinations. We envisage that in the next few years, all plain film reporting will be Radiographer led.**

Local KPIs for report turnaround are as follows for Chest x-rays:-

**Emergency Department (ED) – Image initially reviewed by ED team. Formal report to follow – no local KPI agreed**

**Inpatients – Formal report to be available within 24 hours of examination in 90% of cases**

**Outpatients – Formal report to be available within 2 weeks of examination in 90% of cases**

**General Practice - Formal report to be available within 2 weeks of examination in 90% of cases**

140/15

### 7-day NHS

It is regarding the '7-Day NHS', or weekend working, by hospital consultants - and the effects on your Trust.

1. How many extra consultants, if any, do you need to recruit to introduce 7-day working? *Please specify numbers per specialty.* If any of your specialties already work across 7 days, please specify.

**Answer: All clinical specialities work 7 days at present. If this refers to the NHS 7 day working standards published last year, we can confirm that our Radiology and Pathology Departments are compliant.**

**We would not necessarily need to recruit more Consultants but may need more sessions / team staffing to ensure the overnight timeframes are met.**

2. What is the calculated extra cost in bringing in 7-day working for your Trust?

**Answer: In terms of extra Consultant costs, we do not anticipate a requirement to recruit more Consultants.**

**Unfortunately, in terms of extra sessions / staffing resources we are not able to provide an accurate figure.**

141/15

### Prompt Payment Suppliers Invoices

Provide the following information regarding suppliers invoices paid in the period from 1 April 2015 to 30 June 2015:

- Total No. of invoices paid

**Answer: 15,713**

- Total value of invoices paid

**Answer: £24,117,213.42**

- Nos of invoices paid within 10 working days

**Answer: 2,071. Please note that this figure only covers our local suppliers. The total number of invoices registered for local suppliers is 6,052 with a value of £12,471,271.05.**

- % of invoices paid within 10 working days

**Answer: 34.22%. Please note that this figure only covers our local suppliers. The total number of invoices registered for local suppliers is 6,052 with a value of £12,471,271.05.**

- Nos of invoices paid within 30 calendar days

**Answer: 14,483**

- % of invoices paid within 30 calendar days

**Answer: 92.17%**

**142/15**

### **Food Poisoning**

Number of people admitted to hospital or visiting A&E suffering from food poisoning for 2011/2012, 2012/2013 and 2013/2014?

If possible, could you also break these down by:

- Month
- Gender
- Age groups: under 10, 10 – 19, 20 – 29, 30 - 39 etc

**Answer: Unfortunately, coding only exists for inpatients with this condition on our Clinical Coding system. The table below shows the number of patients admitted to hospital with food poisoning. Where there is no month listed, no data was found.**

Month	Age Group	Gender	Number of Inpatients
May 2012	61 and over	Female	1
May 2012	0-10	Male	1
Oct 2012	31-40	Male	1
May 2012	41-50	Male	1
Jun 2013	41-50	Male	1
Jun 2013	41-50	Male	1
Jun 2013	41-50	Male	1
Jul 2013	61 and over	Male	1

**143/15**

### **Weight Loss Operations**

1. Please disclose the number of weight loss operations for each of the following financial years, to include gastric band, gastric bypass, sleeve gastrectomy and any other surgery for the purpose of weight loss:

2010-2011  
 2011-2012  
 2012-2013  
 2013-2014  
 2014-2015

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

Financial Year	Number of Patients
2010-11	333
2011-12	421
2012-13	194
2013-14	88
2014-15	115
2015-16	48

2. What was the total cost of these operations to the Trust for each financial year?

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

Financial Year	Total Cost	Average Cost Per Operation
2010-11	£1,747,040	£5,246.37
2011-12	£1,804,179	£4,285.46
2012-13	£691,678	£3,565.35
2013-14	£424,937	£4,828.83
2014-15	£533,320	£4,637.57
2015-16	£326,091	£6,793.56
<b>Grand Total</b>	<b>£5,527,245</b>	<b>£4,609.88</b>

3. How big is the waiting list at your trust for weight loss operations currently? Please specify how many people are waiting.

**Answer: On the 30<sup>th</sup> June 2015, we can confirm that there were 29 people awaiting an operation of this category.**

**144/15**

**Single Sex Accommodation Penalties**

Amount of money that has been paid by this Trust for breaches of the Department of Health's same sex accommodation (mixed sex wards) guidance since penalties were introduced. Please also let me know to which organisation this has been paid.

**Answer: We can confirm that fines started in April 2011 and a breakdown is detailed below for each year since**

2011/12 £18,250  
 2012/13 £0  
 2013/14 £0  
 2014/15 £0

The fine was applied by Walsall CCG as they're the lead commissioner.

**145/15  
 Catering Purchases**

For the year 2014, Please could you tell me the trust's catering purchases of:

- 1) Boxes/Bags of fresh fruit and veg and a breakdown of what these items were (e.g bananas, apples, broccoli) and the total cost.

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

2014	
Description	Sum of Total Value (£)
Catering Salad Cress	604
Lettuce Iceberg Each	3,109.76
Tomatoes 6kg	2,859.12
Apples Red 18kg	671.55
Bananas Fairtrade 18kg	5,446.8
Kiwi 1x Punnet Kiwi Fruit pack of 6	504.9
Potatoes 15kg Baking	103.81
Cucumbers Catering	1,768.32
Celery Bunch	59.59
Oranges Large 5 Pack Oranges Large	6.08
Pears 10 Pack Pears conference 1kg	1,318.8
Grapes Black Seedless 500g Grapes	12.6
Grapes White Seedless 500g Grapes	14.7
Oranges Easy Peel 15kg	1,126.31
Aubergines BB Each Aubergine 1kg	147.2
Onions Prepared Whole 2.5kg	404.04
Premium Large Chives Bunch 120g	36.5
Premium Large Chives Bunch 50g pack	39.42
Lemons 6 pack	291.06
Onions Red Prepared Whole 2.5kg	1,220.1
Chillies Green 300g Chillies Green	248.5
Spring Onions Bunch	19
Catering Aubergines 5kg	67.8
Oranges Medium 10 Pack	269.5
Apple and Grape Single Portion Bags	1,706.4
Apple and Grape Single Portion Bags	936
Sunripe Pineapple Slice Fruit Single	6.6

<b>Brakes Caramelised Red onion</b>	<b>196.24</b>
<b>Cherry tomatoes 250g punnets</b>	<b>145.5</b>
<b>Mixed lettuce 500g bags</b>	<b>60</b>
<b>Mixed salad leaf 500g bags</b>	<b>105</b>
<b>TOTAL</b>	<b>23,505.2</b>

- 2) How many pieces of fruit this would generally represent, per box eg. 100 bananas per box  
**Answer: Where this information is available in our records, it has been provided within the table above.**
- 3) Tins of fruit and bags of frozen vegetables and the total cost.  
**Answer: Please see the two tables below.**

<b>2014</b>	
<b>Description</b>	<b>Sum of Total Value (£)</b>
<b>Canned fruit Apples solid pack in natural juice 2.6kg</b>	<b>1,551</b>
<b>Canned fruit Apricot halves in natural juice 820g</b>	<b>12</b>
<b>Canned fruit Apricot halves in natural juice 2.61kg</b>	<b>1,146</b>
<b>Canned fruit Fruit cocktail in natural juice 2.6kg</b>	<b>1,174.32</b>
<b>Canned fruit Fruit cocktail in natural juice 822g</b>	<b>12</b>
<b>Canned fruit Peach sliced in natural juice 790g</b>	<b>12</b>
<b>Canned fruit Peach sliced in natural juice 2.6kg</b>	<b>1,041</b>
<b>Canned fruit Pear halves in natural juice 2.6kg</b>	<b>772.08</b>
<b>Canned fruit Pineapple pieces in natural juice 3kg</b>	<b>94.8</b>
<b>Canned fruit Pineapple pieces in natural juice 825g</b>	<b>12</b>
<b>Canned fruit Pineapple slices in natural juice 3kg</b>	<b>51</b>
<b>Canned fruit Plums in natural juice 2.6kg</b>	<b>1,200.66</b>
<b>Canned fruit Rhubarb solid pack 2.82kg</b>	<b>177.56</b>
<b>Canned meat Beef corned 340g (12oz)</b>	<b>561.48</b>
<b>Canned vegetables Tomatoes whole plum 2.6kg</b>	<b>107.34</b>
<b>Grand Total</b>	<b>1,618.2</b>
<b>Grand Total</b>	<b>9,543.44</b>

The table below represents frozen vegetables.

<b>2014</b>	
<b>Description</b>	<b>Sum of Total Value (£)</b>
<b>Diced carrots 2.5kgs</b>	<b>1,203.1</b>
<b>Diced swede 10kg</b>	<b>364</b>
<b>Frozen chips</b>	<b>19,410</b>
<b>Mixed vegetables 2.5kgs</b>	<b>1,433.2</b>

Peas A Grade 2.5kgs	2,522.78
Peka potatoes	4,670
Carrot & Swede battons	595
Cabbage	1,068
Cauliflower	1,514
Green Beans	1,377
Broccoli	540
Vegetable medley	655
Jacket potatoes	13,001
Sprouts	997
Mixed vegetables	275
Farmhouse mix veg	836
Mashed potatoes	836
<b>Grand Total</b>	<b>53,487.08</b>

- 4) Cakes, packs of biscuits, cake bars, sweet puddings and dessert pies and the total cost.  
**Answer: Please see the table below.**

2014	
Product description	Sum of Total Value (£)
Biscuit - mini packs Jacobs cream crackers minipack 12g	29.1
Biscuit - mini packs Jaffa cakes 3 biscuit snack pack	96.58
Biscuit - mini packs Jaffa snack pack 3 cakes 36g	35.12
Biscuit - mini packs Savoury cream crackers 2 biscuit minipack	669.3
Biscuit - mini packs Sweet assorted 3 biscuit minipack	3288.09
Biscuit - standard Classic rich tea twin pack 300g	1157.8
Biscuit - standard Cream crackers twin pack 200g	25.68
Biscuit - standard Digestive twin pack 500g	1487.58
Biscuit - standard Ginger nut 250g	983.94
Biscuit - standard Morning coffee 150g	663.56
Biscuit -gluten free Apple & sultana cookies twin pack 38g	14.1
Biscuit -gluten free Apple & sultana pack	14.1
Biscuit -gluten free Choc chip cookies twin pack 38g	14.1
Biscuit -gluten free Digestives biscuits twin pack 38g	14.1
Cake Bakewell slices individually wrapped gluten free	14.8
Cake Double chocolate sponge slice	57.6
Cake Plain sponge mini cake slice	83.32
Cake Slices assorted	1946.7
Cake Slices assorted; containing plain sponge fruit sponge and chocolate sponge 30g	216.3
Cake Sponge cake with fruit pieces	61.76
Confectionery Club Chocolate Biscuit Mint	117.2
Confectionery Club chocolate biscuit orange	204.82
Confectionery 2 finger chocolate multipack 21x20.8g	237.35

Confectionery 2 finger Chocolate multipack 21 packs of 14	806.99
Confectionery chocolate biscuit 4 fingers	144.76
Confectionery chocolate biscuit mint singles 23g	29.3
Confectionery chocolate biscuit orange singles 23g	29.26
Confectionery chocolate biscuit milk singles 21g	53.1
Confectionery chocolate biscuit	236.39
Crisps and savoury snacks Cheese & onion crinkle cut 30gm	635.08
Crisps and savoury snacks Hula Hoops Original	24.92
Crisps and savoury snacks Prawn cocktail crinkle cut 30gm	20.92
Crisps and savoury snacks Sea salted crinkle cut 30gm	1394.24
<b>Grand Total</b>	<b>14807.96</b>

- 5) Soft drinks containing sugar (not including diet soft drinks) and the total cost.  
**Answer: Please see the table below for 2014.**

2014	
Product description	Sum of Total Value (£)
Orange cordial	2,359
Lemon cordial	2,359
Blackcurrant cordial	3,145
Orange Juice	16,580
Cranberry Juice	256
Lucozade 30ml	888
Lucozade 380 bottle	1,464
<b>Grand Total</b>	<b>27,051</b>

- 6) The cost agreed in the tender for fruit and veg and the amount actually paid.  
**Answer: We do not have a set cost agreed for fruit and veg.**

- 7) Please could you tell me who the food is bought for? e.g hospital canteens, patient meals, staff cafe, vending machines etc.  
**Answer: Patient meals.**

**146/15**

### **Information Governance Incidents**

Please can you indicate for the period April 2014/ March 15 how many information governance incidents you had for the following national categories, and please indicate which ones were level 2 and above.

Categories for April 2014/ March 15

- Disclosed in error – Post
- Disclosed in error - Fax
- Disclosed in error - Email

- Disclosed in error – Other
- Lost in transit
- Lost or stolen hardware
- Lost or stolen paperwork
- Non secure disposal hardware
- Non secure disposal paperwork
- Uploaded to website in error
- Security failing - Technical (including hacking)
- Security failing - Organisational or Procedural
- Unauthorised Access
- Unauthorised Disclosure
- Corruption or inability to recover electronic data
- Misfiling
- Data Quality

Please provide the results in a table with the following headings

- Category
- Numbers of incidents April 2014/ March 15
- Numbers of incidents level 2 or above

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

Category	Number of Incidents	Number of Incidents Over a level 2
Disclosed in error – Post	2	1
Disclosed in error – Fax	0	0
Disclosed in error- Email	0	0
Disclosed in error- Other	13	0
Lost in Transit	1	0
Lost or Stolen paperwork	25	2
Non secure disposal hardware	3	0
Non secure disposal paperwork	6	0
Uploaded to website in error	0	0
Security Failing – Technical (Including Hacking)	Unfortunately Incidents that fall under this category are not recorded separately to provide you with the figure. These incidents are categorised under “Other” so will be grouped with other incidents of a separate type.	
Security Failing – Organisational or Procedural	Unfortunately Incidents that fall under this category are not recorded separately to provide you with the figure. These incidents are categorised under “Other” so will be grouped with other incidents of a separate type.	
Unauthorised Access	1	0
Unauthorised Disclosure	11	0
Corruption or inability to recover electronic data	3	0

<b>Misfiling</b>	<b>25</b>	<b>0</b>
<b>Data Quality</b>	<b>27</b>	<b>0</b>

Please can you also provide this data for the time period of April 2015 to June 2015. Again Please provide the results in a table with the following headings

- Category
- Numbers of incidents April 2015/ June 15
- Numbers of incidents level 2 or above

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

<b>Category</b>	<b>Number of Incidents</b>	<b>Number of Incidents Over a level 2</b>
<b>Disclosed in error – Post</b>	<b>1</b>	<b>1</b>
<b>Disclosed in error – Fax</b>	<b>0</b>	<b>0</b>
<b>Disclosed in error- Email</b>	<b>3</b>	<b>0</b>
<b>Disclosed in error- Other</b>	<b>10</b>	<b>0</b>
<b>Lost in Transit</b>	<b>0</b>	<b>0</b>
<b>Lost or Stolen paperwork</b>	<b>1</b>	<b>0</b>
<b>Non secure disposal hardware</b>	<b>0</b>	<b>0</b>
<b>Non secure disposal paperwork</b>	<b>0</b>	<b>0</b>
<b>Uploaded to website in error</b>	<b>0</b>	<b>0</b>
<b>Security Failing – Technical (Including Hacking)</b>	Unfortunately Incidents that fall under this category are not recorded separately to provide you with the figure. These incidents are categorised under “Other” so will be grouped with other incidents of a separate type.	
<b>Security Failing – Organisational or Procedural</b>	Unfortunately Incidents that fall under this category are not recorded separately to provide you with the figure. These incidents are categorised under “Other” so will be grouped with other incidents of a separate type.	
<b>Unauthorised Access</b>	<b>0</b>	<b>0</b>
<b>Unauthorised Disclosure</b>	<b>1</b>	<b>0</b>
<b>Corruption or inability to recover electronic data</b>	<b>2</b>	<b>0</b>
<b>Misfiling</b>	<b>69</b>	<b>0</b>
<b>Data Quality</b>	<b>13</b>	<b>0</b>

147/15

**Weekend Working**

Please can you provide details of

1) The number of Consultants currently employed within your trust

**Answer: As at the 30<sup>th</sup> June 2015, the Trust employed 146 (138 FTE) Consultants.**

2) The number of Consultants currently employed within your trust who have actively opted out of non-emergency weekend working.

**Answer: One Consultant has opted out.**

**Follow up question received;** Please could you detail the reason(s), if any, given by the one consultant in your employment who has actively opted-out of weekend working, according to your recent response on 11 August to a request regarding this issue. This request does not intend you to include names or personal information.

**Answer: One Consultant has opted out of on call due to sickness.**



**148/15**  
**Facilities Management**

Please can you provide me with the organisation's existing contracts relating to facilities management for each of the categories below:

- A. Property and Building Services Maintenance

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

- B. Cleaning and Janitorial Services

**Answer: We can confirm that we have no contract in place for these services as they are provided in-house.**

- C. Security Services- From building and car park security to prisoner escorting services

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

- D. Catering Services

**Answer: We can confirm that we have no contract in place for these services in terms of patients as they are provided in-house.**

For each of the contract above can you please provide me with the organisation's primary/main contracts that are above £1,000.00. If there isn't

1. What is the type of contract please pick from one of the categories above? If the organisation has a fully managed contract please state "Managed".

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

2. Who is the supplier for this contract? Please can you provide me with the contract information for each individual supplier?

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

3. What is the annual average spend? Please can you provide me with the contract information for each individual supplier?

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

4. What is the contract duration? Please also provide me with any extensions that maybe offered to the supplier.

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

5. What is the contract expiry date? Please at least provide me with the month and year.

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

6. When will this contract be reviewed? Please at least provide me with the month and year.

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

7. Can you please provide me with the total number of sites the contract covers? An estimate will also be acceptable.  
**Answer: Please see the table below.**
8. What services are provided under this contract? A brief description will be acceptable  
**Answer: Please see the table below.**
9. Who is the main contact from within the organisation responsible for reviewing this contract? Can you please provide me with their full name, actual job title, contact number and direct email address?  
**Answer: Please see the table below.**
10. Notes: If the contract information provided is going to be expiring within the next 3 months it would be helpful to know if you're going to renew or are planning to go to tender for a new contract for this particular service.  
**Answer: Please see the table below.**

Contract Type	Supplier	Annual Average Spend	Contract Duration	Expiry Date	When Review is planned?	Total Number of Sites Covered	Brief Description of Contract	Person Responsible for Contract	Expiring in next 3 mnths - Plans for Renewal / Tender?
Security, Managed	Exemption 43 (Commercial Interests) has been applied as this contract is currently out to tender								
Cleaning and Janitorial Services	W J Hardiman	Approx £13,000	1 yr	Mar 2016	Jan 2016	6	Window Cleaning	Staff details below Director level are withheld under Section 40 (Personal Information). The Director responsible for this Service is Colin Plant, Director of Estates & Facilities, Tel: 01922 721172, <a href="mailto:colin.plant@walsallhealthcare.nhs.uk">colin.plant@walsallhealthcare.nhs.uk</a>	Not applicable
Cleaning and Janitorial Services	Canon Hygiene	Approx £3200	2 yrs	Mar 2017	Jan 2017	1	Pest Control	Staff details below Director level are withheld under Section 40 (Personal Information). The Director responsible for this Service is Colin Plant, Director of Estates & Facilities, Tel: 01922 721172, <a href="mailto:colin.plant@walsallhealthcare.nhs.uk">colin.plant@walsallhealthcare.nhs.uk</a>	Not applicable
Cleaning and Janitorial Services	W J Hardiman	Approx £20,000	2 yrs	Mar 2016	Jan 2016	1	Wall Washing	Staff details below Director level are withheld under Section 40 (Personal Information). The Director responsible for this Service is Colin Plant, Director of Estates & Facilities, Tel: 01922 721172, <a href="mailto:colin.plant@walsallhealthcare.nhs.uk">colin.plant@walsallhealthcare.nhs.uk</a>	Not applicable
Cleaning and Janitorial Services	W J Hardiman	Approx £6,500	2 yrs	Mar 2016	Jan 2016	1	Kitchen Cleaning	Staff details below Director level are withheld under Section 40 (Personal Information). The Director responsible for this Service is Colin Plant, Director of Estates & Facilities, Tel: 01922 721172, <a href="mailto:colin.plant@walsallhealthcare.nhs.uk">colin.plant@walsallhealthcare.nhs.uk</a>	Not applicable
Please note that the information below has been obtained following contacting Skanska Facilities Services directly.									
Hard Services	Skanska Facilities	Associated contract information is held by Skanska Facilities Services. We recommend you contact Skanska directly for any information, as they hold this information on behalf of our organisation. Please contact Marc Needham or Alan Walsh by telephone number 01922 656470.							

	<b>Services</b>	
--	-----------------	--

149/15

## Locum Staff and Job Vacancies

NB: I would prefer the figures to be for financial years, as stated. However, if it is only possible to supply the figures in terms of calendar years, please supply them for 2014 (in Q1), and 2010 (in Q2).

1. (a) In the Financial Year 2014/15, how many hours in total were worked by locum staff for the Trust?

**Answer: Our records go by the number of shifts covered by agency workers and not hours covered. Therefore, unfortunately, our reporting system would not be able to accurately identify this information. If shift information would be useful to you, please let us know and will we provide this to you.**

(b) In the Financial Year 2014/15, how many days in total were permanent job positions left vacant for? (I.e. the number of days that positions were left unfilled by permanent staff)

**Answer: Unfortunately, current processes and systems do not allow us to provide an answer to this question.**

2. (a) In the Financial Year 2010/11, how many hours in total were worked by locum staff for the Trust?

**Answer: Unfortunately, the system that was used prior to April 2012 is no longer live so this information cannot be identified.**

(b) In the Financial Year 2010/11, how many days in total were permanent job positions left vacant for? (I.e. the number of days that positions were left unfilled by permanent staff)

**Answer: Unfortunately, current processes and systems do not allow us to provide an answer to this question.**



**150/15**

**Recycling and Waste Support and Maintenance Contracts**

Examples of recycling contracts you could have:

- . Green Waste Disposal
- . Household Waste Recycling Centres
- . Refuse Recycling Street Cleaning
- . Recycling Collection Services

Examples of waste management contracts you could have:

- . Waste Development Environmental Assessment
- . Waste Transfer & MRF (Materials recovery facility)
- . Waste Disposal Landfill
- . Bulky Waste

For each of the types of contract above please can you send me :

1. Contract Type- From the examples given above please state what type of contract this is. Please state other and type of contract if the type of contract is not listed above. In some cases the organisation will have one or two big contracts that is covered in a managed contract please state in the contract description what services the contract provides as well.

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

2. The supplier of the recycling or waste contract

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

3. What is the annual average spends for each of the suppliers. For those organisations with new contracts can you please specify the estimated spend?

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

4. A brief description of what the contract entails. Please to specific to the services provided under these contract(s). Please provide me with a few sentences.

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

5. What is the contract duration of the each of the contract(s)?

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

6. What is the start date of each contract(s)?

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

7. What is the expiry date of each contract(s)?

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

8. When does the organisation intend to review these contract(s)

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

9. Who is responsible for reviewing this contract please send me their full name, actual job title, contact number and their direct email address.

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

Even if the organisation has a managed contract please can you send me all the contract information I have requested including the contact details.

If this contract has just been award within the last six months can you please send me information on the shortlist of suppliers that bid on the contract?

Contract Type	Supplier	Annual Average Spend	Brief Description	Contract Duration	Start Date	Expiry Date	When Review is planned?	Person Responsible for Contract
Clinical Waste	SRCL Sterile Technologies	Approx £225,000	Collection and disposal of clinical waste.	10 yrs (5 yrs plus 5 yrs)	01/04/09	31/03/19	2017	Colin Plant, Director of Estates & Facilities, tel: 01922 721172, <a href="mailto:colin.plant@walsallhealthcare.nhs.uk">colin.plant@walsallhealthcare.nhs.uk</a>
Sharps Management Service	Sharpsmart Ltd	£98,000	Collection and disposal of sharps	2 yrs	01/08/14	31/07/16	2016	Colin Plant, Director of Estates & Facilities, tel: 01922 721172, <a href="mailto:colin.plant@walsallhealthcare.nhs.uk">colin.plant@walsallhealthcare.nhs.uk</a>
General Domestic Waste	Weir Waste Services Ltd	Approx £120,000	Collection, recycling and disposal of general waste	2 yrs (with option to extend)	01/11/14	30/10/16	2015	Colin Plant, Director of Estates & Facilities, tel: 01922 721172, <a href="mailto:colin.plant@walsallhealthcare.nhs.uk">colin.plant@walsallhealthcare.nhs.uk</a>
Collection and Disposal of Confidential Waste	Shredall (EM) Ltd	Approx £15,000	Collection, shredding and disposal of confidential waste	2 yrs (with option to extend)	01/11/14	30/10/16	2015	Colin Plant, Director of Estates & Facilities, tel: 01922 721172, <a href="mailto:colin.plant@walsallhealthcare.nhs.uk">colin.plant@walsallhealthcare.nhs.uk</a>
Hazardous, Non-Clinical Waste	Veolia Environmental Services	Approx £3,000 - £4,000	Collection and disposal of non-clinical hazardous waste	2 yrs (with option to extend)	01/11/14	30/10/16	2015	Colin Plant, Director of Estates & Facilities, tel: 01922 721172, <a href="mailto:colin.plant@walsallhealthcare.nhs.uk">colin.plant@walsallhealthcare.nhs.uk</a>



151/15

## Fleet Information

Freedom of information request detailing the organisation's vehicle, leasing and maintenance contracts. Im aware that not all organisations will have this particular contract but can you please send the following information with regards to these contracts:

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

Contract Type	Supplier	Description of Contract	Expiry Date of each individual contract	Contract Review Date	Individual Responsible for Contract	Suppliers Shortlisted	Future Plans with Contract
Personal Lease	GMP Fleet Administration	To provide and manage all administration aspects of lease cars for our staff.	This information is withheld under Section 40 (Personal Information)	Annually April 2016	Individual staff contact details are withheld below Director level under Section 40 (Personal Information). The Director responsible for this service/contract is Russell Caldicott. He can be contacted on telephone 01922 721172 or email address; <a href="mailto:russell.caldicott@walsallhealthcare.nhs.uk">russell.caldicott@walsallhealthcare.nhs.uk</a>	Contract was renewed so this is not applicable.	We are not able to confirm what our future plans are with this supplier at the moment.
Leased Commercial Vehicles	Lex Autolease	Leased vehicles used by Integrated Community Equipment Services /ISS Mediclean Ltd /Walsall Healthcare Trust	This is a Crown Commercial Service framework which forms an integral part of the Central Government fleet Strategy.  The Trust's plans are governed by any changes to the Crown Commercial Service Framework.	Rolling Contract as a Crown Commercial Service Framework	Individual staff contact details are withheld below Director level under Section 40 (Personal Information). The Director responsible for this service/contract is Colin Plant. He can be contacted on telephone 01922 721172 or email address; <a href="mailto:colin.plant@walsallhealthcare.nhs.uk">colin.plant@walsallhealthcare.nhs.uk</a>	This was not awarded within the last 6 months	The Trust's plans are governed by any changes to the Crown Commercial Service Framework.

<p><b>Leased Commercial Vehicles</b></p>	<p><b>Volkswagen Leasing</b></p>	<p><b>Vehicles used by Electro-Biomedical Engineering Department</b></p>	<p><b>This is a Crown Commercial Service framework which forms an integral part of the Central Government fleet Strategy.</b></p> <p><b>The Trust's plans are governed by any changes to the Crown Commercial Service Framework.</b></p>	<p><b>Rolling Contract as a Crown Commercial Service Framework</b></p>	<p><b>Individual staff contact details are withheld below Director level under Section 40 (Personal Information). The Director responsible for this service/contract is Colin Plant. He can be contacted on telephone 01922 721172 or email address;</b></p> <p><a href="mailto:colin.plant@walsallhealthcare.nhs.uk">colin.plant@walsallhealthcare.nhs.uk</a></p>	<p><b>This was not awarded within the last 6 months</b></p>	<p><b>The Trust's plans are governed by any changes to the Crown Commercial Service Framework.</b></p>
--	----------------------------------	--	--	--	--	---	--

152/15

## Early Hospital Discharge and Readmissions, Recruitment and Competency Processes for Doctors

Additional Information requested under 'Freedom of Information Act'

- Early hospital discharge & readmitted within one week figures. 2013 & 2014 relating to Walsall Manor Hospital.

**Answer: We are only able to provide the number of emergency re-admissions within one week of a previous discharge. Please see the figures below.**

**2013 =2440 re-admissions within one week of a previous discharge**

**2014 =2467 re-admissions within one week of a previous discharge**

- Death rates due to none or misdiagnosis figures. 2013 & 2014 relating to Walsall Manor Hospital.  
**Answer: Unfortunately, this is not recorded on our electronic systems in order to provide this information.**

- Clarification on recruiting doctors namely checking qualifications, credentials & previous employment history (including contact previous employer)

**Answer: Details of qualifications are requested on application forms as they are matched against criteria on the Person Specification. They are checked at interview and further verified by the submission of certificates by the successful candidate as part of the pre-employment checking process.**

**ID and current address details are also checked as part of pre-employment process and applications for Disclosure & Barring (DBS) are also completed.**

**Employment history is discussed at interview and verified by the provision of references from previous employer, one of which is the most recent employer.**

- Clarification if competency checks of current employed/ bank doctors is carried out? What, How & When?

**Answer: Competency is checked via discussion and scenarios at interview stage. Successful candidates must demonstrate participation in appraisal, Deanery reviews (eg Record of In-Training Assessments) and job planning.**

153/15

### Compensation Payments to Staff

Please give details of compensation payouts awarded to all staff working for your trust for work-related accidents in each of the three CALENDAR years a) 2012 b) 2013 c) 2014. For each year, please tell me the total number of payouts and the total sum of money paid to staff.

2. Please also provide a breakdown, providing details of each case. So, for each case, please tell me:

- a) how much money was paid to the member of staff
- b) a brief summary of the accident/incident
- c) what injuries were sustained

**Answer: Please note that 'red' claims within the list below indicates that the claim has been settled i.e. damages have been paid out to the staff member. Claims that are 'black' indicates that the claim has not yet been settled. Please note it can take up to 3 years before a claim is settled.**

Year	Accident	Description	Injury Sustained	Damages Paid to Staff
2012	Slip Trip and Fall	Slipped on water	Sprained Left Knee	£10,600.00
2012	Slip Trip and Fall	Slipped on stairwell	Shattered Ball Joint to top of Femur	To be finalised
2012	Slip Trip and Fall	Slipped on wet floor	Soft Tissue Damage to Shoulder and Arm	£2,000.00
2012	Sharps	Needle stick injury	Needle Stick Injury to leg	£1,400.00
2012	Animal Bite	Claimant was bitten by a patients dog when entering the patients home.	Puncture wounds to right arm, left ankle and right chest	£10,000.00
2012	Manual Handling	Injured whilst moving heavy objects	Injury to right shoulder and back	£2,800.00
2012	Slip, Trip and Fall	Claimant tripped over a strip of metal	Injury to neck, shoulders and upper and lower back	To be finalised

2012	Slip Trip and Fall	Tripped over some wire	Pulled all left side and back	£3,350.00
2012	Needle Stick Injury	Needle sticking out of Clinical Waste Bin	Needle Stick Injury to leg	£1,750.00
2012	Manual Handling	Claimant was assisting a patient Transfer	Shooting pains down the left arm	To be finalised
2012	Manual Handling	Claimant was pushing one of the patient trolleys	Extreme Back Pain	£2,171.42
2012	Slip Trip and Fall	Staff member slipped on wet floor	Injury to left shoulder, lower back, torso and right knee	£5,250.00
2012	Barrier Incident	Claimants Car was hit by a barrier in the wind, claimant suffered personal injuries	Muscle sprain to shoulder, back and chest	£2,681.62
2012	Slip, Trip and Fall	Slipped and fell	Injury to left knee, left ankle and fractured wrist	To be finalised
2013	Sharps	Sustained a needlestick injury	Needle stick Injury to left ring finger	£1,000.00
2013	Slip, Trip and Fall	Claimant went to sit on the chair and the chair gave way.	Fracture to the left elbow	£5,290.00
2013	Manual Handling	Claimant moved a box to gain access to the files	Lower Back Pain	£1,700.00
2013	Slip, Trip and Fall	Slipped on water on the floor	Injured right leg	To be finalised
2013	Slip, Trip and Fall	Door slammed into claimant causing fall	Cracked bone to the right elbow	£2,950.00

2013	Sharps	Sustained a needlestick injury	Needle Stick Injury to leg	£2,500.00
2013	Manual Handling	Sustained injury whilst scanning Autoclave instrumental on autoclave trolley	Dislocation to shoulder	To be finalised
2013	Slip, Trip and Fall	Slipped and fell	Soft tissue injury to hip, ankle and knee	£2,150.00
2013	Impact with Moveable Object	Claimant pulled back a curtain when the metal frame fell and struck her	Cut to the Mouth	To be finalised
2013	Manual Handling	Pushing trolley back wheel fell off jolting the Claimant Forward	Lower Back Pain	To be finalised
2013	Body Part Impacting with Moveable Object	Metal Divider went through palm of hand causing a deep cut.	Cut to Hand	£1,500.00
2013	Body Part Impacting with Moveable Object	Crushed inbetween filing bays	Bruising and tissue damage to the side of the body	To be finalised
2013	Slip, Trip and Fall	Slipped and fell	Soft tissue damage to left wrist ligament and leg	To be finalised
2014	Slip, Trip and Fall	Claimant was inspecting the grounds around the NEC and fell down a vertical drop.	Fractured and dislocated right shoulder	To be finalised
2014	Slip, Trip and Fall	Tripped over boxes	Pain to lower spine, big toe and bruising to the left forearm	To be finalised
2014	Body Part Impacting with Moveable Object	Staff member driving heavy machine pushed the machine into the Claimant	Soft tissue damage to neck, back and legs	£3,500.00

2014	Manual Handling	Claimant hurt their back while moving a patient	Lower Back Pain	To be finalised
2014	Slip, Trip and Fall	Claimant slipped on wet floor	Bursitis of the left hip, jarring injury to the back and neck	To be finalised
2014	Slip, Trip and Fall	Tripped over metal bar	Soft tissue damage to left elbow, forearm, shoulder, hand and wrist	To be finalised
<b>Totals</b>				<b>£51,993.04</b>

**154/15**

**Primary School Children treated for Self Harm in A&E (email to requester 23/07/15)**

Provide a response to the following question:

1. How many individual cases of primary school children self harming have been treated by A&E staff in the last 12 months?

**Answer: During September 2014 to August 2015, 29 children aged 5-13 years were treated by our hospital for self harm injuries.**

2. Has this figure increased from the previous year and if so by how much?

**Answer: Yes, during September 2013 to August 2014, 20 children aged 5-13 years were treated by our hospital for self harm injuries.**

**155/15**

**Whistleblowing Governance**

I write to ask if Walsall Healthcare NHS Trust has applied NHS good guidance practice on monitoring whistleblowing governance, as laid out in the 2010 document "Speak Up for A Healthy NHS. How to implement and review whistleblowing arrangements in your organisation" [1].

This guidance suggests that NHS organisations should refresh their whistleblowing arrangements annually. To this end, it specifically advises that organisations should monitor and audit their whistleblowing arrangements based on the parameters below:

- 1) "collect data on the nature and number of concerns raised"

**Answer: Yes, x1 raised in the period requested of 2013/14 around clinical competence.**

- 2) "Is there evidence of constructive and timely feedback?"

**Answer: Yes**

- 3) "Have there been any difficulties with confidentiality?"

**Answer: No**

- 4) "Have any events come to the board's attention that might indicate that a staff member has not been fairly treated as a result of raising a concern?"

**Answer: No complaints/concerns have been raised.**

- 5) "could the issues have been picked up or resolved earlier? If so, why weren't they?"

**Answer: This is not applicable.**

- 6) "information from exit interviews"

**Answer: Yes, an online, paper and face to face survey is offered and a report is reviewed every 6 months by our colleague Experience and Engagement Group.**

- 7) "information from...PIDA or other legal claims"

**Answer: Yes, we have monitoring arrangements in place. No occurrences recorded during 2013/14.**

- 8) Survey staff experience, using these questions:

"Suggested survey questions for staff

- Have you been troubled about some malpractice in the past three years? If so, did you raise the concern, and with what result?
- How aware are you of the whistleblowing arrangements?
- How likely are you to raise a whistleblowing concern with your manager and with senior managers?

- How confident are you that there will be no negative repercussions for raising the matter with your manager and those above?
- How confident are you that the matter will be addressed properly by your manager and those above?
- How likely is it that your colleagues would raise a whistleblowing concern with their manager or with senior managers?"

**Answer: We ask the same questions as outlined within the National NHS Staff Survey around raising concerns and reporting incidents – these fall under Key Findings 12 – 15. Reports are available on the National Staff Survey Centre website <http://www.nhsstaffsurveys.com>**

**156/15**

**A&E Consultant Cover**

1. What hours of consultant cover do you currently provide for accident and emergency services on the weekends.

**Answer: We can confirm that we have an A&E Consultant resident on site between 08.00am – 20.00pm on Saturday and Sunday. Cover is then non-resident on-call between 20.00pm – 08.00am both days.**

**157/15**

**Breakdown of Settlement Costs**

<http://www.walsalladvertiser.co.uk/Boy-11-13m-payout-Walsall-Manor-Hospital-blunder/story-26485822-detail/story.html>

I have observed the family wish for anonymity in this request although the child's identity is well known to a number of past and present hospital staff.

Please provide the following information for the period from this child's birth to final settlement:

Total cost of legal advice and representation, to include claimant costs

- Breakdown of costs
- Expert witness costs.
- Approximate administrative costs, including risk managers, secretarial etc.

**Answer: We have contacted the National Health Service Litigations Authority (NHSLA) to obtain this information for you. They advise us that final costs have not yet been decided so we are not able to provide you with this information. We recommend you contact them directly should you still require this information. Their Freedom of Information Office can be contacted via email address; [foi@nhsla.com](mailto:foi@nhsla.com) or postal address; Freedom of Information Office, NHS Litigation Authority, 2<sup>nd</sup> Floor, 151 Buckingham Palace Road, London, SW1W 9SW.**

In addition please provide evidence that Walsall Healthcare NHS Trust has learned lessons from this serious and costly error. This should include documented changes to clinical practice (no matter how belated) and investigations of whether the protracted defence of this negligence was warranted given the financial costs and particularly the suffering of the family.

I am happy for all names to be redacted to protect the patient, family members and professionals.

**Answer: This case is subject to an anonymity court order so our organisation cannot disclose any investigation documentation under Section 44 (prohibitions on disclosure).**

We can however provide a summary of the lessons learned:

- In July 2004, a policy for the management of women with diabetes in pregnancy was developed and implemented, which has been subject to regular review and update in light of new evidence. This policy is regularly audited to ensure that it is working and being complied with. Please find attached
- A policy on the management of hypoglycaemia in newborns is also in place which is updated on a regular basis and audits are carried out to ensure compliance.

158/15

## Breakdown of Settlement Costs Case 2

<http://www.walsalladvertiser.co.uk/Mum-speaks-concerns-son-s-avoidable-death/story-26496826-detail/story.html>

Please provide the following information for the period from this child's birth to final settlement:

Total cost of legal advice and representation, to include claimant costs.

- Breakdown of costs.
- Expert witness costs.
- Approximate administrative costs, including risk managers, secretarial etc.

**Answer: We have contacted the National Health Service Litigations Authority (NHSLA) to obtain this information for you. They advise us that final costs have not yet been decided so we are not able to provide you with this information. We recommend you contact them directly should you still require this information. Their Freedom of Information Office can be contacted via email address; [foi@nhsla.com](mailto:foi@nhsla.com) or postal address; Freedom of Information Office, NHS Litigation Authority, 2<sup>nd</sup> Floor, 151 Buckingham Palace Road, London, SW1W 9SW.**

As quoted in this article the mother expressed concerns that the Trust failed to recognise its failings at an early stage and was reluctant to learn the lessons.

Does the Trust accept this? Does the Trust accept that this involved unnecessary expense in the form of legal advice etc. and that the family is likely to have suffered as a result of these failures.

**Answer: Unfortunately, these questions do not fall under the remit of the Freedom of Information Act. The Act covers recorded information that our Trust holds. However, if there is specific documentation that you require for consideration under the Act, please let us know.**

In addition please provide evidence that Walsall Healthcare NHS Trust has learned lessons from this serious and costly error. This should include documented changes to clinical practice (no matter how belated) and investigations of whether the protracted defence of this negligence was warranted given the financial costs and particularly the suffering of the family. I am happy for all names to be redacted to protect the patient, family members and professionals.

**Answer: The NHSLA have advised us that this case was settled out of court and therefore any detail about the case is not disclosable. We recommend you contact them directly should you still require this information. Their Freedom of Information Office can be contacted via email address; [foi@nhsla.com](mailto:foi@nhsla.com) or postal address; Freedom of Information Office, NHS Litigation Authority, 2<sup>nd</sup> Floor, 151 Buckingham Palace Road, London, SW1W 9SW.**

**Follow up Questions from Requester;**

Please provide the answers to my questions as they are known to the Trust.

**Answer: We have checked our original response to your request and as the case was settled out of court we are unable to disclose details associated with the case. We recommend you contact the NHSLA for information related to costings. Their Freedom of Information Office can be contacted via email address; [foi@nhsla.com](mailto:foi@nhsla.com) or postal address; Freedom of Information Office, NHS Litigation Authority, 2<sup>nd</sup> Floor, 151 Buckingham Palace Road, London, SW1W 9SW.**

**159/15**

**Weekend Call Rota**

How many full-time consultants work at your hospital?

**Answer: As at the 30<sup>th</sup> June 2015, the Trust employed 146 (138 FTE) Consultants.**

How many of these have opted out of the weekend on call rota?

**Answer: One Consultant has opted out.**

**160/15****Number of consultants on shift**

For each of the A&E, General medicine and General surgery departments in your trust, I would like information on:

1. For each day over the week Monday 13 - Sunday 19 July, the number of consultants working in or as resident on call for each department between 9am and 7pm

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

2. For each day over the week Monday 13 - Sunday 19 July, the number of consultants working in or as resident on call for each department between 7pm and 9am

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

3. For each day over the week Monday 13 - Sunday 19 July, the number of consultants as nonresident on call for each department between 9am and 7pm

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

4. For each day over the week Monday 13 - Sunday 19 July, the number of consultants as non-resident on call for each department between 7pm and 9am

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

So for clarity, I would like three tables, each on one of the three departments mentioned above, containing the following information:

Number of consultants working in department ( <b>Resident</b> )		
	9am - 7pm	7pm - 9am (following morning)
Monday 13th	<b>x1 A&amp;E Consultant x1 General Medicine Consultant x1 General Surgery Consultant to 5pm</b>	<b>x1 A&amp;E Consultant to 11pm weekdays and to 8pm on weekends x1 General Medicine Consultant to 8pm weekdays and 8am-1pm and 5pm-8pm on weekends x1 General Surgery Consultant to 5pm</b>
Tuesday 14th	<b>x1 A&amp;E Consultant x1 General Medicine Consultant x1 General Surgery Consultant to 5pm</b>	<b>x1 A&amp;E Consultant to 11pm weekdays and to 8pm on weekends x1 General Medicine Consultant to 8pm weekdays and 8am-1pm and 5pm-8pm on weekends x1 General Surgery Consultant to 5pm</b>
Wednesday 15th	<b>x1 A&amp;E Consultant x1 General Medicine Consultant x1 General Surgery Consultant to 5pm</b>	<b>x1 A&amp;E Consultant to 11pm weekdays and to 8pm on weekends x1 General Medicine Consultant to 8pm weekdays and 8am-1pm and 5pm-8pm on weekends x1 General Surgery Consultant to 5pm</b>
Thursday 16th	<b>x1 A&amp;E Consultant x1 General Medicine Consultant</b>	<b>x1 A&amp;E Consultant to 11pm weekdays and to 8pm on weekends x1 General Medicine Consultant to 8pm weekdays and 8am-1pm and</b>

	<b>x1 General Surgery Consultant to 5pm</b>	<b>5pm-8pm on weekends x1 General Surgery Consultant to 5pm</b>
Friday 17th	<b>x1 A&amp;E Consultant x1 General Medicine Consultant x1 General Surgery Consultant to 5pm</b>	<b>x1 A&amp;E Consultant to 11pm weekdays and to 8pm on weekends x1 General Medicine Consultant to 8pm weekdays and 8am-1pm and 5pm-8pm on weekends x1 General Surgery Consultant to 5pm</b>
Saturday 18th	<b>x1 A&amp;E Consultant x1 General Medicine Consultant x1 General Surgery Consultant to 5pm</b>	<b>x1 A&amp;E Consultant to 11pm weekdays and to 8pm on weekends x1 General Medicine Consultant to 8pm weekdays and 8am-1pm and 5pm-8pm on weekends x1 General Surgery Consultant to 5pm</b>
Sunday 19th	<b>x1 A&amp;E Consultant x1 General Medicine Consultant x1 General Surgery Consultant to 5pm</b>	<b>x1 A&amp;E Consultant to 11pm weekdays and to 8pm on weekends x1 General Medicine Consultant to 8pm weekdays and 8am-1pm and 5pm-8pm on weekends x1 General Surgery Consultant to 5pm</b>
<b>Number of consultants on call for department (non-resident)</b>		
	<b>9am - 7pm</b>	<b>7pm - 9am (following morning)</b>
Monday 13th	<b>A&amp;E Consultant is not applicable, see above. x1 General Medicine Consultant between 1pm-5pm x1 General Surgery Consultant between 5pm-7pm</b>	<b>x1 A&amp;E Consultant after 11pm weekdays and 8pm weekends x1 General Medicine Consultant from 8pm each day x1 General Surgery Consultant</b>
Tuesday 14th	<b>A&amp;E Consultant is not applicable, see above. x1 General Medicine Consultant between 1pm-5pm x1 General Surgery Consultant between 5pm-7pm</b>	<b>x1 A&amp;E Consultant after 11pm weekdays and 8pm weekends x1 General Medicine Consultant from 8pm each day x1 General Surgery Consultant</b>
Wednesday 15th	<b>A&amp;E Consultant is not applicable, see above. x1 General Medicine Consultant between 1pm-5pm x1 General Surgery Consultant between 5pm-7pm</b>	<b>x1 A&amp;E Consultant after 11pm weekdays and 8pm weekends x1 General Medicine Consultant from 8pm each day x1 General Surgery Consultant</b>
Thursday 16th	<b>A&amp;E Consultant is not applicable, see above. x1 General Medicine Consultant between 1pm-5pm x1 General Surgery Consultant between 5pm-7pm</b>	<b>x1 A&amp;E Consultant after 11pm weekdays and 8pm weekends x1 General Medicine Consultant from 8pm each day x1 General Surgery Consultant</b>
Friday 17th	<b>A&amp;E Consultant is not applicable, see above. x1 General Medicine Consultant between 1pm-5pm x1 General Surgery Consultant between 5pm-7pm</b>	<b>x1 A&amp;E Consultant after 11pm weekdays and 8pm weekends x1 General Medicine Consultant from 8pm each day x1 General Surgery Consultant</b>

Saturday 18th	<b>A&amp;E Consultant is not applicable, see above.</b> <b>x1 General Medicine Consultant between 1pm-5pm</b> <b>x1 General Surgery Consultant between 5pm-7pm</b>	<b>x1 A&amp;E Consultant after 11pm weekdays and 8pm weekends</b> <b>x1 General Medicine Consultant from 8pm each day</b> <b>x1 General Surgery Consultant</b>
Sunday 19th	<b>A&amp;E Consultant is not applicable, see above.</b> <b>x1 General Medicine Consultant between 1pm-5pm</b> <b>x1 General Surgery Consultant between 5pm-7pm</b>	<b>x1 A&amp;E Consultant after 11pm weekdays and 8pm weekends</b> <b>x1 General Medicine Consultant from 8pm each day</b> <b>x1 General Surgery Consultant</b>

161/15

### Biologics an Biosimilars

I have a Freedom of Information request regarding biologics and biosimilar prescribing. Could you please provide me with the following numbers of patients treated in the last six months with the following drugs for the conditions listed below.

	Rheumatoid arthritis	Ankylosing spondylitis	Psoriatic arthritis
Abatacept (Orencia)			
Adalimumab (Humira)			
Apremilast (Otezla)			
Certolizumab Pegol (Cimzia)			
Etanercept (Enbrel)			
Golimumab (Simponi)			
Infliximab (Remicade)			
Infliximab biosimilar (Inflectra)			
Infliximab biosimilar (Remsima)			
Rituximab (MabThera)			
Secukinumab (Cosentyx)			
Tocilizumab (RoActemra)			
Ustekinumab (Stelara)			

**Answer:** Unfortunately, our Pharmacy Department do not record patient conditions on their system in order to identify these patients and subsequently the drug treatments they received.

We recommend you contact Walsall Clinical Commissioning Group directly for this information. Their Freedom of Information office can be contact via email address; [foi@walsall.nhs.uk](mailto:foi@walsall.nhs.uk) or postal address: Jubilee House, Bloxwich Lane, Walsall, WS2 7JL. We believe they will be able to conduct searches on their Blueteq system.

162/15

### Consultant Weekend Working

1) The number of Consultants currently employed within your trust, broken down by specialty

**Answer:** As at 30 June 2015, the Trust employed 146 (138 FTE) Consultants. Please see the breakdown by specialty below.

Area Of Work	FTE	Headcount
Accident and Emergency	8	8
Acute Medicine	1	1
Anaesthetics	21.525	22
Cardiology	6	6
Chemical Pathology	1.4	2
Clinical Oncology	0.1	1
Clinical Radiology	5.95	6
Dermatology	3.7	4
Elderly Care Medicine	7	7

Endocrinology and Diabetes Mellitus	2.1	3
Gastroenterology	6	6
General Medicine	3	3
General Surgery	10	10
Genito Urinary Medicine	2	2
Haematology	2	2
Histopathology	4.6	5
Intensive Care Medicine	2	2
Medical Microbiology and Virology	1	1
Neurology	1	1
Obstetrics and Gynaecology	12.5	13
Orthodontics	1.6	3
Otolaryngology	4	4
Paediatric Community Child Health	1.2	2
Paediatrics	11.525	13
Palliative Medicine	1.8	2
Respiratory Medicine	4	4
Rheumatology	1	1
Trauma and Orthopaedic Surgery	10	10
Urology	2	2
<b>TOTAL</b>	<b>138</b>	<b>146</b>

2) The number of Consultants currently employed within your trust who have actively opted out of non-emergency weekend working, broken down by specialty

**Answer: One Consultant has opted out. The specialty information for this Consultant is withheld under Section 40 (Personal Information).**

3) The number of Consultants currently employed within your trust who have used schedule 3 paragraph 6 (S3P6) of the consultant contract to opt out of non-emergency work outside core hours, broken down by specialty, if different to the answer to question 2

**Answer: We can confirm that none of our Consultants have used this part of the contract to opt out of non-emergency work.**

163/15

#### **Nurse Call System**

- What supplier(s) do you use for your Nurse Call System?  
**Answer: Static Systems.**
- Is the Nurse Call System Hard Wired, Wireless IP, Wireless RF?  
**Answer: Hard wired.**
- How many hospital sites does your trust have?  
**Answer: 1 site**
- How many wards does each hospital have?

**Answer: There are 25 wards within the Trust.**

- How many beds does each ward have?

**Answer: The wards have between 6 and 48 beds each. The total bed complement is 610 when all overflow capacity is open. Normal running state is circa 525.**

- Do you have a maintenance contract with your Nurse Call System supplier(s)?

**Answer: Yes**

- Who is responsible for making the purchasing decision of the Nurse Call Systems within your trust?

**Answer: The Trust follows a procurement quotation / tendering process for all purchases. Staff details are withheld below Director level under Section 40 (Personal Information). The Director responsible for this service is Colin Plant, Director of Estates and Facilities.**

- Does your nurse call system log data automatically i.e. the number of calls made?

**Answer: No, there is no data log facility on the Nurse Call system**

- Does your nurse call system log the type of call that is made i.e. Assistance, Emergency?

**Answer: No, there is no log of this information on the Nurse Call system.**

- Does the trust have a KPI on nurse call response times and is this data logged anywhere?

**Answer: No, there is no KPI associated with this data and this information is not recorded on the system.**

- What PAS supplier do you use?

**Answer: CSC - Lorenzo**

**164/15**

**Learning & Development Lead**

The name and contact details of your trust's Learning and Development Lead please?

**Answer: Unfortunately, staff details below Director level are withheld under Section 40 (Personal Information). The Director responsible for this role and department is Ken Hutchinson our Interim Director of Human Resources. His email address is; [ken.hutchinson@walsallhealthcare.nhs.uk](mailto:ken.hutchinson@walsallhealthcare.nhs.uk), contact number; 01922 721172 and postal address is; Walsall Healthcare NHS Trust, Manor Hospital, Walsall, WS2 9PS.**

**165/15**

**Organisation Chart**

Please can you reply with an organisational chart including the names, job titles and contact details (email ) of all managers & directors within the organisation.

**Answer: Unfortunately, staff details below Director level are withheld under Section 40 (Personal Information).**

**Exempt 21 (Information Available by Other Means) has been applied to your request for organisational charts. Charts and structures are available to view on our internet website using the following link to access our publication scheme;**

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

An organisation chart which includes the names of our Executive Directors is also available to view on our website.

Unfortunately, we do not have an organisational chart which details all Director's within the Trust. We can however provide a list below of all Directors who are a member of the Trust's Management Board for your information. Please note that we have not included the contact details of our Non-Executive Directors but if this is something you require, please let us know.

All Directors listed below can be contacted via our switchboard operator on 01922 721172 and postal address; Walsall Healthcare NHS Trust, Manor Hospital, Walsall, WS2 2PS.

Name	Job Title	Email address
Mr R Kirby	Chief Executive (voting position)	richard.kirby@walsallhealthcare.nhs.uk
Mr R Caldicott	Director of Finance & Performance (voting position)	russell.caldicott@walsallhealthcare.nhs.uk
Mr D Fradgley	Interim Director of Strategy & Transformation	daren.fradgley@walsallhealthcare.nhs.uk
Mrs K Halford	Director of Nursing (voting position)	kathryn.halford@walsallhealthcare.nhs.uk
Mr K Hutchinson	Interim Director of Human Resources	ken.hutchinson@walsallhealthcare.nhs.uk
Mrs J Ilic	Interim Director of Corporate Affairs	jayne.ilic@walsallhealthcare.nhs.uk
Mr A Khan	Medical Director (voting position)	amir.khan@walsallhealthcare.nhs.uk
Mr R Cattell	Chief Operating Officer (voting position)	richard.cattell@walsallhealthcare.nhs.uk
Miss S Addison	Clinical Director – General Surgery	Sarah.addison@walsallhealthcare.nhs.uk
Mr G Alo	Clinical Director – Trauma & Orthopaedics	gab.alo@walsallhealthcare.nhs.uk
Ms N Akinwale	Clinical Director - Anaesthetics	nike.akinwale@walsallhealthcare.nhs.uk
Mrs C Balachandar	Director of Medical Education	c.balachandar@walsallhealthcare.nhs.uk
Dr A Bhaduri	Clinical Director - Paediatrics	anjan.bhaduri@walsallhealthcare.nhs.uk
Mr M Cox	Clinical Director - Gastroenterology	mark.cox@walsallhealthcare.nhs.uk
Mr S Darkes	Director of Informatics	steve.darkes@walsallhealthcare.nhs.uk
Dr L Holland	Associate Medical Director – Women's, Children's & Clinical Support Services	louise.holland@walsallhealthcare.nhs.uk
Mr K Javaid	Clinical Director – Elderly Care Medicine	khalid.javaid@walsallhealthcare.nhs.uk
Miss R Joshi	Clinical Director – Accident & Emergency	ruchi.joshi@walsallhealthcare.nhs.uk
Mr S Minhas	Clinical Director – Ear, Nose & Throat	Satvir.minhas@walsallhealthcare.nhs.uk
Mrs A Mulay	Clinical Director – Obstetrics & Gynaecology	arundhati.mulay@walsallhealthcare.nhs.uk
Mrs J Newens	Divisional Director – Medicine & Long Term Conditions	johanne.newens@walsallhealthcare.nhs.uk

Mr C Plant	Divisional Director – Estates & Facilities	colin.plant@walsallhealthcare.nhs.uk
Mr N Rashid	Associate Medical Director – Medicine & Long Term Conditions	najam.rashid@walsallhealthcare.nhs.uk
Mr W Willson	Director of Pharmacy	will.willson@walsallhealthcare.nhs.uk
Mr Q Zada	Divisional Director – Women’s, Children’s & Clinical Support Services	qadar.zada2@walsallhealthcare.nhs.uk
Dr V Balagopal	Clinical Director – Medicine & Long Term Conditions	viswanath.balagopal@walsallhealthcare.nhs.uk
Ms R Benson	Divisional Director - Surgery	rachael.benson@walsallhealthcare.nhs.uk
Dr A Hartland	Clinical Director – Clinical Support Services	hartlanda@walsallhealthcare.nhs.uk
Mr N Turner	Associate Medical Director - Surgery	turnern@walsallhealthcare.nhs.uk

166/15

### Laundry and Linen Services

1. Who is your current supplier of linen and laundry services  
**Answer: Berendsen**
2. Which supplier site is your linen delivered from  
**Answer: Wensbury**
3. Does your supplier and the site that processes your linen hold EN14065 Accreditation to demonstrate compliance with CFPP01-04  
**Answer: Yes**
4. When was the contract last tendered  
**Answer: 2007**
5. What was the OJEU reference number for the tender or framework reference.  
**Answer: Unfortunately a framework reference number is not available and use of the OJEU system did not commence until 2010.**
6. When is your contract up for retender.  
**Answer: 2017**
7. what is your annual spend on linen and laundry services with your supplier  
**Answer: £900,000**
8. what is the weekly volume of number of linen pieces required by your hospital/s (linen pieces includes all items on linen hire and trust owned) (excluding any reuseable theatre gowns)  
**Answer: 45,000 approximately**
9. who is the key contact name for the linen contract at your hospital (name, position and email address)  
**Answer: Staff details below Director are withheld under Section 40 (Personal Information). Colin Plant, Director of Estates and Facilities, is the Director responsible for this service. His email address is; [colin.plant@walsallhealthcare.nhs.uk](mailto:colin.plant@walsallhealthcare.nhs.uk) and his postal address is Walsall Healthcare NHS Trust, Manor Hospital, Walsall, WS2 9PS.**

167/15

### Christian Workers and Service Users

- A) what diversity questions you ask your workforce and service users to identify protected characteristics under the Equality Act 2010?

**Answer: The following questions are asked of applicants in terms of staff recruitment to the National Health Service;**

- Please state your date of birth
- Please indicate your gender
- Please indicate the option which best describes your marital status
- Please indicate your ethnic origin
- Please indicate the option which best describes your sexual orientation
- Please indicate your religion or belief
- Do you consider yourself to have a disability?

Service users upon attendance at our Emergency Department are asked;

- Please state your date of birth
- Please indicate your gender

Upon admission, service users are asked to confirm their;

- date of birth
- gender
- religion or belief

- B) what questions you ask about religion within this?

**Answer: In terms of staff recruitment to the National Health Service, applicants are asked to indicate their religion or belief. This year, employees have also been asked to update their equality data held on the Electronic Staff Record system.**

Upon attendance at our Emergency or Outpatients Departments, service users are not asked any questions in relation to this.

Upon admission within our hospital, service users are asked to indicate their religion or belief.

- B) what proportion of your workforce and service users respectively identify as Christian based on what sample?

**Answer: As at 4<sup>th</sup> August 2015, on a sample basis of 4360 employees, 25% have self-reported their religion as Christianity.**

Unfortunately, as this information is not recorded for all patient access routes (ie our Emergency and Outpatients Departments) we cannot accurately provide a figure.

168/15

### IT Equipment and Mobile Devices

#### IT equipment

1. What is the main Operating system and version number used on PC and Laptops within your facility e.g. Windows 7?

**Answer: Windows 7.**

2. If other operating systems are used please list these  
**Answer: This is not applicable.**

#### Internet browser

1. What is the main browser used in your facilities?  
**Answer: IE8.**
2. What version no. of this browser is used?  
**Answer: 8.**
3. If other browsers are used, please list browser names and version numbers.  
**Answer: Google Chrome.**

#### Access to equipment

1. How many PC & laptops in total do you have within Walsall Manor Hospital?  
**Answer: Desktops 3871, Laptops 681, VDI 100.**
2. Can staff access internet sites using Trust PC & laptops?  
**Answer: Yes.**
  - If yes, are there any restricts to the access?  
**Answer: Yes, some sites eg Facebook, gambling sites.**
  - If yes, what are the restrictions?  
**Answer: No access – sites blocked.**
3. Ward staff access to PC's & Laptops
  - Do any ward staff have a Trust PC or laptop provided for their specific use (i.e. not a shared computer). If so how many in Medway Maritime Hospital.  
**Answer: No, wards have a shared PC. We are not able to comment on Medway Maritime Hospital. We recommend you contact them directly for this information.**
4. How many wards are there in Walsall Manor Hospital?  
**Answer: There are 25 wards within the hospital.**
5. How many shared computers on wards in Walsall Manor Hospital?  
**Answer: 1-3 per ward**
6. How many staff deployed to wards in Walsall Manor Hospital during normal staffing level during the daytime (deployed within a single shift during the day - If more than one daytime shift could be chosen, please choose the shift with the maximum number of staff)?  
**Answer: Unfortunately, we are not able to answer this question as this is dependent upon the size of the ward and demand.**

#### **Mobile devices**

1. Are any staff in your trust provided with mobile devices by the trust (smart phone, tablet)  
**Answer: Yes, mobile phones, blackberrys and tablets.**
  - If so please name make and model  
**Answer: Please see the list below.**

- Number of each  
**Answer: Please see the list below.**

- Staff job titles that have this benefit  
**Answer: Unfortunately, the job titles of these staff members is not electronically recorded or updated in order to accurately provide this information. We can advise that many of the phones are issued to Community Nurses. Blackberry's and tablets tend to be issued only to senior management.**

**These devices are not regarded as a benefit as they are only issued when necessary for employees to carry out their role.**

<u>Make and Model</u>	<u>Number of Staff Using Device</u>
Nokia 106	1
Nokia 207	30
Nokia 2323	30
Nokia 3310e	2
Nokia 3330e	2
Nokia 3510	1
Nokia 63031	1
Nokia C1-01	1
Nokia C1-02	638
Nokia (no model)	127
Motorola M3788e	1
Motorola V2288e	1
Blackberry 7130g	9
Blackberry 7290	12
Blackberry 8100	1
Blackberry 8120	25
Blackberry 8320	4
Blackberry 8800	1
Blackberry 8820	2
Blackberry 9000	8
Blackberry 9300	92
Blackberry 9700	2
Blackberry 9720	43
Blackberry 9780	20
Blackberry Curve	4
Blackberry 9320	1

<u>Make and Model</u>	<u>Number of Staff Using Device</u>
Apple iPad (gen. 1)	154
Samsung 700T	16
Dell Latitude 10	7
Samsung Galaxy 10 Tab	1
Zoostorm Atom Tablet	1
Samsung Tab 7	1
Samsung Q1	1

2. Are there any shared mobile devices?  
**Answer: Unfortunately, this information is not centrally recorded so cannot be accurately provided.**

- If so how many are shared use?  
**Answer: Please see the answer above.**

4. Can staff on the wards use mobile phones?

**Answer: We can confirm that occasionally staff use their mobile phones as calculators. Staff are not supposed to use them to make phone calls on their personal phones in the clinical environment.**

5. Can patients in the wards use mobile phones?

**Answer: Yes**

6. Are there any areas in the hospital in which staff are not allowed to use mobile phones?

**Answer: Yes**

**169/15**

### **Organisation Charts**

Organisation charts including names of member of staff under the following Executive Members to at least Band 7 level.

**Answer: Staff details below Director level are withheld under Section 40 (Personal Information). An organisation chart and various department structures can be accessed via our publication scheme. This is exempt under Section 21 (Information Available by Other Means). Please use the link below to access our publication scheme via our Trust's website.**

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

- Chief Operating Officer

**Answer: Richard Cattell is our Chief Operating Officer.**

- Chief Finance Officer

**Answer: Russell Caldicott is our Director of Finance and Performance.**

- Director of Nursing

**Answer: Kathryn Halford is our Director of Nursing.**

- Medical Director

**Answer: Amir Khan is our Medical Director.**

- Director of Transformation

**Answer: Daren Fradgley is our Interim Director of Transformation and Strategy.**

- People/HR/Workforce Directors

**Answer: Ken Hutchinson is our Interim Director of OD and HR.**

Specifically these Organisational charts should include teams from the following functions if they exist:

- Operations Management

**Answer: An organisation chart is available for this department on our Trust's website. Please see the link detailed above.**

- IM&T

**Answer: An organisation chart is available for this department on our Trust's website. Please see the link detailed above.**

- PMO/Projects

**Answer: An organisation chart is available for this department on our Trust's website. Please see the link detailed above.**

- Procurement  
**Answer: An organisation chart is available for this department on our Trust's website. Please see the link detailed above.**
- Governance/Quality/Risk/PALS/Nursing  
**Answer: An organisation chart is available for this department on our Trust's website. Please see the link detailed above.**
- Procurement  
**Answer: An organisation chart is available for this department on our Trust's website. Please see the link detailed above.**
- Strategy/Commercial  
**Answer: The structure of these departments has recently changed. A chart will be finalised shortly and accessible to view on our Trust's website shortly using the link above shortly.**
- Finance  
**Answer: An organisation chart is available for this department on our Trust's website. Please see the link detailed above.**
- HR  
**Answer: An organisation chart is available for this department on our Trust's website. Please see the link detailed above.**

**170/15**

**Cataract Operations**

With regard to surgical waiting times targets, please can you disclose your current waiting time from the date of referral for a Cataract operation.

**Answer: The average waiting time at our hospital, from referral to cataract procedure, for the period July 2014 to June 2015 was 152 days.**

**171/15**

**Fleet Information**

1. Contract Type: Maintenance, Leased, Hire  
**Answer: Please see our letter to you dated 20<sup>th</sup> August to your recent request for this information under our FOI Reference number 151/15.**
2. Who is the supplier of this contract? If there is more than one supplier please can you split all the information out below including annual spend, contract description and contract dates.  
**Answer: Please see our letter to you dated 20<sup>th</sup> August to your recent request for this information under our FOI Reference number 151/15.**
3. A small description of the contract.  
**Answer: Please see our letter to you dated 20<sup>th</sup> August to your recent request for this information under our FOI Reference number 151/15.**
4. The expiry date of each individual contract.  
**Answer: Please see our letter to you dated 20<sup>th</sup> August to your recent request for this information under our FOI Reference number 151/15.**

5. The contract review date.  
**Answer: Please see our letter to you dated 20<sup>th</sup> August to your recent request for this information under our FOI Reference number 151/15.**
  
6. Can you please send me contact details of the individual within the organisation responsible for this contract? Can you please send me two contact one from the fleet management (or equivalent) and the other procurement or purchasing preferably the category manager.  
**Answer: Please see our letter to you dated 20<sup>th</sup> August to your recent request for this information under our FOI Reference number 151/15.**
  
7. If the contract above was awarded within the last six months could you please provide me with the suppliers that were shortlisted?  
**Answer: Please see our letter to you dated 20<sup>th</sup> August to your recent request for this information under our FOI Reference number 151/15.**
  
8. I understand that the FOI Act is for recorded information but if you could be so help please include notes into what the organisation tends to do for future procurements. Extending contract, going to tender etc.  
**Answer: Please see our letter to you dated 20<sup>th</sup> August to your recent request for this information under our FOI Reference number 151/15.**

172/15

## Corporate Software

I require the organisation to provide me with the following contract information relating to the following corporate software/applications:

1. Enterprise Resource Planning Software Solutions (ERP)  
**Answer: Our Trust does not have a contract for this software/application. We use Microsoft Excel/Project with an annual user license.**
2. Customer Relationship Management (CRM) Solutions  
**Answer: Our Trust does not have a contract for this software/application. We use Microsoft Excel/Project with an annual user license.**
3. Human Resources (HR) and Payroll Software Solutions  
**Answer: Please see the table below.**
4. Finance Software Solutions  
**Answer: Please see the table below.**

Along with the actual contract information for the above can you also provide me with the maintenance and support contract associated with each of the categories above if it not already within the existing contract.

For each of the categories above can you please provide me with the relevant contract information listed below:

1. Software Category: ERP, CRM, HR, Payroll, Finance  
**Answer: Please see the table below.**
2. Software Supplier: Can you please provide me with the software provider for each contract?  
**Answer: Please see the table below.**
3. Software Brand: Can you please provide me with the actual name of the software. Please do not provide me with the supplier name again please provide me with the actual software name.  
**Answer: Please see the table below.**
4. Contract Description: Please do not just state two to three words can you please provide me detail information about this contract and please state if upgrade, maintenance and support is included. Please also include the modules included within the contract.  
**Answer: Please see the table below.**

5. Number of Users/Licenses: What is the total number of user/licenses for this contract?  
**Answer: Please see the table below.**
6. Annual Spend: What is the annual average spend for each contract?  
**Answer: Please see the table below.**
7. Contract Duration: What is the duration of the contract please include any available extensions within the contract.  
**Answer: Please see the table below.**
8. Contract Start Date: What is the start date of this contract? Please include month and year of the contract. DD-MM-YY or MM-YY.  
**Answer: Please see the table below.**
9. Contract Expiry: What is the expiry date of this contract? Please include month and year of the contract. DD-MM-YY or MM-YY.  
**Answer: Please see the table below.**
10. Contract Review Date: What is the review date of this contract? Please include month and year of the contract. If this cannot be provide please provide me estimates of when the contract is likely to be reviewed. DD-MM-YY or MM-YY.  
**Answer: Please see the table below.**
11. Contact Details: I require the full contact details of the person within the organisation responsible for this particular software contract.  
**Answer: Please see the table below.**

Contract Category	Supplier	Software Brand	Brief Description	Number of Users/ Licenses	Annual Spend	Contract Duration	Contract Start Date	Contract Expiry Date	Contract Review Date	Person Responsible for Contract
Finance	Integra	Capita IB Solutions	Maintenance and support	900 users	£53,000 plus VAT	3 yrs	Sept 2006	Sept 2016 (plus 2 yr extension option)	Sept 2016	Staff details below Director level are withheld under Section 40 (Personal Information). Russell Caldicott, is the Director of Finance & Performance is responsible for this department, tel: 01922 721172, postal address: Walsall Healthcare NHS Trust, Manor Hospital, Walsall, WS2 9PS, <a href="mailto:russell.caldicott@walsallhealthcare.nhs.uk">russell.caldicott@walsallhealthcare.nhs.uk</a>
Finance	Harlequin (Sales Ledger)	Harlequin (Sales Ledger)	Maintenance and upgrades	6 users	£5,164	Annual	April 2015	April 2016	April 2016	Staff details below Director level are withheld under Section 40 (Personal Information). Russell Caldicott, is the Director of Finance & Performance is responsible for this department, tel: 01922

										721172, postal address: Walsall Healthcare NHS Trust, Manor Hospital, Walsall, WS2 9PS, <a href="mailto:russell.caldicott@walsallhealthcare.nhs.uk">russell.caldicott@walsallhealthcare.nhs.uk</a>
Finance	Timeware (Trust Funds)	Timeware	Maintenance and upgrades	1 user	£945	Annual	August 2015	August 2016	August 2016	Staff details below Director level are withheld under Section 40 (Personal Information). Russell Caldicott, is the Director of Finance & Performance is responsible for this department, tel: 01922 721172, postal address: Walsall Healthcare NHS Trust, Manor Hospital, Walsall, WS2 9PS, <a href="mailto:russell.caldicott@walsallhealthcare.nhs.uk">russell.caldicott@walsallhealthcare.nhs.uk</a>
HR	The NHS Central Team	Oracle	Electronic Staffing Record System, Payroll	All Staff Approx 3,500	£0	The NHS Central Team which is run by the Government holds the contract for this system. This is a national system that no Trust is charged for.				Staff details below Director level are withheld under Section 40 (Personal Information). Ken Hutchinson, is our Interim Director of Human Resources, tel: 01922 721172, postal address: Walsall Healthcare NHS Trust, Manor Hospital, Walsall, WS2 9PS, <a href="mailto:ken.hutchinson@walsallhealthcare.nhs.uk">ken.hutchinson@walsallhealthcare.nhs.uk</a>

**173/15**

**Hysterectomy Procedures**

Please provide the top three medical reasons for carrying out a hysterectomy procedure from 1<sup>st</sup> July 2014 to 1<sup>st</sup> July 2015, and the number of hysterectomies that were carried out for each reason from 1<sup>st</sup> July 2014 to 1<sup>st</sup> July 2015.

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

Primary Diagnosis Description	Count
Leiomyoma of uterus, unspecified	33
Excessive and frequent menstruation with regular cycle	20
Cystocele	19

In total, how many hysterectomy procedures were carried out by your Trust from 1<sup>st</sup> July 2014 to 1<sup>st</sup> July 2015?

**Answer: 195**

What proportion of women referred to the Trust for treatment for heavy periods underwent a hysterectomy between 1<sup>st</sup> July 2014 to 1<sup>st</sup> July 2015?

**Answer: From our Clinical Coding System, 159 patients were admitted with this primary diagnosis and 20 of these patients are recorded as having the procedural code. The proportion of admissions matching this criteria is 12.58%**

How many hysterectomies were carried out by your Trust as an abdominal hysterectomy from 1<sup>st</sup> July 2014, to 1<sup>st</sup> July 2015?

**Answer: 148**

**174/15**

**ICT Documents**

I would like to submit a freedom of information request for the following document relating to the following:

**Answer: We believe you have previously requested this information under our reference numbers 430/14 (back in January 2015) and 052/15 (back in May 2015). Please note that our answers have not changed from the original response we emailed to you on the 19<sup>th</sup> February 2015. Please find answers and attachments that were sent to you on the 19<sup>th</sup> February.**

ICT Documents

1. ICT Strategy- I require the document that hold future plan and strategy of the organisation's ICT department.

**Answer: Please find attached our ICT Strategy as requested.**

2. ICT Departmental Business Plan

**Answer: Our Trust does not have an ICT Departmental Business Plan so are not able to provide this document.**

3. ICT Technical Strategy

**Answer: Please find attached our ICT Strategy as requested. This is the only ICT strategy available.**

4. ICT Structure

**Answer: This is exempt under Section 21 (Information available by other means) as this can be accessed via our Publication scheme using the link below.**

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

5. ICT Capital budgets and programmes

**Answer: Please find attached the document as requested.**

If you feel that your organisation or the department hold other documents that relate to my request or the document above please send them accordingly.

Lead member: Cabinet Member for ICT and Telecommunications come under? Please can you provide me with their direct contact details including their Full Name, Actual Job Title, Contact Number and Direct Email Address?

**Answer: Steve Darkes is the Director responsible for ICT Services within the Trust. His email address is; [steve.darkes@walsallhealthcare.nhs.uk](mailto:steve.darkes@walsallhealthcare.nhs.uk) and his contact number is; 01922 721172. Colin Plant is the Director responsible for Telecommunications within the Trust. His email address is; [colin.plant@walsallhealthcare.nhs.uk](mailto:colin.plant@walsallhealthcare.nhs.uk) and his contact number is; 01922 721172.**

175/15

**Drug Treatments**

How many patients with metastatic castration resistant prostate cancer (mCRPC) have received enzalutamide in the last 6 weeks?

**Answer: Unfortunately, our Pharmacy Department do not record patient conditions on their system in order to identify these patients and subsequently the drug treatments they received.**

**We recommend you contact Walsall Clinical Commissioning Group directly for this information. Their Freedom of Information office can be contact via email address; [foi@walsall.nhs.uk](mailto:foi@walsall.nhs.uk) or postal address: Jubilee House, Bloxwich Lane, Walsall, WS2 7JL. We believe they will be able to conduct searches on their Blueteq system.**

- Of these patients, how many have received a prior course of docetaxel in the last 12 months?

**Answer: Please see the answer above.**

How many patients with metastatic castration resistant prostate cancer (mCRPC) have received abiraterone in the last 6 weeks?

**Answer: Unfortunately, our Pharmacy Department do not record patient conditions on their system in order to identify these patients and subsequently the drug treatments they received.**

**We recommend you contact Walsall Clinical Commissioning Group directly for this information. Their Freedom of Information office can be contact via email address; [foi@walsall.nhs.uk](mailto:foi@walsall.nhs.uk) or postal address: Jubilee House, Bloxwich Lane, Walsall, WS2 7JL. We believe they will be able to conduct searches on their Blueteq system.**

- Of these patients, how many have received a prior course of docetaxel in the last 12 months?

**Answer: Please see the answer above.**

How many patients with Breast Cancer have been treated with the following in the past 6 months ?

- Trastuzumab
- Lapatinib
- Pertuzumab
- Everolimus
- Denosumab

-Dasatinib  
-trastuzumab emtansine

**Answer: Unfortunately, our Pharmacy Department do not record patient conditions on their system in order to identify these patients and subsequently the drug treatments they received.**

**We recommend you contact Walsall Clinical Commissioning Group directly for this information. Their Freedom of Information office can be contact via email address; [foi@walsall.nhs.uk](mailto:foi@walsall.nhs.uk) or postal address: Jubilee House, Bloxwich Lane, Walsall, WS2 7JL. We believe they will be able to conduct searches on their Blueteq system.**

How many patients with Advanced [Stage 4] Melanoma have been treated with the following in the past 6 months ?

-Dabrafenib  
-Ipilimumab  
-Trametenib  
-Vemurafenib  
-Dacarbazine  
-Paclitaxel  
-Pembrolizumab  
-Nivolumab  
-Bevacizumab

**Answer: Unfortunately, our Pharmacy Department do not record patient conditions on their system in order to identify these patients and subsequently the drug treatments they received.**

**We recommend you contact Walsall Clinical Commissioning Group directly for this information. Their Freedom of Information office can be contact via email address; [foi@walsall.nhs.uk](mailto:foi@walsall.nhs.uk) or postal address: Jubilee House, Bloxwich Lane, Walsall, WS2 7JL. We believe they will be able to conduct searches on their Blueteq system.**

#### **Follow Up Questions Received;**

Please can you give me the information of the drugs regardless of disease and also if you do or do not treat patients with prostate cancer and breast cancer

**Answer: We can confirm that our Trust does treat patients with prostate and breast cancer.**

Q1-How many patients have received enzalutamide in the last 6 weeks?

**Answer: 4**

Q1a- Of these patients, how many have received a prior course of docetaxel in the last 12 months?

**Answer: Nil**

Q2-How many patients have received abiraterone in the last 6 weeks?

**Answer: 13**

Q2a- Of these patients, how many have received a prior course of docetaxel in the last 12 months?

**Answer: Nil**

Q3-How many patients have been treated with the following in the past 6 months ?

-Trastuzumab -	<b>Answer: 40</b>
-Lapatinib -	<b>Answer: Nil</b>
-Pertuzumab -	<b>Answer: 8</b>
-Everolimus -	<b>Answer: 7</b>
-Denosumab -	<b>Answer: 205</b>
-Dasatinib -	<b>Answer: Nil</b>
-trastuzumab emtansine -	<b>Answer: 3</b>

Q4-How many patients have been treated with the following in the past 6 months ?

-Dabrafenib -	<b>Answer: Nil</b>
-Ipilimumab -	<b>Answer: Nil</b>
-Trametenib -	<b>Answer: Nil</b>
-Vemurafenib -	<b>Answer: Nil</b>
-Dacarbazine -	<b>Answer: 2</b>
-Paclitaxel –	<b>Answer: 35 (incl. Paclitaxel Albumin - 4)</b>
-Pembrolizumab -	<b>Answer: Nil</b>
-Nivolumab –	<b>Answer: Nil</b>
-Bevacizumab -	<b>Answer: 8</b>

**176/15**

### **Senior Nurse Vacancies**

1) Has the post that includes the title chief nurse/director of nursing at your organisation been vacant at any point within the past three months?

**Answer: No**

2) If yes to 1), how long was the post vacant for?

**Answer: This is not applicable**

3) If yes to 1), how many candidates applied for the job?

**Answer: This is not applicable**

4) If yes to 1), has the vacancy been temporarily filled by a full-time interim or an interim who also has another role?

**Answer: This is not applicable**

5) If no to 1), how long has your current chief nurse/director of nursing been in post for?

**Answer: Since June 2014**

6) Does your chief nurse/director of nursing post have another part to its title/job role, for example director of nursing and quality assurance?

**Answer: No**

7) Have you had a vacancy within your organisation for the deputy chief nurse/deputy director of nursing within the past three months?

**Answer: No**

**177/15**

### **Clinical Excellence Awards / Employer Based Awards**

For the two groups, Medical/Dental Consultants and SAS doctors (Specialty and Associate Specialist doctors) please state separately for each group if you employed any that would have been eligible to apply at the time for a local Clinical Excellence Award/Employer Based Award for each of the financial years 2010-11, 2011-12, 2012-13, 2013-14 and 2014-15. Also for each group and year state if the Clinical Excellence Awards Scheme was run or not and if it was run when it was run.

**Answer: We can confirm the CEA (Employer Based Award) scheme and SAS scheme was run in all years you list except for 2014/15. Unfortunately, the dates of the when the scheme were run is not electronically recorded. Unfortunately, we do not keep separate electronic records on employees who would have been eligible to apply during these years.**

Also if you currently employ staff in these groups that would be eligible please state if you have or are to run the Scheme for 2015-16.

**Answer: We can confirm that the scheme will be run for 2015-16.**

**178/15**

**Non-NICE Funding**

1. How many applications have you had for funding for high cost drugs for non-NICE indications in the last year?

**Answer: 0**

2. How many of these applications were successful?

**Answer: This is not applicable.**

3. How much funding has been allocated to high costs drugs for non- NICE indications in the last year?

**Answer: This is not applicable.**

4. Please indicate the number of applications and funding in the last year for the specified indications below:

Indications	Total Applications	Successful Applications	Total Funding
Hidradenitis Suppurativa	<b>0</b>	<b>This is not applicable</b>	<b>This is not applicable</b>
Juvenile Idiopathic Arthritis	<b>0</b>	<b>This is not applicable</b>	<b>This is not applicable</b>
Non-Radiographic Axial Spondyloarthritis	<b>0</b>	<b>This is not applicable</b>	<b>This is not applicable</b>
Ulcerative Colitis	<b>0</b>	<b>This is not applicable</b>	<b>This is not applicable</b>

**179/15**

**MRI / CT and X-ray Scans**

1. How many referrals for MRI / CT Scans / x-rays have been received from a GP surgery or other external medical clinic in the past 3 yrs? Please provide a breakdown of the BME group, age, disability and gender of the patient.

**Answer: Please see the enclosed spreadsheet which details this information.**

**Unfortunately, data with regards to disability status is not recorded by our Radiology Information System.**

2. How many referrals for MRI / CT Scans / x-rays have been received from a GP surgery or other external medical clinic have been rejected by the hospital in the past 3 yrs? Please provide a breakdown of the BME group, age, disability and gender of the patient whose referral was rejected.

**Answer: Please see the enclosed spreadsheet which details this information.**

**Unfortunately, data with regards to disability status is not recorded by our Radiology Information System.**

3. On how many occasions in the past 3 yrs, has a consultant from the manor hospital rejected a referral for an MRI scan? Please provide a breakdown of the BME group, age, disability and gender of the patient whose referral was rejected.  
**Answer: Please see the enclosed spreadsheet which details this information. Unfortunately, data with regards to disability status is not recorded by our Radiology Information System.**
  
4. On how many occasions in the past 3 yrs, has a consultant from the manor hospital rejected a referral for an CT scan? Please provide a breakdown of the BME group, age, disability and gender of the patient whose referral was rejected.  
**Answer: Please see the enclosed spreadsheet which details this information. Unfortunately, data with regards to disability status is not recorded by our Radiology Information System.**
  
5. On how many occasions in the past 3 yrs, has a consultant from the manor hospital rejected a referral for an x-ray? Please provide a breakdown of the BME group, age, disability and gender of the patient whose referral was rejected.  
**Answer: Please see the enclosed spreadsheet which details this information. Unfortunately, data with regards to disability status is not recorded by our Radiology Information System.**

**180/15**

**Renal Cell Carcinoma**

**Question 1:** Please supply to following information in relation to the period lasting from 01 January 2014 – 31 December 2014:

- a) The total number of patients diagnosed with renal cell carcinoma.
1. **Answer: We can confirm that 45 individual patients were diagnosed with this condition during their initial admission during the period 1<sup>st</sup> January 2014 to 31<sup>st</sup> December 2014.**

**Please note that this figure has been obtained from our Clinical Coding System. With using this system, an admission with a coded diagnosis of renal cell carcinoma does not necessarily mean that the diagnosis was made during that admission. The actual diagnosis could have been identified following a pathology, or other form of diagnostic test. The diagnosis could even have been arrived at by another health care provider.**

- b) The stage of renal cell carcinoma recorded at the time of diagnosis.  
**Answer: Unfortunately, different types/stages of conditions is not separately coded on our electronic system in order to provide this information.**
  
- c) The number of renal cell carcinoma patients diagnosed in an emergency setting.  
**Answer: Of the 45 individual patients identified for question 1a, 20 of these patients were emergency admissions.**
  
- d) Following the agreement of a treatment plan, the time to treatment for patients diagnosed with renal cell carcinoma.  
**Answer: Please see pages 13-24 of the enclosed Operational Policy for this information.**

e) The number of patients who received sunitinib or pazopanib for the treatment of their renal cell carcinoma.

**Answer: We can confirm that the results from our Somerset System show that six patients received these drug treatments for their renal cell carcinoma.**

f) The number of patients who received axitinib for the treatment of their renal cell carcinoma.

**Answer: We can confirm that the results from our Somerset System show that one patient received these drug treatments for their renal cell carcinoma**

g) The number of patients with renal cell carcinoma who took part in a clinical trial.

**Answer: Zero. Our Trust does not organise clinical trials for these patients. Any clinical trials would be organised by the Queen Elizabeth Hospital. We would recommend you contact their FOI office directly for this information via email address; [foi@uhb.nhs.uk](mailto:foi@uhb.nhs.uk) or postal address; Freedom of Information Officer, Room 22c, First Floor, Nuffield House, Queen Elizabeth Hospital Birmingham, Mindelsohn Way, Edgbaston, Birmingham, B15 2PR**

Question 2: Does your trust produce local guidance for the management of treatment of renal cell carcinoma? If so, please can you provide a copy?

**Answer: Yes, please see the Operational Policy for Urology MDT enclosed as requested.**

Question 3: Are patients with renal cell carcinoma managed by a Multi-Disciplinary Team? If so, please provide the standard operating procedure, terms of reference, or similar, outlining the characteristics (including how often they meet) of the MDT.

**Answer: Yes, please see the Operational Policy for Urology MDT enclosed as requested.**

Question 4: Do you routinely record patient experience or satisfaction with your oncology services? If so, please provide the results.

**Answer: Our Trust participates in the National Cancer Patient Surveys. An action plan was prepared for our hospital from the 2013/14 report. It highlighted that on a whole the Urology feedback was on par with regional results. Some areas for improvement and achievement highlighted were;**

- **Patients not sure what the investigations and imaging are for and they don't feel informed.**
- **Weren't aware they could bring family or friend to cancer diagnosis.**
- **Discussion regarding taking part in cancer research.**
- **Hospital staff gave information about support groups.**
- **Hospital staff gave information on getting financial help.**

**181/15  
ICT**

The name and maker/supplier of the electronic IT PAS (Patient Administration System) / EPR (Electronic Patient Record) System?

**Answer: CSC - Lorenzo**

Could you also confirm the individuals, their name, email address and direct telephone line, who hold the following positions in the organisation?

- Director of ICT

**Answer: Steve Darkes, [steve.darkes@walsallhealthcare.nhs.uk](mailto:steve.darkes@walsallhealthcare.nhs.uk), Tel: 01922 721172.**

- Head of ICT  
**Answer: Staff details below Director level are withheld under Section 40 (Personal Information). The Director responsible for this role is Steve Darkes [steve.darkes@walsallhealthcare.nhs.uk](mailto:steve.darkes@walsallhealthcare.nhs.uk), Tel: 01922 721172.**
- System Manager of the PAS (Patient Administration System) and/or EPR (Electronic Patient Record) System?  
**Answer: Staff details below Director level are withheld under Section 40 (Personal Information). The Director responsible for this role is Steve Darkes [steve.darkes@walsallhealthcare.nhs.uk](mailto:steve.darkes@walsallhealthcare.nhs.uk), Tel: 01922 721172.**

Also could you please confirm if there is any timeline for the replacement of the above system or if it is scheduled to go back out to tender in the near future?

**Answer: 2020. We plan to review this in 2017 to decide future plans.**

**182/15**

### **Continence Services**

1. What is the population size covered by your community continence service provider?

**Answer: Our Trust cover all Walsall registered GP patients. We recommend you redirect your request to Walsall Clinical Commissioning Group. They will be able to answer this question for you. Their Freedom of Information office can be contact via email address; [foi@walsall.nhs.uk](mailto:foi@walsall.nhs.uk) or postal address: Jubilee House, Bloxwich Lane, Walsall, WS2 7JL.**

2. Please provide a copy of your community provider continence service specification.

**Answer: Our last SLA was in 2009, if this would be useful to you, please let us know.**

3. Does your provide incontinence pads to patients, or do they assess patients and advise which products the patient needs to purchase?

**Answer: Our Trust supplies patients following an assessment if clinically appropriate.**

4. If your provider does provide incontinence pads, is there a limit to how many they are prescribed? If so how many are they allocated?

**Answer: Our Trust supplies patients with their identified clinical need but we do work on an average of 3 per day but patients who are assessed as clinically requiring more will be prescribed what they need.**

5. How many weeks supply of pads do patients get at a time?

**Answer: 8 weeks at one time in Residential care and own homes and 4 weekly into Nursing Homes**

6. What is the average number of pads prescribed to each patient per day?

**Answer: 3**

7. How often are patient's continence requirements reviewed?

**Answer: At least annually if they are receiving continence pads.**

8. How many pads does your provider prescribe a year, for the last full year of data that is available.

**Answer: During April 2014 – March 2015 3,450,622 pieces were issued.**

9. What is the average daily cost of a patient within the continence service?

**Answer: The average cost per day during the period April 2014 – March 2015 was;**

<b>Under 19 years of age</b>	<b>=£1.01</b>
<b>People in their Own Homes</b>	<b>=£0.52</b>
<b>People in Residential Care</b>	<b>=£0.62</b>

10. Please confirm the percentage of the continence patient case load that are prescribed pads due to mobility issues rather than incontinence?

**Answer: All patients who receive products have them because of incontinence. Mobility issues may be a factor in which case the patient would be assessed as having functional incontinence. Unfortunately, data on reasons why patients require continence pads is not electronically recorded in order to provide a percentage.**

11. Do you provide products for CHC patients in nursing homes, or would this be included in their CHC package of care?

**Answer: This would be included in their CHC package of care.**

12. Could you please share any prices of products that you may have available?

**Answer: Prices of products is withheld under Section 43 (Commercial Interests).**

13. What is the overall cost of your community continence service for the last year available? Please then split this into the amount spent on products, and the amount spent on service delivery.

**Answer: During April 2014 - March 2015 the overall spend for our Continence Service was £784,647.15. Broken down by;**

<b>Products</b>	<b>£664,295.83</b>
<b>Delivery</b>	<b>£94,849.90</b>
<b>Management</b>	<b>£25,501.42</b>

**These figures are for people in their own homes and residential care only not nursing homes.**

**183/15**

**Employee Payments in Excess of £1000 a day or above**

I would like to know how many employees, including temporary, casual and contract staff, earn £1,000 a day or above.

Please disclose this information for the last three financial years, Apr 2012 – March 2013, Apr 2013 – March 2014 & Apr 2014 – March 2015.

Please disclose:

1. Each case of the NHS Trust paying out a daily rate in excess of £1000 to an employee.
  - Whether they are a permanent or temporary member of staff
2. The employee's role
3. In the case of a temporary employee – how many days of service they have been employed for in that year.

In accordance with the law I am entitled to express a preference for how the information is to be communicated to me. I would like the information to be emailed to me in an Excel Format described below.

**Answer: We can confirm that no payments of or above this value were paid to an employee during 2012/13. Payments made during 2013/14 and 2014/15 is detailed within the table below.**

**This information is also provided within the enclosed excel spreadsheet as requested.**

The amount paid employee per day if in excess of £1000?	Permanent, Temporary, Contract or Casual?	If Temporary – how many days used that financial year?	Employees' Department/Band	Employees' Job Title*  In the case of fewer than 3 people with the same Job Title in that department...a * will suffice.
£1135	Temporary	84 days	Corporate Services, Trust Headquarters	*
£1300	Temporary	214 days	Corporate Services, Trust Headquarters	*

**184/15  
ICT Assets**

Approximately how many IT users do you have in your organisation?

<u>Total no IT users</u>
<b>5000</b>

Please tell us where these users work:

<u>Typical place of work</u>	<u>% of users</u>
Permanent desk	<b>75</b>
Hot-desk	<b>10</b>
Not desk-bound (community or field-based)	<b>10</b>
Working from home (for all or part of the week)	<b>5</b>

1. End-user and office equipment

How many of the following devices are in use within your organisation, and how often are these devices replaced?

<u>Device/equipment type</u>	<u>Number of devices in use</u>	<u>Approx. date of purchase of your oldest assets</u>	<u>Approx. date of purchase of your most recent assets</u>	<u>Average refresh rate (e.g. every 3 years)</u>	<u>Most dominant brand in use</u>
Desktop PC	<b>4544</b>	<b>Mar 2004</b>	<b>Aug 2015</b>	<b>Every 7 yrs</b>	<b>Dell</b>

Thin client PC	0	N/A	N/A	N/A	N/A
Laptop PC	827	Jul 2006	Aug 2015	Laptops are not on a refresh cycle	Dell
Tablet PC	181	Oct 2010	May 2015	Tablets are not on a refresh cycle	Apple
Mobile phone owned by your organisation	1059	Feb 2011	Aug 2015	Mobile phones are not on a refresh Cycle	Blackberry
Mobile phone used within a BYOD context	Our Trust does not have a BYOD strategy				
Printers, photocopiers, scanners	2951	May 2004	Aug 2015	Break fix replacements only	HP

Multi-function devices (MDFs)	26	Unknown	Nov 2014	MFD's are called off against a Framework and have individual lease periods, normally 5 years. There is no single term contract with an end date.	Xerox
-------------------------------	----	---------	----------	--	-------

## 2. Servers

Who is responsible for managing your server assets? Please tick the option(s) which best describes your organisation:

<u>Management responsibility for servers</u>	
We manage all our own servers	<b>Yes</b>
We manage some of our own servers (please give approx %), with the remainder managed by a third party	<b>N/A</b>
We lease our servers, but a third party manages them all on our behalf	<b>No</b>
We do not own any servers – all of our systems are hosted	<b>N/A</b>

Of the servers that you manage, please provide approximations for the following:

<u>Server installed base</u>	
How many server units do you have?	<b>287</b>
Most dominant brand of server in use?	<b>Dell</b>
Average utilisation rate of your servers (%)? Alternatively, what % do you consider to be under-utilised?	<b>N/A use Wware DRS</b>

% of server units that are virtualised?	<b>85%</b>
Do these virtualised servers reside within a server room or a data centre belonging to your organisation? If YES, please also respond to Q5	<b>Yes</b>

### 3. Storage hardware/devices

Who is responsible for managing your storage hardware/devices? Please tick the option(s) which best describes your organisation:

<u>Management responsibility for storage hardware/devices</u>	
We manage our own storage hardware/devices	<b>Yes</b>
We manage some of our own storage hardware/devices (please give approx %), with the remainder managed by a third party	<b>N/A</b>
We lease our storage hardware/devices, but a third party manages them all on our behalf	<b>N/A</b>
We do not own any storage hardware/devices – all of our systems are hosted	<b>N/A</b>

Of the storage hardware/devices that you manage, please provide approximations for the following:

<u>Storage hardware/devices installed based</u>	
How many storage units do you have?	<b>3</b>
Most dominant brand of storage hardware/device in use?	<b>Netapp</b>
Average utilisation rate of your storage devices (%)? Alternatively, what % do you consider to be under-utilised?	<b>50%</b>
What is your average storage capacity (%)?	<b>100TB</b>
Do these storage devices reside within a server room or data centre belonging to your organisation?	<b>Yes</b>
% of storage devices that are virtualised?	<b>85%</b>
Do these virtualised storage devices reside within a server room or a data centre belonging to your organisation? If YES, please also respond to Q5	<b>Yes</b>

### 4. Server room or data centre facility

We would like to get an approximation of how your in-house server room or data centre is configured:

<u>Server room or data centre location</u>	
If an in-house server room or data centre, please give approx. size and/or capacity of the facility (m <sub>2</sub> or ft <sub>2</sub> )	<b>200m<sup>2</sup></b>
Total no racks in your in-house server room or data centre (units)	<b>26</b>
Alternatively, is your server room or data centre co-located in another public sector organisation's facility	<b>N/A</b>

Alternatively, is your server room or data centre co-located in a specialist private sector data centre facility	N/A
Alternatively, do you manage a co-located facility on behalf of another public sector organisation?	N/A

## 5. Telecoms and Unified Comms

We would like to get an approximation of your telecoms and unified communications infrastructure (to include messaging, conferencing and video, as well as voice):

Telecoms and Unified Comms Infrastructure	No end users/seats
On-premise IP PBX (Internet Protocol Private Box Exchange)	2800
Hosted IP PBX/Unified Comms service	N/A
Other (please define)	N/A

185/15

### Consultant Weekend Working

- How many consultants working across your Trust currently opt out of working weekend shifts?  
**Answer: One Consultant has opted out of weekend on call working.**
- How much money has the Trust paid in overtime to Consultants working a weekend shift over the following financial years?
  - 2013
  - 2014
  - 2015**Answer: Our Consultants are not paid for week-end working as it is part of their job plan. Therefore weekend work is part of their normal working routine.**
- What is the highest amount the Trust has paid in overtime to one Consultant for weekend work on one shift in the last financial year  
**Answer: This is not applicable to our Trust.**

186/15

### Heaviest Babies

- The weights of the five heaviest babies that have been born in the Trust over the past five years (i.e. 2010 to 2014).  
**Answer: Please see the table below. Our system does not record weight in terms of lbs, so the tables below detail liveborns in grams between 1<sup>st</sup> April 2010 – 31<sup>st</sup> March 2015.**

Financial Year	Birth 1	Birth 2	Birth 3	Birth 4	Birth 5
Year 2010/11	5420	5105	5070	5060	4965
Year 2011/12	5400	5230	4980	4970	4955
Year 2012/13	5180	5100	5050	5046	4985

<b>Year 2013/14</b>	<b>5530</b>	<b>5280</b>	<b>5155</b>	<b>5040</b>	<b>4980</b>
<b>Year 2014/15</b>	<b>5680</b>	<b>5185</b>	<b>5080</b>	<b>5070</b>	<b>5035</b>
<b>Year 2015/16</b>	<b>5080</b>	<b>4980</b>	<b>4950</b>	<b>4920</b>	<b>4850</b>

2. The average birthweight for all babies born in each of these years.

**Answer: Please see the table below. Our system does not record weight in terms of lbs, so the tables below detail liveborns in grams.**

<b>Financial Year</b>	<b>Average Birth Weight</b>
<b>Year 2010/11</b>	<b>3244.9</b>
<b>Year 2011/12</b>	<b>3262.7</b>
<b>Year 2012/13</b>	<b>3237.6</b>
<b>Year 2013/14</b>	<b>3236.2</b>
<b>Year 2014/15</b>	<b>3208.7</b>

**187/15**

### **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 2009-2015 set out by calendar or financial year

Regarding the regional subsidiaries, the full list is here for your reference:

CBI Scotland

CBI Wales

CBI Northern Ireland

CBI East of England

CBI East Midlands

CBI London

CBI North East

CBI North West

CBI South East

CBI South West

CBI Thames Valley

CBI West Midlands

CBI Yorkshire and Humber

CBI International

**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.**

**188/15**

**Structures**

In line with Freedom of Information Act please can you provide structures of the following departments:

Finance

Information

ICT

Performance

**Answer: Exemption under Section 21 (Information Available by Other Means) has been applied to your request. These structures are available to view on our publication scheme via our Trust website. Please use the link below to access this webpage;**

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

**189/15**

**The Care of People Affected by Dementia**

1. What development of a Trust wide dementia strategy has taken place (please submit any strategy or guidance documents)?

**Answer: The trust has a dementia strategy (enclosed). It is a 3 year strategy which is due for a review. The trust has a dementia steering group which meets regularly to monitor the work plan.**

2. If there is a member of the board within the hospital with responsibility for implementing the dementia strategy?

**Answer: Yes, Kathryn Halford our Director of Nursing.**

3. If not, is the development of a Trust wide strategy being planned?

**Answer: This is not applicable.**

4. How many people with coding of dementia experienced falls while in your hospital for the last year that figures are available?

**Answer: Unfortunately, we cannot provide accurate figures from our Clinical Coding System.**

5. Do you have a dementia specific falls prevention plan in place?

**Answer: We deliver falls awareness sessions to staff across the organisation. The training isn't specific towards patients with dementia but we do recognise this cohort of patients as a high risk group and discuss strategies to maintain safety.**

6. What was the average length of stay for people with dementia for the last 3 years that figures are available?

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

Financial Year	Average Length of Stay for Patients with Dementia (Nights)
2012-13	13.73
2013-14	13.09
2014-15	14.97

7. What was the average length of stay for a) all adult and b) 65 years and over inpatients for the last 3 years that figures are available?

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

Financial Year	Average Length of Stay for Patients Aged 18 and Over (Nights)
2012-13	2.90
2013-14	3.01
2014-15	3.19
Financial Year	Average Length of Stay for Patients Aged 65 and Over (Nights)
2012-13	5.28
2013-14	5.38
2014-15	5.67

8. What was the number of hospital readmissions within 30 days for a) all adult inpatients b) inpatients over the age of 65 and c) inpatients with dementia, for the last year that is available?

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

Financial Year	Emergency Re-Admissions within 30 days of Initial Discharge (Patients Aged 18 and Over)
----------------	---

2012-13	4237
2013-14	4833
2014-15	5099

Financial Year	Emergency Re-Admissions within 30 days of Initial Discharge (Patients Aged 65 and Over)
2012-13	2428
2013-14	2657
2014-15	2946

Financial Year	Emergency Re-Admissions within 30 days of Initial Discharge (Dementia Patients)
2012-13	253
2013-14	333
2014-15	379

9. How many staff have received dedicated dementia training at a) board level b) of clinical staff c) of non-clinical staff?

**Answer: Please see the table below. Unfortunately, attendance can only be reported by division and not job role.**

Dementia Awareness Training Attendance	
Division	No. of Staff Fully Compliant
Corporate	52
Estates and Facilities	149
Medicine & Long-Term Conditions	949
Surgery	529
Womens, Childrens & Clinical Support Services	810
*Trust Overall	2489

These figures represent an:

- Awareness at Trust induction with a pre-commencement DVD in relation to dementia
- Awareness at staff clinical update
- Monthly dementia awareness sessions accessible by all staff
- Bespoke dementia awareness sessions for support services staff

We offer bespoke dementia awareness training to staff groups on request. Since April 2015, we have monthly sessions scheduled for support services staff ie housekeepers, porters, security staff. Attendance at this specific training is detailed below.

Month	Support services	Security	Porters	Total
April	11	2	0	13
May	6	0	2	8
June (no sessions scheduled)	0	0	0	0
<b>Total</b>	<b>17</b>	<b>2</b>	<b>2</b>	<b>21</b>

10. How many staff have undergone Dementia Friends training?

**Answer: We do not currently offer Dementia Friends training to staff. Staff are encouraged to sign up to become Dementia Friends via the Alzheimer's society. We have a group of students who have attended the formal Dementia Champions training and our Trust would like to deliver Dementia Friends training to staff groups across the organisation.**

**190/15**

### **Growth Hormone Prescribing**

We would like to request the following information regarding the prescribing of growth hormones within Walsall Healthcare NHS Trust

1. We have the following formularies listed as used by your organisation. Please confirm if they are correct and if not, please provide a link/copy of relevant formularies.

Joint Walsall Formulary

**Answer: Yes, this is correct. A link can be accessed via;**

<http://walsallccg.nhs.uk/publications/formulary>

2. Please provide a copy or link to any supporting guidelines containing growth hormone product prescribing recommendations that are in addition to the published formulary. If none are available, please confirm if they are currently being developed/drafted.

**Answer: Walsall Healthcare NHS Trust is not commissioned by NHS England as a provider for treatment with Growth Hormone products. No guidelines are available or under development.**

3. Where guidelines are held in addition to the published formulary, please confirm which has dominance when prescribing growth hormones.

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

**191/15**

### **Legal Services Team**

This is a freedom of information (Fol) request, in reference to your NHS Trust; as such, can you please provide the following pieces of information:

Can you please provide details of any department, and personnel, which deal with clinical negligence claims within the trust:

- How many people work in the Trust's legal services department?  
**Answer: Our Trust does not have a Legal Services Department. Our Patient Safety Team lead on handling clinical negligence claims. There are x9.5 staff and x1 Apprentice working within the Team.**
- How many people working in the Trust's legal services department work on clinical negligence cases?  
**Answer: All members of the Patient Safety Team are involved in learning from clinical negligence claims as they disseminate outcomes to the areas they support with patient safety and clinical governance. The Team do not handle any non-clinical claims.**

**For clinical negligence claims handling exclusively:**

- **0.9 wte Band 4 Claims Co-ordinator**
  - **0.4 wte Band 3 Claims Support Officer**
- What is the overall salaries and wages for the employees working in the Trust's legal services department?  
**Answer: For clinical negligence claims handling exclusively:**
    - **0.9 wte Band 4 (Salary Range: £19,027-£22,236) Claims Co-ordinator**
    - **0.4 wte Band 3 (Salary Range: £16,633-£19,461) Claims Support Officer**

**192/15**

### **Non EU Patients**

Under the Freedom of Information Act can you tell me:

How much money is owed to the trust in total as a result of unpaid operations on non-EU patients?

**Answer: As of the 8<sup>th</sup> September 2015 £9,048 was outstanding as a result of unpaid operations for non-EU patients.**

How much of this sum has been written off?

**Answer: £6,729**

How many operations have there been on non EU patients in each of the past 5 financial years please?

(2014-15, 2013-14, 2012-13, 2011-12, 2010-11)

**Answer: There have been x4 operations invoiced in total over these years. A breakdown for each year is provided below.**

<b>2014-15</b>	<b>x1 operation</b>
<b>2013-14</b>	<b>x1 operation</b>
<b>2012-13</b>	<b>x2 operations</b>
<b>2011-12</b>	<b>0 operations</b>
<b>2010-11</b>	<b>0 operations</b>

What was the total bill of these operations?

**Answer: £10,612**

How much has actually been paid so far?

**Answer: £1,564**

**193/15**

### **Chargeable Patients**

1 - What is the total amount owed to the trust by overseas, (ie non-UK resident) chargeable patients between 2010 and 2015? (This should be a single figure referring to all costs between 2010 and 2015).

**Answer: As of the 8<sup>th</sup> September, we can confirm that the outstanding amount owed to the Trust for treating overseas visitors is £17,611.50.**

2 - Please provide a figure for the highest cost incurred by one patient (that is still owed to the trust) during that time and please also state the treatment.

**Answer: The highest cost incurred by one patient for treatment during the five year period was £9,918 for the provision of Elderly Care including the usual diagnostics.**

3 - Please state how many Overseas Visitor Managers or Overseas Visitor Officers are employed by the trust.

**Answer: Our Trust does not employ individuals with these specific job titles. However, a Care Group Manager, an Administration Team Leader for our Health Records Department and an Administration Team Leader for General Office all undertake this role as part of their normal duties.**

4 - Please also state what policies the trust has in place for checking whether patients undergoing treatment are overseas, and potentially chargeable.

**Answer: Our Trust currently has an Overseas Visitors Policy which is currently being reviewed and updated.**

5 - Please provide a separate breakdown for the unpaid costs accrued by overseas chargeable patients specifically for maternity care between 2010 and 2015.

**Answer: We can confirm that no invoices were raised for the provision of maternity care to these patients during the five year period.**

6 - Please also provide a figure for the highest amount accrued by a single patient specifically for maternity care (again that is still owed to the trust), and provide as many details as possible without breaching confidentiality such as the year and care required.

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

**194/15**

### **Reporting of Plain Film X-rays**

Please advise what is the current number of outstanding plain film reports that require completion and for how long have they been outstanding for broken down by each hospital in your trust.

**Answer: As of the 3<sup>rd</sup> August 2015, there are 480 plain film examinations awaiting reports. The oldest of these by patient pathway is detailed below.**

**Outpatient – oldest examination performed on 10<sup>th</sup> July 2015**

**GP – oldest examination performed on 25<sup>th</sup> August 2015**

**AE – oldest examination performed on 19<sup>th</sup> August 2015**

**In patients – oldest examination performed on 30<sup>th</sup> August 2015**

**195/15**

**Locum Agencies**

I'm working on a project that requires the information namely for what framework and non framework locum agencies you use for :

Doctors

Nursing staff

Doctors and nursing staff

**Answer: For Doctors we use agencies on the HTE Framework. We have a master vend arrangement with Medacs Healthcare who act as a Tier 1 option for us. We then have 5-6 other agencies on a tier 2 basis if Tier 1 agencies cannot fill the position. We then have a tier 3 for all other remaining agencies on the HTE framework.**

**With regards to Nursing, we have no particular agencies that are used or that are favoured. We have agencies split into 3 tiers which are determined by cost of hourly rate and if the appropriate approval is obtained the team will contact all agencies grouped by tier in ascending order.**

**The agencies we currently have active on our booking system as of 09.09.2015 for Nursing are:**

**Acton Banks**

**Arcadia**

**Falcon Recruitment**

**HCL Healthcare**

**ID Medical**

**Kare Plus**

**Mayday Healthcare**

**Medacs**

**Medbank Healthcare**

**Medics Pro**

**Meridian Health**

**MSI Recruitment**

**Nursing Personnel**

**Plan B Healthcare (Off-Framework)**

**Precedo Healthcare**

**Primera Healthcare**

**Pulse Nursing**

**Last Minute Healthcare (Off-Framework)**

**Servoca Nursing**

**Swiis Healthcare**

**Team 24**

**Team Support (Off-Framework)**

**Thornbury Nursing (Off-Framework)**

**VIP Nursing (Off-Framework)**

Please note not all of these agencies are used. This list contains agencies that are active on our system that we are able to contact if required and if the appropriate approval is obtained.

I also want to know do you have a staff bank ?

**Answer: We have an internal staff bank of our own Doctors and those who have expressed an interest to undertake locums with us.**

**Our Temporary Staffing Department also have an internal bank for Nursing shifts which is always exhausted before looking to obtain approval to contact external agencies.**

Do you with any particular agencies as a rule and others when simply in need ?

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

196/15

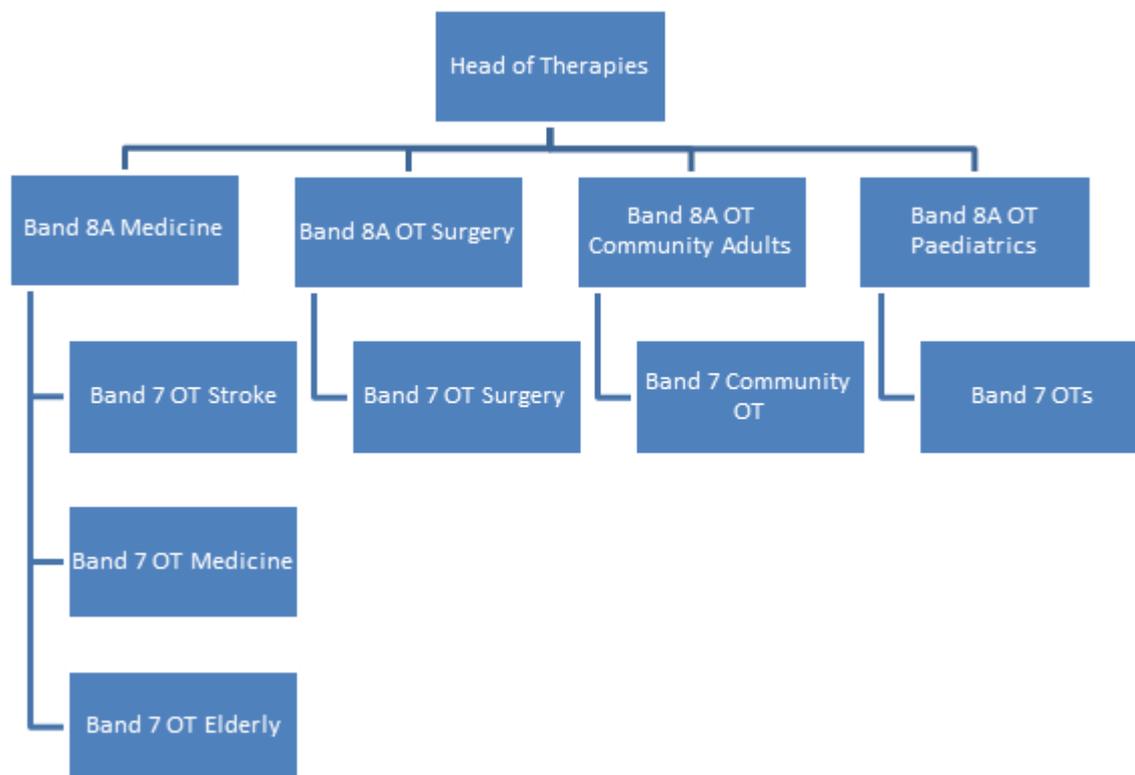
### Occupational Therapy Services

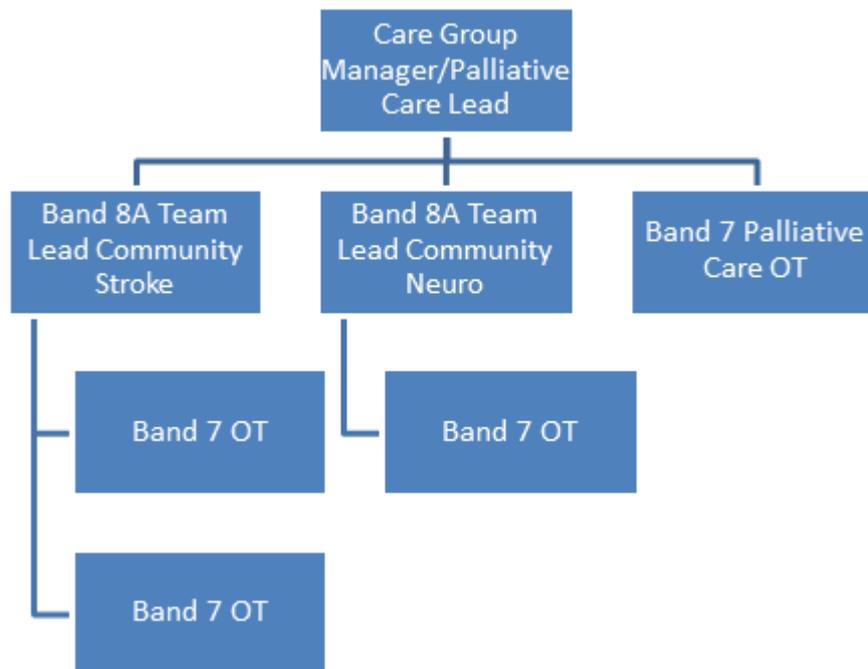
- 1) What departments and specialties across the trust run an Occupational Therapy (OT) service?

**Answer: Stroke, Community Neurology, Medicine, Elderly Care, Surgery, Orthopaedics, Paediatrics, Palliative Care, Community Adults (Bed based and Domiciliary)**

- 2) The structure of any Occupational Therapy management teams along with names of OT leads/ OT managers/ Head of OT/ Hiring managers (OT)

**Answer: Please see the structures below. Staff names below Director level are withheld under Section 40 (Personal Information).**





- 3) Does the trust currently (or plan to) employ Locum Occupational Therapy staff, if so, how many Locum Occupational Therapy staff currently work within the trust? With a breakdown of the teams and specialties the Locums work within

**Answer: From checking our Temporary Staffing Department booking system, we can confirm that no locum Occupational Therapy Staff are currently working within the Trust. We are not aware of any plans to employ these staff in the near future.**

- 4) A figure for expenditure on Locum Occupational Therapy staff for the previous financial year  
**Answer: We can confirm our total spend on Agency Occupational Therapists for the April 2014 – March 2015 Financial Year for these agency workers was £77,216.**

- 5) The names of any employee responsible for the recruitment of Locum Occupational Therapy staff at the trust

**Any locum requirements are approved by Mr Richard Cattell (our Chief Operating Officer) and Mr Russell Caldicott (our Director of Finance).**

**197/15**

**VTE in Cancer**

#### Part 1: Incidence

Question 1: How many patients has your Trust treated for cancer (of all types) in each of the past three years?

**Answer: Please note that these figures relate to the number of individual patients who have cancer as their primary diagnosis when admitted to our hospital.**

- a) 2014 **Answer: 1520**
- b) 2013 **Answer: 1515**
- c) 2012 **Answer: 1370**

Question 2: Of the patients treated for cancer, how many also had a diagnosis of venous thromboembolism (VTE) {VTE is defined by the following 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} in each of the past three years?

**Answer: Please note that these figures relate to the number of individual patients who have cancer as their primary diagnosis when admitted to our hospital and an additional diagnosis of VTE as defined by the codes provided.**

- a) 2014 **Answer: 11**
- b) 2013 **Answer: 15**
- c) 2012 **Answer: 7**

Question 3: Of the patients treated for cancer who also had a diagnosis of VTE in each of the past three years, how many:

	2014	2013	2012
Were receiving chemotherapy?	Please see the answer below	Please see the answer below	Please see the answer below
Had metastatic disease?	Please see the answer below	Please see the answer below	Please see the answer below
Had localised disease?	Please see the answer below	Please see the answer below	Please see the answer below
Were treated for brain cancer?	Please see the answer below	Please see the answer below	Please see the answer below
Were treated for lung cancer?	Please see the answer below	Please see the answer below	Please see the answer below
Were treated for uterine cancer?	Please see the answer below	Please see the answer below	Please see the answer below
Were treated for bladder cancer?	Please see the answer below	Please see the answer below	Please see the answer below
Were treated for pancreatic cancer?	Please see the answer below	Please see the answer below	Please see the answer below
Were treated for stomach cancer?	Please see the answer below	Please see the answer below	Please see the answer below
Were treated for kidney cancer?	Please see the answer below	Please see the answer below	Please see the answer below

**Answer: Please note that these figures relate to the number of individual patients who have cancer as their primary diagnosis when admitted to our hospital and an additional diagnosis of VTE as defined by the codes provided.**

Unfortunately, treatment and diagnoses are grouped under set codes on our Clinical Coding System. The grouping and coding of treatments and diagnoses can only be reported under the following categories. Unfortunately, these categories cannot be broken down to match the criteria requested with your table.

2014	Number of Patients
Malignant neoplasm of bronchus and lung : Malignant neoplasm of bronchus or lung unspec	1
Malignant neoplasm of rectosigmoid junction	1

<b>Malignant neoplasm: Bladder, unspecified</b>	<b>1</b>
<b>Malignant neoplasm: Malignant melanoma of skin, unspecified</b>	<b>1</b>
<b>Malignant neoplasm: Oesophagus, unspecified</b>	<b>2</b>
<b>Malignant neoplasm: Parietal lobe</b>	<b>1</b>
<b>Malignant neoplasm without specification of site</b>	<b>1</b>
<b>Secondary and unspecified malignant neoplasm: Intrapelvic lymph nodes</b>	<b>1</b>
<b>Secondary malignant neoplasm of pleura</b>	<b>1</b>
<b>Secondary malignant neoplasm of retroperitoneum and peritoneum</b>	<b>1</b>
<b>Grand Total</b>	<b>11</b>

<b>2013</b>	<b>Number of Patients</b>
<b>Malignant neoplasm of bladder : Malignant neoplasm of bladder unspecified</b>	<b>2</b>
<b>Malignant neoplasm of breast : Malignant neoplasm of breast unspecified</b>	<b>1</b>
<b>Malignant neoplasm of colon : Malignant neoplasm of splenic flexure</b>	<b>1</b>
<b>Malignant neoplasm of kidney, except renal pelvis : Malignant neoplasm of kidney except renal pelvis</b>	<b>1</b>
<b>Malignant neoplasm of oesophagus : Malignant neoplasm of oesophagus unspecified</b>	<b>1</b>
<b>Malignant neoplasm of pancreas : Malignant neoplasm of head of pancreas</b>	<b>1</b>
<b>Malignant neoplasm of prostate : Malignant neoplasm of prostate</b>	<b>3</b>
<b>Malignant neoplasm of rectum : Malignant neoplasm of rectum</b>	<b>2</b>
<b>Myeloid leukaemia : Acute myeloid leukaemia</b>	<b>1</b>
<b>Sec malignant neoplasm of respiratory and digestive organs : Secondary malignant neoplasm of retroperitoneum &amp; peritoneum</b>	<b>1</b>
<b>Secondary malignant neoplasm of other sites : Secondary malignant neoplasm of brain &amp; cerebral meninges</b>	<b>1</b>
<b>Grand Total</b>	<b>15</b>

<b>2012</b>	<b>Number of Patients</b>
<b>Malignant neoplasm of bladder unspecified</b>	<b>1</b>
<b>Malignant neoplasm of ovary</b>	<b>1</b>
<b>Secondary malignant neoplasm of bone and bone marrow</b>	<b>1</b>
<b>Secondary malignant neoplasm of liver</b>	<b>1</b>
<b>Secondary malignant neoplasm of other specified sites</b>	<b>1</b>
<b>Secondary malignant neoplasm of retroperitoneum &amp; peritoneum</b>	<b>1</b>
<b>Malignant neoplasm without specification of site</b>	<b>1</b>
<b>Grand Total</b>	<b>7</b>

#### Part 2: Mortality

Question 4: In how many patient deaths within your Trust was cancer (of any type) listed as the primary cause of death in each of the past three years:

**Answer: Please note that these figures relate to the number of individual patients who have cancer as their primary diagnosis when admitted to hospital and have subsequently died during their stay.**

**Please note we do not have access to the primary cause of death for all patients as this information is recorded on the death certificate.**

- a) 2014 **Answer: 85**
- b) 2013 **Answer: 81**
- c) 2012 **Answer: 103**

Question 5: Of the patients who died within your Trust, in how many was VTE as well as cancer listed as a cause of death in each of the past three years:

**Answer: Please note that these figures relate to the number of individual patients who have cancer as their primary diagnosis when admitted to hospital and have subsequently died during their stay.**

**Please note we do not have access to the primary cause of death for all patients as this information is recorded on the death certificate.**

- a) 2014 **Answer: 1**
- b) 2013 **Answer: 4**
- c) 2012 **Answer: 1**

Question 6: Of the patients who died in your Trust who had both VTE and cancer listed as a cause of death, how many:

	2014	2013	2012
Were receiving chemotherapy?	<b>Please see the answer below</b>	<b>Please see the answer below</b>	<b>Please see the answer below</b>
Were treated for brain cancer?	<b>Please see the answer below</b>	<b>Please see the answer below</b>	<b>Please see the answer below</b>
Were treated for lung cancer?	<b>Please see the answer below</b>	<b>Please see the answer below</b>	<b>Please see the answer below</b>
Were treated for uterine cancer?	<b>Please see the answer below</b>	<b>Please see the answer below</b>	<b>Please see the answer below</b>
Were treated for bladder cancer?	<b>Please see the answer below</b>	<b>Please see the answer below</b>	<b>Please see the answer below</b>
Were treated for pancreatic cancer?	<b>Please see the answer below</b>	<b>Please see the answer below</b>	<b>Please see the answer below</b>
Were treated for stomach cancer?	<b>Please see the answer below</b>	<b>Please see the answer below</b>	<b>Please see the answer below</b>
Were treated for kidney cancer?	<b>Please see the answer below</b>	<b>Please see the answer below</b>	<b>Please see the answer below</b>

**Answer: Please note that these figures relate to the number of individual patients who have cancer as their primary diagnosis when admitted to hospital and have subsequently died during their stay.**

**Please note we do not have access to the primary cause of death for all patients as this information is recorded on the death certificate.**

**Unfortunately, treatment and conditions are grouped under set codes on our Clinical Coding System. The grouping and coding of treatments and diagnoses can only be reported under the**

following categories. Unfortunately, these categories cannot be broken down to match the criteria requested with your table.

2014	Number of Patients
Malignant neoplasm: Oesophagus, unspecified	1
Grand Total	1

2013	Number of Patients
Malignant neoplasm of breast : Malignant neoplasm of breast unspecified	1
Malignant neoplasm of colon : Malignant neoplasm of splenic flexure	1
Malignant neoplasm of kidney, except renal pelvis : Malignant neoplasm of kidney except renal pelvis	1
Myeloid leukaemia : Acute myeloid leukaemia	1
Grand Total	4

2012	Number of Patients
Secondary malignant neoplasm of liver	1
Grand Total	1

### Part 3: Advice given to patients

**Question 7:** Are patients who receive chemotherapy provided with written and verbal information about the risk of developing VTE during chemotherapy?

**Answer:** Yes, patients are provided with verbal and written information with regards to the risks of clots. We use Macmillan cytotoxic drug information sheets (which all patients receive) all contain this warning. Patients are also given information about becoming acutely short of breath on alert cards/information sheets. All patients have toxicities performed before each cycle of treatment and any limb swelling would also be ascertained. Especially as our patients have in-dwelling Picc or Hickman lines to receive treatment in their upper limbs.

**Question 8:** Are patients who receive chemotherapy provided with written and verbal information which outlines the symptoms suggestive of VTE?

**Answer:** Yes, please see the answer to question 7 above.

**Question 9:** Are patients who receive chemotherapy provided with written and verbal information regarding what action they should take if they suspect a Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE)?

**Answer:** Yes, please see the answer to question 7 above.

**Question 10:** Does your Trust have a policy or pathway for the management of suspected VTE in patients receiving chemotherapy?

**Answer:** Yes.

198/15

Staff Employed within Pharmacy

I would like to make a freedom of information request for the total number of permanent staff employed within the pharmacy department?

**Answer: We can confirm that 87 individuals are employed within our Pharmacy Department.**

Split into job title and hospital.

**Answer: Please see the table below listing these staff details. All of these staff members are based at our hospital site.**

Position Title	Number of Employees	Sum of FTE
Advanced Lead Pharmacist	1	1
Advanced Pharmacist	1	1
Aseptic Services Technician Manager	1	1
Clinical Pharmacist	9	7.8
Deputy Director of Pharmacy	2	2
Director of Pharmacy	1	1
Dispensary Technical Manager	1	1
Education & Training Technician	1	0.8
Lead Pharmacist	5	4.38667
Pharmacy Assistant	17	14.25335
Pharmacy Business Performance Lead	1	1
Pharmacy Department Secretary	1	0.85333
Pharmacy Management Assistant	1	0.8
Pharmacy Operations Manager	1	1
Pharmacy Procurement Admin/Receptionist	1	0.48
Pharmacy Procurement Manager Assistant	1	0.87787
Pharmacy Technician	12	9.55333
Pharmacy Technician Enhanced Role	12	9.59768
Pre - Registration Pharmacy Graduate	1	1
Pre-registration Student Pharmacy Technician	2	2
Procurement & Distribution Technical Manager	1	1
Rotational Senior Clinical Pharmacist	2	2
Senior Clinical Pharmacist	5	5
Senior Pharmacy Assistant - Aseptics	1	1
Senior Pharmacy Assistant - Dispensary	1	0.8
Senior Pharmacy Assistant Distribution	1	1
Senior Pharmacy Assistant Procurement	1	1
Specialist Pharmacist	1	0.65333
Specialist Pharmacy Technician - assurance	1	0.6
Ward Based Services Manager	1	1
<b>Grand Total</b>	<b>87</b>	<b>75.45556</b>

1. Since the publication of *Safe midwife staffing for maternity settings*, has your Trust Board reviewed, as an agenda item, the midwifery staffing establishment for your Trust's maternity services?  
**Answer: Our Trust Board were already in the process of reviewing midwifery staffing levels when the NICE guidance was published.**
2. If no, when will the Board review the midwifery staffing establishment?  
**Answer: This is not applicable.**
3. If yes, what were the main findings of the review?  
**Answer: The midwifery staffing levels were below nationally recognised levels.**
4. What if any recommendations did the review make about midwifery staffing?  
**Answer: That midwifery staffing levels should be increased.**
5. What decisions did the Board make in relation to any recommendations arising from the review?  
**Answer: The Trust Board received a business case and approved increased staffing levels.**
6. Does your Trust have in place procedures for monitoring and responding to daily fluctuations in demand for midwives?  
**Answer: We use the acuity tool for delivery suite at 4hrly intervals, clinical incidents are reported when required in relation to staffing levels, the team leader on shift completes a monitoring tool that enacts the escalation policy. Staffing levels are monitored monthly as a birth to midwife ratio and a dashboard for maternity services is also monitored.**
7. If yes, please provide a copy of or details of the procedures that are in place.  
**Answer: Please find these documents enclosed.**
8. Midwifery red flags are intended to prompt an immediate response from the person in charge of midwifery staffing in a setting or on a shift. Does your Trust have a list of agreed midwifery red flags?  
**Answer: Our Trust uses the acuity tool.**
9. If yes, please provided details of the red flags that have been agreed for your Trust's maternity services?  
**Answer: As above, it matches staffing against the acuity of patients.**

**200/15  
Lorenzo**

1. Does your trust use Lorenzo  
**Answer: Yes**  
  
-If yes what date did the trust start using it  
**Answer: 2<sup>nd</sup> March 2014**
2. If answer to question 1 was yes please answer the following additional questions
  - a) Does the trust use results and requesting functionality of lorenzo  
**Answer: No**  
-If yes what date did the trust start using this -Please specify in the functionality used by the Trust, in terms of use of both requesting and results, and use through inpatients and outpatients  
**Answer: This is not applicable**

- Please supply a copy of relevance policies/guidance in reference to this product (results and requesting)

**Answer: This is not applicable**

-Details surrounding clinical engagement of nursing and medical staff around this change in business

**Answer: If this relates to the results and requesting functionality of the system, this is not applicable.**

-How this functionality was rolled out in your Trust in terms of 'Big bang approach' vs phased approach and the success of the approach taken

**Answer: If this relates to the results and requesting functionality of the system, this is not applicable.**

-Since the product was launched the number of incidents related to it (please supply a breakdown of these in order of severity e.g. critical, high, medium low risk)

**Answer: If this relates to the results and requesting functionality of the system, this is not applicable.**

b) Does the trust use Lorenzo Advanced bed management

**Answer: No**

- If yes what date did the trust start using this

**Answer: This is not applicable**

- Please specify the use of this system by your trust in terms of throughout the trust or in isolated areas

**Answer: If this relates to the advanced bed management facility, this is not applicable.**

- The clinical engagement that was sought in terms of ensuring employees were on board with this new system

**Answer: If this relates to the advanced bed management facility, this is not applicable.**

- Please supply a copy of relevance policies/guidance in reference to this product (advanced bed management)

**Answer: If this relates to the advanced bed management facility, this is not applicable.**

- Does your trust make use of electronic white boards to support the use of advanced bed management, if yes please specify the name and models in use

**Answer: If this relates to the advanced bed management facility, this is not applicable.**

-Since the product was launched the number of incidents related to it (please supply a breakdown of these in order of severity e.g. critical, high, medium low risk)

**Answer: If this relates to the advanced bed management facility, this is not applicable.**

If answer to b) was no, does your trust use an alternative electronic bed management solution, if yes please provide the name of this.

**Answer: Yes, Vision.**

**201/15**

### **Injuries Caused through Consensual Sexual Intercourse**

I am trying to find out information about an increase in women and men presenting with injuries caused through consensual sexual intercourse. Under the Freedom of Information Act please could you provide me with following information:

1. Do you keep such records?

**Answer: No, our Trust does not specifically identify/record if injuries are caused during sexual intercourse electronically. This information would be handwritten within patient records (if disclosed).**

**Patients are coded under a generalised condition category on our Clinical Coding system. For example;**

**-laceration/soft tissue injury/contusion orogenatalia**

**-gynae condition (which could include bleeding/any other gynae condition)**

2. If yes could you provide information the numbers of those presenting with injuries caused by consensual intercourse over each of the last five years?

**Answer: Unfortunately, this information cannot be accurately identified from our Clinical Coding System.**

3. Could you further break these figures down by age? Ideally 17 and below, 18-24, 25-34, 35-44, 45-54 and plus 55.

**Answer: Unfortunately, this information cannot be accurately identified from our Clinical Coding System.**

4. Finally could you provide me a list of indicative injuries/conditions?

**Answer: We believe that the following injuries would be consistent with being sustained after consensual sex;**

**-Lacerations around the labia**

**-Post coital bleeding with vaginal laceration,**

**-Swelling, bruising around the inner aspect of the thigh.**

**202/15**

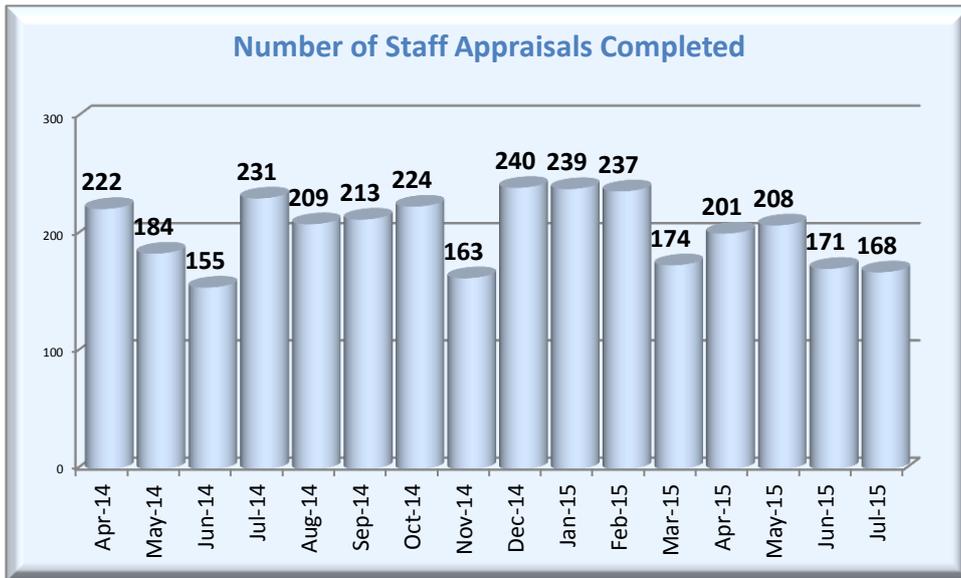
### **Appraisal Data**

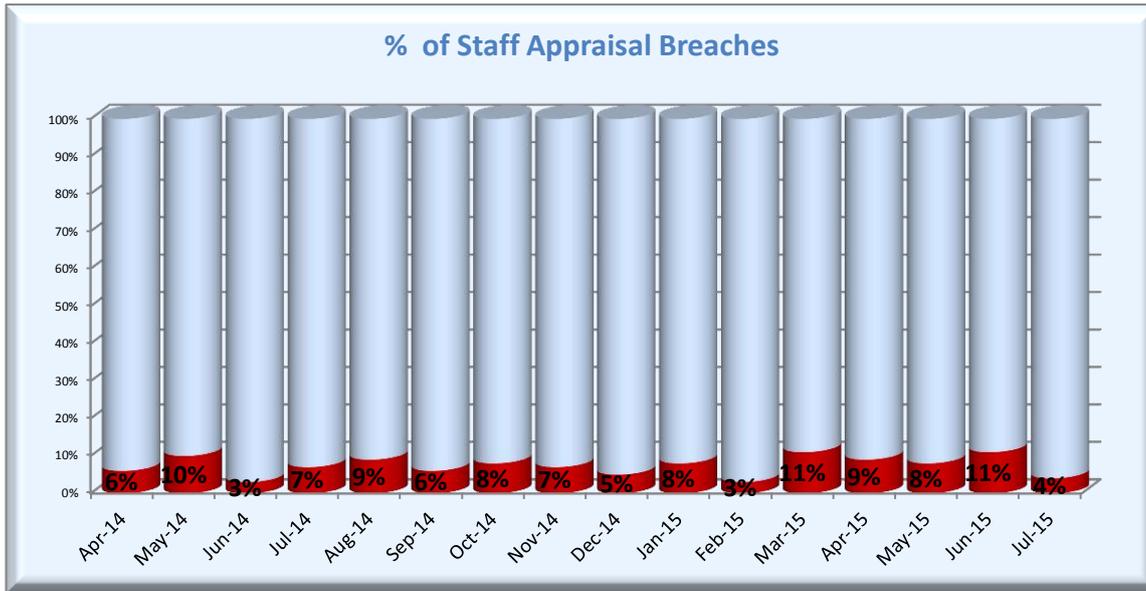
Please could you provide me with the Number of appraisal undertaken each month for 2014/2015 & 2015/July 2015 and the number that have exceeded the 12 month and this number expressed as a % of the over total in a Excel file e.g below table. Can the data also be represented in a Graph.

**Answer: The tables and graphs below are also enclosed within a separate excel spreadsheet as requested.**

<b>Year/Month</b>	<b>Number of Staff Appraisals Completed</b>	<b>Number Exceeding the 12mth deadline</b>	<b>% of Staff Appraisal Breaches</b>
<b>Apr 14</b>	<b>222</b>	<b>13</b>	<b>6%</b>
<b>May 14</b>	<b>184</b>	<b>18</b>	<b>10%</b>
<b>Jun 14</b>	<b>155</b>	<b>5</b>	<b>3%</b>
<b>Jul 14</b>	<b>231</b>	<b>16</b>	<b>7%</b>
<b>Aug 14</b>	<b>209</b>	<b>19</b>	<b>9%</b>
<b>Sep 14</b>	<b>213</b>	<b>13</b>	<b>6%</b>
<b>Oct 14</b>	<b>224</b>	<b>19</b>	<b>8%</b>
<b>Nov 14</b>	<b>163</b>	<b>12</b>	<b>7%</b>
<b>Dec 14</b>	<b>240</b>	<b>11</b>	<b>5%</b>

<b>Jan 15</b>	<b>239</b>	<b>19</b>	<b>8%</b>
<b>Feb 15</b>	<b>237</b>	<b>7</b>	<b>3%</b>
<b>Mar 15</b>	<b>174</b>	<b>19</b>	<b>11%</b>
<b>Apr 15</b>	<b>201</b>	<b>18</b>	<b>9%</b>
<b>May 15</b>	<b>208</b>	<b>17</b>	<b>8%</b>
<b>Jun 15</b>	<b>171</b>	<b>18</b>	<b>11%</b>
<b>Jul 15</b>	<b>168</b>	<b>7</b>	<b>4%</b>





2) What action is taken against departments that fail the yearly limit, and the documentation that lays this procedures out

**Answer: The monitoring and performance of compliance is managed at department, divisional and Executive level.**

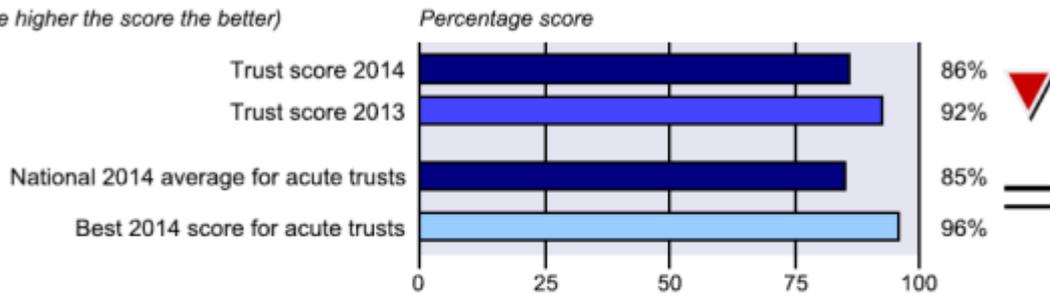
3) Can you also provide any Appraisal satisfaction survey results conducted in the trust, sometimes these questions are in the Staff Satisfaction yearly surveys can you also provide these results.

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

## **NHS Staff Survey Results 2014**

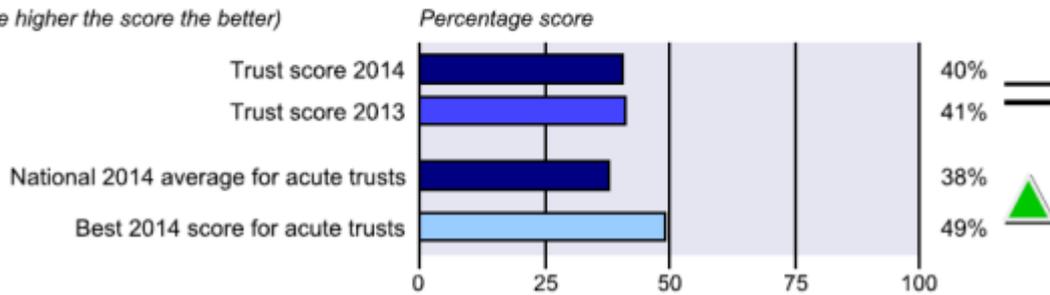
**KEY FINDING 7. Percentage of staff appraised in last 12 months**

(the higher the score the better)



**KEY FINDING 8. Percentage of staff having well structured appraisals in last 12 months**

(the higher the score the better)



4) Can you provide the numbers of staff that lodge a grievance/complainant against any

a) objectives they have being given

b) information written in the appraisal document they are not happy with

c) staff who don't sign there form because of any of the aforementioned

Please provide 4) in a table similar to the example above

**Answer: There have been no grievances/complaints lodged between April 2014 – July 2015 regarding appraisals/objectives.**

5) Provide any changes to the appraisal process in the last 5 years and proof of this via meeting minutes where it was agreed & ratified

**Answer: The appraisal process has changed within the last 5 years in the following ways:**

- The paperwork for completing appraisals has been updated and simplified.
- The process now includes the incremental pay progression process.
- Talent Management has been introduced.

6) Please provide any minutes of any Appraisal meeting held in the last 3 years

**Answer: We can provide you with a copy of the template which is completed during an appraisal meeting of an employee and their appraiser. This is enclosed with this letter. Unfortunately, a copy of a completed document is withheld under Section 40 (Personal Information).**

**203/15  
MRIs**

Does your Trust have an MRI unit?

**Answer: Yes.**

What type of MRI unit (Static, Mobile, NA)?

**Answer: A static unit.**

**204/15**

## Private Patients

I wish to request the following information:

Please could you respond to these questions using the attached PDF form.

**Answer: Please find the completed form enclosed as requested.**

**Please be aware that our Trust does not have a PPU (Private Patients Unit) and we do not have any facilities dedicated to private patients. Any private patients are treated very much on an ad hoc basis.**

**Our income from private patients has been going down steadily for some time. The table below shows our income since 2009/10.**

**As far as we know, all of the private patient income is from patients domiciled in the UK.**

**Very little of our income comes via private medical insurers – in almost all cases, individuals pay directly.**

**We do not have accurate figures for the numbers of private patients and overseas visitors treated nor the associated number of admissions and consultant episodes as this is not routinely recorded. In fact we admit very few private patients – most are seen as outpatients or relate to pathology/imaging investigations. We also do not routinely cost private patients or overseas visitors because of the small volumes.**

**Without going back to individual invoices we would not be able to analyse by specialty before 13/14.**

Financial Year	Private Patients £	Overseas Visitors £
2009/10	53,819	5,712
2010/11	51,151	-
2011/12	13,303	12,787
2012/13	11,863	8,006
2013/14	13,714	11,394
2014/15	11,070	22,391

**205/15**

### Consultants Employed and Vacancies

Please can you provide the following information, under the terms of the Freedom of Information Act:

1) The number of consultants employed by the trust, broken down by department

**Answer: Please see the table below which is dated**

Department/Role	Number of Employees
Accident & Emergency Consultants	8
Anaesthetics Consultants	22
Cardiology Consultants	6

Chemical Pathology Consultants	2
Chief Executive Directorate	1
Community Paediatrics	3
Dermatology Consultants	4
Elderly Care Consultants	7
Emergency General Medicine Consultants	4
Endocrinology & Diabetes Consultants	2
Gastroenterology Consultants	6
General Surgery Consultants	10
Genito-Urinary Consultants	2
Haematology Consultants	2
Histopathology Consultants	5
Microbiology Consultants	1
Nephrology Consultants	1
Obstetrics & Gynaecology Consultants	12
Oncology Consultants	1
Orthodontics Consultants	3
Otolaryngology Consultants	4
Paediatrics Consultants	12
Palliative Care Consultants	2
Radiology Consultants	7
Respiratory Medicine Consultants	4
Rheumatology Consultants	2
Trauma & Orthopaedics Consultants	10
Urology Consultants	2
<b>Grand Total</b>	<b>145</b>

2) How many current consultant vacancies you have, broken down by department

**Answer: Unfortunately, we are unable to provide this information as current budgeted establishment control systems have not been implemented into our Electronic Staffing Record System. We can provide Medical & Dental vacancies by division should you require this information. Please let us know if this information would be useful to you.**

206/15

### Vending Machines

How many vending machines are there on your hospital premises? (If your trust has more than one hospital, please specify the number of vending machines for each hospital.)

**Answer: There are x5 vending machines on our hospital site.**

Please list the names of all food and drink products sold in the vending machine(s) currently and in the financial year ending April 2015 and the financial year ending April 2014. Please break this information down by year.

**Answer: Unfortunately, this information is not centrally recorded. Products for sale within these machines are decided and organised by the businesses who own the machines.**

How much net profit (after taxes) did you generate from vending machine(s) in the financial year ending April 2015 and the financial year ending April 2014? Please break this information down by year. If your vending machine is provided by a contractor, please provide details of the profit/money generated annually as a result of this contract.

**Answer: None. These vending machines are owned by separate businesses and our Trust does not receive any income from them.**

What were the total sales from these machine(s) in the financial year ending April 2015, and the financial year ending April 2014? Please break this information down by year.

**Answer: This is not applicable to our Trust, please see the answers above.**

**207/15**

**Bed and Pressure Care Management Tender ([Request Withdrawn](#))**

**208/15**

**Contracting with Small and Medium Enterprises**

We would be grateful if you could share with us the following for the 2014/15 financial year:

Approximately what percentage of your total procurement spend went to SMEs, either directly or indirectly?

**Answer: Unfortunately, this information is not reportable electronically in order to answer this question.**

Approximately what was your total spend with SMEs? If you do not have the exact information an estimate will suffice.

**Answer: Unfortunately, this information is not reportable electronically in order to answer this question. Is it possible for you to narrow your request down to specific suppliers of particular products or services. We could then provide you with our spend information on those products or services for financial year 2014/15.**

#### **Explanatory note**

An SME is defined in EU law: [EU recommendation 2003/361](#).

The main factors determining whether a company is an SME are:

1. **number of employees** and
2. either **turnover** or **balance sheet total**.

Company category	Employees	Turnover	Or	Balance sheet total
Medium sized	< 250	< €50m		< €43m
Small	< 50	< €10m		< €10m
Micro	< 10	< €2m		< €2m

**209/15**

**IT Security**

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

1. Desktop anti-virus

**Answer: We have an Enterprise wide solution purchased in 2012 with 5 years maintenance at a cost of £58,000. This is currently due to expire July 2017.**

**This covers;**

- **desktop anti-virus**
- **protection of Microsoft Exchange environment**
- **mobile device management/enterprise mobility management**
- **hard disk encryption**
- **removal**

2. Protection of Microsoft Exchange environment (please state if this is not applicable due to the use of NHSmail/NHSmail2)

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

3. Email gateway (please state if this is not applicable due to the use of NHSmail/NHSmail2)

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

4. Web gateway

**Answer: Microsoft TMG, License expiry in 2020, there are no costs involved with this license.**

5. Mobile device management/enterprise mobility management

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

6. Hard disk encryption

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

7. Removable media encryption

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

8. Firewall

**Answer: Firewall maintenance costs for the year are £7600 and due to expire August 2016.**

9. VPN

**Answer: We have VPN Solution that is supported, last cost was £21,000 and the support renewal is due May 2018.**

10. Two factor authentication provider

**Answer: As above (9) We have VPN Solution that is supported.**

11. Wireless network provider

**Answer: This contract is managed by Skanska Facilities. We recommend you contact Skanska directly for any information, as they hold this information on behalf of our organisation. Please contact Marc Needham or Alan Walsh via telephone number 01922 656470.**

12. Virtual server software provider and number of virtual servers (e.g. VMWare, Hyper-V etc.)

**Answer: We use VMWare, maintenance is due for renewal May 2016 covering approximately 310 virtual servers.**

13. VDI software provider and number of VDI instances

**Answer: Our Trust uses VMWare, maintenance is due for renewal in July 2016, approximately 100 VDIs.**

14. Network access control solution provider

**Answer: Our Trust does not use Network Access Control.**

15. Security information and event management (SIEM) solution provider

**Answer: Our Trust does not use SIEM.**

Please also provide:

1. The total number of computers within the organisation.

**Answer: Desktops =3871, Laptops =681, VDI =100**

2. The total number of smartphones within the organisation.

**Answer: Our Trust does not use these devices.**

3. The total number of tablet devices within the organisation.

**Answer: 181**

4. Details of whether IT security is provided by an in-house team or by a third party – if by a third party please state who provides the service and when the contract expires.

**Answer: In-house**

**210/15**

**Agency & Locum Doctors and Consultants**

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

Q1. Who is your Director of the Radiology Department and their email address?

**Answer: Our Clinical Director is Dr H Rai. His email address is**

[harinder.raji@walsallhealthcare.nhs.uk](mailto:harinder.raji@walsallhealthcare.nhs.uk).

Q2. Who is your Procurement Director and their email address?

**Answer: The Director of this Department is Russell Caldicott. His email address is**

[russell.caldicott@walsallhealthcare.nhs.uk](mailto:russell.caldicott@walsallhealthcare.nhs.uk).

Q3. Who is responsible for Agency Doctors within the Trust, and their email address?

**Answer: This is managed by our Medical Staffing Department. The Director responsible for this department is Mark Sinclair, our Director of Human Resources. His email address is**

[mark.sinclair@walsallhealthcare.nhs.uk](mailto:mark.sinclair@walsallhealthcare.nhs.uk)

Q4. What procurement Framework is the Trust currently aligned to for Agency Doctors i.e. CCS, HTE, LPP or no framework?

**Answer: HTE**

Q5. Please provide us with the Doctors Agency spend within Radiology by grade from SHO - Consultant

**Answer: We can confirm that in the last 12 months, our Trust has not had any spend on agency Doctors within our Radiology Department.**

Q6. How many Doctors Agencies have provided Radiology staff to you in the last 12 months and how many are 'on' or 'off' framework?

**Answer: Nil. No Locum Radiology Consultants have worked within the department in past 12 months.**

Q7. A breakdown by hours and/or shifts that your current Doctors Agencies have filled in the last 12 months within the Radiology department?

**Answer: Nil. No Locum Radiology Consultants have worked within the department in past 12 months.**

Q8. Expected spend on Agency workers next year within Radiology?

**Answer: For the financial year 2016/17, we have no planned agency expenditure. This may change depending on circumstances as they arise.**

Q9. Within the Radiology department what is your ratio of substantive to locum consultants?

**Answer: We have no Locum Radiology Consultants currently working within the department. All Consultant Radiologists are substantive (0.5WTE) and on a fixed term contract.**

Q10. What is the largest department within Radiology and which department commands the majority of your spend?

**Answer: Difficult to say as each modality does not have a separate budget, it is all within one imaging budget and the majority of staff work across all modalities. Due to this, unfortunately, we are not able to accurately breakdown the budget report into modalities. Activity for the top 4 modalities is approximately as below:-**

**Plain Film – circa 96,000 examinations per annum**

**CT – circa 20,000 examinations per annum**

**MRI – circa 18,000 examinations per annum**

211/15

**Treatment of Foreign Nationals**

A list of the 10 highest charges levied against foreign nationals for treatment on the NHS, which were a) levied in the financial year 2014-15, b) unpaid by the end of the financial year 2014/15, and c) remain totally or partially unpaid to date.

In each case I would like

- a) a brief description of the treatment received
- b) the charge levied
- c) the amount repaid (if any)
- d) the country of origin of the patient
- e) whether the patient was male or female
- f) the broad age range of the patient (e.g. under 18, 18-30, 31-40, 41-50 etc)

**Answer: Please see the table below. There are only seven patient treatment charges listed as only seven foreign national patients are recorded on our system as being treated by our Trust.**

Treatment	Charge Levied	Amount Repaid	Country of Origin	Sex	AGE RANGE
ELDERLY WARD CARE WITH DIAGNOSTICS	£9,918.00	£0.00	TRINIDAD	MALE	65-70
WARD STAY WITH DIAGNOSTICS	£8,360.00	£5,409.09	CANADA	MALE	65-70
SURGICAL TERMINATION	£1,564.00	£1,564.00	IRELAND	FEMALE	25-30
WARD STAY WITH DIAGNOSTICS	£1,242.00	£1,242.00	CANADA	MALE	65-70
WARD STAY WITH DIAGNOSTICS	£844.00	£844.00	TRINIDAD	FEMALE	70-75
1 DAY WARD STAY WITH DIAGNOSTICS	£351.00	£351.00	SOUTH AFRICAN	FEMALE	70-75
CONSULTATION WITH NURSING	£112.00	£112.00	SOUTH AFRICAN	FEMALE	70-75
<b>TOTAL</b>	<b>£22,391.00</b>	<b>£9,522.09</b>	-	-	-

**212/15**

**Prescribing of Drugs**

Please can you supply me with the total number of patients treated in the last 6 months with the following drugs (including those on patient registries, if and where possible):

- Genotropin
- Humatrope
- Norditropin
- NutropinAq
- Omnitrope
- Salzen
- Valtropin
- Zomacton

**Answer: Our hospital Pharmacy Department does not prescribe these drug treatments to patients.**

**213/15**

**Biologics Prescribing**

Could you please provide me with the following numbers of patients treated in the last six months with the following drugs for crohn's disease and ulcerative colitis

If it is not possible for you to split by indication, could you please provide the total patients for gastroenterology.

**Answer: The number of patients detailed within the table relate to the period 1<sup>st</sup> February to 31<sup>st</sup> July 2015.**

**Our Pharmacy Department to not record information pertaining to patient diagnosis therefore, we are not able to provide a breakdown by indication.**

Drug Treatment	Number of Gastroenterology Patients Treated
Adalimumab (Humira)	<b>49</b>
Apremilast (Otezla)	<b>Not licensed</b>
Infliximab (Remicade)	<b>34</b>
Ustekinumab (Stelara)	<b>Not licensed</b>
Vedolizumab (Entyvio)	<b>1</b>

**214/15**

**Private Patient Income**

I would like to know how much income did Walsall Healthcare NHS Trust receive in private patient income in the financial years 2013/14 and 2014/15 excluding income from overseas patients?

**Answer: Please be aware that our Trust does not have a PPU (Private Patients Unit) and we do not have any facilities dedicated to private patients. Any private patients are treated very much on an adhoc basis.**

**Our income from private patients and overseas visitors has been going down steadily for some time. The table below shows our income since 2013/14.**

Financial Year	Private Patients £
2013/14	13,714
2014/15	11,070

215/15

**Staff and Agency Data 2014-15**

Under the freedom of information act 2000, I am writing to formally request the following information:

1. Staff Numbers (Average over the whole year or the count on Tuesday, March 31st 2015)
2. Staff Cost
3. Agency Hours
4. Agency Spend

I would greatly appreciate it if you could supply this information for the year 2014/15 (April '14 to March '15). Also, if it can be split into the major categories highlighted in the table below and also attached to this e-mail that would be great.

This will be very valuable information towards my ongoing research.

2014/15 (April '14 - March '15)

1	Staff Numbers	Average Number of Staff in Post
	Medical Staff	372.8
	Dental Staff	4.0
	Admin. & Estates	686.8
	Healthcare Assistants / Other Support Staff	1067.4
	Nursing, Midwifery & Health Visiting Staff	1132.1
	Nursing, Midwifery & Health Visiting Learners	0
	Scientific, Therapeutic & Technical Staff	421.2
	Social Care Staff	0
	Ambulance Staff	0
	Other Staff	0
	<b>TOTAL EMPLOYEES</b>	<b>3684.3</b>

2	Staff Cost	in £'000
	<b>TOTAL STAFF COSTS - ALL STAFF</b>	<b>£143,118,234 excluding temporary staff</b>

Unfortunately, our system records shifts rather than hours. Administration and Clerical agency bookings are not centrally recorded electronically in order to provide accurate this information.

3	Agency hours	Number of Shifts (April 2014-Mar2015)
	Medical	23,724.15
	Dental	0
	Nursing Qualified	8,519 shifts
	Scientific, Therapeutic & Technical	Allied Health Professionals =491 shifts
	Admin. & Clerical	Hours/shift information not recorded centrally so an accurate response cannot be provided.
	Healthcare Assistants / Other Support	Nursing Clinical Support Workers=4,715 shifts
	Maintenance	0-these roles are not booked by our Medical or Temporary Staffing Teams. We recommend you contact Skanska Facilities directly, as they hold this information. Please contact Mark Needham or Sarah Betts on email address; <a href="mailto:sarah.betts@skanska.co.uk">sarah.betts@skanska.co.uk</a> or via telephone number 01922 656470.
	Ambulance	0
	Other	0
	<b>TOTAL AGENCY HOURS</b>	

Please note that the spend below

4	Agency spend	in £'000
	Medical	£2,309,766
	Dental	£0
	Nursing	£3,334,906
	Scientific, Therapeutic & Technical	£356,098
	Admin. & Clerical <b>(plus senior managers)</b>	£220,189
	Healthcare Assistants / Other Support <b>(including PAMS &amp; Ancillary)</b>	£1,665,444
	Maintenance	£0
	Ambulance	0
	Other <b>(plus senior managers)</b>	£409,355
	<b>TOTAL AGENCY SPEND</b>	

Could you please also confirm if you use a direct engagement model within your trust? Direct engagement model means the Trust pays agency staff through an external company, separate from the agency who provided that staff (eg. through PWC, StaffFlow, 24/7 Time or Brooksons)?

**Answer: We do not use a direct engagement model at our Trust. We pay the agency for the shift in full and then they pay their workers.**

216/15

### Number of Deaths at Our Hospital

Under Freedom of Information legislation, I am seeking the following information:

The number of deaths at your hospital registered between 2010 and the present day where malnutrition was cited as a primary cause.

**Answer: Unfortunately, we are not able to conduct cause of death searches on our current systems in order to identify this information. To identify this information, it would require a manual check of over 3000 individual paper records which would exceed 18 hours of work to complete. We recommend you contact the Office of National Statistics as they hold mortality data and may be able to help you. Their email address is; [info@ons.gsi.gov.uk](mailto:info@ons.gsi.gov.uk) or telephone number; 0845 601 3034 / 0203 684 5069.**

The number of deaths at your hospital registered between 2010 and the present day where malnutrition was cited as a primary cause and the deceased was aged 60 or over.

**Answer: Please see the answer above.**

The number of deaths at your hospital registered between 2010 and the present day where malnutrition was cited as a primary cause and the deceased was aged 18 or under.

**Answer: Please see the answer above.**

The number of deaths at your hospital registered between 2010 and the present day where malnutrition was cited as a secondary cause.

**Answer: Please see the answer above.**

The number of deaths at your hospital registered between 2010 and the present day where malnutrition was cited as a secondary cause and the deceased was aged 60 or over.

**Answer: Please see the answer above.**

The number of deaths at your hospital registered between 2010 and the present day where malnutrition was cited as a secondary cause and the deceased was aged 18 or under.

**Answer: Please see the answer above.**

217/15

### Spend on Interim Non-Clinical/Non-Medical Staff

Please can you send me:

- The total amount spent by your organisation on non-medical / non-clinical interim staff (i.e staff that may work within contract management, human resources, IT, finance, procurement, business development, administration, et cetera)
- I request this information for the financial years of 2013/14 and 2014/15
- When responding, please confirm if the value given is inclusive of agency fees and VAT

**Answer: Please see the table below which includes VAT and agency fees.**

Job Role	2013/14 £	2014/15 £
Admin & Clerical Agency	647,696	220,189
Admin & Clerical Bank	1,149,456	1,217,325
Other Agency	30,296	2,548
PTB Agency (Technicians)	279,888	356,098

<b>PTB Locum (Technicians)</b>	<b>451,485</b>	<b>356,937</b>
<b>Senior Managers</b>	<b>-</b>	<b>406,807</b>
<b>Grand Total</b>	<b>2,558,821</b>	<b>2,559,904</b>

**218/15**

**CIP Enquiry**

- 1) What is the trust's CIP plan for this year (2015-16), (percentage of projected turnover)?

**Answer: 4%**

- 2) What is the trust's CIP plan for this year (2015-16), (£-figure)?

**Answer: £10.5m**

- 3) What proportion of the planned savings are pay, non-pay and income (£)?

**Answer: Please see below.**

**Pay**                **£9.5m**  
**Non Pay**        **£3.5m**  
**Income**         **£2.4m**

- 4) What proportion of these sub-categories are recurrent and non-recurrent (£)?

**Answer: Please see below.**

**Recurrent**            **£7.3m**  
**Non-recurrent**      **£2.2m**

- 5) What was the trust's CIP plan for 2014-15 (percentage of turnover)?

**Answer:4%**

- 6) What was the trust's CIP plan for 2014-15 (£-figure)?

**Answer:£10.1m**

- 7) What proportion of the planned savings were pay, non-pay and income (£)?

**Answer: Please see below.**

**Pay**                **£3.4m**  
**Non Pay**        **£2.9m**  
**Income**         **£1.6m**

- 8) What savings were actually made in these categories (£)?

**Answer: Please see below.**

**Pay**                **£3.3m**  
**Non Pay**        **£2.1m**  
**Income**         **£1.4m**

**219/15**

**Homecare Drug Delivery**

1. For each of the above conditions/therapies, please indicate how many patients are treated under the following circumstances:

	Condition	Drug	Total number of patients		
			2011/12	2012/13	2013/14
In hospital	RA	Abatacept	1	1	11
In hospital	RA	Adalimumab	62	30	21
In hospital	RA	Certolizumab	18	14	11
In hospital	RA	Etanercept	56	40	20
In hospital	RA	Golimumab	3	12	14
In hospital	RA	Infliximab	11	12	8
In hospital	RA	Rituximab	24	36	35
In hospital	RA	Tocilizumab	7	21	30
In hospital	MS		-	-	-
Hospital-provided at-home treatment	RA		-	-	-
Hospital-provided at-home treatment	RA		-	-	-
Hospital-provided at-home treatment	MS		-	-	-
At-home treatment delivered by home healthcare providers	RA	Humira (adalimumab)	33	37	40
At-home treatment delivered by home healthcare providers	RA	Enbrel (etanercept)	24	21	31
At-home treatment delivered by home healthcare providers	RA	Cimzia (certolizumab)	8	7	9
At-home treatment delivered by home healthcare providers	RA	Simponi (golimumab)	0	1	2
At-home treatment delivered by home healthcare providers	RA	Orencia SC (abatacept)	0	0	6
At-home treatment delivered by home healthcare providers	MS		-	-	-
<b>Total</b>			<b>247</b>	<b>232</b>	<b>238</b>

*Note: if year-end patient numbers are not available, please provide either a) average number of active patients during the year or b) total number of unique patients during the year. Please specify which metric you have used*

2. For each home healthcare provider of drug delivery services that you use, please indicate for the last three years:
  - a. Name of provider
  - b. Which home-treatment appropriate conditions they treat
  - c. Which drugs are provided in this service
  - d. How many patients are treated with the drug by this provider each year

	Condition	Drug	Total number of patients		
			2011/12	2012/13	2013/14
Alcura	RA	Simponi	0	1	2
Bupa	RA	Orencia	0	0	6
Healthcare at	RA	Humira	33	37	40

Home					
Healthcare at Home	RA	Enbrel	24	21	31
Healthcare at Home	RA	Cimzia	8	7	9

**220/15**

**Temporary Staffing**

Q1

Does your trust have a centralised temporary staff booking team?

**Answer: Our Trust has a Medical Staffing Team who manage all locum Doctors/Consultants and a Temporary Staffing Team who manage Nursing, Community, Admin and Clerical, and all other staffing banks except for the Midwifery Bank.**

If Yes, which categories does it book for?

Doctors (all grades)

**Answer: Yes**

Staff Lead Name & Position

**Answer: Staff names are withheld below Director level under section 40 (Personal Information). The Director responsible for Medical Staffing is Amir Khan, our Medical Director.**

Contact telephone DD

**Answer: 01922 721172**

Contact email

**Answer: amir.khan@walsallhealthcare.nhs.uk**

Nurses & HCAs

**Answer: Yes**

Staff Lead Name & Position

**Answer: Staff names are withheld below Director level under section 40 (Personal Information). The Director responsible for Temporary Staffing is Kathryn Halford, our Director of Nursing.**

Contact telephone DD

**Answer: 01922 721172**

Contact email

**Answer: kathyn.halford@walsallhealthcare.nhs.uk**

Non Medical & Non Clinical

**Answer: Yes**

Staff Lead Name & Position

**Answer: Staff names are withheld below Director level under section 40 (Personal Information). The Director responsible for Temporary Staffing is Kathryn Halford, our Director of Nursing.**

Contact telephone DD

**Answer: 01922 721172**

Contact email

**Answer: kathyn.halford@walsallhealthcare.nhs.uk**

Allied Health Professionals and Health Science Services

All

Some (Please specify which)

**Answer: Yes, all Allied Health Professionals and Health Science Services.**

Staff Lead Name & Position

**Answer: Staff names are withheld below Director level under section 40 (Personal Information).  
The Director responsible for Temporary Staffing is Kathryn Halford, our Director of Nursing.**

Contact telephone DD

**Answer: 01922 721172**

Contact email

**Answer: kathyn.halford@walsallhealthcare.nhs.uk**

If No, please provide a list of all departmental heads responsible for booking temporary staff.

**Answer: This is not applicable.**

Q2

Who is your Head of Procurement and who is your Senior Buyer/Category Manager responsible for overseeing HR/Agency procurement in your trust?

Please also provide their contact telephone DD and email addresses.

**Answer: Staff names are withheld below Director level under section 40 (Personal Information).  
The Director's responsible for our Medical Staffing and Temporary Staffing Teams is detailed above.**

Q3

Please provide your annual agency spend for 2014/15 for each of the following categories

Doctors **Answer: £2,309,766**

Nurses **Answer: £3,334,906**

Non-Medical Non-Clinical **Answer: £629,544**

Allied Health Professionals and Health Science Services **Answer: £1,117,832**

Q4

Which procurement frameworks does the trust currently use and for which staffing categories?

**Answer: Our Medical Staffing Team use the HTE framework for medical locums. Our Temporary Staffing Team use the Health Trust Europe and Crown Commercial Service frameworks.**

Q5

Please state if there is any "off framework" usage over the past 12 months and please detail which staffing categories and which agencies were used?

**Answer: For Medical Staffing, our Trust does not any off framework agencies; there is an option for them to come via our master vend arrangement with Medacs Healthcare.**

**Our Temporary Staffing Team use;**

**For Nursing**

**Thornbury**

**Godiva Healthcare**

**Plan B Healthcare**

**VIP Nursing**

**Team Support**

Q6

Please provide a breakdown of the agencies used for each staffing categories with the number of hours supplied during 2014/15.

**Answer: Current systems used by our Temporary and Medical Staffing Teams do not report in hours but by shifts.**

Unfortunately, the system used by our Medical Staffing Team cannot accurately report the number of shifts booked with individual agencies. This is due to recording block bookings as one batch rather than each individual shift so it is not possible to split them into individual sessions.

These are numbers of shifts booked per agency for Acute Nursing (all bands) from 01<sup>st</sup> April 2014 to 31<sup>st</sup> March 2015. Please be aware that the figures below may include bookings which are cancelled at short notice and exclude bookings which are extended. These figures may not be representative of invoices our Trust actually receives from these companies.

<b>Agency Name</b>	<b>TOTAL NUMBER OF SHIFTS BOOKED</b>
Acton Banks	1011
Arcadia	130
Arrows Group/Imperial	272
BNA	30
Clarriots Healthcare (Godiva)	437
Falcon Recruitment	3
HCL Healthcare	181
ID Medical	606
Kare Plus	524
Last Minute Healthcare (Robin)	1763
Mayday Healthcare	34
Medacs	2003
Medbank Healthcare	394
MedicsPro	1596
Meridian Healthcare	268
MSI	435
Nursing Personnel	344
Plan B Healthcare	30
Precedo Healthcare	320
Primera Healthcare	330
Pulse Nursing	93
Servoca/Firstpoint	54
SWIIS Healthcare	372
Team 24	27
Team Support	360
Thornbury	1561
VIP Nursing	56

**221/15**

**Number of FTE Nurses and Doctors**

Specifically I would like to know the following from Walsall Healthcare NHS Trust:

1. Number of FTE nurses currently employed as of 1<sup>st</sup> August 2015  
**Answer: As of the 31 July 2015, the Trust employed 1133 FTE substantive qualified Nurses.**
2. Number of FTE doctors currently employed as of 1<sup>st</sup> August 2015  
**Answer: As of the 31 July 2015, the Trust employed 357 FTE substantive Medical and Dental colleagues.**
3. Number of FTE nurse positions that are vacant as of 1<sup>st</sup> August 2015  
**Answer: As of the 31 July 2015, the Trust establishment reflected 114 FTE net vacancies amongst substantive qualified Nurses. Please note that this figure is representative of vacancies from a financial perspective thus not solely reflective of vacancies falling under active recruitment.**
4. Number of FTE doctor positions that are vacant as of 1<sup>st</sup> August 2015  
**Answer: As of the 31 July 2015, the Trust establishment reflected 50 FTE net vacancies amongst substantive Medical and Dental colleagues. Please note that this figure is representative of vacancies from a financial perspective thus not solely reflective of vacancies falling under active recruitment.**
5. Percentage of nurse positions that were vacant as of 1<sup>st</sup> August 2015  
**Answer: As of the 31 July 2015, net vacancies amongst substantive Nurses made up 9% of the substantive qualified Nurses establishment. Please note that this figure is representative of vacancies from a financial perspective thus not solely reflective of vacancies falling under active recruitment.**
6. Percentage of doctor positions that were vacant as of 1<sup>st</sup> August 2015  
**Answer: As of the 31 July 2015, net vacancies amongst substantive Medical and Dental colleagues made up 12% of the substantive Medical and Dental establishment. Please note that this figure is representative of vacancies from a financial perspective thus not solely reflective of vacancies falling under active recruitment.**

**222/15**

**Waste Electrical and Electronic Equipment**

• Date of the next tender for the "Collection and Disposal of WEEE (Waste Electrical and Electronic Equipment)

**Answer: This is not planned for 2015 nor 2016. Our Trust does not have a contract with a company for the collection and disposal of electrical or electronic equipment.**

• Also a copy of the previous successful tender for the collection and disposal of WEEE.

**Answer: This is not applicable to our Trust as this has not been tendered for. Our Trust disposes of any medical electrical equipment via an auction house as and when required.**

**223/15**

**Electronic order communications systems**

1. If the Trust currently has an electronic order communications system, ie a laboratory test ordering system in place?  
**Answer: Yes**

- a. If so, which system?  
**Answer: Sunquest Information Systems, System is ICE Desktop**
- b. What was the cost of the system at the time of purchase?  
**Answer: £67,000**
- c. In which hospitals and in which departments is the system currently in use?  
**Answer: The system is used within our Manor Hospital for all Wards, Outpatient Consulting Rooms and Dermatology Department.**
- d. Has it been implemented for both wards and GPs?  
**Answer: Yes**
- e. Does the Trust have a current vendor contract for the software?  
**Answer: Yes**
- f. If so, when does it expire?  
**Answer: September 2015**
- g. Does the Trust have a current support contract for the software?  
**Answer: Yes**
- h. If so, when does it expire?  
**Answer: September 2015**
2. If the Trust currently also has an electronic Admission, Discharge and Transfer (ADT) system in place?  
**Answer: Yes**

**224/15**

**Consultants engaging in private practice**

Can I ask how many consultants in the last two years have been permitted to engage in private practice while on call for your trust, and any relevant details of these arrangements?

**Answer: Consultants employed by our organisation are not allowed to engage in private practice in the times when they are scheduled to do NHS work or are on call for NHS.**

**225/15**

**HR, Payroll and Bacs software contract expiry dates**

Could you please provide the following information?

1. When your current contract with HR and Payroll software expires.  
**Answer: Our HR payroll software is ESR, which uses an oracle application. This is a nationally procured contract by the Department of Health, our Trust does not hold this information. We recommend you contact the FOI Office at the Department of Health on email address using the link below or postal address; Ministerial correspondence and Public Enquiries Unit, Department of Health, Richmond House, 79 Whitehall, London, SW1A 2NS.**

<http://www.info.doh.gov.uk/contactus.nsf/memo?openform>

2. When your current contract with BACs payment software expires.  
**Answer: Our BACs payment software is also a nationally procured contract by the Department of Health, our Trust does not hold this information. We recommend you contact the FOI Office at the Department of Health on email address using the link below or postal address; Ministerial correspondence and Public Enquiries Unit, Department of Health, Richmond House, 79 Whitehall, London, SW1A 2NS.**
- <http://www.info.doh.gov.uk/contactus.nsf/memo?openform>
3. Where/if these services will be tendered.  
**Answer: ESR was tendered nationally a couple of years ago by Government and has been awarded this year to IBM.**
4. Are you joined to another trust with regards to the above information.  
**Answer: All NHS Trusts use systems instructed by Department of Health.**

**226/15**

**Disposal of Pregnancy Tissue**

1. a) For so far this financial year 2015/16 (From 1 April 2015 to 1 September 2015), how many pregnancy remains from pregnancy loss were disposed of by/via the hospital?  
**Answer: 178**

1. b) Please provide a breakdown by method of disposal to show the number:

- Incinerated with other clinical waste (as clinical waste)
- Incinerated individually
- Incinerated in batches/groups of other fetal remains only
- Cremated individually
- Cremated in batches/groups
- Buried individually
- Buried in batches/groups
- Passed to families for their own arrangements
- Other method (please explain method/s)

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

<b>2015/16 (From 1 April 2015 to 1 September 2015)</b>	<b>Number</b>	<b>Comments</b>
<b>- Incinerated with other clinical waste (as clinical waste)</b>	<b>0</b>	
<b>- Incinerated individually</b>	<b>0</b>	
<b>- Incinerated in batches/groups of other fetal remains only</b>	<b>59</b>	<b>These are products of conception with no foetal parts</b>
<b>- Cremated individually</b>	<b>77</b>	
<b>- Cremated in batches/groups</b>	<b>4</b>	<b>2 sets of twins</b>
<b>- Buried individually</b>	<b>33</b>	
<b>- Buried in batches/groups</b>	<b>0</b>	
<b>- Passed to families for their own arrangements</b>	<b>5</b>	
<b>- Other method (please explain method/s)</b>	<b>0</b>	

1. c) For those incinerated in any way, please provide a list of location/s where this was carried out.

**Answer: Inspire Healthcare, Warwick Road, Birmingham.**

2. a) For so far this financial year 2015/16 (From 1 April 2015 to 1 September 2015), how many pregnancy remains from termination were disposed of by/via the hospital?

**Answer: None. Our Trust no longer provides 'social' terminations. Any medical terminations have a full consent process for funeral options and are included within the figures above.**

2. b) Please provide a breakdown by method of disposal to show the number:

- Incinerated with other clinical waste (as clinical waste)
- Incinerated individually
- Incinerated in batches/groups of other fetal remains only
- Cremated individually
- Cremated in batches/groups
- Buried individually
- Buried in batches/groups
- Passed to families for their own arrangements
- Other method (please explain method/s)

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

2. c) For those incinerated in any way, please provide a list of location/s where this was carried out.

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

3. a) For the full financial year 2014/15, how many pregnancy remains from pregnancy loss were disposed of by/via the hospital?

**Answer: 703**

3. b) Please provide a breakdown by method of disposal to show the number:

- Incinerated with other clinical waste (as clinical waste)
- Incinerated individually
- Incinerated in batches/groups of other fetal remains only
- Cremated individually
- Cremated in batches/groups
- Buried individually
- Buried in batches/groups
- Passed to families for their own arrangements
- Other method (please explain method/s)

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

2014/15 (From 1 April 2014 to 31 March 2015)	Number	Comments
- Incinerated with other clinical waste (as clinical waste)	0	
- Incinerated individually	0	
- Incinerated in batches/groups of other fetal remains only	212	
- Cremated individually	434	
- Cremated in batches/groups	6	3 sets of twins
- Buried individually	42	
- Buried in batches/groups	0	
- Passed to families for their own arrangements	9	
- Other method (please explain method/s)	0	

3. c) For those incinerated in any way, please provide a list of location/s where this was carried out.

**Answer: Inspire Healthcare, Warwick Road, Birmingham.**

4. a) For the full financial year 2014/15, how many pregnancy remains from termination were disposed of by/via the hospital?

**Answer: 79**

4. b) Please provide a breakdown by method of disposal to show the number:

- Incinerated with other clinical waste (as clinical waste)
- Incinerated individually
- Incinerated in batches/groups of other fetal remains only
- Cremated individually
- Cremated in batches/groups
- Buried individually
- Buried in batches/groups
- Passed to families for their own arrangements
- Other method (please explain method/s)

**Answer: All terminations undertaken in theatres were sent for sensitive incineration via Inspire Health Care Services. This is a single stream incineration process, so there is no mixing with soiled clinical waste materials.**

4. c) For those incinerated in any way, please provide a list of location/s where this was carried out.

**Answer: Inspire Healthcare, Warwick Road, Birmingham.**

**227/15**

**Patient Transport Vehicles**

Your organisation published the tender below

Walsall: patient-transport vehicles  
2012/S 103-172949  
01/06/2012

My request is simply the full names and addresses of all of the companies who submitted a PQQ and / or ITT for this tender and whether they were successful or not, I would like to receive this information in either Word or Excel please.

**Answer: Please see below. This information is also provided within the enclosed excel spreadsheet as requested.**

Supplier	Address	Town/City	Post Code
Arriva Passenger Services Limited	Admiral Way, Doxford International Business Park	Sunderland	SR3 3XP
West Midlands ambulance Service	Millenium Point, Waterfront Way, Waterfront Business Park, Brierley Hill	Dudley	DY5 1LZ
NSL Limited	7 Park Plaza, Battlefield Enterprise Park	Shrewsbury	SY1 3AF
West Midlands Special Needs Transport	80 Park Road, Aston	Birmingham	B6 5PL

West Midlands Ambulance Service won the tender.

**228/15**

**Storage of Stillbirths/Foetal Remains Previous FOI Reference Number 0375/13**

I am writing to make a Freedom of Information request for the following information:

1. Please provide copies of all communications (including but not limited to emails, letters, memos, etc) held by the Trust that relates in any way to my FOI request of March 2014 on 'Storage of Stillbirths/Fetal Remains'. Your reference for the FOI request was 0375/13. I am requesting copies of all communications that make reference to this request and the subsequent public announcement by the Trust about the storage of a number of remains. Please also include copies of any third party or legal guidance sought in relation to the request, and the announcement.

**Answer: Further to our letter to you on the 29<sup>th</sup> October, please find enclosed, the remaining documents in relation to your request. All patient identifiable and staff information have been redacted from these documents under Section 40 (Personal Information).**

**The index emailed to you on the 29<sup>th</sup> October has been updated and also enclosed with this letter. The index details any documents which have been withheld under Section 36 (Prejudice to Effective conduct of Public Affairs), Section 42 (Legal Professional Privilege), Section 40 and Section 41 (Information Provided in Confidence).**

2. Please provide copies of all internal investigation reports/audits (or similar documents) into the storage of these remains (conducted after my FOI request). Please include reports/audits (or similar documents) produced by the Trust, or commissioned by the Trust.

**Answer: The two documents emailed to you on the 29<sup>th</sup> October cover this request.**

**We can confirm that regular audits have been conducted since your original request in March 2014. Copies of audit paperwork is withheld under Section 41.**

**229/15**

**Delayed Transfer Of Care costs and reimbursement**

Could you please send me the following data for each of the hospitals within your trust (where relevant) for the following financial years; 2011/12, 2012/13, 2013/14 and 2014/15:

- 1) Total cost to Walsall Healthcare NHS Trust for treatment of patients that were present due to Delayed Transfer Of Care (DTC) (before taking into account reimbursement from Local Authorities (LAs)).

**Answer: Please see below.**

**2011/12        £424,200**

**2012/13        £143,400**

**2013/14      £205,600**

**2014/15      £164,800**

- 2) a. Gross cost to Trust because of DTOC (before taking into account reimbursement from LAs) where 'Awaiting residential home placement or availability' was responsible for the delay.

**Answer: Please see below.**

**2011/12      £0**

**2012/13      £9,000**

**2013/14      £7,800**

**2014/15      £0**

- b. Gross cost to Trust because of DTOC (before taking into account reimbursement from LAs) where 'Awaiting nursing home placement or availability' was responsible for the delay.

**Answer: Please see below.**

**2011/12      £24,400**

**2012/13      £16,400**

**2013/14      £30,600**

**2014/15      £18,400**

- c. Gross cost to Trust because of DTOC (before taking into account reimbursement from LAs) where 'Awaiting care package in own home' was responsible for the delay.

**Answer: Please see below.**

<b>2011/12</b>	<b>£33,000</b>
<b>2012/13</b>	<b>£15,000</b>
<b>2013/14</b>	<b>£25,400</b>
<b>2014/15</b>	<b>£21,200</b>

- d. Gross cost to Trust because of DTOC (before taking into account reimbursement from LAs) where 'Patient or family choice' was responsible for the delay.

**Answer: Please see below.**

<b>2011/12</b>	<b>£43,000</b>
<b>2012/13</b>	<b>£28,000</b>
<b>2013/14</b>	<b>£27,800</b>
<b>2014/15</b>	<b>£28,800</b>

- 3) Total reimbursement to Trust (in line with CCA (2003) legislation) from LAs for DTOC patients

**Answer: £0**

- 4) a. Total reimbursement to Trust (in line with CCA (2003) legislation) from LAs for DTOC patients where 'Awaiting residential home placement or availability' was responsible for the delay.

**Answer: £0**

- b. Total reimbursement to Trust (in line with CCA (2003) legislation) from LAs for DTOC patients where 'Awaiting nursing home placement or availability' was responsible for the delay.

**Answer: £0**

- c. Total reimbursement to Trust (in line with CCA (2003) legislation) from LAs for DTOC patients where 'Awaiting care package in own home' was responsible for the delay.

**Answer: £0**

- d. Total reimbursement to Trust (in line with CCA (2003) legislation) from LAs for DTOC patients where 'Patient or family choice' was responsible for the delay.

**Answer: £0**

- 5) Whether the Trust engages a third party service to provide hospital discharge management or residential/nursing home matching services.

**Answer: We can confirm that our Trust does not engage a third party service to provide hospital discharge management.**

- 6) If the Trust engages with such third party service(s), the name of this provider(s).

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

**230/15**

### **Training Budgets**

I would like to request the following information about nurse training within your trust:

1. How many band 5, 6 and 7 and above nurses were employed as specialist nurses (also known as advanced practice nurses and nurse practitioners) within a chronic disease area in your trust in:
  - a. 2013/14? **Answer: As at 31 March 2014, there were five Specialist Nurse working in respiratory Care (COPD).**
  - b. 2014/15? **Answer: As at 31 March 2014, there were five Specialist Nurse working in respiratory Care (COPD).**
  - c. 2015/16? **Answer: As at 31 March 2014, there were five Specialist Nurse working in respiratory Care (COPD).**
  
2. Do you have:
  - a. nursing preceptorship programme; and/or **Answer: Yes**
  - b. a post-preceptorship career development programme in place? **Answer: Yes**

3. How many of your employees were funded to take higher education courses in advanced nursing practice or specialist nursing in:
- 2013/14? **Answer: 35 employees**
  - 2014/15? **Answer: 46 employees**
  - 2015/16? **Answer: 7 employees for the current academic/fiscal year**
4. According to completed study leave forms, how many hours of education and training did the nurses in question 1 attend in:
- 2013/14? **Answer: No study leave applications are recorded for these staff members.**
  - 2014/15? **Answer: No study leave applications are recorded for these staff members.**
  - 2015/16? **Answer: We can advise that one COPD staff member is currently attending an external course. Our application forms are not designed to capture external education and training activities in hours so we are not able to provide this information.**
5. Of the training hours completed by the nurses in question 4, how many were speciality specific training and how many were mandatory training?
- Answer: Specialist Nurses are required to complete the mandatory training listed below, speciality specific training is normally accessed via external training providers and as aforementioned these activities are not recorded in hours:**
- **7.5 hours Clinical Update Annually**
  - **E-learning module for Information Governance every year**
  - **E-Learning module for Equality & Diversity every 3 years**
  - **Safeguarding and Conflict Resolution Training every 3 years**
6. What is your trust doing to support the training of specialist nurses (also known as advanced practice nurses and nurse practitioners)?
- Answer: All nurses are supported by line managers in their departments to undertake any bespoke training. Core training is available for all nurses via Learning & Development. External learning specific to role is supported and funded via their department.**
7. How much of the total budget for nurse training was in:
- 2013/14? **Answer: £48,024.65**
  - 2014/15? **Answer: £38,069.32**
  - 2015/16? **Answer: 3,862.50 committed to date this year. Training budgets for each area are reviewed and allocated every year using the Training Needs Analysis mechanism. This is an ongoing process which is undertaken frequently to ensure we are in compliance with terms and conditions specified to our Trust by the fund provider (Health Education West Midlands); as such allocation figures vary for each academic/fiscal year.**

I would like to make the following request for information:

Total Sales value (excluding VAT) by Contract, by Supplier and by year for 2013 and 2014 for orders placed using the following NHS Supply Chain Framework contracts:

<b>Contract</b>
Sandwiches, Filling, Salads and Pastries
Hot and Vending Beverages
Food To Go
Delivered Ready Prepared Meals
Cook Chill Cook Freeze Delivered Meals and Specialist Meals
Fresh and Prepared Fruit, Vegetables and Fresh Poultry Eggs
Chilled and Frozen Food
Fresh Meat, Poultry Cooked Meats Fresh Pies and Sausages
Milk, Cream, Dairy Products, Bread and Morning Goods
Prepared Potatoes

Please see attached with list of contracts for which request applies and example/demonstration of information requested.

**Answer: Please find attached the completed spreadsheet as requested – copy available upon request.**

**232/15**

**Estates Information**

Could you please tell me who the Director or Head of Estates is and also provide contact details

**Answer: Colin Plant, is our Director of Estates and Facilities. His contact details are as follows;**

**Walsall Healthcare NHS Trust**

**Moat Road**

**Walsall**

**WS2 9PS**

**Tel: 01922 721172**

**Email: [colin.plant@walsallhealthcare.nhs.uk](mailto:colin.plant@walsallhealthcare.nhs.uk)**

**233/15  
Staffing Levels**

We would like some information around staffing levels at the Manor. We have picked out 3 departments we would like to focus on: General Surgery, Trauma & Orthopaedics and Paediatrics.

Could we possibly get figures on

- Staff coverage in these departments broken down into day and nights since January.
- Actual number of staff that cover part time and full time shifts since January.
- Number of nurses, midwives, care staff and doctors.

We would also appreciate actual numbers of inpatients and outpatients every month by department in order to determine the actual percentage of informal and formal complaints received by the Manor.

I would prefer for both set of information for all departments if this is available and not too much hassle. These three departments have been highlighted by our hospital intelligence group but personally I would prefer the info for all departments, save from having to ask again in the future

**Answer: With regards to staff coverage, this information is recorded in hours rather than shifts. Unfortunately, medical staffing records since January are not held in the format you have requested. This would require a member of staff spending more than 18 hours to analyse records in order to calculate the information you require. Is it possible for you to adapt or narrow your request down. Please let us know.**

The table below relates to registered Nurses and Care staff only and has been obtained from our monthly Safe Staffing returns which are presented at public Board meetings. Please note that records are only held for our hospital wards and not for each department within the Trust. Staff coverage since January for each department within the Trust is not electronically recorded centrally in order to provide this information.

Please also note that ward 12 was open as additional capacity until the end of June 2015, after which was closed.

The table below details staffing information by hours worked split by day and night for wards.

Nursing and Care Staff																
Ward	Jan-15		Feb-15		Mar-15		Apr-15		May-15		Jun-15		Jul-15		Aug-15	
	Hours Worked		Hours Worked		Hours Worked		Hours Worked		Hours Worked		Hours Worked		Hours Worked		Hours Worked	
	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night	Day	Night
Acute Medical Unit	5406	4640.5	4733.5	4069.5	5110.5	4117	5287	4496.5	5275.5	4473.5	5219	4404.5	5276	4542.5	5275	4531
Paediatric Assessment Unit	1007.5	874	893	851	1064.55	943	1065	966	1073	908.5	1072.5	908.5	1046.5	908.5	1084.5	851
Swift Discharge Suite	2856.5	1853	2719.8	1685	3054.4	1922	3014.6	1859	3037.4	1932.5	2934.7	1910.6	3019.1	1886.5	3100.5	1880

Ward 1	2808.7	1970	2693.25	1932	3094.25	2116	2735.75	2335.75	3115.25	2172	2662.5	2012.5	3112.25	1990	3059	1863
Ward 3	3369.5	1449	2921	1276.5	3262	1426	3262	1265	3483.5	1391.5	3795	1380	3162.5	1426	3093.5	1391.5
Ward 4	3587.1	2127.5	3201.9	1932	3275	2139	3360.5	2070	3044.5	2139	3299	2162	3273.25	2159	3143.5	2070
Ward 7	2357.5	1518	2047	1391.5	2242.5	1552.5	2277	1449	2265.5	1460.5	2553	1598.5	2593	1667.5	2541.5	1495
Ward 9	2842.5	1725	2735	1644.5	2963	1828.5	2782	1759.5	2811.5	1966.5	2763	1851.5	2999.6	2127.5	2923.5	1989.5
Ward 10	2921.5	1506.5	2628	1345.5	2827.4	1391	2795.2	1506.5	2757.5	1541	2645.5	1426	2670.5	1472	2599	1506.5
Ward 11	2788.5	1299.5	2619	1472	2927	1656	2796	1426	2748	1564	2595.5	1345.5	2791	1483.5	2281	1161.5
Ward 12	2481.5	1610	2050	1966.5	2443	1851.5	2416.5	1847	2388.5	1759.5	1624.5	1122.5	-	-	-	-
Ward 14	2411	1794	2328	1817	2654.5	1782.5	2700.5	1897.5	2864.5	2070	2850.5	1989.5	2933.5	1932	2749.5	1782.5
Ward 15	2244.5	1863	2151	1817	2239	1771	2104.5	1748	2438	1863	2277	1748	2537.5	1794	2583.54	1909
Ward 16	2467.25	1458.5	2073.5	1401.5	2455	1551.5	2471.5	1506.5	2466	1495	2410.5	1506.5	2320.5	1460.5	2307.25	1437.5
Ward 17	2254	1633	1995.25	1426	2231	1644.5	2102.25	1529.5	2208	1506.5	2307.75	1518	2357.5	1667.5	2265.5	1713.5
Ward 18	2237.25	1794	2016.5	1597.5	2212.75	1782.5	2167	1920.5	2105	2001	2094	2012.5	2055.5	1955	2064.75	1920.5
Ward 19	2368.6	2472.5	1983.75	1966.5	2236.75	2266.4	2231	2219.5	2174	2139	2087.25	2070	2121.75	2116	2006.25	1978
Ward 20a	1679	987	1579	859.5	1734	1046.5	1736.5	1035	1794	1081	1724	1344	1778	1054.5	1653	1069.5
Ward 20b	2828	1438.5	2564.5	1288	2847	1426	2760	1380	2820	1483.5	2679.5	1380	2659.5	1404.5	2758	1426
Ward 21	1728	1690.5	1518.5	1483.5	1702	1598.5	1725	1380	1702	1437.5	1621.5	1460.5	1698	1403	1472	1414.5
Ward 23	1470.5	1046.5	1450.5	966	1631	1070	1443.5	1035	1608	1092.5	1407.85	1035	1512	1000.5	1407.5	1069.5
Ward 24/25	3080	2610.5	2828.5	2518.5	3169	2771.5	3051	2737	2981	2656.5	2756	2668	2837	2656.5	2824	2480
Ward 28	1995	1809	1851	1631	1883.5	1771	1711.4	1705	1762.5	1721.5	1733	1694.5	1821.4	1767	1900	1819.5
Ward 29	1954.5	1296	2821	1966.5	3701.1	2808.5	3410	2199.5	3483.5	2354	3113.5	2108.5	3192.5	2409.5	2933.5	1863

The table below details the number of staff within each medical/clinical department within the Trust split by job role.

Staff in Post Effective 31 August 2015 (FTE) - By Division and Department						
Division	Area/Department	Additional Clinical Services (Care Staff)	Medical and Dental (Doctors)	Midwives	Nurses	Grand Total
Medicine & Long-Term Conditions	Accident & Emergency	0.00	34.31	0.00	46.99	81.30
Medicine & Long-Term Conditions	Acute Closer to Home	0.00	0.00	0.00	4.00	4.00
Medicine & Long-Term Conditions	Acute Palliative Care - Management	0.00	0.00	0.00	3.60	3.60
Medicine & Long-Term Conditions	Cancer Information Services	2.95	0.00	0.00	0.00	2.95
Medicine & Long-Term Conditions	Cannock Stroke/Rehab Service	2.00	0.00	0.00	2.00	4.00
Medicine & Long-Term Conditions	Cardiac Rehabilitation	0.00	0.00	0.00	6.49	6.49
Medicine & Long-Term Conditions	Cardiac Unit	1.00	0.00	0.00	2.00	3.00
Medicine & Long-Term Conditions	Cardiology	1.00	6.00	0.00	8.49	15.49
Medicine & Long-Term Conditions	Case Coordinator	0.00	0.00	0.00	3.00	3.00
Medicine & Long-Term Conditions	Chiroprody	3.63	0.00	0.00	0.00	3.63
Medicine & Long-Term Conditions	Clinical Intervention Team	3.00	0.00	0.00	15.32	18.32
Medicine & Long-Term Conditions	Community Matrons (Adult)	0.00	0.00	0.00	7.24	7.24
Medicine & Long-Term Conditions	Community Palliative Care - Management	0.00	0.00	0.00	1.00	1.00
Medicine & Long-Term Conditions	Community Palliative Care CNS team	0.00	0.00	0.00	7.23	7.23
Medicine & Long-Term Conditions	Complementary Therapies	1.32	0.00	0.00	0.00	1.32
Medicine & Long-Term Conditions	COPD	0.80	0.00	0.00	5.49	6.29
Medicine & Long-Term Conditions	Critical Care Outreach	0.00	0.00	0.00	0.61	0.61
Medicine & Long-Term Conditions	Dermatology	0.00	3.70	0.00	0.00	3.70
Medicine & Long-Term Conditions	Diabetes Centre	0.00	0.00	0.00	8.6	8.60
Medicine & Long-Term Conditions	Discharge Liaison Team	0.00	0.00	0.00	5.28	5.28
Medicine & Long-Term Conditions	Discharge Lounge	2.80	0.00	0.00	1.84	4.64
Medicine & Long-Term Conditions	District Nursing	18.63	0.00	0.00	92.36	11.71
Medicine & Long-Term Conditions	Early Intervention Team Adult	3.31	0.00	0.00	10.81	14.12
Medicine & Long-Term Conditions	Elderly Care	0.00	35.00	0.00	0.00	35.00
Medicine & Long-Term Conditions	Emergency General Medicine Consultant	0.00	4.00	0.00	0.00	4.00
Medicine & Long-Term Conditions	Endocrinology & Diabetes	0.00	1.10	0.00	0.00	1.10
Medicine & Long-Term Conditions	Endoscopy Unit	2.43	0.00	0.00	7.49	9.92
Medicine & Long-Term Conditions	Fair Oaks Day Hospice	2.43	0.00	0.00	4.56	6.99
Medicine & Long-Term Conditions	Falls Coordinator	0.00	0.00	0.00	3.60	3.60
Medicine & Long-Term Conditions	Gastroenterology	0.00	6.00	0.00	0.00	6.00

Medicine & Long-Term Conditions	General Medicine Non-Consultant	0.00	24.00	0.00	0.00	24.00
Medicine & Long-Term Conditions	Genito-Urinary Consultant	0.00	3.70	0.00	0.00	3.70
Medicine & Long-Term Conditions	Head of Nursing - MLTC	0.00	0.00	0.00	5.00	5.00
Medicine & Long-Term Conditions	Intermediate Care	3.87	0.00	0.00	0.00	3.87
Medicine & Long-Term Conditions	Lymphoedema Team	0.00	0.00	0.00	3.00	3.00
Medicine & Long-Term Conditions	Medicine & Long-Term Conditions Management	0.00	0.00	0.00	1.00	1.00
Medicine & Long-Term Conditions	Nephrology Consultant	0.00	1.00	0.00	0.00	1.00
Medicine & Long-Term Conditions	Neuro Rehab	1.57	0.00	0.00	4.00	5.57
Medicine & Long-Term Conditions	O.T.-Primary Care	1.96	0.00	0.00	0.00	1.96
Medicine & Long-Term Conditions	Occupational Therapy - Medicine & Long-Term Conditions	3.49	0.00	0.00	0.00	3.49
Medicine & Long-Term Conditions	On-Site Management	0.00	0.00	0.00	6.81	6.81
Medicine & Long-Term Conditions	Outreach Services	0.00	0.00	0.00	0.80	0.80
Medicine & Long-Term Conditions	Palliative Care Consultant	0.92	1.80	0.00	0.00	2.72
Medicine & Long-Term Conditions	Physiotherapy - Medicine & Long-Term Conditions	5.21	0.00	0.00	0.00	5.21
Medicine & Long-Term Conditions	Psychology	1.00	0.00	0.00	0.00	1.00
Medicine & Long-Term Conditions	Rehabilitation Services	2.00	0.00	0.00	0.80	2.80
Medicine & Long-Term Conditions	Respiratory	0.00	4.00	0.00	0.00	4.00
Medicine & Long-Term Conditions	Social Services	0.00	0.00	0.00	0.00	0.00
Medicine & Long-Term Conditions	South Staffs Stroke/Rehab Service	3.00	0.00	0.00	4.00	7.00
Medicine & Long-Term Conditions	Specialist Nurses	0.00	0.00	0.00	8.00	8.00
Medicine & Long-Term Conditions	Swift Discharge Suite	19.59	0.00	0.00	14.60	34.19
Medicine & Long-Term Conditions	Treatment & Care	0.00	0.00	0.00	2.00	2.00
Medicine & Long-Term Conditions	Walsall Stroke/Rehab Team	1.44	0.00	0.00	2.90	4.34
Medicine & Long-Term Conditions	Ward 1	16.95	0.00	0.00	22.41	39.36
Medicine & Long-Term Conditions	Ward 12	0.80	0.00	0.00	0.92	1.72
Medicine & Long-Term Conditions	Ward 14	16.37	0.00	0.00	16.37	32.74
Medicine & Long-Term Conditions	Ward 15	16.75	0.00	0.00	13.77	30.52
Medicine & Long-Term Conditions	Ward 16	15.46	0.00	0.00	16.24	31.70
Medicine & Long-Term Conditions	Ward 17	14.47	0.00	0.00	16.84	31.31
Medicine & Long-Term Conditions	Ward 29	19.07	0.00	0.00	11.37	30.44
Medicine & Long-Term Conditions	Ward 3	18.93	0.00	0.00	19.37	38.30
Medicine & Long-Term Conditions	Ward 4	16.92	0.00	0.00	20.05	36.97
Medicine & Long-Term Conditions	Ward 5/6 - Acute Medical Unit	36.68	0.00	0.00	34.84	71.52
Medicine & Long-Term Conditions	Ward 7	19.29	0.00	0.00	15.31	34.60
Surgery	Anaesthetics Consultant	0.00	22.43	0.00	0.00	22.43

Surgery	Anaesthetics Non-Consultant	0.00	26.75	0.00	0.00	26.75
Surgery	Arrivals Lounge	2.00	0.00	0.00	2.60	4.6
Surgery	Audiology	2.21	0.00	0.00	0.00	2.21
Surgery	Cancer Research Team	0.00	0.00	0.00	1.56	1.56
Surgery	Cancer Services Team	0.00	0.00	0.00	2.64	2.64
Surgery	Community Continence Service	0.00	0.00	0.00	4.20	4.20
Surgery	Community Oncology Nursing	0.00	0.00	0.00	2.00	2.00
Surgery	EasiBook - Pre-Admissions Assessment Unit	2.00	0.00	0.00	5.91	7.91
Surgery	General Surgery	0.00	37.00	0.00	0.91	37.91
Surgery	Head of Nursing - Surgery	0.00	0.00	0.00	5.77	5.77
Surgery	Medical Day Case Unit	0.69	0.00	0.00	2.00	2.69
Surgery	Newborn Hearing Screening	2.85	0.00	0.00	0.00	2.85
Surgery	Occupational Therapy - Surgery	1.91	0.00	0.00	0.00	1.91
Surgery	Oncology Consultant	0.00	0.10	0.00	0.00	0.10
Surgery	Orthoptics	0.00	1.60	0.00	0.00	1.60
Surgery	Otolaryngology Consultant	0.00	11.00	0.00	0.00	11.00
Surgery	Outpatients	19.92	0.00	0.00	7.51	27.43
Surgery	Physiotherapy	4.87	0.00	0.00	0.00	4.87
Surgery	Rheumatology Consultant	0.00	2.36	0.00	0.00	2.36
Surgery	Specialist Nurses - Anaesthetics	0.00	0.00	0.00	2.39	2.39
Surgery	Specialist Nurses	1.90	0.00	0.00	12.5	14.4
Surgery	Surgery Management	0.00	0.00	0.00	1.00	1.00
Surgery	Surgical Dentistry Non-Consultant	0.00	0.27	0.00	0.00	0.27
Surgery	T & O Ops Fracture Clinic	0.59	0.00	0.00	1.00	1.59
Surgery	Theatre Practitioner	17.88	0.00	0.00	35.75	53.63
Surgery	Trauma & Orthopaedics Consultant	0.00	31.00	0.00	0.00	31.00
Surgery	Urology Consultant	0.00	3.00	0.00	0.00	3.00
Surgery	Ward 10	15.77	0.00	0.00	13.45	29.22
Surgery	Ward 11	14.65	0.00	0.00	14.79	29.44
Surgery	Ward 18 - High Dependency Unit	5.77	0.00	0.00	18.77	24.54
Surgery	Ward 19 - Intensive Care Unit	0.00	0.00	0.00	42.18	42.18
Surgery	Ward 20A	7.81	0.00	0.00	9.68	17.49
Surgery	Ward 20B/C	15.36	0.00	0.00	20.36	35.72
Surgery	Ward 22 - Chemotherapy Unit	3.83	0.00	0.00	8.57	12.40
Surgery	Ward 9	16.44	0.00	0.00	17.07	33.51

Womens, Childrens & Clinical Support Services	Ante-Natal Clinic	4.60	0.00	3.00	1.92	9.52
Womens, Childrens & Clinical Support Services	Blood Sciences	27.79	0.00	0.00	1.00	28.79
Womens, Childrens & Clinical Support Services	Chemical Pathology Consultant	0.00	1.15	0.00	0.00	1.15
Womens, Childrens & Clinical Support Services	Children's Community Nursing	3.92	0.00	0.00	8.58	12.50
Womens, Childrens & Clinical Support Services	Chlamydia Screening Team	0.00	0.00	0.00	3.80	3.80
Womens, Childrens & Clinical Support Services	Clinical Measurement Unit	3.21	0.00	0.00	0.00	3.21
Womens, Childrens & Clinical Support Services	Community Medical	0.00	3.40	0.00	0.00	3.40
Womens, Childrens & Clinical Support Services	Community Midwives	10.92	0.00	43.52	0.00	54.44
Womens, Childrens & Clinical Support Services	Dietetics	0.60	0.00	0.00	1.00	1.6
Womens, Childrens & Clinical Support Services	Family Nurse Partnership	0.00	0.00	0.00	6.76	6.76
Womens, Childrens & Clinical Support Services	Haematology Consultant	0.00	2.00	0.00	0.00	2.00
Womens, Childrens & Clinical Support Services	Health Hotline	2.00	0.00	0.00	0.00	2.00
Womens, Childrens & Clinical Support Services	Health Trainers	11.65	0.00	0.00	0.00	11.65
Womens, Childrens & Clinical Support Services	Health Transition	0.00	0.00	0.00	1.00	1.00
Womens, Childrens & Clinical Support Services	Healthy Workplace	4.00	0.00	0.00	0.00	4.00
Womens, Childrens & Clinical Support Services	Histology	6.00	0.00	0.00	0.00	6.00
Womens, Childrens & Clinical Support Services	Histopathology	0.00	7.60	0.00	0.00	7.60
Womens, Childrens & Clinical Support Services	Health Visiting	13.48	0.00	0.00	58.19	71.67
Womens, Childrens & Clinical Support Services	ICES-PCT	1.00	0.00	0.00	1.00	2.00
Womens, Childrens & Clinical Support Services	Imaging Services	14.92	0.00	0.00	0.00	14.92
Womens, Childrens & Clinical Support Services	Looked After Children Nursing	0.00	0.00	0.00	3.00	3.00

Womens, Childrens & Clinical Support Services	Mental Health Promotion	1.80	0.00	0.00	0.00	1.80
Womens, Childrens & Clinical Support Services	Microbiology	7.00	1.00	0.00	0.00	8.00
Womens, Childrens & Clinical Support Services	Obstetrics & Gynaecology Consultant	0.00	29.30	0.00	0.00	29.3
Womens, Childrens & Clinical Support Services	Outpatients Prosthetics	0.50	0.00	0.00	0.00	0.50
Womens, Childrens & Clinical Support Services	Paediatric Children's Unit	14.50	0.00	0.00	35.88	50.38
Womens, Childrens & Clinical Support Services	Paediatric OT	1.00	0.00	0.00	0.00	1.00
Womens, Childrens & Clinical Support Services	Paediatrics Consultant	0.00	33.33	0.00	0.00	33.33
Womens, Childrens & Clinical Support Services	Pharmacy	19.05	0.00	0.00	0.00	19.05
Womens, Childrens & Clinical Support Services	Physical Activities Coordinator	6.83	0.00	0.00	0.00	6.83
Womens, Childrens & Clinical Support Services	Physiotherapy-Paediatrics	3.20	0.00	0.00	0.00	3.20
Womens, Childrens & Clinical Support Services	Quit Smoking Team	4.33	0.00	0.00	0.00	4.33
Womens, Childrens & Clinical Support Services	Radiology Consultant	0.00	6.95	0.00	0.00	6.95
Womens, Childrens & Clinical Support Services	School Health	7.50	0.00	0.00	19.54	27.04
Womens, Childrens & Clinical Support Services	Sexual Health Services	3.60	0.00	0.00	13.51	17.11
Womens, Childrens & Clinical Support Services	Specialist Nurse	1.00	0.00	0.00	4.85	5.85
Womens, Childrens & Clinical Support Services	Speech & Language Therapy	5.83	0.00	0.00	0.00	5.83
Womens, Childrens & Clinical Support Services	Ward 23/26/GAU	6.24	0.00	0.00	18.20	24.44
Womens, Childrens & Clinical Support Services	Ward 24	7.33	0.00	31.33	2.00	40.66
Womens, Childrens & Clinical Support Services	Ward 27 - Delivery Suite	17.57	0.00	52.95	0.92	71.44
Womens, Childrens & Clinical Support Services	Ward 28 - Neo-Natal Unit	1.80	0.00	8.35	24.28	34.43
Womens, Childrens & Clinical Support Services	Women's & Children's Management & Support	0.00	0.00	0.00	2.00	2.00

Womens, Childrens & Clinical Support Services	Women's Outpatients	2.96	0.00	0.00	5.39	8.35
Womens, Childrens & Clinical Support Services	Women's Services Management	0.00	0.00	3.50	0.00	3.50

The table below details the counts of inpatient admissions and outpatient attendances since January 2015. Unfortunately, we are not able to accurately split this information by department as this is not reportable on our system.

The tables below detail the number of outpatient attendances broken down by month and specialty during January 2015 – August 2015.

Year 2014/15	January 2015	February 2015	March 2015
<b>TOTALS</b>	<b>29682</b>	<b>27859</b>	<b>30190</b>
ACCIDENT AND EMERGENCY CLINIC eg. FRACTURE CLINIC	118	131	157
ALLIED HEALTH PROFESSIONAL EPISODE	6275	5808	6087
ANAESTHETICS	120	202	262
AUDIOLOGICAL MEDICINE	247	130	99
CARDIOLOGY	1100	943	1224
CARDIOTHORACIC SURGERY	20	25	41
CHEMICAL PATHOLOGY	179	165	179
CLINICAL GENETICS	0	0	0
CLINICAL HAEMATOLOGY	3030	2873	3115
CLINICAL PHYSIOLOGY	0	0	0
COMMUNITY HEALTH SERVICES MEDICAL	24	22	156
DERMATOLOGY	1150	1280	1420
ENDOCRINOLOGY	123	97	86
ENT	989	845	1145
GASTROENTEROLOGY	69	62	65
GENERAL MEDICINE	782	869	1036
GENERAL SURGERY	2014	1977	2065
GERIATRIC MEDICINE	368	326	381
GYNAECOLOGY	1750	1463	1435

HAEMATOLOGY	4	0	1
MEDICAL ONCOLOGY	360	388	416
MIDWIFE EPISODE	373	315	352
NEPHROLOGY	128	131	117
NEUROLOGY	386	371	439
NURSING EPISODE	2211	2050	2091
OBSTETRICS	620	626	718
OBSTETRICS AND GYNAECOLOGY	16	12	16
OPHTHALMOLOGY	1795	1668	1803
ORAL AND MAXILLO FACIAL SURGERY	0	0	0
ORAL SURGERY	411	377	350
ORTHODONTICS	435	365	362
PAEDIATRICS	911	848	876
PALLIATIVE MEDICINE	0	0	0
PLASTIC SURGERY	62	39	56
REHABILITATION	20	22	29
RHEUMATOLOGY	476	515	518
THORACIC MEDICINE	83	141	162
TRAUMA AND ORTHOPAEDICS	2487	2293	2417
UROLOGY	546	480	508
ZZZ Specialty not known	0	0	6

Year 2015/16	April 2015	May 2015	June 2015	July 2015	August 2015
<b>TOTALS </b>	<b>27728</b>	<b>26937</b>	<b>30514</b>	<b>30599</b>	<b>25302</b>
ACCIDENT AND EMERGENCY	154	174	146	151	164
ALLIED HEALTH PROFESSIONAL EPISODE	5696	5530	6022	6151	4861
ANAESTHETICS	255	286	297	293	191
AUDIOLOGICAL MEDICINE	62	58	53	29	23
CARDIOLOGY	1010	1037	1060	1431	1152
CARDIOTHORACIC SURGERY	37	24	32	24	25

CHEMICAL PATHOLOGY	127	177	160	161	110
CLINICAL HAEMATOLOGY	3284	2740	3094	3285	2841
COMMUNITY HEALTH SERVICES MEDICAL	287	311	325	278	284
DERMATOLOGY	1114	1065	1332	1341	996
ENDOCRINOLOGY	106	110	113	95	37
ENT	963	1033	1097	973	988
GASTROENTEROLOGY	32	59	57	61	45
GENERAL MEDICINE	840	816	1161	1200	723
GENERAL SURGERY	1353	1315	1784	1515	1032
GERIATRIC MEDICINE	407	405	417	391	323
GYNAECOLOGY	1478	1345	1284	1292	1112
HAEMATOLOGY	2	0	0	1	0
INFECTIOUS DISEASES	0	0	0	5	11
MEDICAL ONCOLOGY	358	350	412	377	387
MIDWIFE EPISODE	318	351	363	360	349
NEPHROLOGY	99	111	142	126	120
NEUROLOGY	295	324	345	450	299
NURSING EPISODE	2352	2331	2768	2655	2367
OBSTETRICS	614	557	803	943	830
OBSTETRICS AND GYNAECOLOGY	19	17	11	9	9
OPHTHALMOLOGY	1556	1643	1687	1593	1555
ORAL SURGERY	409	307	333	286	260
ORTHODONTICS	242	311	403	345	312
PAEDIATRICS	879	749	983	889	591
PLASTIC SURGERY	17	60	43	57	34
REHABILITATION	25	25	12	29	24
RHEUMATOLOGY	401	456	577	436	347
THORACIC MEDICINE	134	111	102	39	31
TRAUMA AND ORTHOPAEDICS	2241	2282	2563	2752	2368
UROLOGY	562	464	533	576	501
ZZZ Specialty not known	0	3	0	0	0

The tables below detail the number of inpatient admissions broken down by month and specialty during January 2015 – August 2015.

Year 2014/15	January 2015	February 2015	March 2015
<b>TOTALS</b>	<b>5807</b>	<b>5346</b>	<b>5905</b>
ACCIDENT AND EMERGENCY	1	2	5
ANAESTHETICS	7	10	30
CARDIOLOGY	169	143	151
CLINICAL HAEMATOLOGY	108	93	101
CLINICAL ONCOLOGY	69	53	61
DERMATOLOGY	1	5	1
ENDOCRINOLOGY	2	3	1
ENT	85	80	112
GASTROENTEROLOGY	71	45	70
GENERAL MEDICINE	1829	1639	1841
GENERAL SURGERY	622	597	703
GERIATRIC MEDICINE	52	33	44
GYNAECOLOGY	376	389	372
MEDICAL ONCOLOGY	277	245	271
MIDWIFE EPISODE	6	7	11
NEPHROLOGY	0	0	0
NEUROLOGY	1	0	5
NURSING EPISODE	22	7	13
OBSTETRICS	552	540	516
OPHTHALMOLOGY	128	72	74
ORAL AND MAXILLO FACIAL SURGERY	0	1	1
ORAL SURGERY	51	53	50
ORTHODONTICS	11	16	14
PAEDIATRICS	611	572	619
PALLIATIVE MEDICINE	0	0	0

<b>RHEUMATOLOGY</b>	<b>162</b>	<b>137</b>	<b>131</b>
<b>THORACIC MEDICINE</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TRAUMA AND ORTHOPAEDICS</b>	<b>370</b>	<b>389</b>	<b>438</b>
<b>UROLOGY</b>	<b>223</b>	<b>214</b>	<b>270</b>
<b>ZZZ Specialty not known</b>	<b>1</b>	<b>1</b>	<b>0</b>

<b>Year 2015/16</b>	<b>April 2015</b>	<b>May 2015</b>	<b>June 2015</b>	<b>July 2015</b>	<b>August 2015</b>
<b>TOTALS</b>	<b>5574</b>	<b>6039</b>	<b>6137</b>	<b>6048</b>	<b>5652</b>
<b>ACCIDENT AND EMERGENCY</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>
<b>ANAESTHETICS</b>	<b>4</b>	<b>36</b>	<b>30</b>	<b>25</b>	<b>16</b>
<b>CARDIOLOGY</b>	<b>160</b>	<b>163</b>	<b>195</b>	<b>172</b>	<b>189</b>
<b>CLINICAL HAEMATOLOGY</b>	<b>97</b>	<b>106</b>	<b>102</b>	<b>130</b>	<b>116</b>
<b>CLINICAL ONCOLOGY</b>	<b>54</b>	<b>66</b>	<b>77</b>	<b>89</b>	<b>68</b>
<b>CRITICAL CARE MEDICINE</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
<b>DERMATOLOGY</b>	<b>3</b>	<b>4</b>	<b>8</b>	<b>3</b>	<b>3</b>
<b>ENDOCRINOLOGY</b>	<b>4</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>0</b>
<b>ENT</b>	<b>100</b>	<b>86</b>	<b>110</b>	<b>92</b>	<b>94</b>
<b>GASTROENTEROLOGY</b>	<b>52</b>	<b>58</b>	<b>66</b>	<b>48</b>	<b>33</b>
<b>GENERAL MEDICINE</b>	<b>1756</b>	<b>1977</b>	<b>1834</b>	<b>1820</b>	<b>1802</b>
<b>GENERAL SURGERY</b>	<b>691</b>	<b>741</b>	<b>763</b>	<b>772</b>	<b>688</b>
<b>GERIATRIC MEDICINE</b>	<b>35</b>	<b>35</b>	<b>56</b>	<b>42</b>	<b>43</b>
<b>GYNAECOLOGY</b>	<b>388</b>	<b>340</b>	<b>406</b>	<b>402</b>	<b>354</b>
<b>MEDICAL ONCOLOGY</b>	<b>261</b>	<b>216</b>	<b>228</b>	<b>282</b>	<b>231</b>
<b>MIDWIFE EPISODE</b>	<b>19</b>	<b>18</b>	<b>14</b>	<b>18</b>	<b>8</b>
<b>NEPHROLOGY</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>NEUROLOGY</b>	<b>0</b>	<b>8</b>	<b>4</b>	<b>0</b>	<b>0</b>
<b>NURSING EPISODE</b>	<b>4</b>	<b>11</b>	<b>18</b>	<b>23</b>	<b>21</b>
<b>OBSTETRICS</b>	<b>516</b>	<b>602</b>	<b>552</b>	<b>569</b>	<b>591</b>
<b>OPHTHALMOLOGY</b>	<b>62</b>	<b>71</b>	<b>86</b>	<b>73</b>	<b>59</b>
<b>ORAL AND MAXILLO FACIAL SURGERY</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>

ORAL SURGERY	23	35	50	47	22
ORTHODONTICS	15	29	21	5	15
PAEDIATRICS	582	625	607	577	568
PALLIATIVE MEDICINE	0	0	0	0	0
RADIOLOGY	0	0	1	0	0
RHEUMATOLOGY	120	129	166	170	134
THORACIC MEDICINE	0	0	5	5	0
TRAUMA AND ORTHOPAEDICS	389	421	476	514	439
UROLOGY	239	260	259	168	156

**Follow Up Questions Received from Requester:**

Table 2: How does this work? Are there 46.99nurses in A&E treating medicine and long term conditions?  
Is this supposed to be number of shift covered? Please could you explain this table to me

**Answer: There are three divisions within our Trust of which departments sit. The first column within the table details the division, the second column details the department within that division. The number of full time equivalent staff members by job role working within that department is also detailed. For example, the first row within the table demonstrates that 34.31 FTE Doctors and 46.99 FTE Nurses work within our A&E Department. Our A&E Department sits within our Medicine and Long Term Conditions Division.**

Table 3: Were there truly only 118 outpatients attendances to A&E in January?! I would have thought there would be close to 200 attendances in a day!

**Answer: These are actually outpatient attendances and relate to clinic attendance and not attendance to the A&E department itself. We have recorded this entry within the table. This relates to A&E clinics only, for example, Fracture clinic.**

234/15

FOI Systems – Request Withdrawn

235/15

**NHS Agenda for Change Terms of Conditions for Reckonable Service on Continuous Service**

In accordance with the UK's Freedom of Information act, please could you provide the information requested in the attached survey.

**Answer: Please see the completed survey enclosed as requested.**

236/15

**Psoriasis treatment**

I have a Freedom of Information request regarding Psoriasis treatment. Could you please provide me with the numbers of patients treated in the last six months with the following drugs for Psoriasis.

Adalimumab

Apremilast

Etanercept

Infliximab

Ixekizumab

Secukinumab

Ustekinumab

**Answer: Unfortunately, our Pharmacy Department do not record patient conditions on their system in order to identify these patients and subsequently the drug treatments they received.**

**We can only provide some figures from our Blueteq system for inpatients within our Hospital. The total number of inpatients who have been prescribed these drug treatments for psoriasis on the system is detailed below.**

<b>Adalimumab</b>	<b>Answer: 26 patients</b>
<b>Apremilast</b>	<b>Answer: Nil</b>
<b>Etanercept</b>	<b>Answer: 12 patients</b>
<b>Infliximab</b>	<b>Answer: 3 patients</b>
<b>Ixekizumab</b>	<b>Answer: Nil</b>
<b>Secukinumab</b>	<b>Answer: Nil</b>
<b>Ustekinumab</b>	<b>Answer: 5 patients</b>

Does your trust have any policy on the use of biosimilar biologic drugs, if so, please can you supply?

**Answer: No, our Trust does not have a specific policy on the use of these drugs.**

237/15

**Agency/Locum Spend**

Under the Freedom of Information act 2000 I am writing to formally request the following information:-

1. Total amount the Trust spent on Agency/Locum (April 2014 – March 2015 Financial Year)
  - Nurses and

**Answer: During this time period, our Trust spent a total of £4,119,564.09 on Agency Nursing staff.**

- Allied Health Professionals/Health Science Services Staff
- **Answer: During this time period, our Trust spent a total of £783,777.14 on Agency/Locum Allied Health Professionals.**

PLEASE PROVIDE THESE TOTALS SEPARATELY.

2. For the information above to be broken down by speciality and grade. Please see speciality examples below;

Nurses – Admin & Clerical, Accident and Emergency, Critical Care, General Acute, General Community, Health Care Assistants, Intensive Therapy Unit, Mental Health, Midwifery, Paediatrics, Theatres, etc.

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

AHP/HSS - Biomedical Science, Clinical Physiology (Cardiology), Dietician, Occupational Therapy, Pharmacy, Physiotherapy, Radiography, Talking Therapy, Speech & Language Therapy, Psychology, Anatomical Pathology, etc.

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

Please feel free to use the grades as you store them within your records.

#### AHPs

Speciality	Agency AHPs £	Locum AHPs £	Total AHPs £
Stroke Rehabilitation	35,039	-	35,039
Occupational Therapy	68,287	6,035	74,322
Physiotherapy	170,806	177	170,983
Surgery Outpatients	40,354	-	40,354
SWIFT Discharge Suite	20,670	-	20,670
Chiropody	18,676	-	18,676
Unplanned Capacity	978	-	978
Imaging	266,975	15,831	282,806
Dietetics	139,949	-	139,949
<b>TOTAL</b>	<b>761,734</b>	<b>22,043</b>	<b>783,777</b>

#### Nursing

Speciality	Agency Nursing £	Agency HCAs £	TOTAL Nursing £
A&E	500,013	43,173	543,185
Acute medicine	418,900	164,757	583,656

<b>Anaesthetics - Pain Services</b>	<b>1,896</b>	<b>-</b>	<b>1,896</b>
<b>Arrivals Lounge</b>	<b>343</b>	<b>173</b>	<b>515</b>
<b>Bed Bureau</b>	<b>575</b>	<b>733</b>	<b>1,309</b>
<b>Blood Sciences</b>	<b>-</b>	<b>1,708</b>	<b>1,708</b>
<b>Chemotherapy</b>	<b>63,813</b>	<b>327</b>	<b>64,140</b>
<b>Clinical Intervention Team</b>	<b>49,085</b>	<b>-</b>	<b>49,085</b>
<b>Day Case Surgery</b>	<b>143,277</b>	<b>24,425</b>	<b>167,702</b>
<b>Delivery Suite</b>	<b>14,573</b>	<b>-</b>	<b>14,573</b>
<b>Dental</b>	<b>156</b>	<b>-</b>	<b>156</b>
<b>Diabetes</b>	<b>33,868</b>	<b>47,974</b>	<b>81,843</b>
<b>Discharge Lounge</b>	<b>7,582</b>	<b>2,399</b>	<b>9,981</b>
<b>District Nursing</b>	<b>16,054</b>	<b>-</b>	<b>16,054</b>
<b>Elderly Care</b>	<b>218,507</b>	<b>126,487</b>	<b>344,993</b>
<b>Gastroenterology</b>	<b>48,069</b>	<b>45,452</b>	<b>93,522</b>
<b>General Surgery</b>	<b>467,137</b>	<b>118,063</b>	<b>585,200</b>
<b>High Dependency Unit</b>	<b>15,355</b>	<b>4,174</b>	<b>19,528</b>
<b>Intensive Therapy Unit</b>	<b>85,914</b>	<b>2,044</b>	<b>87,958</b>
<b>Medical Daycase Unit</b>	<b>15,622</b>	<b>830</b>	<b>16,452</b>
<b>Medicine Capacity</b>	<b>16,899</b>	<b>8,146</b>	<b>25,045</b>
<b>Outpatients</b>	<b>33,529</b>	<b>-</b>	<b>33,529</b>
<b>Paediatric Childrens Unit</b>	<b>245,881</b>	<b>2,102</b>	<b>247,983</b>
<b>Psychology</b>	<b>1,217</b>	<b>-</b>	<b>1,217</b>
<b>Respiratory Care</b>	<b>52,785</b>	<b>18,396</b>	<b>71,181</b>
<b>Cardiology</b>	<b>166,878</b>	<b>49,277</b>	<b>216,155</b>
<b>Surgery Capacity</b>	<b>127,248</b>	<b>15,616</b>	<b>142,864</b>
<b>SWIFT Discharge Suite</b>	<b>64,181</b>	<b>20,512</b>	<b>84,693</b>

Theatres	161,354	3,125	164,479
Trauma & Orthopaedics	110,191	49,004	159,195
Unplanned Capacity	142,190	11,661	153,851
Womens Services Capacity	111,815	24,101	135,916
<b>TOTAL</b>	<b>3,334,906</b>	<b>784,658</b>	<b>4,119,564</b>

238/15

### Patient Funerals

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

1. What happens when a patient dies in the care of the trust and there are no details of the next of kin provided?

**Answer: In terms of inpatients, our Trust's General Office check electronic patient administration systems for any contact details. If the deceased was an inpatient, we contact the relevant ward for information on them receiving any visitors. General Office will also liaise with the relevant General Practitioner's Surgery and then a Standing Operating Procedure (SOP) is followed. The SOP details the step by step process for placing articles in the local press asking for relatives of the deceased to contact our Trust.**

**Please note that when a patient dies within our A&E Department or within the community, as they were not an inpatient at the time of death, the responsibility does not lie with our Trust but with Environmental Health.**

2. Who tries to locate/trace the next of kin if the information is unknown? (name, department and contact details)

**Answer: Staff details below Director level are withheld under Section 40 (Personal Information). General Office try to locate the next of kin. The Director responsible for this Department is Richard Cattell. His contact details are as follows;**

**Walsall Healthcare NHS Trust  
Trust HQ  
Manor Hospital  
Moat Road  
Walsall  
WS2 9PS  
Tel: 01922 721172  
Email address; [richard.cattell@walsallhealthcare.nhs.uk](mailto:richard.cattell@walsallhealthcare.nhs.uk)**

3. What are the steps taken to locate the next of kin of the deceased patient?

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

4. What happens when the trust is unable to locate the next of kin?

**Answer: If no contact is received following an article in the local press, our Trust organise a funeral for the deceased.**

5. If the patient dies within the care of the trust and the next of kin cannot be traced, whose responsibility is it to provide a funeral? (name and contact details)

**Answer: If no next of kin can be identified, our Trust is responsible for organising a funeral for the deceased. Contact details are as follows;**

**Walsall Healthcare NHS Trust  
General Office  
Manor Hospital  
Moat Road  
Walsall  
WS2 9PS  
Tel: 01922 721172**

6. On how many instances has the trust provided a funeral for a patient (time frame January 2014 to present)?

**Answer: 27**

7. Of these public health funerals please provide:

a) Name of deceased

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

b) Date of birth and date of death

**Answer: Date and month of death as well as day and month of birth is withheld under Section 40 (Personal Information). Year of birth is detailed above as this information was released in the local press at the time.**

c) Last residential address

**Answer: This information is withheld under Section 40 (Personal Information).**

d) Have the next of kin/family members been traced?

**Answer: No**

e) What date have the details been referred to the QLTR, Bona Vacantia, Treasury Solicitor, Government Legal Department, National Ultimeus Haeres, Duchy or Farrer & Co?

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

Name of Deceased	Year of Birth	Year of Death	Next of Kin/ Family Member Traced?
James Doran	1939	2014	No
Victor Coussens	1930	2014	No
David Northall	1950	2014	No
Alfred Brindley	1927	2014	Yes
Charles Latham	1923	2014	No
Michael Cant	1955	2014	No
Trixie Banks	1928	2014	Yes
Charles Maycock	1915	2014	No
Marjorie Sadler	1925	2014	No
Kevin Smith	1966	2014	No
Terrance Lee	1938	2014	Yes
William Vine	1954	2014	No
Paul Mason	1954	2014	Yes
Danuta Makowska	1946	2014	Yes
Robert Jurgielewicz	1967	2014	No
Myrna Lunn	1942	2015	No

<b>Roger Lomas</b>	<b>1945</b>	<b>2015</b>	<b>Yes</b>
<b>Colin Harris</b>	<b>1935</b>	<b>2015</b>	<b>No</b>
<b>Dawn Miller</b>	<b>1965</b>	<b>2015</b>	<b>No</b>
<b>Susie Walker</b>	<b>1984</b>	<b>2015</b>	<b>No</b>
<b>John Birch</b>	<b>1945</b>	<b>2015</b>	<b>No</b>
<b>Malcolm Steatham</b>	<b>1941</b>	<b>2015</b>	<b>No</b>
<b>Derek Billingham</b>	<b>1941</b>	<b>2015</b>	<b>No</b>
<b>Gerald Clift</b>	<b>1935</b>	<b>2015</b>	<b>No</b>
<b>Stanley Hall</b>	<b>1944</b>	<b>2015</b>	<b>No</b>
<b>Colin Lloyd</b>	<b>1942</b>	<b>2015</b>	<b>Yes</b>
<b>Michael Lewis</b>	<b>1964</b>	<b>2015</b>	<b>Yes</b>

8. Have there been cases where the trust has referred/or plan on referring details of the deceased patient to the Treasury Solicitor/Government Legal Department, Bona Vacantia, National Ultimus Haeres, Crown Solicitor, Duchy Farrer & Co or QLTR?

**Answer: No**

9. Which other organisations have details (of the deceased with no known kin) been passed to and why?

**Answer: Please see the list below of other organisation our Trust may contact to inform them that the patient is deceased.**

- **A housing officer- to clear property and obtain bank details**
- **Banks- in order to find funding for funeral and freeze assets**
- **Register Office- to register death**
- **Social Worker- if one involved**
- **Solicitor- if a solicitor is involved or a Will is available.**

10. Does the trust conduct an asset search and/or will search?

**Answer: No**

11. Which department deals with the deceaseds assets? (name and contact details)

**Answer: This is completed by our General Office. Staff details below Director level are withheld under Section 40 (Personal Information). The Director responsible for this Department is Richard Cattell. His contact details are as follows;**

**Walsall Healthcare NHS Trust  
Trust HQ  
Manor Hospital  
Moat Road  
Walsall  
WS2 9PS  
Tel: 01922 721172  
Email address; [richard.cattell@walsallhealthcare.nhs.uk](mailto:richard.cattell@walsallhealthcare.nhs.uk)**

12. Is the trust responsible for selling the assets in order to compensate for the funeral costs?

**Answer: No**

13. Does the trust have an Empty Homes department? (name, contact details)

**Answer: No**

14. What is the role of the Empty Homes department?

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

## Cases of Carbon Monoxide Poisoning

- How many cases of carbon monoxide poisoning have been treated in the past year (July 2014 - July 2015)?  
**Answer: In total there were four (4) patients that were identified as being treated within A&E or as an inpatient during the date range selected. This figure has been produced by our Clinical Coding system.**
- How many cases of carbon monoxide poisoning in children aged 0-18 have been treated in the past year (July 2014 - July 2015)?  
**Answer: Nil**
- How many cases of carbon monoxide poisoning in adults aged 18-25 have been treated in the past year (July 2014 - July 2015)?  
**Answer: Nil**
- How many cases of carbon monoxide poisoning in adults aged 60+ have been treated in the past year (July 2014 - July 2015)?  
**Answer: The four cases mentioned above related to patients over 60 years of age.**

----

- How many cases have attended A&E in the past year with suspected carbon monoxide poisoning?  
**Answer: In total there were three (3) patients that were identified as being treated within A&E during the date range selected.**
- How many children aged 0-18 have attended A&E in the past year with suspected carbon monoxide poisoning?  
**Answer: Nil**
- How many adults aged 18-25 have attended A&E in the past year with suspected carbon monoxide poisoning?  
**Answer: Nil**
- How many adults aged 60+ have attended A&E in the past year with suspected carbon monoxide poisoning?  
**Answer: The three cases mentioned above related to patients over 60 years of age.**

---

- How many cases have been treated in A&E in the past year (July 2014 - July 2015) for carbon monoxide poisoning?  
**Answer: In total there were three (3) patients that were identified as being treated within A&E during the date range selected.**
- How many children aged 0 - 18 have been treated in A&E in the past year (July 2014 - July 2015) for carbon monoxide poisoning?  
**Answer: Nil**
- How many adults aged 18 - 25 have been treated in A&E in the past year (July 2014 - July 2015) for carbon monoxide poisoning?  
**Answer: Nil**
- How many adults aged 60+ have been treated in A&E in the past year (July 2014 - July 2015) for carbon monoxide poisoning?

**Answer: The three cases mentioned above related to patients over 60 years of age.**

---

- How many cases have been admitted from A&E in the past year (July 2014 - July 2015) for carbon monoxide poisoning treatment?

**Answer: In total there was one (1) patient that was identified as being admitted during the date range selected. This figure has been produced by our Clinical Coding system.**

- How many children aged 0 - 18 have been admitted from A&E in the past year (July 2014 - July 2015) for carbon monoxide poisoning treatment?

**Answer: Nil**

- How many adults aged 18 - 25 have been admitted from A&E in the past year (July 2014 - July 2015) for carbon monoxide poisoning treatment?

**Answer: Nil**

- How many adults aged 60+ have been admitted from A&E in the past year (July 2014 - July 2015) for carbon monoxide poisoning treatment?

**Answer: The case mentioned above related to a patient over 60 years of age**

---

- How many people have died in the past year (July 2014 - July 2015) due to carbon monoxide poisoning?

**Answer: Unfortunately, we are not able to conduct cause of death searches on our current systems in order to identify this information. To identify this information, it would require a manual check of over 3000 individual paper records which would exceed 18 hours of work to complete. We recommend you contact the Office of National Statistics as they hold mortality data and may be able to help you. Their email address is; [info@ons.gsi.gov.uk](mailto:info@ons.gsi.gov.uk) or telephone number; 0845 601 3034 / 0203 684 5069.**

- How many children aged 0 - 18 have died in the past year (July 2014 - July 2015) due to carbon monoxide poisoning?

**Answer: Please see the answer above.**

- How many adults aged 18 - 25 have died in the past year (July 2014 - July 2015) due to carbon monoxide poisoning?

**Answer: Please see the answer above.**

- How many adults aged 60+ have died in the past year (July 2014 - July 2015) due to carbon monoxide poisoning?

**Answer: Please see the answer above.**

---

- How many people have been hospitalised in the past year (July 2014 - July 2015) due to carbon monoxide poisoning?

**Answer: In total there was one (1) patient that was identified as being admitted during the date range selected. This figure has been produced by our Clinical Coding system.**

- How many children aged 0 - 18 have been hospitalised in the past year (July 2014 - July 2015) due to carbon monoxide poisoning?

**Answer: Nil**

- How many adults aged 18 - 25 have been hospitalised in the past year (July 2014 - July 2015) due to carbon monoxide poisoning?

**Answer: Nil**

- How many adults aged 60+ have been hospitalised in the past year (July 2014 - July 2015) due to carbon monoxide poisoning?

**Answer: The case mentioned above related to a patient over 60 years of age**

**240/15**

### **ICT Server Contracts**

I would like to submit a Freedom of Information Request relating to specific ICT contract(s) for Server Hardware Maintenance, Server Virtualisation License and Maintenance and Storage Area Network Maintenance/Support which may include:

- Server Hardware Maintenance- contract relating to the support and maintenance of the's organisations servers.
- Virtualisation Licensing (VMware, Solaris, Unix, Linux, Windows Server)-
- Virtualisation Maintenance/Support (VMware, Solaris, Unix, Linux, Windows Server)
- Storage Area Network Maintenance/Support (EMC, NetApp etc)

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

1. Contract Title:  
**Server Maintenance - servers are maintained in contract for approx 4yrs, after manufacturer warranty expires (Total 7 years)**  
**SAN Maintenance – maintenance contract renewed annually**  
**Network Maintenance – renewed annually**  
**VMware Licensing - renewed annually**
2. Contract Type: Please input one the type of contract from above e.g. Hardware Maintenance, Virtualisation Licensing, Virtualisation Maintenance/Support, Storage Area Network Maintenance  
**Server Maintenance – Once Manufacturer maintenance expires we eTender for best cost cover**  
**SAN Maintenance – Maintained with current supplier**  
**Network Maintenance – Community sites Annually renewed with HP for Core Switches Only**  
**VMWare Licensing – eTender done for best cost**
3. Existing/Current Supplier:  
**Server Maintenance - Insight**  
**SAN Maintenance - Proact**  
**Network Maintenance - HP**  
**VMware Licensing – Softcat**
4. Hardware Brand: Please state the hardware or software brand related to the contract with supplier e.g. Hardware Maintenance could be Dell, IBM etc  
**Server Maintenance - Dell**  
**SAN Maintenance - NetApp**

**Network Maintenance - HP**  
**VMware Licensing - VWware**

5. Operating System / Software(Platform): (Windows, Linux, Unix, VMWare etc.) the brand name relating to the contract.  
**Server Maintenance - Windows**  
**SAN Maintenance - NetApp**  
**Network Maintenance - HP**  
**VMware Licensing - VWware**
6. Annual Average Spend: (For the whole duration of the contract, if the total value sent is per annum please state this in the response)  
**Server Maintenance - £12,000 inc VAT per annum**  
**SAN Maintenance - £90,000 inc VAT per annum**  
**Network Maintenance - £30,000 inc VAT per annum**  
**VMware Licensing - £31,000 inc VAT per annum**
7. Contract Duration: (Please can you also include notes if the contract includes any contract extension periods.)  
**Server Maintenance – 12 months**  
**SAN Maintenance - 12 months**  
**Network Maintenance - 12 months**  
**VMware Licensing - 12 months**
8. Contract Expiry Date:  
**Server Maintenance – Mar 2016**  
**SAN Maintenance – Mar 2016**  
**Network Maintenance – Oct 2015**  
**VMware Licensing – Jun 2016**
9. Contract Review Date: (An approximate date of when the organisation is planning to review this particular contract.)  
**Server Maintenance – Jan 2016**  
**SAN Maintenance - Jan 2016**  
**Network Maintenance – Aug 2015**  
**VMware Licensing – Apr 2016**
10. Brief Contract Description: I require a brief description of the service provided under this contract.  
**Server Maintenance - Hardware cover for Dell servers that are out of manufacture 3yr warranty**  
**SAN Maintenance - Hardware and support cover**  
**Network Maintenance - Hardware and firmware support**  
**VMware Licensing - Licensing upgrade and support**
11. Internal Contact: (The person from within the organisation that is responsible for reviewing and renewing this particular contract. Please include there full name, job title, direct contact number and direct email address.)  
**We do not release staff details below director level. This is withheld under Section 40 (Personal Information). Steve Darkes is the Director responsible for this service. His email address is; [steve.darkes@walsallhealthcare.nhs.uk](mailto:steve.darkes@walsallhealthcare.nhs.uk) and telephone number is 01922 721172.**

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

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

**241/15  
Structural Charts**

Please can you provide me with the organisational structure charts of the following departments:

Human Resources  
Organisational Development  
Medical Staffing  
Recruitment  
Workforce  
Learning and Development  
Education and Training

**Answer: This is exempt under Section 21 (Information Available by Other Means). This structural chart is accessible via our publication scheme on our Trust website. Please use the link below to access structural charts;**

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

**242/15  
Workforce Expenditure and Vacancies**

Kindly provide the information concerning workforce expenditure and vacancies in the year to 31 March 2015 for your Trust as set out in the attached excel spreadsheet. Kindly complete the figures on the spreadsheet.

We are seeking information on expenditure in the year to 31 March 2015 on frontline staff (that is staff who directly care for patients) split between Doctors, Nurses and Other Staff, and expenditure on Non-Frontline staff. For each of these staff groups we seek a breakdown of expenditure between permanent staff, extra cover (broken down between additional hours, bank/NHSp, Overtime and Agency) and Contract/Interim.

We also seek a breakdown of total expenditure for the Trust in the year to 31 March 2015 split between Workforce Expenditure, Non-Workforce Expenditure categorised as Revenue expenditure and Non Workforce Expenditure categorised as Capital expenditure (ie. finance costs and public dividend capital).

We are also seeking information on vacancies as at the start of the period (that is 1 April 2014) and at the end of the period (that is 31 March 2015). We would like the vacancies expressed as a percentage of the total workforce, ie. Vacancies/Establishment x 100. We refer to this as the % Vacancy. We seek the % Vacancy for frontline staff broken down between Doctors, Nurses and Other Staff and for Non- Frontline Staff.

**Answer: Unfortunately, we are not able to split the contracted and interim staff from permanent staff as we use the same subjective codes for these staff members. Therefore, the 'Permanent Column' covers permanently employed, contracted and interim staff. The bank figure includes locums and the overtime figure includes 'Waiting List initiative' sessions performed by our Consultants which is not part of their contracted time.**

**Please find enclosed the completed spreadsheet as requested – copy available upon request.**

**243/15**

## **Audited Accounts, Auditors Fees, Consultants and Outpatient Fees**

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

**Answer: Our Annual Accounts Report has been published on our website. Exemption under Section 21 (Information Available by Other Means) has been applied. You can download a copy of the report from our website using the link below.**

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

**We hereby provide you with notice, that if we receive a duplicate request for this information from you within the next 12 months, it may be refused as vexatious under the Act.**

Please confirm the name of the auditors and fees to do such hospital yearly accounts.

**Answer: We can confirm that Grant Thornton UK LLP conducted the audits during 2014/15 of our accounts. The external audit fee for 2014/15 was £108,000 (incl VAT) for completion of the accounts and undertaking their work in assessing audit risk.**

**We hereby provide you with notice, that if we receive a duplicate request for this information from you within the next 12 months, it may be refused as vexatious under the Act.**

Please send me the hospital fees for a male circumcision operation and the names of the Consultant Urology Surgeons and their outpatients fees before the operation and a stay of 1 night in hospital for the operation.

**Answer: Our organisation's chargeable fee to private patients is £200 if the operation is performed under local anaesthetic and £500 if performed under general anaesthetic. A cost per night will not apply in this case.**

**The following surgeons are currently employed by our organisation.**

**Mr S Chandrasekharan, Consultant Urologist**

**Mr S Ganta, Consultant Urologist**

**Mr S R Koneru, Consultant Urologist**

**The Trust is not involved in transactions between Surgeons and their private patients. The fees charged by Surgeons for private outpatient consultants are a matter for the surgeon and his patient.**

**We hereby provide you with notice, that if we receive a duplicate request for this information from you within the next 6 months, it may be refused as vexatious under the Act.**

Please send me the hospital fees for a weight loss operation and the names of Consultants who do such operations and their fees.

**Answer: Answer: Our organisation does not have a fixed price for bariatric operations. We actually treat very few private inpatients as most Surgeons undertake their private work elsewhere. If we did undertake the operation privately, the total cost would consist of the cost of the length of stay and time in theatre. These costs are broken down below.**

**The cost of an inpatient stay on a ward is £345 per day.**

**Theatre costs depend on the length of the operation. Please see the table below.**

<b>Time of Operation</b>	<b>Cost £</b>
--------------------------	-------------------

Operations lasting up to 30 minutes	629
Operations lasting over 30 and up to 60 minutes	1181
Operations lasting over 60 and up to 120 minutes	2186
Operations lasting longer than 120 minutes	2990

The following surgeon is currently employed by our organisation who performs Bariatric operations;

**Mr Mirza, Bariatric General Surgeon**

The Trust is not involved in transactions between Surgeons and their private patients. The fees charged by Surgeons for private outpatient consultants are a matter for the surgeon and his patient.

We hereby provide you with notice, that if we receive a duplicate request for this information from you within the next 6 months, it may be refused as vexatious under the Act.

Please send me the names of Consultant Psychiatrists who can treat depression and anxiety problems and their outpatient fees.

**Answer: We do not employ any Consultant Psychiatrists within our organisation. We would recommend that you redirect your request to Dudley & Walsall Mental Health Trust, Freedom of Information Office, 47-49 Kings Street, Dudley, West Midlands, DY2 8PS or email [foi@dwmh.nhs.uk](mailto:foi@dwmh.nhs.uk)**

We hereby provide you with notice, that if we receive a duplicate request for this information from you in the future, it may be refused as vexatious under the FOI Act.

What is the fee for a CT scan of the lower back spine.

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

Walsall Healthcare NHS Trust CT Scan Prices for Private Patients 2015/16	£
Computerised Tomography Scan, one area, no contrast, 19 years and over	116
Computerised Tomography Scan, one area, no contrast, 6 to 18 years	120
Computerised Tomography Scan, one area, no contrast, 5 years and under	152
Computerised Tomography Scan, one area, with post contrast only, 19 years and over	134
Computerised Tomography Scan, one area, with post contrast only, 6 to 18 years	135
Computerised Tomography Scan, one area, with post contrast only, 5 years and under	167
Computerised Tomography Scan, one area, pre and post contrast	125
Computerised Tomography Scan, two areas without contrast	125

We hereby provide you with notice, that if we receive a duplicate request for this information from you within the next 6 months, it may be refused as vexatious under the Act.

Please send me names and addresses of main NHS Hospitals in cities of Wellingborough, Chorley, Leyland, Royal London Hospital and Preston.

**Answer: Exemption under Section 21 (Information Available by Other Means) has been applied. We would recommend you conduct searches on the NHS Choices website on the intranet via the following link: <http://www.nhs.uk/Pages/HomePage.aspx>.**

**You will be able to find addresses and contact numbers for NHS Services across the whole of the UK.**

**We hereby provide you with notice, that if we receive a duplicate request for this information from you in the future, it may be refused as vexatious under the FOI Act.**

**244/15**

**Reference Costs Data**

In your reference costs data for 2013/14 that the Department of Health has published, when you reported unbundled rehabilitation days did you reduce the core Spell number of days by that same number (as per the reference costs guidance and in theory done automatically for you by the grouper) please?

In case it helps the reference costs guidance is attached and I am referring to paragraph 230, figure 4 on page labelled 52 (actually the 53rd page).

**Answer: Yes, we follow the guidance and exclude the Rehabilitation days from the spell length of stay.**

**245/15**

**PAS and/or EPR System**

Please can you tell me if your organisation used a consultancy firm to assist with the procurement of your Trust's PAS and or EPR system, procured in March 2014?

**Answer: We can confirm that our Trust did not have any assistance from a consultancy firm with procuring our PAS system.**

If you could please let me know the name of the consultancy used, and if possible, the name of the individual contact within that consultancy, it would be appreciated.

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

**246/15**

**VTE Prevention**

**FREEDOM OF INFORMATION REQUEST**

**FOI request into compliance of Trust Venous  
Thromboembolism (VTE) prevention policies with national  
VTE guidance**

**Name: Various Divisions within the Trust**

---

**Position: Various Divisions within the Trust**

---

**Acute Trust: Walsall Healthcare NHS Trust**

---

**Email:** [foi@walsallhealthcare.nhs.uk](mailto:foi@walsallhealthcare.nhs.uk)

---

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

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

**Venous thromboembolism (VTE) is a collective term referring to deep vein thrombosis (DVT) and pulmonary embolism (PE). VTE is defined by the following 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.**

**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. (Tick one box)**

Yes, the policy is attached. Please note that the policy is currently under review – copy available upon request	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

**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? (Tick 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	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

- *Statement 2:* Patients/carers are offered verbal and written information on VTE prevention as part of the admission process.

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

- *Statement 3:* Patients provided with anti-embolism stockings have them fitted and monitored in accordance with NICE guidance.

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

- *Statement 4:* Patients are re-assessed within 24 hours of admission for risk of VTE and bleeding.

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

- *Statement 5:* Patients assessed to be at risk of VTE are offered VTE prophylaxis in accordance with NICE guidance.

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

- *Statement 6:* Patients/carers are offered verbal and written information on VTE prevention as part of the discharge process.

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

- *Statement 7:* Patients are offered extended (post hospital) VTE prophylaxis in accordance with NICE guidance.

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

c) Is your Trust part of a Patient Safety Collaborative where VTE is a priority? If yes, please name the collaborative.

Yes  <u>Name of Collaborative:</u>	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

**QUESTION TWO – ADMISSION TO HOSPITAL FOR VTE**

a) How many patients were admitted to your Trust for VTE which occurred outside of a secondary care setting between 1 April 2014 and 31 March 2015?

Our Trust had 273 confirmed cases of VTE. 94 of these were diagnosed in the community, 22 were from Nursing/Residential Homes and 1 was from a Mental Health facility.

b) Of these patients, how many were:

- Residents of an elderly care home?
- Patients of a mental health facility?

Please see the answer above.

**QUESTION THREE – ROOT CAUSE ANALYSIS OF HOSPITAL-ASSOCIATED THROMBOSIS**

According to Service Condition 22 of the NHS Standard Contract 2015/16, 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 a monthly basis.

a) How many cases of hospital-associated thrombosis (HAT) were recorded in your Trust in each of the following quarters, and of these, how many occurred in patients admitted to a psychiatric ward?

Quarter	Total recorded number of HAT	Recorded number of HAT in patients admitted to an acute psychiatric ward
2014 Q2 (Apr – Jun)	11	Our Trust does not have any psychiatric wards within our hospital.
2014 Q3 (Jul – Sep)	14	Our Trust does not have any psychiatric wards within our hospital.
2014 Q4 (Oct – Dec)	12	Our Trust does not have any psychiatric wards within our hospital.
2015 Q1 (Jan – Mar)	14	Our Trust does not have any psychiatric wards within our hospital.

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
2014 Q2 (Apr – Jun)	11
2014 Q3 (Jul – Sep)	14
2014 Q4 (Oct – Dec)	12
2015 Q1 (Jan – Mar)	14

c) Are patients with confirmed HAT specifically informed that they experienced an “avoidable” clot?

(Tick one box)

Yes	<input type="checkbox"/>
-----	--------------------------

No	<input checked="" type="checkbox"/>
----	-------------------------------------

d) 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? (Tick as many boxes that apply)

Method	Tick box as applicable
Requests real-time submission of Root Cause Analyses on completion	<input type="checkbox"/>
Requests a monthly report of Root Cause Analyses	<input type="checkbox"/>
Requests a quarterly report of Root Cause Analyses	<input checked="" type="checkbox"/>
Requests an annual report of Root Cause Analyses	<input type="checkbox"/>
Requests a face-to-face meeting to discuss Root Cause Analyses	<input type="checkbox"/>
Request made by other means not listed. (Please specify)	<input type="checkbox"/>
Commissioners yet to request this information	<input type="checkbox"/>

**QUESTION FOUR – INCENTIVES AND  
SANCTIONS**

In 2014/15, at least two per cent of a provider’s total contract outturn was available for local Commissioning for Quality and Innovation (CQUIN) schemes to be agreed between commissioners and providers.

**a) Has your Trust agreed a local CQUIN goal with your local commissioner to perform Root Cause Analyses on all confirmed cases of HAT? (Tick one box)**

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/> There were no National or Local CQUIN schemes for VTE during 2014/15. However, our Trust does comply with the contractual requirements to undertake appropriate RCA's for HAT's.

**b) Has your Trust received any sanctions, verbal or written warnings from your local commissioning body between 1 April 2014 and 31 March 2015 for failure to comply with the national obligation to perform Root Cause Analyses of all confirmed cases of HAT? (Tick one box)**

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

**QUESTION FIVE – VTE RISK ASSESSMENT NATIONAL QUALITY REQUIREMENT**

The NHS Standard Contract 2015/16 sets a National Quality Requirement for 95 per cent of inpatient service users to be risk assessed for VTE. Should providers fail to meet the 95 per cent minimum threshold, they will be subject to sanctions imposed by their local commissioning body.

**a) Between 1 April 2014 and 31 March 2015, has your local commissioning body imposed a sanction on your Trust for failing to deliver the minimal VTE risk assessment threshold? (Tick one box)**

Yes	<input type="checkbox"/>
-----	--------------------------

No	<input checked="" type="checkbox"/>
----	-------------------------------------

**247/15**  
**Parking Fines**

I would like to request the following under freedom of information laws.

The amount collected by the Trust in parking fines for the past four financial years: 2010/11, 2011/12, 2013/14 and 2014/15. If the information is not available in financial years, please provide in calendar format: 2012, 2013, 2014 and 2015 (from January 1 up until the date this request was received).

**Answer: Please see the figures below which are detailed by calendar years.**

<u>Year</u>	<u>Income from Parking Fines</u>
2011	£660
2012	£4,320
2013	£5,755
2014 (Jan-Oct2014)	£6,615
2014 (Nov-Dec2014)	£3,000
2015 (Jan-July2015)	£2,820

**248/15**  
**Pharmaceutical/Medical Device Companies**

I am seeking details of financial links between pharmaceutical/medical device companies and doctors/officials involved in providing advice/making decisions on which drugs Trusts should use/prescribe.

This includes the practice of doctors/officials taking part in paid "advisory board" meetings for such firms.

I note that the NHS standards of business conduct state that "work with another organisation which might be in a position to supply goods/services" to the NHS could conflict with an employee's NHS work and should be declared.

I also note that while many Trusts publish conflict of interests registers, the public registers generally do not cover officials responsible for medicines management and pharmacy, or senior pharmaceutical advisors.

I would be grateful if you could fill in the attached template for any such officials, or equivalent, as well as other members of your Trust's governing body and its prescribing committees.

As you will see from the attached template I am requesting details of:

a) payments from pharmaceutical/medical device companies (please name the companies and include payment amounts), and the nature of any work.

**Answer: This information is detailed within our Register of Gifts, Hospitality and Sponsorship. Exemption 21 (Information Available by Other Means) has been applied to our Register of Gifts, Hospitality and Sponsorship. These documents are accessible via our publication scheme on our website using the link; <https://www.walsallhealthcare.nhs.uk/lists-and-registers.aspx>**

b) gifts/hospitality/trips funded by such firms (including names of the companies and value of benefit where available please)

**Answer: Exemption 21 has been applied to our Register of Gifts, Hospitality and Sponsorship. These documents are accessible via our publication scheme on our website using the link; <https://www.walsallhealthcare.nhs.uk/lists-and-registers.aspx>**

Please include any interests from the last financial year (2014/2015), where the benefit came from a pharmaceutical or medical device company.

**Answer: Exemption 22 (Information Intended for future Publication) has been applied to our Register of Interests. The 2014/15 document is currently being reviewed and will be accessible via our publication scheme on our website using the link;**

**<https://www.walsallhealthcare.nhs.uk/lists-and-registers.aspx>**

**We anticipate that the document will be published on our website within the next three months.**

**249/15**

### **Parkinson's Disease**

Please could you tell me how many people with Parkinson's disease have been admitted to secure mental health institutions in your Trust in the last five years?

**Answer: Our Trust does not have a Mental Health Unit. We recommend you contact the Freedom of Information Office at Dudley and Walsall Mental Health Partnership Trust who may be able to provide you with this information. Their FOI Office can be contacted via email address;**

**[ig.dwmh@nhs.net](mailto:ig.dwmh@nhs.net) or postal address; FOI Enquires, Information Governance Department, Clee Ward, Bushey Fields Hospital, Dudley, DY1 2LZ**

**250/15**

### **Energy Efficiency Projects**

I am trying to understand what the public sector is doing to save and generate energy.

Please state what energy efficiency projects you are considering in the next 1 -3 years. By energy efficiency i mean anything from LED lights, to Variable Speed Drives, to Solar, to Biomass.

**Answer: Our Trust is looking at the following potential measures:-**

- **BMS Controls plus monitoring and Targeting System**
- **Lighting LED and Controls Improvements**
- **Organisational and Operational Behaviour**
- **HVAC enhancements**
- **Steam system enhancements**
- **Biomass**
- **Voltage optimisation**
- **CHP – Natural Gas**
- **CHP – Electrical Output**
- **CHP Heat output**

**251/15**

### **Contact Details**

Please could you confirm the name, email address, direct line and position held for each and every senior responsible officer (s) who holds the following positions within the Organisations.

- Deputy Chief Officer / CEO

**Answer: Richard Kirby is our Trust's Chief Executive. He is contactable on Tel: 01922 721172 or email address; [russell.caldicott@walsallhealthcare.nhs.uk](mailto:russell.caldicott@walsallhealthcare.nhs.uk).**

**Richard Cattell, is our Chief Operating Officer. He can be contacted on Tel: 01922 721172 or email address; [richard.cattell@walsallhealthcare.nhs.uk](mailto:richard.cattell@walsallhealthcare.nhs.uk)**

## Finance

- Heads of Finance

**Answer: Staff details below Director level are withheld under Section 40 (Personal Information). The Director responsible for this Department is Russell Caldicott, our Director of Finance and Performance. He can be contacted on Tel: 01922 721172 or email address; [russell.caldicott@walsallhealthcare.nhs.uk](mailto:russell.caldicott@walsallhealthcare.nhs.uk)**

## Transformation / Service Redesign

- Heads of Transformation / Service Redesign

**Answer: Staff details below Director level are withheld under Section 40 (Personal Information). The Director responsible for this Department is Daren Fradgley, our Interim Director of Transformation and Strategy. He can be contacted on Tel: 01922 721172 or email address; [daren.fradgley@walsallhealthcare.nhs.uk](mailto:daren.fradgley@walsallhealthcare.nhs.uk)**

## Performance

- Director of Performance

**Answer: The Director responsible for this Department is Russell Caldicott, our Director of Finance and Performance. He can be contacted on Tel: 01922 721172 or email address; [russell.caldicott@walsallhealthcare.nhs.uk](mailto:russell.caldicott@walsallhealthcare.nhs.uk)**

## Business Intelligence and Management Information

- Director of Business Intelligence / Management Information

**Answer: The Director responsible for this Department is Daren Fradgley, our Interim Director of Transformation and Strategy. He can be contacted on Tel: 01922 721172 or email address; [daren.fradgley@walsallhealthcare.nhs.uk](mailto:daren.fradgley@walsallhealthcare.nhs.uk)**

- Heads of Business Intelligence / Management Information

**Answer: We do not currently employ anyone with this job title. However, the Director who is responsible for this would be Daren Fradgley, our Interim Director of Transformation and Strategy. He can be contacted on Tel: 01922 721172 or email address; [daren.fradgley@walsallhealthcare.nhs.uk](mailto:daren.fradgley@walsallhealthcare.nhs.uk)**

## Procurement

- Director of Procurement

**Answer: Richard Cattell, is our Chief Operating Officer. He can be contacted on Tel: 01922 721172 or email address; [richard.cattell@walsallhealthcare.nhs.uk](mailto:richard.cattell@walsallhealthcare.nhs.uk)**

- Procurement Manager

**Answer: Staff details below Director level are withheld under Section 40 (Personal Information). The Director responsible for this Department is Richard Cattell, our Chief Operating Officer. He can be contacted on Tel: 01922 721172 or email address; [richard.cattell@walsallhealthcare.nhs.uk](mailto:richard.cattell@walsallhealthcare.nhs.uk)**

## Commissioning

- Director of Commissioning

**Answer: We do not currently employ anyone with these job titles. However, the Director who would be responsible for this would be Daren Fradgley, our Interim Director of Transformation and Strategy. He can be contacted on Tel: 01922 721172 or email address; [daren.fradgley@walsallhealthcare.nhs.uk](mailto:daren.fradgley@walsallhealthcare.nhs.uk)**

- Heads of Commissioning

**Answer: We do not currently employ anyone with these job titles. However, the Director who would be responsible for this would be Daren Fradgley, our Interim Director of Transformation and Strategy. He can be contacted on Tel: 01922 721172 or email address; [daren.fradgley@walsallhealthcare.nhs.uk](mailto:daren.fradgley@walsallhealthcare.nhs.uk)**

- Commissioning Managers

**Answer: We do not currently employ anyone with these job titles. However, the Director who is responsible for this would be Daren Fradgley, our Interim Director of Transformation and Strategy. He can be contacted on Tel: 01922 721172 or email address; [daren.fradgley@walsallhealthcare.nhs.uk](mailto:daren.fradgley@walsallhealthcare.nhs.uk)**

Category Management

- Director of Category Management

**Answer: We do not currently employ anyone with these job titles. However, the Director who is responsible for this would be Russell Caldicott, our Director of Finance and Performance. He can be contacted on Tel: 01922 721172 or email address; [russell.caldicott@walsallhealthcare.nhs.uk](mailto:russell.caldicott@walsallhealthcare.nhs.uk)**

- Head of Category Management

**Answer: We do not currently employ anyone with these job titles. However, the Director who is responsible for this would be Russell Caldicott, our Director of Finance and Performance. He can be contacted on Tel: 01922 721172 or email address; [russell.caldicott@walsallhealthcare.nhs.uk](mailto:russell.caldicott@walsallhealthcare.nhs.uk)**

- Category Managers

**Answer: We do not currently employ anyone with these job titles. However, the Director who is responsible for this would be Russell Caldicott, our Director of Finance and Performance. He can be contacted on Tel: 01922 721172 or email address; [russell.caldicott@walsallhealthcare.nhs.uk](mailto:russell.caldicott@walsallhealthcare.nhs.uk)**

**252/15**

### **Multiple Sclerosis Prescribing**

1. Please provide the number of patients by treatment for the following drugs:  
Aubagio (teriflunomide)  
Avonex (interferon beta-1a)  
Betaferon (interferon beta-1b)  
Copaxone (glatiramer acetate)  
Extavia (beta interferon-1b)  
Gilenya (fingolimod)  
Lemtrada (alemtuzumab)  
Rebif (beta interferon-1a)  
Tecfidera (dimethyl fumarate)  
Tysabri (natalizumab)  
Ampyra (Fampyra)  
Peginterferon beta-1a  
Others

**Answer: Unfortunately, our Pharmacy Department do not record patient conditions on their system in order to identify these patients and subsequently the drug treatments they received.**

**We could conduct a search on our system to provide the total number of patients who have been prescribed these drug treatments but this would cover all diagnoses/conditions. If this information would be useful to you, please let us know.**

2. Does your organisation have a protocol for new patients, and if so, please can you provide a copy?

**Answer: Our Trust is guided by the CNRT referral process and the NICE guidance for the Management of Multiple Sclerosis in Primary and Secondary Care (2014). Please find attached a copy of the referral process as requested.**

**253/15**

**Translation & Interpretation Services**

Am enquiring about your translation/interpretation services...

Do you run an in house provision or do you contract this out?

**Answer: Our Trust has both.**

Either way what are your yearly costs (please provide split by in-house and contract costs for each year)

...

2012/13

2013/14

2014/15

Budgeted for 2015/16

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

Year	External Costs	In House Costs	Totals
2012/13	£100,400	£40,444	£140,844
2013/14	£111,167	£42,833	£154,000
2014/15	£115,252	£43,332	£158,584
2015/16 (Budgeted)	£115,252	£60,175	£175,427

**254/15**

**Spend and Budget for Nursing Staff**

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

- The 2014-2015 total spend on Nursing staff (substantive and agency)  
**Answer: Our Trust's total Nursing spend including agency and bank staff during this period was £46,946,274.**
- The 2015-2016 total budget for Nursing staff (substantive and agency)  
**Answer: Our Trust's budget for Nursing spend including agency and bank staff for 2015/16 is £46,851,717.**

255/15

### Locum & Agency staff

Please provide me with further information relating to the supply of agency staff (Locums) for the 2014-2015 financial year. I would be grateful if you could please provide the following information:

- Spend on Locum/Agency Doctors & Medical Locums for the April 2014 – March 2015 Financial Year  
**Answer: During this time period, our Trust spent £2,309,766 on Agency Medics and £4,822,327 on Medical Locums.**
- Spend on Locum/Agency Nursing staff for the April 2014 – March 2015 Financial Year  
**Answer: During this time period, our Trust spent £4,119,564 on Agency Nursing and £5,267,650 on Bank Nursing.**
- Spend on Locum/Agency Paramedics & Emergency Services Personnel for the April 2014 – March 2015 Financial Year  
**Answer: Nil**
- Spend on Locum/Agency Social Workers for the April 2014 – March 2015 Financial Year  
**Answer: During this time period, our Trust spent £8,362 on Bank Social Workers. No spend is recorded for Agency Social Workers.**

256/15

### Staffing Cost and Agency Staff

1. The total cost to the trust for employing a)all staff and b)agency staff in each of the last 5 financial years and
2. The total number of a)staff and b)agency staff employed by the trust in each of the last 5 financial years.

Please provide the information in the format below:

Year	Cost of staff	Cost of agency staff	Total number of staff	Number of agency staff
2014/15	£154,794,538	£8,295,758	4415 substantive employees	This is not recorded on our current systems. Our Trust is invoiced per shift and the agency company could arrange for a number of individuals to work a shift.
2013/14	£146,329,442	£8,436,477	4244 substantive employees	This is not recorded on our current systems. Our Trust is invoiced per shift and the agency company could arrange for a number of individuals to work a shift.
2012/13	£140,991,385	£4,357,474	4095 substantive employees	This is not recorded on our current systems. Our Trust is invoiced per shift and the agency company could arrange for a number of individuals to work a shift.
2011/12	£138,751,206	£4,350,174	4011 substantive	This is not recorded on

			<b>employees</b>	our current systems. Our Trust is invoiced per shift and the agency company could arrange for a number of individuals to work a shift.
<b>2010/11</b>	<b>£107,716,197</b>	<b>£4,358,096</b>	<b>4050 substantive employees</b>	This is not recorded on our current systems. Our Trust is invoiced per shift and the agency company could arrange for a number of individuals to work a shift.

**257/15**

**PC Power management softwear**

- Number of desktop computers / work stations in the hospital (excluding PACS machines).

**Answer: Desktops =3871, Laptops =681, VDIs =100**

- Inactive (but turned on) desktop computer hours per week for the entire hospital (excluding PACS machines).

**Answer: Unfortunately, this information is not centrally recorded so cannot be provided.**

- Active desktop computer operating hours per week for the entire hospital (excluding PACS machines).

**Answer: Unfortunately, this information is not centrally recorded so cannot be provided.**

- Has any PC power management software has been implemented?

**Answer: Software has been installed on computers but not initialised yet.**

- If any PC power management software has been implemented, which software has been implemented?

**Answer: Symantec Management Agent.**

- If any PC power management software has been implemented, how has this affected the number of inactive computer hours in the hospital?

**Answer: As this has not been implemented yet, we are not about to identify this.**

**258/15**

**Software Information**

- Enterprise Content Management- covers the provision of Enterprise Content Management (ECM) software and associated services including Document and Records Management (EDRM) solutions e.g. document scanning, image processing, web content and workflow management and systematic control e.g. document life cycle solutions.

- Asset Management Software- is a business practice that involves managing and optimizing the purchase, deployment, maintenance, utilization, and disposal of software applications within an organization.

- Data Management and Reporting Systems (DMRS) Software - covers the provision of Data Management and Reporting Systems (DMRS) software and associated services for the purposes of business intelligence, data and performance management including data warehouse provision, data manipulation, quality and integration tools, data analytics and big data solutions.

- Mobile Application Solutions- covers the provision of Mobile Application Solutions for the purposes of delivering mobile application requirements for a variety of mobile devices, platforms and interfaces.

The organisation may have several contracts relating to the contract above but can you please provide me with the primary/secondary contracts. Please concentrate on contracts over £1,000.

Can you please provide me with the following contract information for each of the contract category specified above:

1. Contract Category: Please see select from the categories provided; Enterprise Content Management; Asset Management; Data Management and Reporting Systems; Mobile Application Solutions.
2. Existing Supplier Name for each contract
3. Software Brand: Can you please provide me with the actual name of the software. Please do not provide me with the supplier name again please provide me with the actual software name.
4. Contract Description: Please do not just state two to three words can you please provide me detail information about this contract and please state if upgrade, maintenance and support is included. Please also include the modules included within the contract.
5. Number of Users/Licenses: What is the total number of user/licenses for this contract?
6. Annual Average Spend for each contract
7. Contract Duration: What is the duration of the contract please include any available extensions within the contract.
8. Contract Start Date: What is the start date of this contract? Please include month and year of the contract. DD-MM-YY or MM-YY.
9. Contract Expiry: What is the expiry date of this contract? Please include month and year of the contract. DD-MM-YY or MM-YY.
10. Contract Review Date: What is the review date of this contract? Please include month and year of the contract. If this cannot be provide please provide me estimates of when the contract is likely to be reviewed. DD-MM-YY or MM-YY
11. Contact Details: I require the full contact details of the person within the organisation responsible for this particular software contract.

12. Notes: Please provide me with any further information with regards to this contract this could - (available upon request) include any contract extension available as well as information on renewals or plans for future tenders.

**Answer: Please find enclosed the completed spreadsheet as requested – copy available upon request.**

**259/15**

**Myeloma Patients, Specialist Geriatric Input**

### **Section 1 – Treatment and Management**

1. How many patients has your Trust diagnosed with multiple myeloma in the calendar year 2014?  
**Answer: Diagnosis information is not recorded on our clinical coding system. We can only search data on patients that are admitted (inpatients) who may be coded as having this diagnosis upon their admission. If this information would be useful to you, please let us know.**
2. How many multiple myeloma patients in your Trust received systemic anti-cancer treatment in the calendar year 2014?  
**Answer: Diagnosis information is not recorded on our clinical coding system. We can only search data on patients that are admitted (inpatients) who may be coded as having this diagnosis upon admission and this treatment during admission. If this information would be useful to you, please let us know.**
3. How many patients aged 75 years and over has your Trust diagnosed with multiple myeloma in the calendar year 2014?  
**Answer: Please see the answer to question 1 above.**
4. How many multiple myeloma patients aged 75 years and over in your Trust received systemic anti-cancer treatment in the calendar year 2014?  
**Answer: Please see the answer to question 2 above.**
5. Does your Trust produce local guidelines to support the management of elderly cancer patients?  
**Answer: There are no local guidelines in specific to support elderly cancer patients. When we diagnose cancer in our patients, they are referred to appropriate cancer teams and then elderly care team. Our Haematology follow the British Committee for Standards in Haematology (BCSH) guidelines.**
6. Does your Trust produce local guidelines to support the management of elderly multiple myeloma patients?  
**Answer: Our Trust does not use any local guidelines but adhere to the (BCSH) guidelines.**

(Note: Multiple Myeloma is defined by the ICD-10 code as C90.0 - C90.3)

### **Section 2 – Specialist Geriatric Input**

7. Does your Trust's multiple myeloma multidisciplinary team (MM MDT) include input from a geriatrician?

**Answer: No. Our Trust's MM MDT occurs on a weekly basis at New Cross Hospital and includes Haematologists, Pathologists, Radiologists but not Geriatricians.**

a) If so, does a geriatrician routinely attend all MM MDT meetings?

**Answer: No.**

b) How often does the MM MDT meet?

**Answer: Please see the answer to question 7 above.**

8. Do multiple myeloma patients aged 75 and over at diagnosis routinely receive a consultation with a geriatrician?

**Answer: No.**

a) If so, does this happen prior to making a decision as to whether a patient is suitable for systemic anticancer therapy?

**Answer: N/A**

b). If, so does information from this consultation feed into clinical decision making?

**Answer: Co-morbidities and ECOG performance status are taken into consideration before planning treatment.**

9. How frequently do all multiple myeloma patients aged 75 years and over receive a consultation with a geriatrician?

**Answer: N/A**

a) How is this information used in these consultations fed into clinical management and decision making?

**Answer: This information is discussed at MDT meetings.**

### **Section 3 – Specific Tools and Metrics**

10. Does your Trust use Comprehensive Geriatric Assessment to assess if a patient with cancer is suitable for treatment?

**Answer: No**

a. If so, what proportion of multiple myeloma patients aged 75 and over received the assessment in 2014?

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

b. Who routinely carries out this assessment (i.e. a nurse or a consultant – and what type of consultant (haematologist or geriatric))?

**Answer: Haematologists assess co-morbidities, Eastern Cooperative Oncology Group performance status before planning treatment.**

11. Does your Trust routinely assess patients over the age of 75 according to a Comorbidity Score (either a standardised score such as the Charlson index or a local 'in house' score, please specify)?

**Answer: Yes. Our Haematology Department use ECOG.**

a. If so, what proportion of multiple myeloma patients aged 75 and over received the assessment in 2014?

**Answer: Unfortunately this information is not centrally recorded electronically in order to provide this figure.**

- b. Who routinely carries out this assessment (i.e. a nurse or a consultant - and what type of consultant (haematologist or geriatric))?

**Answer: A Haematologist.**

12. Does your Trust routinely assess patients over the age of 75 according to a Clinical Frailty Scale (either a standardised scale or a local 'in house' scale, please specify)?

**Answer: Yes. Our Haematology Department use Eastern Cooperative Oncology Group Performance Status scale (ECOG).**

- a. If so, what proportion of multiple myeloma patients aged 75 and over received the assessment in 2014?

**Answer: Unfortunately this information is not centrally recorded electronically in order to provide this figure**

- b. Who routinely carries out this assessment (i.e. a nurse or a consultant - and what type of consultant (haematologist or geriatric))?

**Answer: Please see the answer to question 11b above.**

**260/15**

### **Resus to ITU Transfers**

1. When a patient is admitted into resus / a&e department in your hospital what is the criteria for the patient to be transferred to ITU?

**Answer: A patient requiring significant specialist respiratory and / or other organ support that cannot be administered in a general ward area. The pathology of the illness / disease must be reversible and treatment must be deemed to be in the best interests of the patient.**

2. 2.(a) is the resus / a&e department having discretionary and mandatory right to transfer patient to ITU department, or

**Answer: No, please see the answer to 2b.**

(b) is the resus / a&e department not having discretionary and mandatory to transfer patient to ITU department and requires first it to have an ITU department lead doctor arrive into resus / a&e department to do an assessment (for permission) on the patient to see if they should be transferred to their ITU department?

**Answer: Yes, referral from the Emergency Department's (ED) Doctor to the Anaesthetic Team is required. The Anaesthetic Team then review the patient and decide on further treatment options and suitability for admission to ITU (or another Critical care area – i.e. HDU). The ITU Consultant on-call that shift / day has sole responsibility in the decision to admit patients to Critical Care (ITU & HDU).**

3. If your answer to 2.(b) requires resus / a&e department to first seek assessment and permission from ITU department lead doctor who sees the patient before they can transfer patient from resus / a&e department to ITU department, then similarly is their assessment and permission required from other department lead doctors before the patient is transferred from one department to another, for example, transfer from resus / a&e department to acute ambulatory care and transfer from acute ambulatory unit to care of the elderly etc? If not, why is it different to transfer from resus / a&e department transfer to ITU department?

**Answer: All patients in ED are seen initially by the ED team. Then on the basis of history/examination/diagnostics, if it is deemed that the patient needs specialist input whilst in ED or needs to be admitted as an inpatient under a speciality, a referral is done to that speciality team.**

**This referral is in the form of a telephonic conversation to the on call team and then either the patient is seen by the specialty team in ED or patient is admitted to a ward for the specialities to see them.**

**Before transfer of a patient to the ward, a handover is also done by the Nurse in ED to the Ward Nurse.**

**261/15**

### **Financial Service Information**

Could you please send me contract information relating to Banking Services, Audit Services and Card Processing Services. If you do not understand what each of these mean please see below:

- Banking Services- contract information relating to the organisation banking services.
- Audit Services (Financial) – contract relating to assurance, tax and advisory services.
- Card Processing Services / Merchant services- a wide range of payment processing options. Most automatically associate merchant services with debit and credit card processing

Can you please provide me with the following contract information for each of the contract category specified above:

1. Contract Category: Please see select from the categories provided; Banking Services; Financial Audit Services; Card Processing Services
2. Existing Supplier Name for each contract
3. Contract Description: Please do not just state two to three words can you please provide me detail information about this contract and please state if upgrade, maintenance and support is included. Please also include the modules included within the contract.
4. Annual Average Spend for each contract
5. Contract Duration: What is the duration of the contract please include any available extensions within the contract.
6. Contract Start Date: What is the start date of this contract? Please include month and year of the contract. DD-MM-YY or MM-YY.
7. Contract Expiry: What is the expiry date of this contract? Please include month and year of the contract. DD-MM-YY or MM-YY.
8. Contract Review Date: What is the review date of this contract? Please include month and year of the contract. If this cannot be provide please provide me estimates of when the contract is likely to be reviewed. DD-MM-YY or MM-YY

9. Contact Details: I require the full contact details of the person within the organisation responsible for this particular software contract.

10. Notes: Please provide me with any further information with regards to this contract this could include any contract extension available as well as information on renewals or plans for future tenders.

**Answer: Please find your completed spreadsheet attached as requested – copy available upon request.**

262/15

**Prostate Cancer and/or Urological Cancer Multi-disciplinary team (MDT)**

1. Does the Trust have a Prostate Cancer and/or Urological Cancer Multi-disciplinary team (MDT)?

MDT Name	Yes/No	If Yes please provide Members names and/or roles	
		Name	Role
Urology MDT	Yes	Mr Seshagiri Koneru	Lead Clinician & Consultant Urologist
		Mr Suresh Ganta	Consultant Urologist
		Staff details below Director/Consultant level are withheld under section 40 (Personal Information).	Urology Staff Grade Doctor
		Dr A Chetiyawardana	Clinical Oncologist
		Dr S Deshpande Dr Y Hock	Histopathologists / Cytologists
		Dr H Rai Dr F Almallah	Radiologist
		Staff details below Director/Consultant level are withheld under section 40 (Personal Information).	Nurse Specialists
		Staff details below Director/Consultant level are withheld under section 40 (Personal Information).	Macmillan Support Worker
		Staff details below Director/Consultant level are withheld under section 40 (Personal Information).	MDT Co-ordinator

2. We would like to understand how the Trust deals with the treatment of Prostate Cancer, and therefore we would like to request any documents that are used to cover this treatment area e.g. Referral Pathways / Care Pathways / Prescribing Guidelines.

**Answer: Please find attached our Operational Policy for our Urology MDT meeting – copy available upon request. Any staff details below Director/Consultant level have been withheld from the document under Section 40 (Personal Information).**

3. We would also like to request any Referral Pathways / Care Pathways / Prescribing Guidelines for Adult Nutrition.

**Answer: Please find attached our Food and Nutrition Policy and the MUST screening tool for inpatients to identify any malnourished patients – copy available upon request. The adapted MUST tool document is used by our wards to identify malnourished patients. This tool has been adopted nationally as it has been proven to be valid and reliable.**

**The need for a Dietitian referral from outpatients/GP clinics are based on the clinicians assessment.**

**The need for supplements is based on the clinicians assessment. For Dietitians we would usually consider different factors i.e. the patient's bodyweight, ability to eat, issues swallowing, history of weight loss etc.**

**263/15  
Aspirations**

FOI request.

1. How many aspirated patients were admitted into ITU in the last 4 years (if this time span is too much then make it to your size)?

**Answer: Please see the table below. We conducted searches on our clinical coding system for diagnosis code J90 (pleural effusion) between 1<sup>st</sup> April and 31<sup>st</sup> March who were on ITU during their admission. The following patients matched this criteria.**

2011/12	55
2012/13	42
2013/14	41
2014/15	52

2. How many elderly over 80 or 85 years olds aspirated patients were admitted into ITU in the recent years (if this time span is too much then make it to your size) as a percentage of the total ITU patients?

**Answer: The percentages detailed below cover the number of the above patients who were aged 80 years or above.**

2011/12	16.3%
2012/13	14.2%
2013/14	7.3%
2014/15	11.5%

3. Please tell me start and end month of your financial year?

**Answer: 1<sup>st</sup> April to 31<sup>st</sup> March.**

4. Please tell me expenditure and PbR (Payment by Results) income claimed for these activities in your last financial year:

**Answer: The details below show income claimed for the above patients broken down above and below patients aged 80 years.**

Year	Income for Patients Aged 80 Years or Below	Income for Patients Aged Over 80 Years	Grand Total
2011/12	£189,586	£46,071	£235,658
2012/13	£188,966	£37,766	£226,732

2013/14	£185,303	£16,483	£201,786
2014/15	£219,394	£25,955	£245,350

All financial hospital costs 'divided by' Total hospital seen inpatient and outpatient patients = Cost per patient

**Answer: Unfortunately, we do not have cost information at patient level in order to provide an accurate response to this.**

All financial hospital PbR income claimed 'divided by' Total hospital seen inpatient and outpatient patients = PbR Income claimed per patient

**Answer: Unfortunately, we do not have cost information at patient level in order to provide an accurate response to this.**

Dermatology department costs 'divided by' Total dermatology department seen patients = Cost per dermatology patient

**Answer: Unfortunately, we do not have cost information at patient level in order to provide an accurate response to this.**

Dermatology department PbR income claimed 'divided by' Total dermatology department seen patients = PbR Income claimed per dermatology patient

**Answer: Unfortunately, we do not have cost information at patient level in order to provide an accurate response to this.**

Resus department costs 'divided by' Total resus department seen patients = Cost per resus patient

**Answer: Unfortunately, we do not have cost information at patient level in order to provide an accurate response to this.**

Resus department PbR income claimed 'divided by' Total resus department seen patients = PbR Income claimed per resus patient

**Answer: Unfortunately, we do not have cost information at patient level in order to provide an accurate response to this.**

Acute ambulatory department costs 'divided by' Total acute ambulatory department seen patients = Cost per acute ambulatory department patient

**Answer: Unfortunately, we do not have cost information at patient level in order to provide an accurate response to this.**

Acute ambulatory department PbR income claimed 'divided by' Total acute ambulatory department seen patients = PbR Income claimed per acute ambulatory department patient

**Answer: Unfortunately, we do not have cost information at patient level in order to provide an accurate response to this.**

Care of the elderly department costs 'divided by' Total care of the elderly department seen patients = Cost per care of the elderly department patient

**Answer: Unfortunately, we do not have cost information at patient level in order to provide an accurate response to this.**

Care of the elderly department PbR income claimed 'divided by' Total care of the elderly department seen patients = PbR Income claimed per care of the elderly department patient

**Answer: Unfortunately, we do not have cost information at patient level in order to provide an accurate response to this.**

ITU department costs 'divided by' Total ITU department seen patients = Cost per ITU department patient

**Answer: Unfortunately, we do not have cost information at patient level in order to provide an accurate response to this.**

ITU department PbR income claimed 'divided by' Total ITU department seen patients = PbR Income claimed per ITU department patient

**Answer: Unfortunately, we do not have cost information at patient level in order to provide an accurate response to this.**