

FREEDOM OF INFORMATION

Disclosure Log – Quarter 1 (April-June 2016)

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001/16

Financial Service Contracts

some of your contracts for audit, banking, card processing, merchant services have just expired can you send the updated contracts for this please below i will attach the original request for ease thanks.

Dear Freedom of Information Officer,

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

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 internal and external audit services.
- Accountancy – Contracts relating to TAX 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 provided, 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 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.

Can you please input the information within the spread sheet attached?

Answer: Please find enclosed the completed spreadsheet as requested.

Information available upon request.

002/16

Recycling and Waste Management Policies

I would like to make a freedom of information request regarding your recycling and waste management policies. I would like to know the examples of waste contracts you have in place with regards to green waste disposal, general domestic waste, recycling, clinical waste (hazardous and non-hazardous) and confidential waste.

Answer: Our Trust has the following contracts covering waste management:

-Contract for the Provision of the Collection, Management and Disposal of Clinical and Hazardous Waste. Tendered by the West Midlands Clinical Waste Consortium

-NHS Contract for the Collection, Transportation and Disposal of Domestic, General, Miscellaneous and Hazardous Non-Healthcare Waste

Tendered alongside other NHS Trusts as a consortium against H.T.E. Framework.

3 contracts were awarded against the above Tender:

- **Domestic Waste**
- **Confidential Waste**
- **Hazardous Non-Healthcare Waste**

-Agreement for the Provision of the Sharp smart Collection System and Provision of Transportation of Decanted Waste to Incinerator (Incineration is covered by the first contract stated above).

I would like to know how the waste is segregated and disposed of and how much of the waste which is being disposed of is actually recyclable.

Answer: All general waste is recycled.

Tiger bags (offensive waste) is currently deep landfilled, orange bags (clinical waste) is heat treated, cytotoxic, pharmaceutical & anatomical waste is incinerated. All incinerated and alternative treatment waste is recycled as the end product is used as fuel in the building industry. From quarter three this year, all offensive/landfill waste will also go via the same disposal route and used a fuel in the building industry so it will all be recycled.

I would like to know what waste segregation is in place in clinical areas, specifically looking at what is being recycled.

Answer: Please see the answer above.

Please state if there are any future developments to improve the sustainability of the trust which involves waste management.

Answer: In reference to point 3, we are working in partnership with our PFI partners as far as sustainability with regards to waste is concerned.

003/16

New Junior Doctors Contract Emails

Please provide all emails sent or received by your Chief Executive on the subject of the new Junior Doctors contract. This should be from 1/2/16 to date.

Answer: Please find enclosed a copy of the emails as requested. An index has been created which lists the emails and documents. Personal information has been withheld from the documents under Section 40.

Information available upon request.

004/16

Security Guards

I am writing to you under the Freedom of Information Act 2000 to request the following information from the Trust:

1. In 2015, how many times were security guards called to deal with patients with dementia?

Answer: Details recorded about security incidents is very limited as free text fields are used. Identification of these incidents would be dependent upon whether the word 'dementia' was entered.

After conducting searches on spreadsheets we can confirm that there are 4 security incidents recorded in 2015 with regards to a dementia patient.

2. If possible, please state the reason in each case.

Answer: Details recorded about security incidents is very limited as free text fields are used. The incidents mentioned above related to;

- **an aggressive dementia patient who was kicking and throwing things at staff**
- **an extremely violent dementia patient who physically assaulted staff**
- **a dementia patient who presented at A&E**
- **a dementia patient absconded from the ward and was missing**

3. If possible, please state what extra equipment was used such as handcuffs or restraints.

Answer: No equipment is recorded as being used on the dementia patients mentioned above. It is noted that for one of the incidents the patient was restrained using basic hold methods (not equipment) until calm.

005/16

Private Patients

I am making a Freedom of Information Request under the FOIA 2000. Please provide, in excel spreadsheet format, the following information relating to private and overseas patients treated through hospital(s) under this Trust in the financial year 2015/16 (or, at least, from the start of that financial year to date):

1. Please indicate the total income from private and overseas patients (£);

Answer: This information is also provided in a spreadsheet enclosed with this letter.

Electronic data with regards to private and overseas patients is limited as it is dependent upon what information is disclosed and recorded. The standard practice within our Trust with regards to private and overseas patients is that if they do not have a UK address for invoicing purposes then they would be charged as an overseas patient. Information with regards to where a private or overseas patient originates from or their current UK residential status is not routinely recorded electronically. This needs to be in mind for some patients who pay directly by cash/credit card to our General Office.

During 2015/16, we can confirm that our Trust received a total income of £14,201 for private patients and £113,010.44 for overseas patients.

2. Please indicate what proportion of income from private and overseas patients was not from UK patients (first as a %, then in £);

Answer: 0% (£) of the private patient figure above, 100% (£113,010.44) of the overseas patient figure above.

3. Please indicate what proportion of income from private and overseas patients was from patients from other EEA countries (first as a %, then in £).

Answer: 0% (£0) of the private patient figure above, 3.56% (£4,027) of the overseas patient figure above.

4. Please indicate the number of private and overseas patients treated;

Answer: We can confirm that 41 private and 10 overseas patients were treated during 2015/16.

5. Please indicate the proportion of private and overseas patients treated that were not from the UK (first as a %, then as a number);

Answer: 0% (0) of the private patient figure above, 100% (10) of the overseas patient figure above.

6. Please indicate what proportion of private and overseas patients treated were from other EEA countries (first as a %, then as a number).

Answer: 0% (0) of the private patient figure above, 20% (2) of the overseas patient figure above.

By “other EEA countries” I am referring to member states of the European Economic Area aside from the UK.

006/16

Cholesteatoma Surgery

Please find attached a Freedom of Information request for your acute hospitals ENT departments – on regional centres for cholesteatoma surgery. Please could you complete the attached spreadsheet?

Answer: The completed spreadsheet is enclosed as requested.

007/16

Electronic Document Management Systems

I would be grateful if you could provide responses, by email, to the following questions in relation to your organisation:

1. Do you have/use an Electronic Document Management System for your Medical Records? If so, what is the name of it? How many users currently use the Electronic Document Management System?

Answer: We are currently scoping electronic patient records.

2. Are your Medical Records currently being scanned? If so, is this being done within your organisation or by an external company? If scanning is being done by an external company can you provide their name?

Answer: We do not at present scan patient medical records. We only scan referrals from GPs, Dentists or Optometrists.

3. Do you have/use an Electronic Patient Record (EPR) system? If so, what is the name of it?

Answer: Yes, Lorenzo.

4. Do you have/use a Clinical Portal or/and a Patient Portal? If so, what are the name(s) of it?

Answer: Yes, Fusion (clinical portal).

008/16

Redundancy

Please can you tell me:

1. How many staff have left the trust because of redundancy in 2015, 2014 and 2013 - please state how many of these left through compulsory redundancy.

Answer: Please see the table below which relates to compulsory redundancies not voluntary redundancies.

Year	Number of Staff Redundancies	Total Value of Redundancy Payments Made
2013	10	£264,277.28
2014	5	£192,355.61
2015	2	Withheld under Section 40 (Personal Information) due to low number of staff

2. How much has been paid to staff leaving in redundancy payments in each of the three years

Answer: Please see this information details within the table above.

009/16

Palliative Care Service Information

Our request is as follows:

1. Do you provide and/or commission a 24/7 dedicated and clinically staffed palliative service specifically designed for patients dying at home, and their carers?

Answer: No, but there is 24/7 access for palliative care patients via a number of arrangements but this is not a standalone provision.

2. Please complete the table (see the second attachment to this email) detailing which specific palliative services you provide and/or commission, the hours of operation and geographic areas that they cover for 2015/16. NB. We would only consider you to commission these palliative services listed in the table if they are specifically designed for patients dying, and their carers, as opposed to a more general service that might only incidentally cover end of life care.

Answer: Please find the enclosed the completed table as requested. Walsall CCG entries are in blue and our entries are highlighted in yellow.

3. What is your annual budget for all dedicated end of life care services provided and commissioned for the current financial year, 2015/2016?

If it is impossible for you to give a precise figure for whatever reason, please give a best estimate.

Answer: We can confirm that our annual budget is £2,109,916. This covers the current budget minus services that do not contribute to Palliative & End of Life Care.

4. What is this as a % of your total budget? Again, if you cannot give a precise figure here, please give a best estimate.

Answer: Our Trust's total income for 2016/17 is circa £238,100,000 so this is 0.88% of our Trust's total budget.

5. Do you work in partnership with other organisations to deliver palliative care services in the community? If yes, state who the lead provider is .

Answer: Our Trust is the lead provider working with St Giles Walsall Hospice and Marie Curie Care with wider support from Macmillan Support.

010/16

Imaging Infrastructure

If possible please provide your answers in Microsoft Excel format in the template provided for the purpose.

For each scanner operated anywhere by your Trust

Q1. Equipment type (CT or MRI)?

Q2. Manufacturer?

Q3. Model?

Q4. Located in which hospital within Trust?

Q5. Acquisition year?

Q6. How was it financed (owned by Trust, leased or held under Managed Equipment Service ('MES') arrangements)?

Q7. If MES, which provider do you use?

Q8. What year will the equipment be replaced?

Q9. Is maintenance done by the Trust, by the Manufacturer or by 3rd party provider?

Q10. If 3rd party provider which provider do you use?

Q11. What is the annual maintenance cost for the relevant scanner?

Q12. What are the operational hours of the equipment?

Answer: Please find enclosed the completed spreadsheet as requested.

Information available upon request

011/16

Modern Slavery and Human Trafficking

I am writing to you under the Freedom of Information Act 2000 to request the following information from your Trust:

(1) Are staff in your Trust made aware (through circulated information, training, or any other mechanism) that, in accordance with the Modern Slavery Act 2015 s52 and Modern Slavery Act 2015 (Duty to Notify) Regulations 2015 (SI 2015/1743) (Regulations), they are encouraged to submit any suspected cases of modern slavery and human trafficking using the MS1 form to the National Crime Agency?

Answer: Our Trust is not one of the authorities that this duty applies to. Modern day slavery is covered under the Care Act 2014 as a category of abuse and we detail this as part of the general awareness training. A referral to Social Care and Health would be made.

If YES:

(2)(a) Do you provide any training to staff on undertaking this voluntary submission process, including any training that takes place in conjunction with the National Referral Mechanism and Safeguarding requirements?

Answer: No.

(2)(b) If recorded, how many MS1 form were submitted by persons in your Trust to the National Crime Agency since the inception of the Modern Slavery Act last year?

Answer: This information is not electronically recorded. As a referral is made to Social Care and Health we recommend you contact their Freedom of Information Office directly to see if they hold this information. They can be contacted via email address informationrights@walsall.gov.uk or postal address; Information Governance Team, Programme Delivery & Governance, Walsall MBC, The Council House, Lichfield Street, Walsall, WS1 1TW.

If NO:

(3)(a) Is the development of advice on the process of using the MS1 form alongside the National Referral Mechanism and Safeguarding forthcoming?

Answer: The requirement and duty to report will be part of existing Safeguarding training.

(3)(b) Are you planning on requiring staff to complete the Human Trafficking Programme for NHS healthcare staff via the Electronic Staff Record (ESR)?

Answer: Access to e-learning is being included in the Trust's Safeguarding menus for training as part of our 2016/17 training strategy and levels of training.

Please provide the information in an appropriate electronic readable format, for example .pdf, .doc, .docx etc. If your Trust does not provide such training, please notify me as such.

012/16

Red and Black Alerts

Please can you tell me:

How many times in March 2016 were your trust hospitals under a red or black alert?

Answer: Our hospital was escalated as a level 4 three times during March 2016.

Please state which hospitals were affected and how long each hospital was affected.

Answer: This relates to Walsall Manor Hospital. Data is not recorded about how long the hospital affected. The Regional Capacity Management Team at the Midlands and Lancashire Commissioning Support Unit is responsible for the West Midlands regional information tool which our Trust uses. We recommend you contact them directly as they may be able to provide this information from the regional system. Their Freedom of Information Office is NHS England which can be contacted via email address; england.contactus@nhs.net or postal address is; Freedom of Information Office, NHS England, PO Box 16738, Redditch, B97 9PT.

Please could you provide the same information for March 2011?

Answer: This data is not centrally recorded by our Trust. The Regional Capacity Management Team at the Midlands and Lancashire Commissioning Support Unit is responsible for the West Midlands regional information tool which our Trust uses. We recommend you contact them directly as they may be able to provide this information from the regional system. Their Freedom of Information Office is NHS England which can

be contacted via email address; england.contactus@nhs.net or postal address is; Freedom of Information Office, NHS England, PO Box 16738, Redditch, B97 9PT.

013/16

Counter Terrorism and Security Act

The Counter Terrorism and Security Act was passed in February 2015 and the new law came into force for the health sector, including NHS Trusts and NHS Foundation Trusts, in July 2015, when government guidance was also issued.

NHS Trusts and Foundation Trusts are now obliged to 'have due regard to the need to prevent people from being drawn into terrorism', in accordance with the 'Prevent duty' outlined in Section 26 of the Act.

The information requested below relates to the Trust's response to this legislation and the 'Prevent duty'.

1. The number of patients and hospital staff that have been reported to the police under the 'Prevent duty' since July 2015, broken down by the hospital they were being treated in or worked in, and by hospital department, where this information is available.

Answer: We can confirm that our Trust has not made any referrals to the Police in regards to this.

2. A breakdown by age, ethnicity, gender and faith of those questioned and reported under the 'Prevent duty', where this information is available.

Answer: As no referrals have been made, this is not applicable to our organisation.

3. The number of patients and staff referred to the Channel programme since July 2015, broken down by age, ethnicity, gender and faith, where this information is available.

Answer: We can confirm that our Trust has not made any referrals to the Channel Programme since July 2015.

014/16

Heart Failure

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

What was the size of the patient population covered by your Trust in 2015?

Answer: Around 272,000 people live in the Walsall borough (dated 2013).

How many patients were diagnosed with heart failure by your Trust in 2015?

Answer: We can confirm that there were 413 inpatient discharges during 2015 where the patient had been admitted as an emergency with heart failure as the primary diagnosis.

Diagnosis data for other areas ie. outpatients, A&E is not centrally coded so cannot be provided.

Does your Trust follow NICE guidelines to support the diagnosis of suspected heart failure? If not, what guidance does your Trust follow? Please provide a copy

Answer: Yes our Heart Failure Team use NICE Guidance for Heart Failure for diagnosis, support and management and the whole pathway. Please find enclosed a copy of our Trust's guidelines which are based on NICE. Please note that staff details below Director/Consultant level are withheld under section 40 (Personal Information).

Please provide the details – including the manufacturer and brand name – of those tests used to support the diagnosis of heart failure

Answer: Manufacturer and assay = Roche - Cobas Elecsys N-terminal pro-B-type natriuretic peptide II (NT-proBNP II)

Does your Trust follow NICE guidelines to support the management of chronic heart failure? If not, what guidance does your Trust follow? Please provide a copy

Answer: Yes our Heart Failure Team use NICE Guidance for Heart Failure for diagnosis, support and management and the whole pathway. Please find enclosed a copy of our Trust's guidelines which are based on NICE. Please note that staff details below Director/Consultant level are withheld under section 40 (Personal Information).

Please provide the details – including the manufacturer and brand name – of those tests used to support the management of chronic heart failure

Answer: Manufacturer and assay = Roche - Cobas Elecsys N-terminal pro-B-type natriuretic peptide II (NT-proBNP II)

Does your Trust use NTproBNP or BNP testing to support the diagnosis of heart failure in patients presenting through A&E?

Answer: Our Trust uses NT-proBNP.

How many NTproBNP tests were performed by your Trust in 2015? Please provide the manufacturer and brand name of the test used

Answer: Approximately 6000 BNP tests in 2015. The manufacturer is Roche and brand is Cobas Elecsys N-terminal pro-B-type natriuretic peptide II (NT-proBNP II).

Are there any restrictions for using NTproBNP or BNP tests? If yes, please explain

Answer: Testing is performed in line with the NICE guidelines – our Lab is working with our Heart Failure Team to ensure appropriate testing and help manage demand.

How many echocardiographs were performed at your Trust in 2015?

Answer: We can confirm the total number of scans performed in 2015 was 4688. This includes: transthoracic echo, trans-oesophageal echo, stress echo and contrast echo.

What was the average waiting time for an echocardiogram at your Trust in 2015?

Answer: The average waiting time during 2015 for an echocardiogram was 4 weeks.

015/16

Financial Information

Can I have summarized financial information related your organization's dealings with Premium Linguistic Services from the commencement of dealings with your organisation until today.

The information sought for is requested under the freedom of information act.

The information I need is as follows.

1. List of Invoices paid.
2. Invoice numbers
3. Dates of the invoices
4. Brief description of the service provided
5. Amounts for each invoice

Answer: Our Financial Department have searched our Purchase ledger and cannot find any transactions (invoices) with Premium Linguistics Services.

016/16

Staff Contact Information

I'd be very grateful if you could fill in the below form (as much as possible) so that our database can be updated.

CCO refers to Chief Commercial Officer (CEO is preferred)

CCIO is chief clinical info officer and CIO is chief information office (head of IT or technology would also be fine)

Position	Name	Email address/tel. number
CCO/CEO	Our Chief Executive Officer is Mr Richard Kirby	richard.kirby@walsallhealthcare.nhs.uk 01922 721172
CCIO	Our Trust does not employ a Chief Clinical Information Officer	This is not applicable.
Clinical IT Lead	Staff details below Director level are withheld under Section 40 (Personal Information). The Director responsible for this role is Mr Steve Darkes, our Director of Informatics	steve.darkes@walsallhealthcare.nhs.uk 01922 721172
CIO/IT Director	Our Director of Informatics is Mr Steve Darkes	steve.darkes@walsallhealthcare.nhs.uk 01922 721172
Deputy IT Director	Our Assistant Directors of	frank.botfield@walsallhealthcare.nhs.uk

	IT Services are Mr Frank Botfield, Assistant Director of IT Business Delivery and Mr Mark Taylor, Assistant Director of IT Services	01922 721172 mark.taylor@walsallhealthcare.nhs.uk 01922 721172
Caldicott Guardian	Our Caldicott Guardian is Mr Amir Khan	amir.khan@walsallhealthcare.nhs.uk 01922 721172

017/16

Non-Medical Clinical Agency Staff

Please can you provide me with information relating to the use of agency staff for non-medical clinical work for the financial year of 2015/2016.

Answer: During 2015/16, we can confirm that our Trust spent £425,000 on non-clinical/medical agency staff.

Listing Agencies used and the amount spent for each Agency.

Answer: Please be aware that the total spend above and below will not match as invoices from the time period are still being received and processed.

Agency Name	Total Spend for 2015/16
CBS BUTLER	£34,000
GSA TECHSOURCE LTD	£47,000
JR - PUBLIC RELATIONS LTD	£18,000
MICHEAL PAGE INTERNATIONAL	£5,000
REAL STAFFING GROUP	£58,000
SCOPE	£3,000
SELICK PARTNERSHIP GROUP LTD	£105,000
TMP WORLDWIDE LTD	£4,000
VENN GROUP	£66,000
Grand Total	£340,000

018/16

Medical/Imaging Equipment

I am writing to obtain information about the use of specific high technology medical equipment by your trust in the year 2015.

To outline my query as clearly as possible, I am requesting details on the hospitals use of:

- i. LINAC (linear accelerator)

Answer: Our Trust does not use this equipment.

ii. PET (Positron Emission tomography)

Answer: Our Trust does not use this equipment.

iii. CT (Computerised tomography)

Answer: Please see below.

iv. MRI (Magnetic Resonance Imaging)

Answer: Please see below.

v. Lithotripters

Answer: Our Trust does not use this equipment.

For each of the above machines which the hospital has had on site either presently or at any time since January 2015, please answer the following:

1. Please state the make and model of the machine,

Answer: Please note that our MRI service is provided by an external company.

Please see below.

x2 CT Scanners: Make-GE, Model-VCT

x1 MRI – Seimens Symphony 1.5T

2. The hospital in which it is located

Answer: Please see below.

x2 CT Scanners and x1 MRI: Walsall Manor Hospital

3. Its value (an insurance valuation is fine. If unavailable, please state the nature of the valuation provided)

Answer: We can confirm that the insurance value for both CT scanners is £460,000.

As the MRI service is provided by an external company, we are not aware of this information.

4. Annual maintenance costs

Answer: This is not applicable to the MRI service as it is provided by an external company.

The CT Scanners are part of a Framework contract with NHS Supply Chain. We

recommend you contact their Freedom of Information Office directly for this information. They can be contacted via email address customer.communications@supplychain.nhs.uk

5. Expected weekly operating hours (ie Siemens MRI: 09:00 - 17:00 M-F, etc)

Answer: For one CT Scanner - 8.30am-5.30pm Monday to Friday.

For the other CT Scanner – 8am-8pm Monday to Friday and Saturday/Sunday 10am-2pm plus emergencies outside of these hours.

Expected operating hours for the MRI is 14 hours per day, 7 days per week 7am-9pm.

6. The number of separate uses of the machine in 2015 (for example, LINAC – 3000 separate uses; Lithotripter – 5000 separate uses)

Answer: During 2015/16, an approximate total of 12029 CT examinations were performed on one scanner and 8711 performed on the other scanner.

During 2015/16, a total of 14290 MRI examinations were performed.

7. Whether the machine has been bought, replaced, or disposed of during this timeframe

1. The date of such an event
2. The reason

Answer: This is not applicable. The MRI was purchased in 2001 and the CT scanners were purchased in 2009 and 2010.

Please ensure that for each of the questions 1-7 it is clear to which machine the data relates. If you have, for example, two MRI scanners of the same brand, please identify them as "Siemens MRI a" and "Siemens MRI b" or other appropriate system.

My preferred format to receive this information is electronically, but if that is not possible I will gladly accept hard copies.

**019/16
Waiting List Initiative Payments**

This request concerns the payment of waiting list initiative payments by English acute trusts, Scottish and Welsh NHS boards and Northern Irish health and social care trusts.

Please provide:

1. The total amount paid in waiting list initiative payments (and other higher rate additional payments for weekend and evening work) to consultants for the following financial years:

- ii) 2013-14
- iii) 2014-15
- iv) 2015-16

Answer: Please see the table below.

	2013/14	2014/15	2015/16
Total Amount Paid in WLIs	£1,166,000	£1,118,000	£1,045,000

2. The five highest totals of such payments paid to individual consultants, stating the name and job title of each consultant, and how many hours they worked, for the following financial years:

- i) 2013-14
- ii) 2014-15
- iii) 2015-16

Answer: Exemption under section 40 (Personal Information) has been applied to your request for the name and job title of the Consultants these payments relate to. Please note that WLI work is paid at a standard rate. Please see the table below.

	2013/14	2014/15	2015/16
Standard hourly rate for WLI work	£112.50	£112.50	£112.50

3. The maximum hourly rate and the minimum hourly rate for such payments for each of following financial years:

- i) 2013-14
- ii) 2014-15
- iii) 2015-16

Answer: This is not applicable to our Trust. Please see the answer to the question 2 above.

- 4.
- a) The number of individual consultants (headcount) who received such payments; and
 - b) The total number of consultants (headcount) working in your trust;

at the end of each of the following financial years

- i) 2013-14
- ii) 2014-15
- iii) 2015-16

Answer: Please see the table below.

	2013/14	2014/15	2015/16
Total Number of Consultant Who Received WLI Payment	83	88	102
Total Number of Consultants Employed at the end of the Financial Year (March)	148 (Headcount)	147 (Headcount)	148 (Headcount)

5. The amount paid to private sector providers to carry out routine procedures and the number of procedures carried out for each of the following financial years:

- i) 2013-14
- ii) 2014-15
- iii) 2015-16

Answer: Please see the table below. Exemption under section 12 (Cost of compliance exceeds appropriate limit) has been applied for your request for the number of procedures carried out. This would involve the manual review of a high number of invoices.

	2013/14	2014/15	2015/16
Amount Paid to Private Sector Providers to Carry Out Routine Procedures	£0	£310,000	£340,000

020/16

Serious Untoward Incidents

I request the following:

- a) The number of serious untoward incidents (SUIs) recorded by the Trust for the reporting period 2011-2012. The data should be provided so that it is clear how many of these incidents were recorded at each of the establishments (hospitals or other medical establishments) operated by the Trust.

Answer: During 2011/12 we can confirm that our Trust reported 283 Serious Incidents which cover both our acute and community sites.

- b) The number of serious untoward incidents (SUIs) recorded by the Trust for the reporting period 2012-2013. The data should be provided so that it is clear how many of these incidents were recorded at each of the establishments (hospitals or other medical establishments) operated by the Trust.

Answer: During 2012/13 we can confirm that our Trust reported 169 Serious Incidents which cover both our acute and community sites.

- c) The number of serious untoward incidents (SUIs) recorded by the Trust for the reporting period 2013-2014. The data should be provided so that it is clear how many of these incidents were recorded at each of the establishments (hospitals or other medical establishments) operated by the Trust.

Answer: During 2013/14 we can confirm that our Trust reported 139 Serious Incidents which cover both our acute and community sites.

- d) The number of serious untoward incidents (SUIs) recorded by the Trust for the reporting period 2015-2015. The data should be provided so that it is clear how many of these incidents were recorded at each of the establishments (hospitals or other medical establishments) operated by the Trust.

Answer: During 2014/15 we can confirm that our Trust reported 106 Serious Incidents which cover both our acute and community sites.

If you are unable to establish how many SUIs were recorded at each of the establishments (hospitals or other medical establishments) under the control of the Trust for one of multiple of the above periods, please provide the total figure for the Trust as a whole, for the period/s.

If you have a total figure for SUIs recorded by the Trust and are able to establish the totals recorded by some (but not all) of the establishments (hospitals or other medical establishments) operated by the Trust, please provide what information you have in this regard.

021/16

Sexual Health Patients

How many people have visited GUM clinics within the trust and indicated that they have taken drugs during sex, something known as 'chemsex'? Please provide details for the financial years 2012-13, 2013-14, 2014-15 and 2015-16.

Answer: The figures below reflect the number of patients who attended our Sexual Health Clinics both at the Manor Hospital and within the Community.

<u>Financial Year</u>	<u>Number of Patients Attended</u>
2013-14	29,454

2014-15	30,894
2015-16	30,415

Information relating to whether patients have taken drugs during sex is not recorded electronically so cannot be provided. If disclosed by the patient, this would be written in patient records. It would require the manual review of a large number of patient records in order to possibly identify this information. Exemption under Section 12 (Cost of compliance exceeds appropriate limit) has been applied.

Within each of the years, please indicate the total numbers of men and women separately along with a tally of each age, and also the numbers of men who have sex with men.

Answer: As mentioned above, information relating to whether patients have taken drugs during sex is not recorded electronically so cannot be provided.

Could you also provide for each of the years how many of these people having tests who have had 'chemsex' have tested positive for a sexually transmitted infection? If possible, please tally them by STI.

Answer: As mentioned above, information relating to whether patients have taken drugs during sex is not recorded electronically so cannot be provided.

022/16

Number of Beds

Could you please tell me how many beds there are at each of the hospitals in the WALSALL HEALTHCARE NHS TRUST?

Could you please clarify: Are all the beds at the Manor hospital site? If yes then I am satisfied with the information. If not, and the beds are spread out over various sites could I have the number of beds per site as initially requested? I'm interested in community beds too and additional bed stock.

Answer: We can confirm that on our Manor Hospital site, for Quarter 3 (October-December 2015) we reported 557 consultant led beds and 34 non consultant led beds.

Our Trust also has joint bed provision with the Local Authority at Hollybank House, a Rehabilitation Unit where there are 21 beds available within the community.

023/16

Electronic Patient Record Systems

1. Do you currently have an Electronic Patient Record system(s) in place?

Answer: Yes

2. Can you provide a name for the system(s)?

Answer: Lorenzo

3. How much are you currently spending on this system annually for licensing and support fees?

Answer: Nil

4. What is the date of contract expiry for the system(s)?

Answer: March 2019

5. How many users? (An estimation if unsure)

Answer: Circa 3,500

6. How is your system hosted?

Answer: by CSC

7. Who is responsible for your local implementation of the objectives set out by the NHS in the Five Year Forward View?

Name:

Title:

Answer: The Trust has agreed to participate in the Black Country Sustainability and Transformation Plans. This plan brings together over 10 healthcare providers, numerous Local Authorities and four clinical commissioning groups (CCGs) to create an ambitious local blueprint for accelerating the implementation of the NHS Forward View.

024/16

Redevelopment of Manor Hospital

- a) the total actual and projected nominal cash costs of this PFI contract, including all projected adjustments for inflation (reflecting the basis on which the unitary charge is indexed to inflation, as agreed in the contract), along with start date and completion date;

Answer: We can confirm that the total actual & projected nominal cash costs of the PFI contract are £644,734k. The unitary charge is indexed annually based on the RPI in February. The Trust has assumed an annual inflation of 2.5% on projected costs from 2017/18 onwards.

Construction Start Date	November 2007
Construction End Date	September 2011
Service Start Date	September 2010
Service End Date	January 2041

- b) for each year of the contract, the total actual and projected nominal cash costs of this PFI contract, including all projected adjustments for inflation (reflecting the basis on which the unitary charge is indexed to inflation, as agreed in each contract);

Answer: Please see the enclosed table this details this information.

- c) for each year of the contract, the non-service element of the total actual and projected nominal cash cost of each PFI contract, estimated as above;

Answer: Please see the enclosed table this details this information.

- d) the pre-tax nominal Project Internal Rate of Return and the pre-tax nominal Equity Internal Rate of Return, as calculated at the start of the contract, and as projected by the relevant SPV as of today.

Answer: Our Financial Management Team do not centrally record this information electronically.

Information available upon request

025/16

Dermatology Bloods – Released 12th April 2016

Follow Up questions Received from Requester:

What happens in the scenario of when the phlebotomy service is closed for each of my questions?

Answer: The Dermatology department is only open during normal working hours when the Phlebotomy Service is also open. If the service is closed then there are two other services available (based in Maternity & Paediatrics) that would be used. Our Consultant Dermatologist cannot foresee any situation where the Dermatology Department would be required to take bloods from a patient.

Are bloods taken in the Dermatology Department in emergencies, for research or in other non-routine situations?

Answer: No.

026/16

IT Software Contract Information

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

2. Software Supplier: Can you please provide me with the software provider 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 Spend: What is the 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 (name, job title, email, contact number).

If the organisation have an outsourced provider that looks after all software can you please request this information from your provider?

If any of the information is not available please can you provide me with the notes on the reasons why?

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, russell.caldicott@walsallhealthcare.nhs.uk
Finance	Harlequin (Sales	Harlequin (Sales	Maintenance and upgrades	6 users	£5,164	Annual	April 2016	April 2017	April 2017	Staff details below Director level are withheld under Section 40 (Personal Information). Russell

	Ledger)	Ledger)								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, russell.caldicott@walsallhealthcare.nhs.uk
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, russell.caldicott@walsallhealthcare.nhs.uk
HR	The NHS Central Team IBM	Oracle	Electronic Staffing Record System, Payroll	All Staff Approx 4,500	£0	This is a National system run by Government's NHS Central Team and they hold the contract information for this system. We recommend you contact the Department of Health Freedom of Information Office on postal address; Ministerial Correspondence and Public Enquiries Unit, Department of Health, Richmond House, 79 Whitehall, London, SW1A 2NS, telephone number 0207 210 4850 or electronic contact form via their website https://contactus.dh.gov.uk/?openform				Staff details below Director level are withheld under Section 40 (Personal Information). Mark Sinclair, is our Director of Organisational Development and Human Resources, tel: 01922 721172, postal address: Walsall Healthcare NHS Trust, Manor Hospital, Walsall, WS2 9PS, mark.sinclair@walsallhealthcare.nhs.uk

027/16

Parking Permits and Charges

Please can you provide the following:

* For the year 2015/16, how much total income did the Trust receive through parking permits and charges (including staff/patients/visitors etc)?

Answer: We can confirm that during 2015/16 our Trust received an income of £1,345,253 for staff parking permits and patient and visitor parking.

* For the year 2015/16, how much income did the Trust receive through parking permits/charges issued to members of staff?

Answer: We can confirm that during 2015/16 our Trust received an income of £353,290 for staff parking permits.

* If parking permits are issued for staff, how much is charged for an annual permit? (If relevant, please provide the costs of different kinds of permit - e.g. if full/part time staff are subject to different rates).

Answer: Staff of all grades are charged the same for parking according to where they park. The inner zone which is closer to the hospital is charged at £300 per year which is deducted monthly. The outer zone is charged at £180 per year which is also deducted monthly.

028/16 – Closures of Maternity Units – Released 23rd May 2016

Follow Up Questions Received from Requester:

Thank you for the response to the FOI request.

May I just ask for one clarification: is it possible to get the spending on midwifery bank staff by each maternity unit within the Trust?

We only have one Midwifery Led Unit and one Delivery Suite. Please confirm if you are requesting the spend on midwifery bank staff split for each of these locations.

Yes, I confirm I am requesting the spend on midwifery bank staff split for each of these locations.

Answer: Please see the tables below.

Month	Financial Year 2015/16		
	Midwifery Led Unit	Delivery Suite	Other
April	£2,214	£2,403	£1,555
May	£9,906	£12,054	£5,707
June	£10,115	£12,702	£6,243
July	£12,100	£13,789	£13,036
August	£14,391	£21,613	£7,640
September	£9,651	£15,831	£10,273
October	£11,452	£18,275	£22,959
November	£9,614	£10,494	£14,922
December	£8,429	£9,748	£11,604
January	£8,875	£10,264	£18,574
February	£6,403	£8,976	£9,741

March	£10,499	£20,045	£13,163
TOTAL FOR YEAR	£113,649	£156,195	£135,417

Financial Year 2014/15			
Month	Midwifery Led Unit	Delivery Suite	Other
April	£1,978	£2,809	£2,656
May	£2,080	£3,535	£1,564
June	£3,434	£4,635	£1,235
July	£2,616	£1,753	£917
August	£4,635	£5,585	£2,847
September	£6,491	£4,738	£1,698
October	£2,722	£605	£428
November	£5,027	£139	£0
December	£2,576	£171	£453
January	£2,458	£821	£1,476
February	£3,331	£717	£477
March	£3,042	£0	£491
TOTAL FOR YEAR	£40,390	£16,032	£10,846

Financial Year 2013/14			
Month	Midwifery Led Unit	Delivery Suite	Other
April	£226	£2,746	£196
May	£0	£24	£0
June	£226	£6,006	£695
July	£0	£0	£226
August	£33	£722	£698
September	£0	£297	£1,104
October	£121	£2,245	£593
November	£1,162	£1,133	£1,651
December	£714	£3,005	£3,921
January	£796	£1,177	£4,169
February	£1,501	£1,847	£2,208
March	£1,316	£2,986	£2,568
TOTAL FOR YEAR	£6,095	£22,188	£18,029

029/16

E-cigarette Injuries

I'm looking to receive details on how many patients have been admitted to hospital with injuries caused by e-cigarettes since 2013.

Can this please be broken down into separate figures for 2013, 2014, 2015 and 2016 so far.

If possible, could I also be provided with a brief description of the injuries suffered in each case.

Answer: Items that cause injuries/may have caused injuries are not separately coded on our Clinical Coding system in order to be identified.

030/16

Surgical Appliances

Please complete the short questionnaire about the surgical appliance service available at your hospital.

Answer: This information has also been entered into the enclosed questionnaire as requested.

1a. Do you provide a surgical appliance service for inpatients?	Yes <input checked="" type="checkbox"/>	No
1b. Do you provide a surgical appliance service for outpatients?	Yes <input checked="" type="checkbox"/>	No

If you have answered yes to either or both of the above, please answer the following:

2. How many patients did you see during this time period:		Apr 14 to Mar 15	Apr 15 to Dec 15
	Inpatients	286 – appointments attended	214 – appointments attended
	Outpatients	3041 –appointments attended	2495 – appointments attended

3. How much did you spend on the appliances provided?		Apr 14 to Mar 15	Apr 15 to Dec 15
	Inpatients	£195,391 – Inpatients and Outpatients. Records are not split by these groups	£190,797 – Inpatients and Outpatients. Records are not split by these groups
	Outpatients	Please see comment	Please see

	above	comment above
4. Do you recharge the referrer for the cost of the appliance?	Yes <input checked="" type="checkbox"/>	No
5. Which Orthotics companies do you use?		
Trulife	Medi UK	Promedics
Sigvaris	Credenhill	Ossur
Beagle Orthopaedic	Bauerfeind	Salts Healthcare
A Algeos	Arden Orthotics	Brace Orthopaedic
Halo Healthcare	Chaneco	Orthofix
Ken Hall	Peacocks Medical Group	Ottobock Healthcare
DJO UK Ltd	Blatchford Exolite Orthotic	Thuasne

031/16

Agency Nursing

This is a Freedom of Information request regarding the amount of money spent on nursing shifts from outside agencies.

How many nursing shifts (for nurses of any grade) have you needed to cover with agency staff from 31st March 2015, to 31st March 2016?

Answer: There have been a total of 9,963 shifts booked via our Temporary Staffing Department for both Qualified and Unqualified Nursing grades during the period 01st April 2015 to 31st March 2016. This figure is provided from a collective of monthly reports, compiled after each calendar month. This figure is correct as of 28th April 2016.

How much did you spend in total on agency staff between 31st March 2015 and 31st March 2016?

Answer: £9,180,000

Did you use Medacs Healthcare plc to provide temporary nursing cover from 31st March 2015 to 31st March 2016, and if so how much did you pay them in total?

Answer: Yes. During this period the total invoice payments made to this company was £818,000.

Did you use Mayday Healthcare plc to provide temporary nursing cover from 31st March 2015 to 31st March 2016, and if so how much did you pay them in total?

Answer: Yes. During this period the total invoice payments made to this company was £40,000.

Did you use Imperial Medical Staffing to provide temporary nursing cover from 31st March 2015 to 31st March 2016, and if so how much did you pay them in total?

Answer: Yes. During this period the total invoice payments made to this company was £1,000.

Did you use Thornbury Nursing Services to provide temporary nursing cover from 31st March 2015 to 31st March 2016, and if so how much did you pay them in total?

Answer: Yes. During this period the total invoice payments made to this company was £603,000.

Did you use Team 24 Healthcare to provide temporary nursing cover from 31st March 2015 to 31st March 2016, and if so how much did you pay them in total?

Answer: Yes. During this period the total invoice payments made to this company was £71,000.

From 31st March 2015 to 31st March 2016, what is the highest day rate you have paid for an agency nurse shift and to which agency was this paid?

Answer: The highest day rate paid for an agency nursing shift was £118.04 per hour and the payment was made to Thornbury Nursing Agency.

Are there any duties that an agency nurse would not be allowed to carry out that a staff nurse of the same rank would be?

Answer: IV and insulin.

032/16

Procurement of Medical Equipment (email to requester 14/04/16)

Withdrawn request

033/16

CT Scanner Information– Released 18th April 2016

Follow up questions received from requester;

We omitted to ask how much the maintenance contracts are per annum for each scanner and wonder if it is possible for that additional information to be provided please?

Answer: The CT Scanners are part of a Framework contract with NHS Supply Chain. We recommend you contact their Freedom of Information Office directly for this information. They can be contacted via email address customer.communications@supplychain.nhs.uk

034/16

Missed Outpatient Appointments – Original Response Released 18th April 2016

Follow Up Question received from requester:

Would it be possible to have the figures just for Did Not Attends? I'm looking for the same information as in the response sent but only counting Did Not Attends, so:

Under the Freedom of Information Act, please could you provide me with the number of people did not attend (Did Not Attends):

1. one outpatient appointment (either first or subsequent attendance)

2. two outpatient appointments (either first or subsequent attendance)
3. three outpatient appointments (either first or subsequent attendance)
4. four outpatient appointments (either first or subsequent attendance)
5. five or more outpatient appointments (either first or subsequent attendance)

for each of the past two years, 2014/15 and 2015/16.

Answer: Please see the tables below which detail the number of individual patients that did not attend their scheduled appointments during the year. Multiple missed attendances may not relate to a single condition for each patient.

April 2014 - March 2015

Number of Appointments Missed	Number of Patients
1	23060
2	6064
3	2021
4	796
5 plus	772

April 2015 - March 2016

Number of Appointments Missed	Number of Patients
1	22123
2	5907
3	1996
4	762
5 plus	826

035/16

Number of Times Police were Called

1. In 2015, how many times were police called to hospital premises within the Trust?

Answer: Details recorded about security incidents is very limited as free text fields are used. Please note that Walsall Healthcare NHS Trust has both an acute hospital and community premises. Police may also be called to a patient's home by staff members conducting home visits. Therefore, a breakdown by location of where the Police were called to cannot accurately be provided as it would depend upon whether the information was entered. It is also possible for Police to be called in relation to the same person multiple times.

Searching our spreadsheets, we can confirm that the Police were either accompanying a patient upon their arrival ie patients in Police custody or the Police were called to 173 security incidents which covers all locations across our Trust and possibly patient homes;

2. If possible, could you break this down into how many visits by police were related to acts by a) patients b) visitors c) staff d) other (please specify if possible)

Answer: Details recorded about security incidents is very limited as free text fields are used. A breakdown in this way can only be provided if details of the people involved was entered. Searching our spreadsheets, revealed the following results;

Related to Acts by:	Number of Security Incidents Police were Called to in 2015
Patients	106
Staff	3
Visitors	0
Other	Unknown – 35 An animal – 1 Relative/person known to a patient – 20 Care home staff – 1 Drug user – 4 Intruder/trespasser - 3

3. If possible, for incidents involving acts by patients, please state how many related to patients with dementia

Answer: Details recorded about security incidents is very limited as free text fields are used. Identification of these incidents would be dependent upon whether details of the people involved was entered.

Searching our spreadsheets, we can confirm that 4 of these security incidents relate the Police being called to a patient with dementia.

036/16

Orthopaedic Drills

How many orthopaedic drills (hand pieces suitable for large bone surgery) does the trust own? Please could you provide an asset register / stock list with the name of the manufacturer, drill model number and purchase price & date of each drill? Limited to the last 5 years.

Answer: We can confirm that our Trust owns x23 orthopaedic drills suitable for large bone surgery. Please find below a stock list as requested. The drill model number is not electronically recorded. Purchase price is withheld under section 43 (Commercial Interests) as this would detail pricing structure with the company.

Description	Installed	Manufacturer	Model
ROTARY HANDPIECE	2012	STRYKER	SYSTEM 6
ROTARY HANDPIECE	2012	STRYKER	SYSTEM 6
ROTARY HANDPIECE	2012	STRYKER	SYSTEM 6
ROTARY HANDPIECE	2012	STRYKER	SYSTEM 6
ROTARY HANDPIECE	2012	STRYKER	SYSTEM 6
ROTARY HANDPIECE	2012	STRYKER	SYSTEM 6
ROTARY HANDPIECE	2016	STRYKER	SYSTEM 7
ROTARY HANDPIECE	2016	STRYKER	SYSTEM 7
ROTARY HANDPIECE	2016	STRYKER	SYSTEM 7
ROTARY HANDPIECE	2016	STRYKER	SYSTEM 7

Are surgical power tools purchased as individual hand pieces or as complete systems? If they are purchased as complete systems, please could you list the items in each system including drill batteries?

Answer: Our Trust purchases surgical power tools as complete systems. Items for each system are not electronically recorded separately in a stock list.

037/16

New to Follow Up Ratios for Chronic Pain Service (email to requester 15/04/16)

Request withdrawn

038/16

Clinical Waste Bag Ties

We would like to require freedom of information on your company spend, annual usage and company currently supplying you with the clinical waste bag ties, or plain bag ties, this is normally handled by either procurement, supplies or porters, please can you also advise the person who we would deal with and their contact details.

Answer: Our current supplier of printed clinical waste bag ties is Universal UK LTD. Our total expenditure for waste bag ties during the 2015/16 financial year was £9,250 (ex VAT). Information relating to the amount purchased is exempt under Section 43 (Commercial Interests) as this would detail pricing structure.

039/16

Speech Therapy

My FOI request is to find out how much of your service and budget you dedicate towards speech therapy within your NHS trust, specifically when treating Parkinson's patients. If this is too specific I am happy for it to just cover speech therapy in general.

I would like a response to the queries below

- How much of your budget in monetary and percentage terms is allocated to support for Parkinson's?

Answer: We are funded for 0.5 wte Band 6 Speech and Language Therapist (SLT) for the Community Neurological Rehabilitation Team (CNRT). Please note however that this team covers a number of conditions.

- Do you provide speech therapy within your Parkinson's services?

Answer: Yes, individual sessions for assessment and /or therapy at home or as an outpatient. Group therapy is also provided at Short Heath Clinic.

- If so, how much of of your budget in monetary and percentage terms was allocated to speech therapy services in 2010, 2011, 2012, 2013, 2014, and 2015?

Answer: As for question 1, this figure has not altered over this time period. Within our Speech and Language Therapy service an assistant does provide an additional 0.2 wte Band 4 to the CNRT which is predominantly used to see patients with Parkinson's Disease. Also, approximately 0.3 of the Band 6 0.5 wte SLT is also dedicated for patients with Parkinson's Disease.

- How regularly do Parkinson's patients have access to NHS funded speech therapy?
Answer: As a group of patients, on average, we have roughly 5 sessions a week for patients with Parkinson's Disease. For speech problems, Parkinson's Disease patients usually have 4 sessions each - an assessment session followed by three therapy sessions. They can re-access the service at any time.

- How many Parkinson's patients have you treated on average over the past five years?
Answer: Our Parkinson's Disease Clinical Nurse Specialist currently sees 405 patients at least once every year. Yearly figures are not available.

- How many speech therapists do you provide funding for? Has this number increased or decreased in the past five years?
Answer: A 0.5 wte Band 6 SLT for the CNRT and Parkinson's Disease makes up 70% of these referrals. This funding has remained unchanged since the team was established around 8/9 years ago.

040/16

ERP Systems Information

Could you please respond to the following questions?

1. Who is your current provider of Financial Systems support and implementation services?

Answer: Capita IB Solutions

2. When does the contract expire?

Answer: 30th September 2016

3. Who should I contact if I wish to supply training on your financials systems?

Answer: Our Director of Finance & Performance, Mr Russell Caldicott.

4. Who is your current provider of Procurement Systems support and implementation services?

Answer: Capita IB Solutions

5. When does the contract expire?

Answer: 30th September 2016

6. Who should I contact if I wish to supply training on your procurement systems?

Answer: Our Director of Finance & Performance, Mr Russell Caldicott.

7. Who is your current provider of Human Resources Systems support and implementation services?

Answer: The NHS Central Team IBM at the Department of Health.

8. When does the contract expire?

Answer: This is a National system run by Government's NHS Central Team and they hold the contract information for this system. We recommend you contact the Department of Health Freedom of Information Office on postal address; Ministerial Correspondence and Public Enquiries Unit, Department of Health, Richmond House, 79 Whitehall, London,

SW1A 2NS, telephone number 0207 210 4850 or electronic contact form via their website <https://contactus.dh.gov.uk/?openform>

9. Who should I contact if I wish to supply training on your HRMS systems?

Answer: We recommend you contact the Department of Health. Please see their contact details above.

10. What Applications are you running for:

o Finance?

Answer: Integra

o HR?

Answer: Oracle

o Payroll?

Answer: Oracle

o Project?

Answer: Microsoft Applications, including Excel, Project and Word.

o CRM?

Answer: Microsoft Applications, including Excel and Project.

o Manufacturing?

Answer: This is not applicable to our Trust.

o Sourcing?

Answer: This is not applicable to our Trust.

o Invoice Scanning Tool?

Answer: Intregra

o Are you using Config Snapshot?

Answer: No

o What BI Tool are you using?

11. What versions of the above Applications are you running?

Answer: SQL Server 2008 R2 SSRS

12. When was your last Application upgrade?

Answer: 2012

13. Are you planning another upgrade in the next 12-18 months?

Answer: No

14. Do you have an Oracle support partner for applications? If so who?

Answer: No

15. What kind of support is included in the contract (functional/technical/etc.?)

Answer: This is not applicable to our Trust.

16. What is the value of the application support contract?

Answer: This is not applicable to our Trust.

17. When does it expire?

Answer: This is not applicable to our Trust.

18. Where do you advertise any Oracle procurement opportunities?

Answer: This is not applicable to our Trust.

19. Who is responsible for looking after the contract for the Oracle estate?

Answer: This is not applicable to our Trust.

20. Who is responsible for looking after the licenses for the Oracle estate?

Answer: This is not applicable to our Trust.

21. How much do you pay annually for Oracle Support & Maintenance?

Answer: This is not applicable to our Trust.

22. When does this contract renew?

Answer: This is not applicable to our Trust.

23. Do you work with off-shore partners?

Answer: This is not applicable to our Trust.

24. Who are your off –shore partners for ERP Systems Implementation and support?

Answer: This is not applicable to our Trust.

041/16

Over 50s Giving Birth

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

1 - How many women aged 50 and over gave birth in any of your maternity units in a) 2016 to date, b) 2015 and c) 2014?

Answer: We can confirm that no patients over the age of 50 are recorded as giving birth at our Trust during these years.

2 - If possible, for each year please tell me how many of these women had IVF abroad.

Answer: This is not applicable.

042/16

Medication Errors

This is a request under the Freedom of Information Act regarding the number and type of medication errors at the Trust. Please respond by email.

I would be grateful if you could let me have the following information, *for two separate years: 2014 and 2015.*

1) The number of medication errors recorded by the Trust *for each of these two years.*

Answer: We can confirm that the number of reported incidents in relation to medication errors within our Trust during 2014 was 620 and in 2015 was 811.

2) The number of these incidents *for each of these two years* that were recorded as causing:

- no harm
- low harm
- moderate harm
- severe harm
- death

Answer: Please see the table detailing this breakdown below. The categories on our reporting system are slightly different to those that you list.

Breakdown by harm	2014	2015
Near Miss	56	39
No Harm	388	584
Minor	156	177
Moderate	19	9
Major	0	2
Death	1	0
TOTAL	620	811

3) The number of errors *for each of these two years* attributed to:

- prescribing error
- dispensing error or
- any other cause

Answer: Please see the table detailing this breakdown below. The categories on our reporting system are slightly different to those that you list.

Breakdown of Process Errors	2014	2015
Administration/supply of medicine from a clinical area	309	408
Advice	17	23
Monitoring/follow-up of medicine use	96	74
Preparation of medicines in all locations including pharmacy	57	111
Prescribing	129	186
Supply/use of over the counter (OTC) medicine	6	7
Not specified	6	2
TOTAL	620	811

4) The number of errors *for each of these two years* attributed to:

- the prescribing or dispensing of the wrong dose, or
- the prescribing or dispensing of the wrong medicine.

Answer: Please see the table detailing this breakdown below. The categories on our reporting system are slightly different to those that you list.

Prescribing or dispensing errors	2014	2015
Prescribing of the wrong dose	17	35
Dispensing of the wrong dose	23	42
TOTAL	40	77

Prescribing or dispensing errors	2014	2015
Prescribing of the wrong drug	14	18
Dispensing of the wrong drug	35	37
TOTAL	49	55

5) The number of incidents *for each of these two years* in which the Trust has paid financial compensation to patients or relatives of patients in respect of medication errors, and the total paid in compensation *for each of these two years* in respect of medication errors.

Answer: We can confirm that our Trust received one claim in 2014 of which a payment of £1,000 in compensation was made and one claim in 2015 of which a payment of £7,500 was made.

6) Finally, does the Trust have a named medication safety officer, and when was this post established and filled?

Answer: Yes, this post was established and filled in July 2014.

043/16

Contact Details

Please provide contact details as listed below for Chief Finance Officer (CFO), Chief Information Officer (CIO)/Head of IT, Chief Executive (CEO), Director of Resources, Medical Director, Caldicott Guardian

Where you don't have exact job title as above, please provide equivalent or if your Trust does not hold such a position please advise.

- *Full Name*
- *Job Title*
- *Email*
- *Telephone*
- *Postal Address*

Answer: Please see this information listed below

Mr Russell Caldicott

Director of Finance & Performance

russell.caldicott@walsallhealthcare.nhs.uk

01922 721172

Walsall Healthcare NHS Trust

Manor Hospital

Moat Road

Walsall

WS2 9PS

Mr Richard Kirby
Chief Executive
richard.kirby@walsallhealthcare.nhs.uk
01922 721172
Walsall Healthcare NHS Trust
Manor Hospital
Moat Road
Walsall
WS2 9PS

Mr Steve Darkes
Director of Informatics
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Mr Mark Sinclair
Director of Organisational Development and Human Resources
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Walsall Healthcare NHS Trust
Manor Hospital
Moat Road
Walsall
WS2 9PS

Mr Amir Khan
Medical Director and Caldicott Guardian
amir.khan@walsallhealthcare.nhs.uk
01922 721172
Walsall Healthcare NHS Trust
Manor Hospital
Moat Road
Walsall
WS2 9PS

044/16
Parking

The request regards parking charges.

1. What is the hourly parking rate at Trust-controlled or owned car parks?

Answer: A 'pay on foot' system operates at the Manor Hospital and the charge is £1 for 30 minutes, £2 for the first hour and £1 per hour for every hour after that up to a maximum daily fee of £6.

2. How many spaces are available in Trust-controlled or owned car parks?

Answer: The Manor Hospital car parks are controlled by NHS Facilities and maintained by Skanska Facilities. We can advise that there are a total of 2,022 patient, visitor and staff parking spaces available for the Manor Hospital.

3. Who operates the car parks?

Answer: The Manor Hospital car parks are controlled by NHS Facilities. Maintained by Skanska with a contractor.

4. Please provide details of any discounts/exemptions offered to patients.

Answer: Weekly concessions at a lower rate are available for regular visitors to the hospital at a charge of £10 per week.

5. How much money was raised in each of the last three financial years from parking revenue? Please provide a breakdown for 2013/14, 2014/15, 2015/16.

Answer: We have presumed you are referring to actual income received through patient and visitor car parking charges. The income received by financial years is detailed below.

<u>Year</u>	<u>Income from Patient and Visitor Car Parking</u>
2013/14	£1,007,183
2014/15	£972,730
2015/16	£991,963

6. How many parking fines were issued in each of the last three financial years? Please provide a breakdown for 2013/14, 2014/15, 2015/16.

Answer: This information is not collected by our Trust as this work is completed by the company who run our car parking operator. The last available report from the company was dated December 2015 and covered November 2014 – October 2015.

During this time period we can confirm that the company issued 531 civil parking notices on our behalf.

7. How much money was raised from parking fines in each of the last three financial years? Please provide a breakdown for 2013/14, 2014/15, 2015/16.

Answer: From the 531 civil parking notices issued, £4,440 was paid.

8. What percentage (if any) of the parking revenue is diverted to the car park operator?

Answer: 50% of the revenue raised from paid civil parking notices is paid to the car park operator.

9. What is the remaining money raised from parking and received by the Trust used for?

Answer: Any money raised from parking goes into a central Trust budget. Information on what it is used for cannot be provided as other funds are placed into this budget.

045/16

Public Health Funerals

1) How many public health funerals has this NHS Trust arranged each year from 2010 to 2015?

Answer: Please note that this information was not routinely recorded over the years. From records that are available, we can confirm that our Trust has arranged at least 80 public health funerals during 2010 to 2015. Please bear in mind that the actual figure may be higher than this.

2) How much money has this NHS Trust spent on public health funerals each year from 2010 to 2015?

Answer: Please note that this information was not routinely recorded over the years nor for each of the 80 funerals mentioned above. From records that are available, we can confirm that the spend for public health funerals during 2010 to 2015 was £47,113.59.

3) What was the most expensive, and the cheapest, public health funeral this NHS Trust arranged during 2010-2015? How much did each cost?

Answer: From records that are available, we can confirm that the most expensive funeral cost £2,855 and the cheapest recorded was £765.

4) What was the age and gender of the youngest person and oldest person to be given a public health funeral from 2010-2015?

Answer: The youngest person recorded as having a public health funeral was a 24 year old male and the oldest person was a 99 year old male.

5) How many burials were there during 2010-2015? How many cremations were there during 2010-2015?

Answer: Please note that this information was not routinely recorded over the years. We can confirm a record of 7 burials, 71 cremations and 2 unknown funerals.

6) Where does this NHS Trust bury/cremate a person for a public health funeral?

Answer: Cremations usually take place at Streetly Crematorium, However, it is not unknown for a cremation to take place elsewhere, i.e. Sandwell Valley, Fradley Crematorium

A burial may take place at any specified cemetery or churchyard, dependent on whether there is any family involvement. If there is no family involvement the cemetery decided upon depends upon availability. Streetly Cemetery, Willenhall Lawn Cemetery, or any other local council cemetery is used.

7) How many times is an unmarked grave used?

Answer: A grave is only used once, unless there are specific instructions from the next of kin to do otherwise. This arrangement must already be in place before the patient has passed away and there must be available space for the grave. Our General Office is not aware of an unmarked grave being used in the past. Graves arranged via our Trust are an "unpurchased" grave, which means that a headstone or plaque may not be placed until someone has purchased the exclusive rights to the grave.

046/16

Items Reported Stolen/Missing by Patients and Staff

Please could you provide a list of items and their values, if known, that have been reported stolen or missing by patients and staff at your sites during 2015/16 and 2014/15 or 2015 and 2014.

Answer: We can confirm the following number of incidents recorded where items were reported as stolen or missing from our premises;

2014 118 incidents

2015 86 incidents

Year	Victim/Owner	Category	Item Description	Estimated Value
2014	Staff	Theft	Drug Keys	Not stated
2014	Staff	Theft	Money and mug	Not stated
2014	Trust Property	Theft	Weighing scales, measuring mat, head circumference measurer, pencil case stolen from boot of car	Not stated
2014	Staff	Theft	Money	£55
2014	Patient	Theft	Handbag containing purse, cards and £10-£15, mobile phone and charger, medical supplies for colostomy bag	Not stated
2014	Staff	Theft	iPad	Not stated
2014	Staff	Theft	Sat nav from glove box	Not stated
2014	Staff	Theft	Purse with cards	Not stated
2014	Staff & Trust Property	Theft	Cash tin of tea/coffee funds and gift vouchers purchased with trust funds stolen	approx £330
2014	Staff	Theft	Attempted theft of cash box from scan room	Not stated
2014	Patient	Lost Property	Kindle	Not stated
2014	Patient	Lost Property	Pyjamas	Not stated
2014	Patient	Lost Property	Dentures	Not stated
2014	Patient	Lost Property	Money	Not stated
2014	Patient	Lost Property	Jewellery	Not stated
2014	Patient	Lost	Dentures	Not stated

		Property		
2014	Patient	Lost Property	Glasses	Not stated
2014	Patient	Lost Property	Jewellery	Not stated
2014	Patient	Lost Property	Dentures	Not stated
2014	Patient	Lost Property	Hearing Aid	Not stated
2014	Patient	Lost Property	Night Dress	£20
2014	Patient	Lost Property	Debit Card & Cash	£130
2014	Patient	Lost Property	Cardigan	£15
2014	Patient	Lost Property	Kindle	Not stated
2014	Patient	Lost Property	Pyjamas	Not stated
2014	Patient	Lost Property	Money	Not Stated
2014	Patient	Lost Property	Jewellery	Neckchains
2014	Patient	Lost Property	Dentures	Not stated
2014	Patient	Lost Property	Jewellery	Not stated
2014	Patient	Lost Property	Dentures	Not stated
2014	Patient	Lost Property	Hearing Aid	Not stated
2014	Patient	Lost Property	Debit Card & Cash	£130
2014	Patient	Lost Property	Money	£30 and Change
2014	Trust	Lost Property	Chair Mats	Not stated
2014	Patient	Lost Property	Dentures	Not stated
2014	Patient	Lost Property	Clothing	Not stated
2014	Trust	Lost Property	Keys	Not stated
2014	Patient	Lost Property	Dressing Gown	Not stated
2014	Patient	Lost Property	2 x Gold Chains	Not stated
2014	Patient	Lost Property	Wash Bag	Not stated
2014	Patient	Lost	Pyjama Tops	Not stated

		Property		
2014	Patient	Lost Property	Glasses	Not stated
2014	Patient	Lost Property	Watch	Not stated
2014	Patient	Lost Property	Spectacles & £5	Not stated
2014	Patient	Lost Property	Money	200
2014	Patient	Lost Property	Toiletry Bag & Contents	Not stated
2014	Patient	Lost Property	Spectacles	Not stated
2014	Patient	Lost Property	Hearing Aid	Not stated
2014	Patient	Lost Property	Purse	Not stated
2014	Patient	Lost Property	Nightwear	Not stated
2014	Patient	Lost Property	Hearing Aid	Not stated
2014	Patient	Lost Property	Mobile Phone & Specs	Not stated
2014	Patient	Lost Property	Dentures	Not stated
2014	Patient	Lost Property	Dentures	Not stated
2014	Patient	Lost Property	Slippers, Dressing Gown	Not stated
2014	Patient	Lost Property	Jewellery - Rings	Not stated
2014	Patient	Lost Property	Spectacles	Not stated
2014	Patient	Lost Property	Dentures	Not stated
2014	Patient	Lost Property	Dentures	Not stated
2014	Patient	Lost Property	Hearing Aid	Not stated
2014	Patient	Lost Property	Dentures	Not stated
2014	Patient	Lost Property	Dentures	Not stated
2014	Patient	Lost Property	Mobile Phone	Not stated
2014	Patient	Lost Property	Dentures	Not stated
2014	Patient	Lost Property	Spectacles	Not stated
2014	Patient	Lost	Dentures	Not stated

		Property		
2014	Patient	Lost Property	Dressing Gown	Not stated
2014	Patient	Lost Property	Spectacles	Not stated
2014	Patient	Lost Property	Necklace	Not stated
2014	Patient	Lost Property	Spectacles	Not stated
2014	Patient	Lost Property	Money	Not stated
2014	Patient	Lost Property	Money	20
2014	Patient	Lost Property	Mobile Phone	Not stated
2014	Patient	Lost Property	Jewellery	Not stated
2014	Patient	Lost Property	Spectacles	Not stated
2014	Patient	Lost Property	Spectacles	Not stated
2014	Patient	Lost Property	Dressing Gown	Not stated
2014	Patient	Lost Property	Clothes	Not stated
2014	Patient	Lost Property	Mobility Aid	Not stated
2014	Staff	Lost Property	Spectacles	250
2014	Patient	Lost Property	Clothes	Not stated
2014	Patient	Lost Property	Spectacles	Not stated
2014	Patient	Lost Property	Many Items	Not stated
2014	Patient	Lost Property	Mobility Aid	Not stated
2014	Patient	Lost Property	Dentures	Not stated
2014	Patient	Lost Property	Hearing Aid	Not stated
2014	Patient	Lost Property	Clothes	Not stated
2014	Patient	Lost Property	Dentures	Not stated
2014	Patient	Lost Property	Spectacles	Not stated
2014	Patient	Lost Property	Personal Clothing	Not stated
2014	Trust Property	Lost	Thermometers	Not stated

		Property		
2014	Staff	Theft	stolen purse	Not stated
2014	Staff & Trust Property	Theft	Trust mobile phone and drivers own Sat Nav.	Not stated
2014	Trust Property	Theft	Ward XBOX taken from the ward	Not stated
2014	Staff	Theft	Money collected for the ward syndicate lottery was stolen	£350
2014	Staff	Theft	Handbag and contents stolen	Not stated
2014	Staff	Theft	Money stolen from purse from handbag	Not stated
2014	Staff	Theft	£20 note missing	£20
2014	Trust Property	Theft	Dictation machines missing	Not stated
2014	Trust Property	Theft	table and chair set found to be missing	Not stated
2014	Staff	Theft	Purse stolen, contained bank cards and driving licence.	Not stated
2014	Staff	Theft	Mountain bike stolen	Not stated
2014	Staff	Theft	approximately £40 has been taken.	£40
2014	Patient	Theft	£30 pounds stolen	£30
2014	Staff	Theft	front and rear number plates had been stolen	Not stated
2014	Patient	Theft	£80 stolen	£80
2014	Staff	Theft	£10 missing from bag	£10
2014	Staff	Theft	£ 13 went missing	£13
2014	Trust Property	Theft	Sandwiches and yoghurts eaten/stolen	Not stated
2014	Staff	Theft	hospital key for the new building	Not stated
2014	Trust Property	Theft	store cupboard keys plus another set of keys were missing.	Not stated
2014	Staff	Theft	£5 was missing.	£5
2014	Patient	Theft	Wallet containing £120 has gone missing from the ward.	Not stated
2014	Staff	Theft	A member of staff's payslip and accompanying letter	Not stated
2014	Trust Property	Theft	2 laptops along with the chargers, and bags were stolen	Not stated
2014	Staff	Theft	work brief case,	Not stated

			mobile phone and Sat Nav	
2014	Staff	Theft	£300 was missing	£300
2014	Staff	Theft	Money was found to be missing from the parents sitting room	Not stated

Year	Victim/Owner	Category	Item Description	Estimated Value
2015	Trust Property	Theft	hard drive was missing from the pc.	Not Stated
2015	Staff	Theft	Collection money	£70
2015	Staff	Theft	money intop drawer was missing	£60
2015	Patient	Theft	Patient lost money	£98.14
2015	Staff	Theft	car keys and bank card	Not Stated
2015	Trust Property	Theft	Four ink cartridges	Not Stated
2015	Trust Property	Theft	alcohol gel being stolen	Not Stated
2015	Patient	Theft	Patient checked her purse to find that £40.00 was missing.	£40
2015	Patient	Theft	Patient states money has been stolen	£10
2015	Staff	Theft	staff dress stolen	Not Stated
2015	Staff	Theft	money and bank card taken from purse	£20
2015	Staff	Theft	BCU Hoodie and Converse shoes	Not Stated
2015	Staff	Theft	money has been stolen	£5
2015	Staff	Theft	purse has been stolen	Not Stated
2015	Staff	Theft	purse with credit and debit cards driving license disability card and car keys.	Not Stated
2015	Patient	Theft	£40.00 and bank card	£40
2015	Patient	Theft	bank card has been stolen	Not Stated
2015	Trust Property	Theft	9 brand new xbox games stolen from the ward.	Not Stated
2015	Patient	Lost Property	Slippers	Not Stated
2015	Patient	Lost Property	Dentures	Not Stated
2015	Patient	Lost Property	Necklace	Not Stated
2015	Patient	Lost Property	Handbag	Not Stated
2015	Patient	Lost Property	Money	£200.00

2015	Patient	Lost Property	Spectacles	Not Stated
2015	Patient	Lost Property	Dentures	Not Stated
2015	Patient	Lost Property	Spectacles	Not Stated
2015	Patient	Lost Property	Spectacles	Not Stated
2015	Patient	Lost Property	Hearing Aid	Not Stated
2015	Patient	Lost Property	Hearing Aid	Not Stated
2015	Patient	Lost Property	Dentures	Not Stated
2015	Patient	Lost Property	Jewellery	Not Stated
2015	Patient	Lost Property	Money	Not Stated
2015	Patient	Lost Property	Dentures	Not Stated
2015	Patient	Lost Property	Spectacles	Not Stated
2015	Patient	Lost Property	Dentures	Not Stated
2015	Patient	Lost Property	Phones	Not Stated
2015	Patient	Lost Property	Dentures	Not Stated
2015	Patient	Lost Property	Dentures	Not Stated
2015	Patient	Lost Property	Dentures	Not Stated
2015	Patient	Lost Property	Hearing Aid	Not Stated
2015	Patient	Lost Property	Dentures	Not Stated
2015	Patient	Lost Property	Money	£400
2015	Patient	Lost Property	Dentures	Not Stated
2015	Patient	Lost Property	Hearing Aid	Not Stated
2015	Patient	Lost Property	Razor	Not Stated
2015	Patient	Lost Property	Clothing	Not Stated
2015	Patient	Lost Property	Clothing	Not Stated
2015	Patient	Lost Property	Clothing	Not Stated
2015	Patient	Lost Property	Slippers & Dressing Gown	Not Stated
2015	Patient	Lost Property	Dressing Gown	Not Stated
2015	Patient	Lost Property	Dressing Gown	Not Stated
2015	Patient	Lost Property	Spectacles	Not Stated
2015	Patient	Lost Property	Dentures	Not Stated
2015	Patient	Lost Property	£40.00 & Bank Card	£40
2015	Patient	Lost Property	Dentures	Not Stated
2015	Patient	Lost Property	Personal Clothing	Not Stated
2015	Patient	Lost Property	Personal Clothing	Not Stated
2015	Trust Property	Lost Property	Prescription Pad	Not Stated
2015	Patient	Lost Property	Dentures	Not Stated
2015	Patient	Lost Property	Kindle fire	Not Stated
2015	Patient	Lost Property	Dentures	Not Stated
2015	Trust Property	Lost Property	Staff Personal Files	Not Stated
2015	Patient	Lost Property	Personal clothing	Not Stated
2015	Patient	Lost Property	Personal Clothing	Not Stated
2015	Patient	Lost Property	Dentures	Not Stated
2015	Patient	Lost Property	Hearing Aid	Not Stated

2015	Trust Property	Lost Property	Clinical Equipment/Admin	Not Stated
2015	Trust Property	Lost Property	Clinical Equipment/Admin	Not Stated
2015	Patient	Lost Property	Money	£30.00
2015	Patient	Lost Property	Dentures	Not Stated
2015	Patient	Lost Property	Dentures	Not Stated
2015	Patient	Lost Property	Hearing Aid	Not Stated
2015	Trust Property	Lost Property	Clinical Equipment/Admin	Not Stated
2015	Staff	Lost Property	Personal Belongings	Not Stated
2015	Staff	Lost Property	Personal Property	Not Stated
2015	Trust Property	Lost Property	Clinical Equipment/Admin	Not Stated
2015	Trust Property	Lost Property	Clinical Equipment/Admin	Not Stated
2015	Staff	Lost Property	Dentures	Not Stated
2015	Patient	Lost Property	Personal Clothing	Not Stated
2015	Patient	Lost Property	Money	Not Stated
2015	Patient	Lost Property	Money	Not Stated
2015	Staff	Lost Property	Equipment	Not Stated
2015	Patient	Lost Property	Personal Clothing	Not Stated
2015	Patient	Lost Property	Dentures	Not Stated
2015	Staff	Lost Property	Personal Property	Not Stated
2015	Staff	Lost Property	Phone	Not Stated

047/16

Contact Details

We are currently reviewing the information we hold on NHS Trusts and would like to know who the Director of Finance for your Trust is.

I would be grateful also if you could confirm your Director of Finance's full contact details including the telephone number and e-mail address for correspondence related to your Trust.

Answer: We can confirm that Mr Russell Caldicott is our Director of Finance & Performance. He can be contacted on 01922 721172 and his email address is; russell.caldicott@walsallhealthcare.nhs.uk. His postal address is;

**Walsall Healthcare NHS Trust
Manor Hospital
Moat Road
Walsall
WS2 9PS**

048/16

Renal Multidisciplinary Team

1. Does your Trust employ one or more renal Multidisciplinary team (MDT)?

Answer: Yes, Consultants and Specialist Nurses.

2. If yes, does this team include an Interventional Radiologist (IR)?

Answer: No

3. Does your Trust employ a Specialist to look into access problems with AV fistulas?

Answer: No

049/16

PFI Postcode, Fines and Deductions

The Request

Sheet 1 Postcodes

Treasury records – Yellow – because the name of individual PFI projects can sometimes change I have asked you to provide in addition to the name, the Unique HMT ID number that identifies a PFI scheme on the HM Treasury spreadsheet so that I can be sure that I am identifying each scheme correctly.

Postal Address – Green – Could you please provide the postal address for each of the PFI projects listed. Where there are multiple addresses, please could you list each in turn and separate each with a forward slash.

Sheet 2 Fines & Deductions

Each of the PFI projects held by the authority may have incurred financial penalties for poor performance. Could you please record the details of each individual fine or deduction, since the first date of operations, in the second page of the spreadsheet.

Deduction information – Green – Could you please give a short narrative summary of the reason for the deduction, select the type of deduction incurred and note whether this was disputed by the contractor.

Date Information – Blue – Could you please record the date on which the deduction was first made then go on to note over how long the deduction was applied.

Financial Information – Orange – Please record the amount that the authority tried to deduct from the contractor, and where the deduction was disputed and the full sum not awarded the final settlement of the dispute.

Answer: Our PFI agreement is with Skanska Facilities. We recommend you contact them directly as they hold this information. Please contact either Marc Needham, Sarah Betts or Alan Walsh by emailing Sarah Betts via email address; sarah.betts@skanska.co.uk or telephone number 01922 656470.

050/16

Serious Untoward Incidents

I would like to make a further request for the number of SUIs for the reporting period 2015-16.

Answer: During 2015/16 we can confirm that our Trust reported 160 Serious Incidents which cover both our acute and community sites.

051/16

Theatre Tables

Please can you provide the following information:

1. What type of operating table is used in the theatres within the Trust (i.e. OSI/Jackson Table, Allen Table etc...)?

Answer: Eschamnn T20 and T30 operating tables are currently used within our Trust.

2. How many theatres are there at each of the hospitals within the trust?

Answer: Our Trust has a total of 14 in our theatres.

052/16

Red and Black Alerts

Please can you tell me:

How many times in March 2015 were your trust hospitals under a red or black alert?

Answer: Data is not recorded for this period. The Regional Capacity Management Team at the Midlands and Lancashire Commissioning Support Unit is responsible for the West Midlands regional information tool which our Trust uses. We recommend you contact them directly as they may be able to provide this information from the regional system. Their Freedom of Information Office is NHS England which can be contacted via email address; england.contactus@nhs.net or postal address is; Freedom of Information Office, NHS England, PO Box 16738, Redditch, B97 9PT.

Please state which hospitals were affected and how long each hospital was affected. This request only applies to acute hospitals.

Answer: Data is not recorded for this period. The Regional Capacity Management Team at the Midlands and Lancashire Commissioning Support Unit is responsible for the West Midlands regional information tool which our Trust uses. We recommend you contact them directly as they may be able to provide this information from the regional system. Their Freedom of Information Office is NHS England which can be contacted via email address; england.contactus@nhs.net or postal address is; Freedom of Information Office, NHS England, PO Box 16738, Redditch, B97 9PT.

053/16

System Suppliers

1. Who is the supplier of your EPR or PAS system across the Trust for plus which version:

- A) A&E
- B) Inpatient
- C) Outpatient

For example: Medway version 4.5 does all of A, B and C

Answer: CSC is the supplier for our Lorenzo 2.7 PAS system which covers points A, B and C above.

2. Who is the supplier of your Pharmacy Stock or E-Prescribing system? For example JAC provide our Stock and JAC EPMA for E-Prescribing

Answer: Our main pharmacy system is called Ascribe Pharmacy version 8.7 which is supplied by Ascribe. We also use PTS (Prescription Tracking System) version 4.5 supplied by TMS Insight Data Capture.

3. Can you supply a organisation chart for all your Execs plus Divisional Directors plus e-mail address.

Answer: Exemption under section 21 (Information available by other means) has been applied to your request for Executive Director and Informatics Division organisation charts. This is accessible via our publication scheme on our website using the following link;

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

Please find enclosed copies of our Divisional Director organisation charts as requested.

The email addresses for our Executive and Divisional Directors are listed below;

Mr Richard Kirby is our Chief Executive. His email address is;
richard.kirby@walsallhealthcare.nhs.uk

Mr Russell Caldicott is our Director of Finance & Performance. His email address is;
russell.caldicott@walsallhealthcare.nhs.uk.

Mr Mark Sinclair is our Director of Organisational Development and Human Resources. His email address is; **mark.sinclair@walsallhealthcare.nhs.uk.**

Mr Amir Khan is our Medical Director and Caldicott Guardian. His email address is;
amir.khan@walsallhealthcare.nhs.uk

Mrs Rachel Overfield is our Director of Nursing. Her email address is;
rachel.overfield@walsallhealthcare.nhs.uk

Mr Steven Vaughan is our Chief Operating Officer. His email address is;
steven.vaughan@walsallhealthcare.nhs.uk

Mr Daren Fradgley is our Director of Transformation & Strategy. His email address is;
daren.fradgley@walsallhealthcare.nhs.uk

Please note that our Estates & Facilities Divisional Director position is currently vacant.

Mr Matthew Dodd is our Interim Medicine and Long Term Conditions Divisional Director. His email address is; **matthew.dodd@walsallhealthcare.nhs.uk**

Mr Qadar Zada is our Women's, Children's and Clinical Support Services Divisional Director. His email address is; **qadar.zada2@walsallhealthcare.nhs.uk**

Ms Rachael Benson is our Surgery Divisional Director. Her email address is;
rachael.benson@walsallhealthcare.nhs.uk

Mr Steve Darkes is our Director of Informatics. His email address is;
steve.darkes@walsallhealthcare.nhs.uk

054/16

Maxillofacial Operations

I am looking for information relating to any operations carried out that were concerned with Maxillofacial with particular emphasis on double jaw surgery, mandibular correction surgery. I am looking for the info that relates to the years of January 2012 to December 2015 inclusive and that shows how many operations were conducted, how many were successful and how many were involved with complications such as stroke etc.

Answer: Conducting a search on our Clinical Coding system we have identified three patients who matched national coding for the following procedures/operations;

Excision of mandible

Reduction of fracture of mandible

Division of mandible

Fixation of mandible

Distraction osteogenesis of bones of skull

Other operations on mandible

One patient in 2014 and two patients in 2015.

All three procedures were successful and presented no complications.

055/16

Maternity

All information should be broken down in years - 2014, 2015 and for 2016 up until the date this request was received.

1. How many women gave birth alone without the assistance of a midwife?

Answer: Please see the figures below.

2014	4 women
2015	12 women
2016 (up to 12/05/16)	4 women

2. How many women gave birth outside of a maternity ward? Where did those women give birth (i.e. ambulances, A&E departments, corridors)?

Answer: Please see the figures below.

2014	4 women (x3 at home, x1 in an ambulance)
2015	12 women (x9 at home, x1 in our Emergency Department, x2 in an ambulance)
2016 (up to 12/05/16)	4 women (x3 at home, x1 in an ambulance)

3. How many women gave birth using stirrups?

Answer: This data is not electronically recorded. This would be written in patient records. It would require the manual review of a large number of patient records in order to possibly identify this information. Exemption under Section 12 (Cost of compliance exceeds appropriate limit) has been applied.

056/16

Senior Management Team

Please provide me with the following information for each member of the Trust's senior management team.

- Their band of salary broken down by the following years: 2012, 2013, 2014, 2015 and 2016
- The band of pension related benefits that they received in the following years: 2012, 2013, 2014, 2015 and 2016
- The performance-related pay and bonuses they received in 2012, 2013, 2014, 2015

Please provide the name and title of each senior manager.

Answer: Exemption under section 21 (Information Available by Other Means) has been applied to your request. This information is detailed within our annual reports which can be accessed via our website using the address below;

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

057/16

Current Financial Position and Gross Financial Assets and Liabilities

I would be grateful if you could provide me with the following information:

"Please provide information on the financial position, for 2014/15 and 2015/16 for i) the trust/CCG ii) all NHS hospitals within the trust and iii) the mental health trusts. Please set out the gross assets and liabilities in each case and whether the Trust was in surplus or deficit and the level thereof."

Answer: The information below relates to our Trust - Walsall Healthcare NHS Trust and covers Walsall Manor Hospital only. We are not a Mental Health Trust or a Clinical Commissioning Group.

If you require this information from Walsall Clinical Commissioning Group we recommend you contact their Freedom of Information Office directly for this information. They can be contacted via email address; foi@walsall.nhs.uk or postal address: Jubilee House, Bloxwich Lane, Walsall, WS2 7JL.

If you require this information from Dudley and Walsall Mental Health Partnership NHS Trust we recommend you contact their Freedom of Information Office directly for this information. They can be contacted by email address foi@dwmh.nhs.uk or postal address; FOI Enquiries, Trafalgar House, 47-49 King Street, Dudley, West Midlands, DY2 8PS.

Exemption under Section 21 (Information available by other means) has been applied to your request for the 2014/15 information. This is detailed in our Annual Accounts Report and is accessible via our publications page on our website using the following link;

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

Exemption under Section 22 (Information intended for future publication) has been applied to your request for the 2015/16 information. This will be detailed in our Annual Account Report and accessible via our publications page on our website using the link

above. Once the report has been presented at our Annual General Meeting it will be uploaded on our website around the end of July 2016.

058/16

Junior Doctor Numbers, Coverage and Rostering

I understand that rotas in your hospital should have been drawn up to plan for the imposition of the new junior doctor contract. I would like to request the following information under Freedom of Information Act Legislation:

Please release all strategic planning documents relating to junior doctors numbers, coverage and rostering for the period June-Sept 2016

Answer: We would be grateful if you could reply to our email which was sent to you on the 20th May. Please response within 12 weeks from the date of our email. If we do not hear from you before this time, your request for this information will be closed.

Overall in your hospital, considering junior doctors to be anything from FY1 to ST8, please tell me:

1. How many junior doctors do you have within your trust and can you please provide a breakdown of grade and specialty

Answer: We currently employ a 232 Junior Doctors. A breakdown by grade and specialty is below.

A&E: x8 SAS, x3 StR(H), x5 GPStR, x3 F2, x2 F2
Anaesthetics: x15 SAS, x2 StR(H), x10 CT1/2, x2 F1
ENT: x2 SAS, x2 StR(H), x2 F1
General Surgery: x5 SAS, x4 StR(H), x2 CT1/2, x4 F2, x7 F1
Urology: x2 SAS, x1 CT1/2, x2 F1
GU Medicine: x2 SAS, x1 F1
Medicine: x13 SAS, x9 StR(H), x2 Trust Grade (Middle Grade), x5 CMT, x6 GPStR, x11 F2, x5 Trust Dr (F2 level), x15 F1
O&G: x5 SAS, x4 StR(H), x2 GPStR, x2 ST1/2, x4 F2, x1 F1
Pathology: x2 SAS, x2 StR(H)
Paediatrics: x6 SAS, x5 StR(H), x6 GPStR, x2 ST1/2, x2 F2, x1 F2
T&O: x9 SAS, x2 StR(H), x2 CT1/2, x6 F2, x2 F1
Psychiatry: x2 F2, x1F1
General Practice: x6 F2
Public Health: x6 GPStR

2. How many doctors do you currently have rostered to work each weekend

Answer: 46

3. How many doctors you will have working each weekend in August, when the new junior doctor contract is imposed

Answer: Our Trust is not able to confirm this as rotas still require reviewing in line with the new contract.

4. What is the anticipated change in salary for a junior doctor in rotas where pay protection will not exist. E.g. the difference between average Fy1 pay August 2015-Jul 2016 vs August 2016-July 2017

Answer: Our Trust is not able to confirm this as rotas still require reviewing in line with the new contract.

Specifically for FY1 doctors please tell me:

1. How many FY1 doctors do you currently have rostered to work each weekend

Answer: 7

2. How many FY1 doctors you will have working each weekend in August, when the new junior doctor contract is imposed

Answer: Our Trust is not able to confirm this as rotas still require reviewing in line with the new contract.

For each individual grade of doctor (FY1,SHO (FY2 to CT3 and trust grade SHO's), SpR/StR) in each of these specialties (Emergency Medicine/acute medicine/general surgery /Intensive Care/Anaesthetics/Obstetrics and Gynaecology/paediatrics) please tell me:

1. How many doctors do you currently have rostered to work each weekend

Answer: x7 FY1, x19 SHO (FY2 to CT3 and Trust Grade SHOs) and x20 SpR/StR (including SAS).

2. How many doctors you will have working each weekend in August, when the new junior doctor contract is imposed

Answer: Our Trust is not able to confirm this as rotas still require reviewing in line with the new contract.

For each individual grade of doctor (SHO (FY2-CT3 and trust grade SHO's), SpR/StR) how many more doctors will you need to employ to ensure full rotas in Emergency Medicine, Anaesthetics, Intensive Care and Paediatrics?

Answer: Our Trust does not anticipate the requirement for more posts as we will look to restructure rotas with the current numbers.

Please provide all information in electronic format if possible

059/16

Incidents Reported

I am requesting the following information under the terms of the Freedom of Information Act.

1. How many incidents involving a failure to act upon test results were recorded in your trust in a) 2013/14, b) 2014/15 and c) 2015/16; how many of these were reported as serious incidents; and please provide a breakdown by therapeutic areas in which these failures occurred.

Answer: Please see the tables below.

Incident Category	Number of Incidents Reported		
	2013-14	2014-15	2015-16

Failure to Act on Test Results	7	14	12
Failure to Interpret Laboratory Results	1	1	8
TOTALS	8	15	20

Area	Number of Serious Incidents Reported (Failure to Interpret/Act on Test/Laboratory Results)		
	2013-14	2014-15	2015-16
Trauma & Orthopaedics	0	1	0
Radiology	0	0	1
Paediatrics	0	0	1
General Medicine	0	0	2
Screening Services	0	0	1
TOTALS	0	0	5

2. How many incidents involving sub-optimal care of a deteriorating patient were recorded in your trust in a) 2013/14, b) 2014/15 and c) 2015/16; how many of these were reported as serious incidents; and please provide a breakdown by therapeutic areas in which these incidents occurred.

Answer: Please see the tables below.

Incident Category	Number of Incidents Reported		
	2013-14	2014-15	2015-16
Inadequate vital signs monitoring	19	24	32
Inadequate fluid/nutritional monitoring	29	17	12
Inadequate treatment/care/supervision	305	305	304
Deterioration in patient condition during treatment	25	12	17
TOTALS	378	358	365

Area	Number of Serious Incidents Reported (Sub-optimal Care)		
	2013-14	2014-15	2015-16
General Surgery	1	2	0
General Medicine	2	1	2
Medical Oncology	1	0	0
Rehabilitation	1	0	0

Gynaecology	1	0	0
Not specified	1	0	0
Gastroenterology	0	1	0
Geriatric Medicine	0	0	1
Paediatrics	0	0	1
Theatres	0	0	1
TOTALS	7	4	5

3. How many delayed diagnoses were recorded in your trust in a) 2013/14, b) 2014/15 and c) 2015/16; how many of these were reported as serious incidents; and please provide a breakdown by therapeutic areas in which these delayed diagnoses occurred?

Answer: Please see the tables below.

Incident Category	Number of Incidents Reported		
	2013-14	2014-15	2015-16
Diagnosis - Failure to recognise complication	2	8	14
Wrong diagnosis	5	11	6
Failure in diagnosis	17	16	14
Delayed diagnosis	95	51	46
TOTALS	119	86	80

Area	Number of Serious Incidents Reported (Delayed Diagnosis)		
	2013-14	2014-15	2015-16
Radiology	3	0	1
Unspecified	2	1	0
Accident & Emergency	1	0	0
General Medicine	1	2	2
Urology	0	1	0
Paediatric	0	0	1
Screening Services	0	0	1
General Surgery	0	0	1
TOTALS	7	4	6

4. How many surgical errors were recorded in your trust in a) 2013/14, b) 2014/15 and c) 2015/16; and how many of these were reported as serious incidents?

Answer: Please see the tables below.

Incident Category	Number of Incidents Reported		
	2013-14	2014-15	2015-16
Missing needle/swab/instrument	4	5	3

Retained foreign object post-operation	1	1	1
Drill bit left insitu	2	1	1
TOTALS	7	7	5

Area	Number of Serious Incidents Reported (Surgical Errors)		
	2013-14	2014-15	2015-16
General Surgery	1	1	2
Trauma & Orthopaedics	1	1	0
Dental Services	0	0	1
TOTALS	2	2	3

5. How many incidents involving child abuse within your trust were recorded in a) 2013/14, b) 2014/15 and c) 2015/16; and how many of these were reported as serious incidents? The questions refer to incidents that took place while the child was in the care of the Trust, rather than events that lead to the patient's admission

Answer: This information is not centrally recorded but would be detailed within free text fields on our electronic incident reporting system. Reports on the system cannot be run on free text fields in order to identify these incidents.

6. How many incidents involving serious injury to a child within your trust were recorded in a) 2013/14, b) 2014/15 and c) 2015/16; and how many of these were reported as serious incidents?

Answer: In accordance with NHS England guidance, all serious injuries or child deaths are reported as Serious Incidents (excluding stillbirth and neonatal deaths). Please see the total number of these reported incidents below.

Category	Number of Serious Incidents Reported		
	2013-14	2014-15	2015-16
Serious Injury/Child Death	2	1	11

060/16

Primary Hip & Knees contract data

I would like to make a Freedom of Information request for information on contracts relating to the main suppliers of Primary Hip and Knee replacement products. Specifically, I would like answered for each of Hip and Knees:

Primary* Hips

Question	Example Value (replace)
Current contract(s) start and end date for primary knees?	Start Date: 01/06/12 End Date: June 2016 Procured via national arrangements.
Is there an option to extend?	No

If so, what is the extension length?	Not applicable
Contract route (tender/framework/direct)	Framework
The name of main supplier?	JRI Stryker

(for more than one contract please use multiple lines)

Primary* Knees

Question	Example Value (replace)
Current contract(s) start and end date for primary knees?	Start Date: 01/06/12 End Date: June 2016 Procured via national arrangements.
Is there an option to extend?	No
If so, what is the extension length?	Not applicable
Contract route (tender/framework/direct)	Framework
The name of main supplier?	Stryker

*'Primary' in this sense refers to products used in the replacement of Hip or Knee (as opposed to 'Revision' of existing replacements)

061/16

Hospital Consultant Information

I would be grateful if you could send me an up to date list of Hospital Consultants, by name and department/location, working within your trust. I have searched your website and cannot seem to find the most current information I am looking for.

Alternatively, please direct me to your online Consultant listing, but please can you confirm that this information is updated regularly?

Answer: The information has been entered into the table below as requested.

Division	Organisation	Title	Initial	Last Name	Position Title	Location
Corporate	Chief Executive Directorate	Mr.	A	Khan	Medical Director	Manor Hospital
Medicine & Long-Term Conditions	Accident & Emergency Consultant	Mr.	N	Rashid	Consultant/Assoc.Medical Director	Manor Hospital
Medicine & Long-Term Conditions	Accident & Emergency Consultant	Miss	R	Joshi	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Accident & Emergency Consultant	Dr	M	Ali	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Accident & Emergency Consultant	Dr	A	Ammar	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Accident & Emergency Consultant	Mr.	M	Waqar	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Accident & Emergency Consultant	Dr	N	Sadavarte	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Accident & Emergency Consultant	Mr.	D	O'Carroll	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Accident & Emergency Consultant	Dr	S	Malik	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Accident & Emergency Consultant	Dr	F	Alam	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Capacity Consultants	Dr	M	Saim	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Capacity Consultants	Dr	H	Tariq	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Cardiology Consultant	Mr.	J	Jaumdally	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Cardiology Consultant	Dr	J	Gupta	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Cardiology Consultant	Dr	A	Al-Allaf	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Cardiology Consultant	Dr	J	Anthony	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Cardiology Consultant	Dr	A	Hamaad	Consultant	Manor Hospital

Medicine & Long-Term Conditions	Cardiology Consultant	Dr	A	Bashir	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Dermatology Consultant	Dr	J	Halpern	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Dermatology Consultant	Dr	C	Kasparis	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Dermatology Consultant	Dr	C	Defty	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Diabetes Consultants	Mr.	S	Krishnasa my	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Elderly Care Consultant	Dr	V	Senthil	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Elderly Care Consultant	Dr	I	Qazi	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Elderly Care Consultant	Dr	R	Harlin	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Elderly Care Consultant	Dr	K	Javaid	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Elderly Care Consultant	Dr	E	Epstein	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Elderly Care Consultant	Dr	W	Fernando	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Elderly Care Consultant	Dr	A	Abras	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Elderly Care Consultant	Dr	S	Rizvi	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Emergency General Medicine Consultant	Dr	S	Saeed	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Emergency General Medicine Consultant	Dr	K	Yugambara nathan	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Endocrinology & Diabetes Consultant	Dr	R	Padinjakar a Kulambil	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Endocrinology & Diabetes Consultant	Dr	T	Abdu	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Endocrinology & Diabetes Consultant	Dr	A	Wright	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Gastroenterology Consultant	Dr	C	Shekhar	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Gastroenterology Consultant	Dr	M	Cox	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Gastroenterology Consultant	Dr	A	Awasthi	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Gastroenterology Consultant	Dr	A	Hughes	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Gastroenterology Consultant	Dr	R	Kasturi	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Gastroenterology Consultant	Dr	K	Desai	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Genito-Urinary Consultant	Dr	S	Acharya	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Genito-Urinary Consultant	Dr	J	Arumainay agam	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Nephrology Consultant	Dr	R	Bavakunji	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Nephrology Consultant	Dr	M	Kolpurka Abdul	Consultant	Manor Hospital

				Samad		
Medicine & Long-Term Conditions	Palliative Care Consultant	Dr	R	Klezlova	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Palliative Care Consultant	Dr	E	Waterhouse	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Respiratory Medicine Consultant	Dr	S	Nadeem	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Respiratory Medicine Consultant	Dr	M	Matonhodze	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Respiratory Medicine Consultant	Dr	V	Balagopal	Consultant	Manor Hospital
Medicine & Long-Term Conditions	Respiratory Medicine Consultant	Dr	S	Selvaraj	Consultant	Manor Hospital
Surgery	Anaesthetics Consultant	Dr	F	Babatola	Consultant	Manor Hospital
Surgery	Anaesthetics Consultant	Dr	C	Newson	Consultant	Manor Hospital
Surgery	Anaesthetics Consultant	Dr	M	Youssef	Consultant	Manor Hospital
Surgery	Anaesthetics Consultant	Dr	J	De	Consultant	Manor Hospital
Surgery	Anaesthetics Consultant	Dr	O	Olukoga	Consultant	Manor Hospital
Surgery	Anaesthetics Consultant	Dr	T	Kananavicius	Consultant	Manor Hospital
Surgery	Anaesthetics Consultant	Dr	B	Freitag	Consultant	Manor Hospital
Surgery	Anaesthetics Consultant	Dr	M	Khalil	Consultant	Manor Hospital
Surgery	Anaesthetics Consultant	Dr	K	Mahler	Consultant	Manor Hospital
Surgery	Anaesthetics Consultant	Dr	S	Rajamanickam	Consultant	Manor Hospital
Surgery	Anaesthetics Consultant	Dr	M	Sharma	Consultant	Manor Hospital
Surgery	Anaesthetics Consultant	Dr	S	Pesian	Consultant	Manor Hospital
Surgery	Anaesthetics Consultant	Mrs.	V	Cerniauskiene	Consultant	Manor Hospital
Surgery	Anaesthetics Consultant	Dr	A	Kuravi	Consultant	Manor Hospital
Surgery	Anaesthetics Consultant	Dr	D	Clarence	Consultant	Manor Hospital
Surgery	Anaesthetics Consultant	Dr	C	Makura	Consultant	Manor Hospital
Surgery	Anaesthetics Consultant	Dr	M	Prasanna	Consultant	Manor Hospital
Surgery	Anaesthetics Consultant	Dr	C	Akinwale	Consultant	Manor Hospital
Surgery	Anaesthetics Consultant	Dr	K	Ramkumar	Consultant	Manor Hospital
Surgery	Anaesthetics Consultant	Dr	S	Nortcliffe	Consultant	Manor Hospital
Surgery	Anaesthetics Consultant	Dr	S	Shanbhag	Consultant	Manor Hospital

Surgery	Anaesthetics Consultant	Dr	H	Yanny	Consultant	Manor Hospital
Surgery	General Surgery Consultant	Mr.	M	Iqbal	Consultant	Manor Hospital
Surgery	General Surgery Consultant	Mr.	S	Odogwu	Consultant	Manor Hospital
Surgery	General Surgery Consultant	Miss	M	Heitmann	Consultant	Manor Hospital
Surgery	General Surgery Consultant	Mr.	K	Abrew	Consultant	Manor Hospital
Surgery	General Surgery Consultant	Mr.	S	Mirza	Consultant	Manor Hospital
Surgery	General Surgery Consultant	Miss	S	Addison	Consultant	Manor Hospital
Surgery	General Surgery Consultant	Miss	S	Abbott	Consultant	Manor Hospital
Surgery	General Surgery Consultant	Mr.	P	Brookes	Consultant	Manor Hospital
Surgery	General Surgery Consultant	Mr.	Z	Khan	Consultant	Manor Hospital
Surgery	General Surgery Consultant	Mr.	R	Church	Consultant	Manor Hospital
Surgery	Oncology Consultant	Dr	A	Chetiyawar dana	Consultant	Manor Hospital
Surgery	Orthodontics Consultant	Mrs.	S	Church	Consultant	Manor Hospital
Surgery	Orthodontics Consultant	Mrs.	A	Byrne	Consultant	Manor Hospital
Surgery	Orthodontics Consultant	Miss	S	Visram	Consultant	Manor Hospital
Surgery	Otolaryngology Consultant	Mr.	S	Minhas	Consultant	Manor Hospital
Surgery	Otolaryngology Consultant	Mr.	A	Dezso	Consultant	Manor Hospital
Surgery	Otolaryngology Consultant	Mr.	N	Turner	Consultant/Assoc.Medical Director	Manor Hospital
Surgery	Otolaryngology Consultant	Mr.	M	Simmons	Consultant	Manor Hospital
Surgery	Trauma & Orthopaedics Consultant	Mr.	M	Shah	Consultant	Manor Hospital
Surgery	Trauma & Orthopaedics Consultant	Mr.	W	Goude	Consultant	Manor Hospital
Surgery	Trauma & Orthopaedics Consultant	Mr.	M	Jiggins	Consultant	Manor Hospital
Surgery	Trauma & Orthopaedics Consultant	Mr.	S	Goswami	Consultant	Manor Hospital
Surgery	Trauma & Orthopaedics Consultant	Mr.	R	Kundra	Consultant	Manor Hospital
Surgery	Trauma & Orthopaedics Consultant	Mr.	T	Sadique	Consultant	Manor Hospital
Surgery	Trauma & Orthopaedics Consultant	Mr.	G	Selzer	Consultant	Manor Hospital
Surgery	Trauma & Orthopaedics	Mr.	G	Alo	Consultant	Manor Hospital

	Consultant					
Surgery	Trauma & Orthopaedics Consultant	Mr.	M	Iqbal	Consultant	Manor Hospital
Surgery	Trauma & Orthopaedics Consultant	Mr.	I	Nikolaidis	Consultant	Manor Hospital
Surgery	Urology Consultant	Mr.	A	Georgiou	Consultant	Manor Hospital
Surgery	Urology Consultant	Mr.	S	Ganta	Consultant	Manor Hospital
Surgery	Urology Consultant	Mr.	S	Koneru	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Chemical Pathology Consultant	Dr	A	Hartland	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Clinical Measurement Unit - Neurophysiology	Dr	D	Francis	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Community Medical - Sheffield CDC	Dr	M	Govindshe noy	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Community Medical Sycamore House	Dr	M	Kannath	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Community Medical Sycamore House	Dr	S	Rajdev	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Haematology Consultant	Dr	M	Vega- Gonzalez	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Haematology Consultant	Dr	V	Tandon	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Histopathology Consultant	Dr	Y	Hock	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Histopathology Consultant	Dr	A	Mann	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Histopathology Consultant	Dr	S	Deshpande	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Histopathology Consultant	Dr	A	Thompson	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Histopathology Consultant	Dr	I	Dhesi	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Microbiology Consultant	Dr	S	Jones	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Obstetrics & Gynaecology Consultant	Dr	T	Thomas	Consultant	Manor Hospital
Womens, Childrens & Clinical	Obstetrics & Gynaecology	Dr	J	Davis	Consultant	Manor Hospital

Support Services	Consultant					
Womens, Childrens & Clinical Support Services	Obstetrics & Gynaecology Consultant	Dr	F	Ghazal	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Obstetrics & Gynaecology Consultant	Dr	K	Karri	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Obstetrics & Gynaecology Consultant	Mr.	L	Abeywickrama	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Obstetrics & Gynaecology Consultant	Mr.	J	Pepper	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Obstetrics & Gynaecology Consultant	Dr	A	Mulay	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Obstetrics & Gynaecology Consultant	Dr	P	Jain	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Obstetrics & Gynaecology Consultant	Mrs.	C	Balachandar	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Obstetrics & Gynaecology Consultant	Mrs.	R	Reddy	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Obstetrics & Gynaecology Consultant	Dr	O	Ohizua	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Obstetrics & Gynaecology Consultant	Dr	S	Sharma	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Paediatrics Consultant	Dr	A	Gatrad	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Paediatrics Consultant	Dr	M	Tariq	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Paediatrics Consultant	Dr	S	Jones	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Paediatrics Consultant	Dr	R	Krishnamurthy	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Paediatrics Consultant	Dr	E	Ahmed	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Paediatrics Consultant	Dr	M	Javed	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Paediatrics Consultant	Dr	A	Skinner	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Paediatrics Consultant	Dr	B	Jan Muhamma	Consultant	Manor Hospital

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Womens, Childrens & Clinical Support Services	Paediatrics Consultant	Dr	A	Bhaduri	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Paediatrics Consultant	Dr	D	Pauldhas	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Paediatrics Consultant	Dr	G	Sinha	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Paediatrics Consultant	Dr	D	Ferdinand	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Radiology Consultant	Dr	H	Rai	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Radiology Consultant	Dr	F	Almallah	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Radiology Consultant	Miss	C	Holland	Consultant/Assoc.Medical Director	Manor Hospital
Womens, Childrens & Clinical Support Services	Radiology Consultant	Dr	M	Malik	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Radiology Consultant	Dr	P	Sada	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Radiology Consultant	Dr	S	Turner	Consultant	Manor Hospital
Womens, Childrens & Clinical Support Services	Radiology Consultant	Dr	A	Shabana	Consultant	Manor Hospital

062/16

Agency Nursing

Please kindly relate the answers to the below FOI request questions to each hospital within your trust. If not feasible, then please provide the answers based on your trust as a whole.

1. Are off frame work agencies used to cover nurse shifts?

Answer: Yes, if the appropriate approval is obtained.

2. On a month by month basis, what was your spend on agencies supplying off frame work nurses from 28th November 2015 to date? Please break down this information by RGN, ITU, CRITICAL, ODP'S, SCRUBS, PAEDS, HDU, A&E, AMU, ADVANCED NURSE PRACTITIONER, HCA'S ETC. If this is not possible then please break down by nurse bands.

Answer: Please see the table below which details monthly spend from November 2015 for Thornbury Nursing. Exemption under Section 12 (Cost of compliance exceeds appropriate limit) has been applied to your request for a breakdown of specialty/role. This data is not electronically recorded. It would require the manual review of a large number of invoices in order to possibly identify this information.

Month	Total Invoice Payments
Nov 2015	£2,994
Dec 2015	£53,473
Jan 2016	£77,329
Feb 2016	£91,130
Mar 2016	£88,260
TOTAL	£313,186

3. Which agencies supply off frame work nurses?

Answer: The only off-framework agency used by our Trust for nursing shifts via our Temporary Staffing Department are Thornbury Nursing.

4. On a month by month basis, how many times was the break glass clause used from 28th November 2015 to date?

Answer: The term 'break glass' referred to a one-off report spreadsheet supplied by Monitor/TDA (now NHS Improvement) which was informational only and not intended to be returned. This report spreadsheet formed the basis of the weekly agency rules reporting which is completed via a weekly online submission to NHS Improvement. This submission details any shifts booked which are over the capped price rates set or booked with off framework agencies.

As such, below are the number of off framework shifts booked with an off framework agency (all Thornbury Nursing) since week commencing 23rd November 2015:

Week Commencing	Number of shifts booked with Thornbury Nursing (Off-Framework Agency)
23.11.15	4
30.11.15	10
07.12.15	8

14.12.15	43
21.12.15	11
28.12.15	18
04.01.16	30
11.01.16	24
18.01.16	14
25.01.16	27
01.02.16	21
08.02.16	30
15.02.16	30
22.02.16	25
29.02.16	20
07.03.16	32
14.03.16	40
21.03.16	43
28.03.16	32
04.04.16	20
11.04.16	9
18.04.16	16
25.04.16	15
02.05.16	9

5. Please pick 10 random shifts which were filled via off frame work agencies between 28th November 2015 to date and provide the following for each of the 10 shifts picked at random (it is not essential to name the specific agencies which relate to the chosen shifts):

- Amount that was paid to the agency to fill each shift or the hourly rate paid to the agency
- Number of hours in the shift
- Date shift filled
- The type of nurse used to fill the shift e.g. RGN, ITU, HDU, CRITICAL, A&E, PAEDS etc
- The type of shift or shift start time e.g. Long Day or Long Night or alternatively shift start time e.g. 08:00 etc.

Answer: Exemption under section 43 (Commercial Interests) has been applied to your request for the hourly rate as this would detail pricing structure agreed with the company. As an alternative, we will provide the total invoice amount for the shifts.

Please see the table below which details 10 shifts which were filled via the off-framework agency within the period requested. This is the only information which is recorded electronically from invoices on our system.

Date	Location	Shift Type	Total Invoice Cost (excl. VAT)	Total Hours Worked
28/11/2015	Ward 21	Night / Saturday	1,033.93	11.50
29/11/2015	A&E	Sunday / Bank Holiday	1,080.40	12.00
30/11/2015	A&E	Night / Saturday	993.59	11.50
01/12/2015	A&E	Night / Saturday	952.71	11.50
02/12/2015	A&E	Night / Saturday	742.43	9.00

03/12/2015	A&E	Night / Saturday	947.11	11.50
04/12/2015	A&E	Night / Saturday	1,076.49	11.50
05/12/2015	A&E	Night / Saturday	1,031.69	11.50
06/12/2015	A&E	Night / Saturday	459.15	5.00
06/12/2015	AMU	Sunday / Bank Holiday	739.67	10.25

063/16

Missed Appointments

Please could you tell me how many appointments were missed by patients (the occasions when patients failed to turn up) between January 1 2015 and December 2015 and the estimated cost.

Answer: We can confirm that 51,009 appointments are recorded during this time period where the patient failed to show and did not attend the appointment.

The associated cost to the Trust for these missed appointments is £4,544,230.

064/16

Accident & Emergency Quality Indicators Published Monthly by HSCIC

Please provide this information in a excel spreadsheet.

Similar in nature to the Accident & Emergency Quality Indicators published monthly by HSCIC on a provider level (see relevant publication on their [website](#)), I kindly ask you to provide an Excel list reporting the same indicators but individually for all hospitals with an accident & emergency department that are part of your trust. For your reference, I have listed the same quality indicators for which I request information below.

Please detail this information for all months from January to December 2015.

The indicators published by HSCIC's report include:

Left department before being seen for treatment (Data quality)

- Total number of attendances in A&E HES (excluding planned follow-up attendances and attendances where the attendance category was unknown)
- Attendances with an unknown attendance disposal category
- % of attendances with unknown attendance disposal categories
- % of attendances with an attendance disposal category of "Other"

Left department before being seen for treatment (Performance)

- Total number of attendances in A&E HES (excluding planned follow-up attendances, attendances where the attendance category was unknown, and attendances where the attendance disposal category was unknown)
- Number of attendances with an attendance disposal of "Left Department before being seen for treatment"
- Left department before being seen for treatment

Re-attendance (Data quality)

- Total number of applicable attendances for this indicator (1st A&E attendance, unplanned follow up attendance and unknown attendance)

- Attendances with unknown attendance category
- % of attendances with an unknown attendance category

Re-attendance (Performance)

- Total number of attendances in A&E HES (excluding planned follow-up attendances and attendances where the attendance category was unknown)
- Number of re-attendances within 7 days of a previous attendance at A&E
- Re-attendance rate

Time to initial assessment [emergency ambulance cases only] (Data quality)

- Total number of attendances in A&E HES that were brought in by ambulance (excluding planned follow-up attendances and attendances where the attendance category was unknown)
- Attendances with an unknown duration to initial assessment
- % of attendances with unknown duration to assessment times

Time to initial assessment [emergency ambulance cases only] (Performance; minutes)

- Median
- 95th Percentile
- Longest wait

Time to Treatment (Data quality)

- Total number of attendances in A&E HES (excluding planned follow-up attendances, attendances where the attendance category was unknown, and attendances where the attendance disposal category was: Left Before Treatment, Left Refusing Treatment, or Unknown)"
- Attendances with unknown duration to treatment
- % of attendances with unknown duration to treatment times

Time to Treatment (Performance; minutes)

- Median
- 95th Percentile
- Longest wait

Total Time in A&E (minutes) [Admitted patients only]

- Median
- 95th Percentile
- Longest wait

Total Time in A&E (minutes) [Non-admitted patients only]

- Median
- 95th Percentile
- Longest wait

Total Time in A&E (Data quality) [All patients]

- Total number of attendances in A&E HES (excluding planned follow-up attendances and attendances where the attendance category was unknown)
- Attendances with unknown duration to departure
- % of attendances with unknown duration to departure times

Total Time in A&E (Performance; minutes) [All patients]

- Median
- 95th Percentile
- Longest wait

Answer: Our Trust covers only one hospital – Walsall Manor Hospital with an Emergency Department. The national data you refer to does breakdown the information for each Trust. Exemption under section 21 (Information available by other mean) has been applied to your request as this information can be accessed by the HSCIC monthly data as you mention.

065/16

Closures of Maternity Units

I would like to request the following under the freedom of information act relating to maternity service.

For the past three years - from January 2013 up until the date this request was received - please can you tell me:

a) The number of times labour wards were closed (and if possible, the reason or closure);

Answer: We can confirm that our labour wards were closed twelve times during this period due to capacity and times of high activity.

b) On those occasions, which maternity units were expectant mothers transferred to?

Answer: Local maternity units that would accept the expectant mothers (Wolverhampton, City Hospital, Good Hope etc).

In line with our response to manage demand, we have recently undertaken measures to reduce births at Walsall Manor Hospital to a maximum of 4,200 births. This has meant that we will be supporting patients and working with nearby providers to move to alternative units. This started on 21st March 2016. This applies to all units within Walsall Healthcare NHS Trust.

066/16

Plastic Storage Boxes - Values and Volumes

Within the last 12 months or last financial year, can you tell me what was the value and volumes of:

Plastic storage boxes for general items as for example: NHS Supply Chain catalogue ref: HW048/49, WYY384, WYY1001 or similar.

Answer: We can confirm that our annual spend on Plastic Storage Boxes during 2015/16 was £20.88.

Information on volumes purchased is withheld under Section 43 (Commercial Interests) as this would detail pricing structure agreed with the company.

067/16

Data and Information Sharing Agreements

Withdrawn request

068/16

Contact Details

Please can you give me the contact details for the HR person that deals with Locum appointments. Please can I have their full name, job title, email address and direct dial telephone number.

Answer: Staff details below Director level are withheld under Section 40 (Personal Information). Mr Mark Sinclair, is our Director of Organisational Development and Human Resources. His email address is mark.sinclair@walsallhealthcare.nhs.uk at his contact number is; 01922 721172.

069/16

IG Related Incidents

I would like to request under the Freedom of Information Act, the numbers and types of IG related incidents for 2014/15 and 2015/16. I have attached a form and would be grateful if you could complete for your Trust please.

Answer: Our IG incidents are categorised electronically to reflect national guidance. Our incidents are categorised as per the list below.

- Corruption or inability to recover electronic data
- Disclosed in error
- Incorrectly addressed or poorly packaged mail
- Lost in transit
- Lost or stolen hardware
- Lost or stolen paperwork
- Non-secure disposal-hardware
- Non-secure disposal-paperwork
- Poor data quality / documentation
- Misfile of paperwork / records
- Uploaded to website in error
- Other

In order to provide you with the correct information as these categories do not match what you request, would this information still be useful to you as it will be broken down as above

Yes please we would still like the information.

Answer: Please find enclosed the completed form as requested amended to reflect the categories above. Please note that a central electronic record of IG related incidents only started from July 2014. A copy of the figures is also below.

	Walsall Healthcare NHS Trust	
Type of Incident	Jul 2014 – Mar 2015	Apr 2015 – Mar 2016
Corruption or inability to recover electronic data	3	2
Disclosed in error	15	39
Incorrectly addressed or poorly packaged mail	6	12
Lost in transit	1	4
Lost or stolen hardware	0	4
Lost or stolen paperwork	25	4
Non-secure disposal-hardware	0	0
Non-secure disposal-paperwork	6	1
Poor data quality / documentation	27	33
Misfile of paperwork / records	25	289
Uploaded to website in error	0	0
Other	147	36

Total	255	420
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	Walsall Healthcare NHS Trust	
Type of Incident	Jul 2014 – Mar 2015	Apr 2015 – Mar 2016
Internal (levels 0 & 1)	252	414
External (level 2)	3	6
Total	255	420

070/16

Suspensions of Acute Services

I would like to make a request for information under the Freedom of Information Act 2000. I would like to know:

- 1) In the past 12 months, have you suspended any acute services because of a shortage of doctors or nurses to staff the service?

Answer: We can confirm that no acute services have been suspended in the past 12 months due to this.

If yes:

- a) Which services were suspended?

Answer: This is not applicable.

- b) How many suspensions have there been?

Answer: This is not applicable.

- c) What was the longest period a service was suspended for?

Answer: This is not applicable.

- 2) Intensive care services: Are any ITU beds closed?

Answer: We can confirm that no ITU beds were 'closed'.

If yes:

- a) How many times in the past 12 months have ITU beds had to be closed?

Answer: This is not applicable.

071/16

Pest Control

1. How many incidents of pest infestations have occurred on Trust property in each of the years 2011/12, 2012/13, 2013/14, 2014/15 and 2015/16? (If no figures are available for 2015/16 please provide data for five years from 2010/11).

Answer: Please see below

2011/12	9
2012/13	19
2013/14	12
2014/15	8
2015/16	11

- a. Please give details of the type of pest e.g. rats, cockroaches, flies for those infestations.

Answer: Please see the table below.

Year Called Out	Reason for Call Out	Area
2011/12	Nesting pigeons	External
2011/12	Mouse	Ward 11
2011/12	Rats	External Grounds
2011/12	Bites	Ward 15
2011/12	Rats	External Grounds
2011/12	Rats	External Grounds
2011/12	Rats	External Grounds
2011/12	Silver fish	Ward 17
2011/12	Rats	External Grounds
2011/12	Bites	Health records
2012/13	Fruit fly's	Imaging rest room
2012/13	Rats	External Grounds
2012/13	Mouse	Pharmacy
2012/13	Bites	HR & performance
2012/13	Bites	A&E reception
2012/13	Rats	External Grounds
2012/13	Bites	Ward 10
2012/13	Bites	Discharge team
2012/13	Bites	Ward 9
2012/13	Rats	External Grounds
2012/13	Mouse	Hospital street
2012/13	Mouse	Fracture clinic
2012/13	Nesting pigeons	External
2012/13	Rats	External Grounds
2012/13	Silverfish	Ward 16
2012/13	Rat	Grounds
2012/13	Rats	Grounds
2012/13	C roach	ITU
2012/13	Ants	Ward 10
2013/14	Ants	Ward 15
2013/14	Earwigs	Ward 1
2013/14	Ants	Neonatal
2013/14	Wasp nest	Ward 6
2013/14	Wasps	Ward 16
2013/14	Flys	shower room
2013/14	Rats	Boiler room
2013/14	Mouse	Staff room Theatres
2013/14	Mouse	Staff room Theatres
2013/14	Mouse	Staff room theatres
2013/14	Flies	Ward 7
2013/14	Mouse	HDU
2014/15	Mice	External Grounds
2014/15	Spider mites	Ward 9
2014/15	Silverfish	Ward 12
2014/15	Bites	Sexual health Clinic
2014/15	Wasp Nest	EBME

2014/15	Bites	Offices
2014/15	Silverfish	Ward 12
2014/15	Bites	Childrens out patients
2015/16	Ants	Office
2015/16	Mouse	Ward 17
2015/16	Mouse	Clinical Measurment
2015/16	Ants	Antinatal Dept
2015/16	Rats	External Grounds
2015/16	Fly's	Ward 11
2015/16	Mouse	Staff accommodation
2015/16	Bites	Ward 15
2015/16	Mouse	Externall Grounds
2015/16	Rat	Externall Grounds
2015/16	Mouse	Cytology Dept

b. Please give details of the types of wards where pest infestations have been found.

Answer: Please see the table above.

c. Please give details of how they were dealt with if possible.

Answer: This is not recorded. The Pest Control Contractor uses the method most suitable for that specific type of pest.

2. How many wards or buildings have been closed as a result of pest infestations in each of the years 2011/12, 2012/13, 2013/14, 2014/15 and 2015/16 ? (If no figures are available for 2015/16 please provide data for five years from 2010/11).

Answer: None.

3. Does the Trust have an in-house pest control unit?

Answer: No.

4. How often does the Trust carry out pest control risk assessments or inspections?

Answer: Our Pest Control Contractor undertakes fortnightly planned visits of sites. All Housekeeping Supervisors/Mangers also undertake formal and informal audits of cleanliness on a daily basis whilst maintaining the fabric of the building, which includes any pest control potential risks.

5. How much money has the Trust spent on pest control in each of the years 2011/12, 2012/13, 2013/14, 2014/15 and 2015/16? (If no figures are available for 2015/16 please provide data for five years from 2010/11).

Answer: Please see the annual spend on pest control broken down by financial years below.

2011/12	£5,101
2012/13	£4,976.28
2013/14	£4,818.21
2014/16	£5,056
2015/16	£3,581.37

072/16

New Junior Doctors Contract Implementation Information

I would be grateful if you could please answer the following questions. I acknowledge that trusts are currently putting planning on-hold whilst negotiations are ongoing. I would appreciate if the questions could please be answered as per the situation last Friday when planning was still taking place.

1) Is the trust on course to implement the new contract in August 2016?

Answer: Yes for FY1s only.

2) What steps the trust has taken to discuss with junior doctors working within it or under lead employer arrangements about the implementation of the contract and the perspective of trainees?

Answer: This work has been on hold within our Trust due to ongoing negotiations for the last two weeks but a project group has been established with Junior Doctor representative members.

3) Has the trust advertised / is planning to advertise for the new guardian role(s)? If so please supply further information about the job specification, essential requirements and person specification.

Answer: Our Trust has advertised and shortlisted two candidates. Interviews were due to take place on the 13th May but have been postponed due to extended contract negotiations and a 'pause' in implementation. The job description and person specification is attached.

In addition I would be grateful if you could provide any materials pertaining to the implementation of the new contract within your trust. This should include but not be limited to

4) New rota designs (with comparisons from before). If rotas have not yet been designed, the date by which they will be available.

Answer: Our Trust plans to have F1 rotas signed off by 27th May but are not reviewing any other rotas at the moment.

5) Any modelling relating to the effects for the trust (including cost impact, levels of staffing across the week, impact upon training)

Answer: This is not yet being undertaken.

6) Details of any plans to change services offered in order to implement 7 day services as a result of this contract change.

Answer: This is not yet being undertaken.

7) Any correspondence from or to NHS employers, Health Education England or the local deanery regarding contract implementation.

Answer: Please find enclosed with this letters, relevant redacted emails. A document index is also enclosed listing the emails.

Further information available upon request

073/16

Patients with Advanced Prostate Cancer

I have a Freedom of Information request.

Within your trust how many unique patients with Advanced Prostate Cancer (C61X) have been treated in the past 12 months?

Answer: Our Trust can only report on inpatient data figures. We can confirm that during the 2015/16 financial year, 323 inpatients with the coding you detail were treated by our Trust.

How many patients with Advanced Prostate Cancer have received?

Abiraterone (Zytiga)	17 patients
Cabazitaxel (Jevtana)	5 patients
Docetaxel (Taxotere)	Nil patients
Enzalutamide (Xtandi)	17 patients
Radium-223 (Xofigo)	Nil patients
Bicalutamide (Casodex)	Nil patients

074/16

Treatment of Patients with Prostate Cancer

We would like to request the following information from Walsall Healthcare NHS Trust

1. We understand the Trust has a Urology MDT. Please can you confirm if this MDT is still operational?

Answer: Yes, our Urology MDT is still operational.

2. If yes, please confirm if the following individuals/roles are still members of this MDT?

Mr Seshagiri Koneru, Lead Clinician, Consultant Urologist
 Mr Suresh Ganta, Consultant Urologist, M02639749
 Mr Anula Chetiyawardana, Clinical Oncologist, M03005970
 Dr Smita Deshpande, Histopathologist/Cytologist, M00010957
 Dr Ye Hock, Histopathologist/Cytologist, M04859247
 Dr Harinder Rai, Radiologist, M06590838
 Dr Faris Almallah, Radiologist, M00838757
 Urology Staff Grade Doctor
 Nurse Specialists
 Macmillan Support Worker
 MDT Co-ordinator

Answer: Yes, all individuals/roles listed above are members of the MDT except Mr Chetiyawardana who has now left the Trust. His replacement is Dr C Mikropoulis, Consultant Oncologist.

2. Please can you confirm whether the Trust still references the following document(s) in relation to the treatment of patients with Prostate Cancer: Walsall Healthcare NHS Trust Operational Policy for Urology MDT Agreed 27 October 2014 - Review date October 2015

Answer: Yes, our Trust still uses this policy for the Urology MDT.

3. If yes, when is/are the document(s) expected to be reviewed?

Answer: The document is currently being reviewed. It is anticipated that this will be completed by the end of June 2016.

4. Does the Trust reference any other Referral Pathways / Care Pathways in relation to the treatment of Prostate Cancer? If so, please provide a copy or website link.

Answer: Alongside the Trust's operational policy, the Urology Service uses the national (NICE-National Institute for Health and Care Excellence) and regional guidelines (Strategic network at work guidelines) for treatment of prostate cancer.

Improving outcomes in Urological Cancer – The Manual (www.nice.org)

5. If yes, when is/are the document(s) expected to be reviewed?

Answer: We recommend you contact the Freedom of Information Office at NICE directly for this information relating to their guidelines. Their FOI office can be contacted by email on nice@nice.org.uk or postal address; NICE, Level 1, City Tower, Piccadilly Plaza, Manchester, M1 4BT.

The strategic network at work guidelines are yet to be published.

6. Please can you confirm whether we are permitted to reuse the above information under the Open Government Licence? We (IMS Health) request permission to re-use as a part of an independent analysis into the treatment of patients with Prostate Cancer, which has been commissioned by one of our clients. The contents of the report **will not** be made available publically, but may be used by other IMS Health Group entities and service suppliers. The information in the report will be presented in a factual manner with all publication details staying true to the publisher. We acknowledge that information provided may be protected by copyright and will include a copyright statement to this effect at the end of any information we publish if requested by you.

Answer: We are happy for you to re-use the information within this response for the purposes you detail above.

075/16

Pre-Operative Assessment Clinics Budget, Income, Staffing and Number of Patients

I would be very grateful if you would answer the questions below as a freedom of information request. If you represent a multiple hospital trust, I would be grateful if you would break your answers down by hospital.

1. Number of patients seen per year in the pre-operative assessment clinic (average or 2015-16 figures if available)

Answer: Please see spreadsheet attached.

2. Number of consultant PAs for pre-operative assessment broken down as follows:
 - a. PAs for pre-operative assessment lead consultant

Answer: Our Trust runs x2 Consultant Anaesthetics clinics per week (ie. 2 sessions)

- b. PAs for notes review / routine enquiries

Answer: None.

- c. PAs for high risk clinic

Answer: None.

3. Do you run a cardiopulmonary exercise testing service?

Answer: No. Patients are referred from Pre-operative assessment to the Clinical Measurement Unit.

4. If yes, how many consultant PAs are dedicated to this. Are they included in the figures above?

Answer: This is not applicable to our Trust.

5. How many WTE trained nurses do you employ in the pre-operative assessment clinic?

Answer: None. All trained staff are part time.

6. How many WTE untrained/support staff do you employ in the pre-operative assessment clinic?

Answer: x2 WTE Clinical Support Workers.

7. What was the budget for your pre-operative assessment clinic in 2015-16?

Answer: During 2015/16, the budget was £270,000 for our Surgical Pre-assessment Unit only. This relates to nursing staff and any related non-pay. The Consultant PAs are contained within the overall Consultant budget.

8. How much income was generated by the preoperative assessment clinic in 2015-16?
Answer: During 2015/16, £623,000 of income was generated.

076/16

Data Protection Breaches/Incidents

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

1a. Approximately how many members of staff do you have?

Answer: As at the 31st May 2016, our Trust employed 4354 substantive employees.

1b. Approximately how many contractors have routine access to your information?
(see www.suresite.net/foi.php for clarification of contractors if needed)

Questions 1a and 1b are intended to try and add context/scale to the later questions. In today's age there is a great deal of outsourcing and to try and establish the size of an organisation in relation to the information it relies upon, the number of staff in question 1a is not sufficient. Ideally information is any information that is key to the operation of the organisation, so wider than just patient information. This should be any information that the loss of Confidentiality, Integrity or Availability would be of consequence to your organisation.

1a asks for staff number and 1b asks for the number of third parties/contractors with access. The total of which should give an understanding of the real size of your organisation.

Answer: As this information is not centrally recorded, we estimate that no more than five individuals have had routine access to our information systems in the past six months.

2a. Do you have an information security incident/event reporting policy/guidance/management document(s) that includes categorisation/classification of such incidents?

Answer: Yes.

2b. Can you provide me with the information or document(s) referred to in 2a? (This can be an email attachment of the document(s), a link to the document(s) on your publicly facing web site or a 'cut and paste' of the relevant section of these document(s))

Answer: Please find enclosed a copy of the Health and Social Care Information Centre Incident Reporting Guidance.

3a. Do you know how many data protection incidents your organisation has had since April 2011? (Incidents reported to the Information Commissioners Office (ICO) as a Data Protection Act (DPA) breach) Answer: Yes, No, Only since (date):

Answer: Only since July 2014.

3b. How many breaches occurred for each Financial Year the figures are available for? Answer FY11-12: FY12-13: FY13-14: FY14-15:

Answer: Our IG incidents are categorised electronically to reflect national guidance. Our incidents are categorised as per the list below.

- **Corruption or inability to recover electronic data**
- **Disclosed in error**
- **Incorrectly addressed or poorly packaged mail**
- **Lost in transit**

- Lost or stolen hardware
- Lost or stolen paperwork
- Non-secure disposal-hardware
- Non-secure disposal-paperwork
- Poor data quality / documentation
- Misfile of paperwork / records
- Uploaded to website in error
- Other

All of our Level 2 or above incidents are reported to the ICO.

Type of Incident	Jul 2014 – Mar 2015	Apr 2015 – Mar 2016
Corruption or inability to recover electronic data	3	2
Disclosed in error	15	39
Incorrectly addressed or poorly packaged mail	6	12
Lost in transit	1	4
Lost or stolen hardware	0	4
Lost or stolen paperwork	25	4
Non-secure disposal-hardware	0	0
Non-secure disposal-paperwork	6	1
Poor data quality / documentation	27	33
Misfile of paperwork / records	25	289
Uploaded to website in error	0	0
Other	147	36
Total	255	420

Type of Incident	Jul 2014 – Mar 2015	Apr 2015 – Mar 2016
Internal (levels 0 & 1)	252	414
External (level 2 or above)	3	6
Total	255	420

4a. Do you know how many other information security incidents your organisation has had since April 2011? (A breach resulting in the loss of organisational information other than an incident reported to the ICO, eg compromise of sensitive contracts or encryption by malware.) Answer: Yes, No, Only since (date):
Answer: Please see the tables above.

4b. How many incidents occurred for each Financial Year the figures are available for?
 Answer FY11-12: FY12-13: FY13-14: FY14-15:
Answer: Please see the tables above.

5a. Do you know how many information security events/anomaly your organisation has had since April 2011? (Events where information loss did not occur but resources were assigned to investigate or recover, eg nuisance malware or locating misfiled documents.) Answer: Yes, No, Only since (date):

Answer: Please see the tables above.

5b. How many events occurred for each Financial Year the figures are available for? Answer FY11-12: FY12-13: FY13-14: FY14-15:

Answer: Please see the tables above.

6a. Do you know how many information security near misses your organisation has had since April 2011? (Problems reported to the information security teams that indicate a possible technical, administrative or procedural issue.) Answer: Yes, No, Only since (date):

Answer: Please see the tables above.

6b. How many near-misses occurred for each Financial Year the figures are available for? Answer FY11-12: FY12-13: FY13-14: FY14-15:

Answer: Please see the tables above.

077/16

Nursing, AHP and Medical Locum Shifts

I would like to submit an FOI request under the Freedom of Information act 2000.

1. From 1st April to the 30th April 2016 how many **nursing staff** shifts fell outside of Monitor guidelines?

Answer: The table below shows the number of agency shifts which have been reported directly to NHS Improvement (previously known as Monitor) on a weekly basis and as such are noted by week commencing dates only.

Staffing Group	Control	Week Commencing:				
		28.03.16	04.04.16	11.04.16	18.04.16	25.04.16
Nursing	Shifts above April price caps	96	134	135	113	48
Nursing	Shifts above April price caps and booked with an off-framework agency	32	20	9	16	15

2. From 1st April to the 30th April 2016 how many **AHP** shifts fell outside of Monitor guidelines?

Answer: The table below shows the number of agency shifts which have been reported directly to NHS Improvement (previously known as Monitor) on a weekly basis and as such are noted by week commencing dates only.

Staffing Group	Control	Week Commencing:				
		28.03.16	04.04.16	11.04.16	18.04.16	25.04.16
AHP	Shifts above April price caps	14	20	15	20	18

3. From 1st April to the 30th April 2016 how many **medical locum** shifts fell outside of Monitor guidelines?

Answer: We can confirm that 229 medical locum shifts were reported during this time period.

078/16

Number of Complaints Relating to End of Life Care

Under the Freedom of Information Act 2000, Please tell me:

1. How many complaints in the following years has the Trust received relating to the end of life care/palliative care of a patient? Please answer each year by breaking down month by month e.g. January: 9, February 10...

a) In 2015

Answer: We can confirm that our Trust received three complaints involving End of Life Care during 2015.

<u>Month</u>	<u>Number of Complaints</u>
January 2015	0
February 2015	0
March 2015	0
April 2015	0
May 2015	0
June 2015	0
July 2015	0
August 2015	1
September 2015	2
October 2015	0
November 2015	0
December 2015	0

b) So far in 2016 (up to 16/5/2016)

Answer: We can confirm that our Trust has not received any complaints involving End of Life Care during 2016.

2. Of the number of complaints above what numbers were related to:

Please again answer by breaking down month by month for each year. E.g. January: 9, February 10...

a) Communication that the patient is actually dying

Answer: We can confirm that two of the complaints mentioned above related to this. One in August 2015 and the other in September 2015.

b) The patient or relatives was unaware that lifesaving drugs had been withdrawn

Answer: Nil

c) Care, including dignity, respect and privacy

Answer: Nil

d) Lack of pain relief

Answer: Nil

e) Access to specialised support and information

Answer: Nil

f) Lack of access to care through the night, at weekends and over holiday's periods

Answer: Nil

The remaining complaint in September 2015 related to the treatment/medication provided.

079/16

Information Governance Incidents

I have made a previous request (17th July 2015) to your organisation for information relating to incidents and would like to request updated figures for your last financial year Please can you indicate for the period April 2015/ March 16 how many information governance incidents you had for the following national categories, and please indicate which ones were level 2 and above. Please include near misses in your data where you have this and any that were reported to the ICO.

Categories for April 2015/ March 16

- 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 2015/ March 16 • Numbers of incidents level 2 or above

Answer: Our IG incidents are categorised to reflect the national guidance but differ slightly. Our incidents are categorised as per the list below. Please note that any incidents relating to Security Failing would be categorised under ‘Other’ as we do not recorded these incidents separately.

All of our Level 2 or above incidents are reported to the ICO.

Category	Number of Incidents	Number of Incidents Level 2 or Above
Corruption or inability to recover electronic data	2	0
Disclosed in error	39	6
Incorrectly addressed or poorly packaged mail	12	0
Lost in transit	4	0
Lost or stolen hardware	4	0
Lost or stolen paperwork	4	0
Non-secure disposal-hardware	0	0
Non-secure disposal-paperwork	1	0
Poor data quality / documentation	33	0
Misfile of paperwork / records	289	0
Uploaded to website in error	0	0
Other	36	0
TOTALs	255	6

080/16

Patients Treated for Uveitis with a Biologic Treatment

In your Trust please supply the number of patients currently treated for Uveitis with a biologic treatment, including those on a Patient Access Scheme. Please state the number of Uveitis patients treated, and where possible by each biologic drug:

- Adalimumab
- Etanercept
- Infliximab
- Rituximab
- Other biologics

Answer: 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 contacted via email address; 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.

081/16

Annual Report & Business Plan

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

Please provide the following information:

- 1. Most current Annual Report

Answer: Exemption under Section 21 (Information Available by Other Means) and Section 22 (Information Intended for Future Publication) has been applied to this request. Our 2014/15 Annual Report is accessible via our Trust website using the following link.

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

Please note that our 2015/16 Annual Report is due to be published on the webpage indicated above by the end of July 2016.

- 2. Most current organisation Business Plan

Answer: Please see attached Annual Plan for 2016/17

082/16

Number of Posts Covered by Locum Doctors, Nurses and Agency Staff

Please could you provide me with the information mentioned below for 2013, 2014 and 2015:

1. Doctors: Annually how many posts are covered by locum staff in your Trust?

Answer: This information is not electronically recorded. Exemption under Section 12 (Cost of compliance exceeds appropriate Limit) has been applied to this request as it would require the manual review of many paper records.

2. Nurses: Annually how many posts are covered by locum staff in your Trust?

Answer: Any agency nursing cover is recorded by shifts and not posts. The table below details the total number of nursing agency shifts booked for each year. The figures have been taken from monthly reports which are

compiled at each month end. Please note that these figures may have rose slightly if any further shifts were booked after the completion of the monthly reports.

Calendar Year	2013	2014	2015
Total Nursing Agency Shifts Booked	18424	12514	9832

3. How many posts as a percentage was covered by locum agency staff in your Trust (doctors and nurses separately for the years mentioned above)?

Answer: We are not able to provide this figure for agency nursing as our records are by shifts and not posts.

Please see the answer to question 1 above, as this information is not electronically recorded the manual review of many paper records would be required. Exemption under Section 12 (Cost of compliance exceeds appropriate limit) has been applied to this request relating to Medics.

083/16 IT Budget

Please provide the following information:

1. Annual IT Budget

Please provide split between:

- Capital Expenditure

Answer: £717,000

- Revenue Expenditure

Answer: £4,437,000 (net of income), £5,704,000 (excluding income)

2. How much of your capital expenditure is spent on outsourced IT services?

Provide split between:

- Capital Expenditure

Answer: £0

- Revenue Expenditure

Answer: £0

3. What is your anticipated capital refresh budget for data centre investment?

Answer: £300,000

084/16 Paperless NHS - IT Software Products

The Department of Health intends the NHS to become paper-free.

For your NHS Trust, please confirm the following:

1. Have you deployed commercial IT software products to automate your policies around patient observation and the capturing of vital signs for early-warning of deterioration?

Answer: Yes.

2. If your answer to Question 1 is YES, please confirm the commercial names of these software products and confirm the date when their current support contracts will expire.

Answer: VitalPAC, contract expires March 2020.

085/16

Audited Accounts, Auditors Fees, Consultants and Outpatient Fees

Please send me copies of your audited accounts for year end 2015-16.

Answer: Exemption under Section 22 (Information intended for future publication) has been applied to your request. This will be accessible accessible via our publications page on our website using the link below. Once the report has been presented at our Annual General Meeting it will be uploaded on our website by the 6th July 2016.

We recommend you use the following link to access the document after this time;

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

Please confirm the name of the auditors and fees to do such hospital yearly accounts.

Answer: Our Auditors are Ernst & Young LLP. We can confirm that the fees for 2015/16 were £81,000.

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

Time of Operation	Cost £
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.

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

What is the fee for an MRI brain scan by a Doctor.

Answer: As a Trust, we do not supply MRI investigations to private patients.

086/16

Impact of Junior Doctors Strikes

Junior doctors in England took industrial action on eight days between January and April 2016. In this Freedom of Information request we are seeking information on the impact the action had on the trusts.

1. In total how many did the Trust postpone as a result of the action?

a) operations and procedures

Answer: We can confirm that 33 operations/procedures were cancelled due to the Junior Doctor Strikes during this time period.

b) outpatient appointments

Answer: For two of the strike days, we can confirm that 356 outpatient appointments were cancelled due to the Junior Doctor Strikes. This information was not recorded for the other strike days.

2. How many did the Trust rearrange and carry out within one month of the postponement?

a) operations and procedures

Answer: Of the 33 operations/procedures cancelled, 15 were rebooked within 4 weeks or less. 1 of the patients requested postponement of the rebooking until later in the year and another patient paid privately for their operation/procedure.

b) outpatient appointments

Answer: Rebooking information is not recorded for outpatient appointments so cannot be provided.

3. How much did your Trust spend on extra agency/locum staff to cover absent junior doctors

a) On the eight strike days

Answer: Nil

b) At a later date to run 'catch-up' clinics related to the strike?

(NB: this is about strike cover, so please don't include agency/locum staff filling long-term vacancies)

Answer: Nil

4. How much did your Trust spend on overtime payments to nursing or medical staff to cover absent junior doctors

a) On the eight strike days

Answer: Nil for medical staff. This is not centrally recorded for Nurses so cannot be provided but we anticipate the figure to be nil.

b) At a later date to run 'catch-up' clinics related to the strike?

(NB: this is about strike cover, so please don't include agency/locum staff filling long-term vacancies)

Answer: Nil for medical staff. This is not centrally recorded for Nurses so cannot be provided but we anticipate the figure to be nil.

5. How many 'days of in lieu' were accrued by staff working extra shifts

a) On the eight strike days

Answer: Nil for medical staff. For other staff, this is not centrally recorded but we anticipate the figure to be nil.

b) At a later date to run 'catch-up' clinics related to the strike?

Answer: Nil for medical staff. For other staff, this is not centrally recorded but we anticipate the figure to be nil.

6. What was the total of other costs (e.g. admin relating to the strike) not included in 3. and 4. above?

Answer: This information has not been centrally recorded so cannot be provided.

087/16**Medical Locum Agencies and Annual Spend**

Can you please send me the following information:

A list of all agencies the trust uses for temporary workers (Med Locums).

Answer: Please see table below with a list of all agencies the trust uses for temporary workers (Med Locums).

A breakdown of monetary spend per agency for the last 12 months.

Answer: Please see below table with a list of monetary spend per agency for the last 12 months

Agency	£'000s
ABNZ Ltd	125
Accident and Emergency Agency Limited	640
Athona Ltd	1
HCL Doctors	1
ID Medical	512
Interact Medical	16
Medacs Healthcare Plc	796
Medecho	2
MN Ashraf	131
NISI	5
Provide Medical	13
Pulse Healthcare Ltd trading as Pulse Doctors	322
RIG Locums Ltd	128
StaffFlow	1831
The Locum Consultancy	8
Total Assist Recruitment Ltd	3
	4534

088/16**Financial and Accounting Services**

Can you please confirm the following in relation to the Trust's Financial and Accounting services (processing of accounts payable and accounts receivable invoices etc.):

1) Who is the Trust's service provider (in-house or 3rd party provider)?

Answer: This is provided in-house.

a. If outsourced to a 3rd party provider, what is the name of the service provider you use?

Answer: This is not applicable.

b. If outsourced to a 3rd party provider, how long did the transition to the service provider take?

Answer: This is not applicable.

- c. If outsourced to a 3rd party provider, was the transition fee paid prior to the service start date and what was the transition price paid?

Answer: This is not applicable.

- d. If outsourced to a 3rd party provider, what is the value of the service contract per annum?

Answer: This is not applicable.

- e. If outsourced to a 3rd party provider, when did the contract start and when is the contract due to expire?

Answer: This is not applicable.

- f. If outsourced to a 3rd party provider, is the Trust's intention to re-procure these services through a Trust run OJEU procurement exercise when the current contract expires?

Answer: This is not applicable.

- i. If not, what is the route through which you will contract these services? **Answer: This is not applicable.**

- g. If the Trust provide these services in-house, does the Trust intend to investigate outsourcing these services in the next 12 months?

Answer: Our Trust has no plans to investigate outsourcing these services in the next 12 months.

- 2) What is the volume of Accounts Payable invoices processed per annum by the Trust?

Answer: 61,500

- 3) What is the volume of Accounts Receivable invoices processed per annum by the Trust?

Answer: 5,200

- 4) What is the accounting software that the Trust use?

Answer: Integra

089/16

Ophthalmology Procedures and Trust Catchment Population

I am writing to request data (under the UK Freedom of Information Act) on Ophthalmology procedures performed at hospitals that are commissioned at your trust. I have tried to find this data through HSCIC published data but it is unavailable.

Therefore, I would like to request the following:

- Catchment population of your trust by age (in brackets of 10 years) – e.g. total of 250,000 people of which 20,000 are within 10-20 years old

Answer: Our Trust does not hold this information. We recommend you contact Public Health England directly for this information. Their Freedom of Information Office can be contacted via email address; foi@phe.gov.uk or postal address; Public Information Access Office, Wellington House, 133-155 Waterloo road, London, SE1 8UG

- Number of patients in each age bracket of 10 years (e.g. 50-60, 60-70) undergoing cataract surgery.

Answer: Please see the table below which details by age group the number of patients with an access plan for Cataract Surgery.

Age Group (Yrs)	Total
40- 50	1
50- 60	6
60 -70	16
70- 80	23
80- 90	22
90 - 100	1
Grand Total	69

- Source of referrals (GP, optician, hospital, other) for cataract surgery for each financial year between 2006 and 2016

Answer: Please note that Walsall Healthcare NHS Trust was formed in 2011 when Walsall Teaching Primary Care Trust and Walsall Hospitals NHS Trust merged. Our Trust also changed its Patient Administration System at the end of the 2013/14 financial year.

Year	PAS System Used	Referral Source for Cataract Surgery	Total
2006/07	PMS	From a GP	378
2006/07	PMS	From a Consultant (other than in an A&E Department)	6
2006/07	PMS	Other	3
2006/07	PMS	Other initiated by the Consultant Responsible for the Outpatient Episode	1
2007/08	PMS	From a GP	336
2007/08	PMS	From a Consultant (other than in an A&E Department)	15
2007/08	PMS	Other	1
2008/09	PMS	From a GP	411
2008/09	PMS	From a Consultant (other than in an A&E Department)	10
2008/09	PMS	Other initiated by the Consultant Responsible for the Outpatient Episode	4
2008/09	PMS	From an Optometrist	4
2008/09	PMS	Other	4
2008/09	PMS	Not Specified	1
2008/09	PMS	From a Dentist	1
2008/09	PMS	From an Optometrist	1
2009/10	PMS	From a GP	368
2009/10	PMS	Not Specified	10
2009/10	PMS	From a Consultant (other than in an A&E Department)	9
2009/10	PMS	Other initiated by the Consultant Responsible for the Outpatient Episode	8
2009/10	PMS	Other	7
2009/10	PMS	From an Optometrist	2
2009/10	PMS	From the Community Dental Service	1
2010/11	PMS	From a GP	372
2010/11	PMS	From a Consultant (other than in an A&E Department)	6
2010/11	PMS	Other initiated by the Consultant Responsible for the Outpatient Episode	2
2010/11	PMS	From an Orthoptist	2
2010/11	PMS	Not Specified	1
2010/11	PMS	Other	1
2011/12	PMS	From a GP	424
2011/12	PMS	From a Consultant (other than in an A&E Department)	5
2012/13	PMS	From a GP	329

2012/13	PMS	From a Consultant (other than in an A&E Department)	5
2012/13	PMS	Other initiated by the Consultant Responsible for the Outpatient Episode	1
2012/13	PMS	From an Optometrist	1
2012/13	PMS	Other	1
2013/14	PMS	From a GP	321
2013/14	PMS	Other	64
2013/14	LORENZO	Optometrist	29
2013/14	PMS	From a Consultant (other than in an A&E Department)	8
2013/14	LORENZO	Not Specified	3
2013/14	PMS	From an Orthoptist	3
2014/15	LORENZO	General Medical Practitioner	356
2014/15	LORENZO	Optometrist	123
2014/15	LORENZO	From a Consultant (other than in an A&E Department)	58
2014/15	LORENZO	Allied Health Professional	6
2014/15	LORENZO	From an Orthoptist	5
2014/15	LORENZO	Other initiated by the Consultant Responsible for the Outpatient Episode	5
2014/15	LORENZO	Accident And Emergency Department (including Minor Injuries Units and Walk In Centres)	3
2014/15	LORENZO	From a GP	3
2015/16	LORENZO	From a GP	256
2015/16	LORENZO	From an Orthoptist	148
2015/16	LORENZO	From a Consultant (other than in an A&E Department)	14
2015/16	LORENZO	From an Orthoptist	3
2015/16	LORENZO	Allied Health Professional	2
2015/16	LORENZO	Other initiated by the Consultant Responsible for the Outpatient Episode	2
2015/16	LORENZO	Accident And Emergency Department (including Minor Injuries Units and Walk In Centres)	1

- Has e-Referrals (i.e. choose and book) been implemented?

Answer: Yes, the service receive referrals from the choose and book system.

- What is the nature of your referral management system (if any)?

Answer: Our Trust does not use a referral management system.

- How many referrals by GPs, Opticians, Hospital Doctors or Others are received by the referral management system for cataract surgery, and how many of these are declined?

Answer: This is not applicable.

- Mean and median waiting times from referral to cataract surgery for each financial year between 2006 and 2016

Answer: The Trust migrated to a new Patient Administration System in 2014 and as a result a number of data quality issues became apparent. This meant the Trust has not reported waiting list data formally since then. The numbers below are those recorded in the system, however these issues will have contributed to some of the increases reported. At present the Trust is undertaking an exercise to review and correct data on the waiting list and develop specialty level recovery plans; this has been reported in detail through its recent public Board meetings.

Mean waiting times from referral to cataract surgery for each financial year between 2006 and 2016

Financial Year	PAS System Used	Mean Waiting Time
2007/08	PMS	40
2008/09	PMS	37
2010/11	PMS	42
2011/12	PMS	58
2012/13	PMS	46
2013/14	PMS	68
2014/15	LORENZO	72
2015/16	LORENZO	113

Median waiting times from referral to cataract surgery for each financial year between 2006 and 2016

Financial Year	PAS System Used	Median Waiting Times
2007/08	PMS	31
2008/09	PMS	40
2010/11	PMS	53
2011/12	PMS	58
2012/13	PMS	66
2013/14	PMS	67

2014/15	LORENZO	53
2015/16	LORENZO	42

- Total volume of injections for macular degeneration performed per financial year - between 2006 and 2016

Answer: We can confirm that our Trust does not perform macular degeneration injections. Any patients requiring this treatment are referred to New Cross Hospital. We recommend you contact their Freedom of Information Office directly for this information. They can be contacted via email address rwh-tr.foi@nhs.net or postal address; Governance & Legal Services Department, The Royal Wolverhampton NHS Trust, New Cross Hospital, Wolverhampton, WV10 0QP.

- If recorded, please also provide number of unique patients receiving injections per financial year

Answer: Not applicable.

090/16
Black Alerts

I am requesting the following information about the hospital trust under the Freedom of Information Act 2000:

1) How many times has the hospital (or a hospital run by the trust) been on 'Black Alert' in the past 5 years?
Answer: Our Trust does not record this data for the time period you request. We can confirm that our hospital was escalated as a level 4 three times during March 2016 with none in April 2016.

The Regional Capacity Management Team at the Midlands and Lancashire Commissioning Support Unit is responsible for the West Midlands regional information tool which our Trust uses. They may be able to access historical data so we recommend you contact them directly as they may be able to provide this information from the regional system. Their Freedom of Information Office is NHS England which can be contacted via email address; england.contactus@nhs.net or postal address is; Freedom of Information Office, NHS England, PO Box 16738, Redditch, B97 9PT.

a) Can I please have a total for each year.
Answer: Our Trust does not record this data for the time period you request.

The Regional Capacity Management Team at the Midlands and Lancashire Commissioning Support Unit is responsible for the West Midlands regional information tool which our Trust uses. They may be able to access historical data so we recommend you contact them directly as they may be able to provide this information from the regional system. Their Freedom of Information Office is NHS England which can be contacted via email address; england.contactus@nhs.net or postal address is; Freedom of Information Office, NHS England, PO Box 16738, Redditch, B97 9PT.

091/16
Managed Pathology Service Arrangement and Operation Expenditure Target

Following on from Lord Carters Pathology Report and in turn Efficiency report, please can you provide information on the following questions:

- Does your pathology service currently meet the 1.6% cost of service to Trust operating expenditure target as set out by the 2016 report?

Answer: Our Trust is unsure how the percentage has been calculated and for what range of hospitals. Given this, as a small to medium sized acute hospital providing a full range of pathology services, we would expect to be on the high side of the average for acute hospitals.

- Do you currently have a managed service arrangement within Pathology (entire disciplines or pan pathology, not individual analysers)?

Answer: Yes.

- If yes, please can you provide the Suppliers name, expiry date, and average annual cost.

Answer: For Blood Sciences the supplier is Roche, expiry date is 2018. Exemption under Section 41 (Information provided in confidence) has been applied to your request for the annual contract cost. There is a confidentiality agreement in place with the company which prevents disclosure of this information.

For Histology and Microbiology the supplier is Chrystal Consulting Ltd, expiry date is 2020. Exemption under Section 41 (Information provided in confidence) has been applied to your request for the annual contract cost. There is a confidentiality agreement in place with the company which prevents disclosure of this information.

- Are you planning on collaborating with another NHS entity to provide pathology services?

Answer: No.

092/16

Midwifery Led Unit and Numbers of Deliveries

Please treat this email as a request under the Freedom of Information Act.

I am seeking information concerning maternity services.

1. If your trust has (a) midwife-led birth ward/unit(s), on what date did the ward/unit(s) open (Year and month is fine)?

Answer: Our Trust has a stand-alone Midwifery Led Unit which opened in April 2012.

2. In the event that a patient admitted to commence delivery on a midwife-led birth unit/ward has to be transferred to a consultant-led unit, please list the facilities you have the option to transfer them to and provide the distance between the midwife-led unit and consultant-led unit in miles. If they are located on the same site as each other please say so.

Answer: Women are transferred to the Consultant-Led labour ward at the Manor Hospital, Moat Road, Walsall which is 0.7 miles away from the MLU.

3. How many mothers were admitted to commence delivery in each midwife-led unit in each of the following years (if applicable): 2011-12, 2013-13, 2013-14, 2014-15 and 2015-16?

Answer: Please see the number of patients broken down by each financial year below.

2011-12	Not Applicable
2012-13	273
2013-14	351
2014-15	424
2015-16	379

4. How many mothers who started delivery in each midwife-led unit completed their delivery there in each of the following years (if applicable): 2011-12, 2013-13, 2013-14, 2014-15 and 2015-16?

Answer: Please see the number of patients broken down by each financial year below.

2011-12	Not Applicable
2012-13	165
2013-14	271
2014-15	271
2015-16	259

5. How many mothers who started delivery in each midwife-led unit were transferred to hospital/consultant-led unit during delivery in each of the following years (if applicable): 2011-12, 2013-13, 2013-14, 2014-15 and 2015-16? I am seeking information on those who had to be moved to one of the facilities you listed in answer to question 2, above.

Answer: Please see the number of patients broken down by each financial year below.

2011-12	Not Applicable
2012-13	108

2013-14	80
2014-15	154
2015-16	120

6. For each of the years in question 5, above, please provide the list of reasons for transfer and give the percentage of transfers for each reason.

Answer: The following information provides the numbers of women in each category – some women may belong to more than one category. We do not collect this information in percentages. Please note that for 2013/14 the reason for the transfer was not recorded.

Reason for Transfer	2012/13	2013/14	2014/15	2015/16
Failure to progress	38	Not recorded	38	41
Fetal Distress/Meconium	45	Not recorded	42	32
Antepartum Haemorrhage	0	Not recorded	10	5
Maternal illness / condition	5	Not recorded	23	17
Prolonged rupture of membranes	4	Not recorded	5	8
Maternal Request	16	Not recorded	15	6
Reduced fetal growth	0	Not recorded	2	4
Breech / malpresentation	0	Not recorded	9	3
Retained placenta	0	Not recorded	2	0
Patient did not fit MLU criteria	0	Not recorded	4	6

7. How many mothers commenced delivery at home (a planned home birth) in each of the following years (if applicable): 2011-12, 2013-13, 2013-14, 2014-15 and 2015-16?

Answer: This information is not recorded so cannot be provided.

8. How many mothers who started delivery in a planned home birth completed their delivery there in each of the following years (if applicable): 2011-12, 2013-13, 2013-14, 2014-15 and 2015-16?

Answer: Please see the number of patients broken down by each financial year below. 2011/12 information is not available.

2012-13	7
2013-14	5
2014-15	7
2015-16	3

9. How many mothers who started delivery in a planned home birth were transferred to hospital/consultant-led unit during delivery in each of the following years (if applicable): 2011-12, 2013-13, 2013-14, 2014-15 and 2015-16?

Answer: This information is not recorded so cannot be provided.

10. For each of years in question 9 above, please provide the list of reasons for transfer and give the percentage of transfers for each reason.

Answer: This information is not recorded so cannot be provided.

11. How many mothers were admitted to commence delivery in a consultant-led unit in each of the following years (if applicable): 2011-12, 2013-13, 2013-14, 2014-15 and 2015-16 (excluding those who had started on a midwife-led unit and were transferred)?

Answer: Please see the number of patients broken down by each financial year below.

2011-12	4481
2012-13	4454
2013-14	4401
2014-15	4343
2015-16	4550

12. How many mothers were admitted to commence delivery in any other facility associated with your trust in each of the following years (if applicable): 2011-12, 2013-13, 2013-14, 2014-15 and 2015-16?

Answer: This is not applicable to our Trust.

13. How many mothers who started delivery in any other facility associated with your trust were transferred to hospital/consultant-led unit during delivery in each of the following years (if applicable): 2011-12, 2013-13, 2013-14, 2014-15 and 2015-16?

Answer: This is not applicable to our Trust.

14. For each of the years in question 13 above, please provide the list of reasons for transfer and give the percentage of transfers for each reason.

Answer: This is not applicable to our Trust.

15. How many mothers who started delivery in any other facility associated with your trust completed their delivery there in each of the following years (if applicable): 2011-12, 2013-13, 2013-14, 2014-15 and 2015-16?

Answer: This is not applicable to our Trust.

093/16

Gifts and Hospitality Register

I would like information on your organisation's gifts and hospitality register (or equivalent).

I would like a breakdown in the last five years, items which have been logged on your organisation's gifts and hospitality register by staff, detailing:

Date item was declared

Description of item

Reason for the gift/hospitality

Value

Whether the item was accepted or declined

I would like the information on an excel spreadsheet and via email if possible.

Answer: Please find enclosed an spreadsheet detailing entries from our gifts and hospitality register since 2012/13. This is the only recorded information available. Staff details below Director level are withheld under section 40 (Personal Information).

Additionally, does your organisation have a monetary limit on gifts (ie gifts worth under £50 are allowed) and can cash gifts ever permitted?

Answer: The level is below £25 and no cash can be accepted. Gifts above this level must be formally approved by a Director and declared on the register.

094/16

Non-Resuscitation Orders and Specialist Registrars

How many No Resus Orders were issued by your hospital in last 5 years?

Answer: Information is not electronically recorded with regards to do not attempt cardiopulmonary resuscitation orders (DNACPR). It would detailed within a patient's medical record. Exemption under section 12 (Cost of compliance exceeds appropriate limit) has been applied to this request as it would involve the manual review of all medical records within the Trust.

A copy of any completed DNACPR forms is sent to our Resuscitation Officers for auditing purposes. This process commenced in September 2014. As an alternative we can provide the total numbers of these forms which were received by their department since this time period. The numbers below cover those received both from acute and community.

<u>Year</u>	<u>Number of Forms Received</u>
2014	165
2015	1418
2016	362 (up to April 2016)

How many of these patients survived and were thus discharged from your hospital in same above period?

Answer: This information is not electronically recorded so cannot be provided. Exemption under section 12 (Cost of compliance exceeds appropriate limit) has been applied to this request as it would involve the manual review of medical records.

Have you a pro forma No Resus Order checklist which you use to see whether patient should be given No Resus Order, please send me a copy?

Answer: Our Trust does not have a proforma for do not attempt cardiopulmonary resuscitation orders. We can provide you with a copy of our DNACPR form and decision making flowchart from the British Medical Association, Resuscitation Council (UK) and Royal College of Nursing (RCN) dated 2014. This is a national framework and should be used in situations whereby a DNACPR is being considered.

What percentage of your SpR or Specialist Registrars are on the General Medical Council's Specialist Register?

Answer: None

095/16

IT Budget

We would like to know the following:

1. What is your overall IT Budget for 2016/17?

Answer: Capital Expenditure £717,000, Revenue Expenditure £4,437,000 (net of income), £5,740,000 (excluding income)

2. Do you run a shared IT service with any other government/NHS entities?

Answer: Walsall IT Services is managed by Walsall Healthcare NHS Trust. It delivers IT Services to the trust, Walsall CCG, Walsall GPs and other non-NHS health organisations.

3. Do you have a BRM Programme in place in your IT Department (IT Business Relationship Management, IT Business Partner, Business Liaison)?

Answer: Yes. Walsall IT Services employs one IT Business manager whose role includes IT Business Relationship Management.

4. If you do have a programme, how many BRM's/IT Business Partners/etc are currently employed by the Trust?

Answer: Please see the answer above.

096/16

Annual Spend on Printers, Photocopiers and Managed Print Services

So under the Freedom of Information Act 2000, please could you tell me how much your hospital trust spends per annum (the latest financial year available) On the following products/services

Printers

Photocopiers

Managed Print Services

Ink & Toner

Onsite and Offsite Storage of electronic Data

Answer: Please note that we do not have a managed print service for printing devices. We can however provide our estimated spend on ad-hoc printed materials which is £142,000 per annum.

Our estimated spend on all copiers/MFDs across the Trust including lease costs, consumables, click costs, service charges, software support etc is approximately £130,000 per annum.

We also have a print contract with an offsite printer, that allows the printing of specific documents and trust medical documentation. Our Trust spends approximately £130,000 per annum on this contract.

Our Trust does not store electronic data offsite. Onsite storage is managed in-house.

097/16

Capital Budget and Income from the Sale of Assets

Firstly. How much, if any, of your capital budget was converted into revenue budget in the financial year of 2015/16?

Answer: We brokered £8,000,000 of capital budget back to the Department of Health in 2015/16.

Secondly, how much income was budgeted from the sale of assets in the financial year of 2015/16, and how much income was actually received from these sales?

Answer: Our Trust did not plan any asset sales in 2015/16 and no income was received in this respect.

098/16

Patients Treated for Head and Neck Cancer

Within your health trust how many patients are currently [within the past 6 months] being treated for head and neck cancer (Squamous cell carcinoma) ?

Answer: Our Trust does not treat any head and neck cancer patients at our hospital. Patients are referred for chemotherapy/radiotherapy to the University Hospitals Birmingham NHS Foundation Trust. We recommend you contact their Freedom of Information Office directly for this information. They can be contacted via email address; foi@uhb.nhs.uk or postal address; Room 32E, Third Floor, Nuffield House, Queen Elizabeth Hospital Birmingham, Mindelsohn Way, Edgbaston, Birmingham, B15 2PR.

Of these patients how many are locally advanced and how many are recurrent and/or metastatic head and neck cancer patients ?

A. Locally advanced

B. Recurrent and/or metastatic

Of the these patients please split by their current drug treatment;

Carboplatin (Only or in combination with 5-FU)

Cetuximab (Erbix) and chemotherapy or radiotherapy

Cetuximab (Erbix) Only

Cisplatin (Only or in combination with 5-FU)

Docetaxel (Taxotere), (Only or in combination with 5-FU)

Fluorouracil (5FU)

Radiotherapy Only

Other – Specify

Answer: This is not applicable to our Trust. Please contact University Hospitals Birmingham NHS Foundation Trust for this information.

Does your health trust participate in any ongoing clinical trials for the treatment of head and neck cancer patients, if so please could you provide details ?

Answer: This is not applicable to our Trust. Please contact University Hospitals Birmingham NHS Foundation Trust for this information.

Within your health trust how many patients are currently [within the past 6 months] being treated for metastatic Colorectal Cancer?

Answer: The type/grade of cancer is not electronically recorded on our systems in order to identify these patients. This information would be detailed within patient medical records. Exemption under Section 12 (Cost of compliance exceeds appropriate Limit) has been applied to this request as it would require the manual review of our patient medical records.

We can only provide the number of patients being treated for colorectal cancer. If this would be useful to you, please let us know.

Of those patients please split by their current drug treatment;

Bevacizumab

Cetuximab

Panitumumab

Aflibercept

Oxaliplatin

Irinotecan

5-Fluorouracil

Irinotecan with 5-fluorouracil (5FU) and folinic acid [FOLFIRI]

Oxaliplatin with 5-fluorouracil (5FU) and folinic acid [FOLFOX]

Capecitabine and oxalipatin (CAPOX / XELOX)

Capecitabine and irinotecan (CAPIRI)

Other - Specify

Answer: Please see the answer above.

099/16

Financial Structure

In accordance with the Freedom of Information Act, please can I request the following structures of departments within your organisation:

- Finance

Answer: Exemption under Section 21 (Information available by other means) has been applied to your request. Our Financial structure is accessible via our publication scheme on our Trust website by using the following link;

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

100/16

Biologics and Biosimilar Prescribing

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 (to date) 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)			
Etanercept biosimilar (Benepali)			
Golimumab (Simponi)			
Infliximab (Remicade)			
Infliximab biosimilar (Inflectra)			
Infliximab biosimilar (Remsima)			
Rituximab (MabThera)			
Secukinumab (Cosentyx)			
Ixekizumab (Taltz)			
Tocilizumab (RoActemra)			
Ustekinumab (Stelara)			
Vedolizumab (Entyvio)			

Answer: 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 or postal address: Jubilee House, Bloxwich Lane, Walsall, WS2 7JL. We believe they will be able to conduct searches on their Blueteq system.

101/16

Prepared Meals Contract Information

I would be most grateful if you would provide me, under the Freedom of Information Act, details in respect of the following framework agreement(s)/contract(s):

- Suppliers who applied for inclusion on each framework/contract below and were successful & not successful at the PQQ & ITT stages.

Answer: Response received from four suppliers Anglia Crown, Heart of England NHS Foundation Trust, Royal Wolverhampton NHS Trust, and Tillery Valley. All were successful at PQQ stage all were taken to ITT stage.

- Contract values of each framework/contract (& any sub lots), year to date

Answer: Spend for full financial year from 01 April 2015 to 31 March 2016 was £237,279.40.

- Start date & duration of framework

Answer: Contract commenced 1st February 2015 for 2 year period

- Is there an extension clause in the framework(s)/contract(s) and, if so, the duration of the extension?

Answer: Extension available for 2 x 12 months

- Has a decision been made yet on whether the framework(s)/contract(s) are being either extended or renewed?

Answer: No decision to extend has been made yet.

102/16

Multiple Sclerosis Disease Modifying Drugs

In your trust how many patients with Multiple Sclerosis have been treated with MS disease modifying drugs in the past 6 months, latest 6 months that you can provide ?

Answer: 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 or postal address: Jubilee House, Bloxwich Lane, Walsall, WS2 7JL. We believe they will be able to conduct searches on their Blueteq system.

Please provide the number of patients by treatment for the following disease modifying drugs.

Answer: Please see the answer above.

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 (Plegridy)	
Others	

103/16

The Use of Mismatch Repair Testing for Lynch Syndrome

- Do all patients, who are diagnosed with bowel cancer under the age of 50 years in your trust, have a molecular screening test for Lynch Syndrome, such as immunohistochemistry or microsatellite instability testing, carried out on tumour tissue?
 - Yes
 - No Answer: We identify patients at colorectal MDT usually young patients under 50 years at diagnosis.**
- If yes, at what stage does this testing take place? Does it take place:
 - Pre treatment i.e. at diagnosis (on a biopsy of the tumour)
 - Post treatment i.e. test is carried out on the tumour resection specimen
- Is this test carried out as a reflex test i.e. automatically or upon referral?
 - Reflex
 - Referral via MDT
 - Referral via Genetics Centre
 - Referral via GP
 - Other (please explain)
- Which of the following molecular tests does your trust use to identify people who could have Lynch syndrome:
 - Microsatellite Instability (MSI)
 - Immunohistochemistry (IHC)
 - BRAF and MLH1
 - Other The trust sends the tumour material as a paraffin block to the Cellular Pathology Department at the Queen Elizabeth Hospital, Birmingham, with request to perform DNA MMR protein expression (immunohistochemistry) for MSH2, MSH6, MLH1 and PMS2.**
- Are the results of this reflex test communicated to the patient?
 - Yes
 - No
- If no such reflex test is in place, do you have information on whether there are any plans to introduce molecular testing for Lynch syndrome?

Answer: Our Trust does not currently have plans to introduce molecular testing on-site at Walsall, mainly due to low sample workload, validation, cost of equipment/maintenance and ready availability to request such tests at the Queen Elizabeth Hospital.

104/16

Longest Length of Delayed Discharge for One Patient

What is the longest continual stretch of days that have been lost to delayed discharge by one patient in:

a) 2012/13

Answer: We can confirm that the longest continual stretch of days that have been lost a delayed discharge for a patient during this time period was 70 days.

b) 2013/14

Answer: We can confirm that the longest continual stretch of days that have been lost a delayed discharge for a patient during this time period was 48 days.

c) 2015/16

Answer: We can confirm that the longest continual stretch of days that have been lost a delayed discharge for a patient during this time period was 134 days.

105/16

NHS Settlement Agreements

1. For each of the last five financial years (11/12 – 15/16) what was the total number of employees who signed settlement agreements when they left your Trust? Please note I would like an annual breakdown for each year as opposed to one figure covering the five-year period.

Answer: The only settlement agreements our Trust have completed are for the Mutually Agreed Resignation Scheme (MARS) and therefore our response has been provided on this basis.

<u>Year</u>	<u>Total Number of MARS Agreements Signed</u>
2011/12	18
2012/13	12
2013/14	17
2014/15	18
2015/16	14

2. For each of the last five financial years how much was paid to departing employees as part of the settlement agreements? Again, I am looking for annual breakdowns of the data.

The annual breakdown should include the following three elements;

A – The statutory amount the employee received (ie the sum to which they were legally entitled for redundancy).

B – The amount paid in special severance payments. For clarity, I have taken the definition of special severance payment from guidance issued to NHS employers in December 2013, which states: *HM Treasury defines a special severance payment as a payment made to employees, contractors and others above normal statutory or contractual requirements when leaving employment in public service whether they resign, are dismissed, or reach an agreed termination of contract.*

C The overall total of statutory and special severance payments for each of the last five financial years.

Answer: Please see below the annual total amounts of MARS payments made. This information has not been recorded in the break downs you have requested. Only total amounts are available.

<u>Year</u>	<u>Total Amount of MARS Payments</u>
2011/12	£277,569
2012/13	£225,523
2013/14	£450,978

2014/15 £341,120
 2015/16 £321,345

3 (A). For each of the past five financial years, how many of the settlement agreements signed with departing employees contained confidentiality clauses? Again, I have referred to the guidance issued to NHS employers for my definition of a confidentiality clause which states:

1. Clauses which cover the terms of that agreement " for example, prohibiting any parties concerned from reporting the detail about the terms of the agreement.
2. Clauses which protect confidential information gained by the employee as part of their employment, such as business-sensitive data or patient records. It is important to outline to all staff, their responsibilities to comply with the Data Protection Act 1998 and confidentiality within their terms and conditions of employment.
3. Clauses against derogatory comments being made which prevents the employee from making vexatious, disparaging or derogatory comments about the organisation and its staff. In such cases, there is usually a mutual clause which also prevents the organisation from making disparaging or derogatory comments about the employee.

(B) Of the total number of confidentiality clauses issued during each financial year, how many came from Category 1 as defined above? Category 2? Category 3? Other?

Answer: Please see the table below in relation to signed MARS agreements.

Year	No. signed confidentiality clauses	No. with clause (1)	No. with clause (2)	No. with clause (3)
2011/12	18	18	18	18
2012/13	12	12	12	12
2013/14	17	17	17	17
2014/15	18	18	18	18
2015/16	14	14	14	14

4. For each of the last five financial years, how many departing NHS staff who signed a settlement agreement received an agreed reference as part of the agreement?

Answer: References are given as with normal leavers from our organisation.

5. For each of the past five financial years, how many of the settlement agreements signed with departing employees were referred to the Treasury/Department for Health to be signed off?

Answer: The MARs payments are not referred to the Treasury or Department of Health as certain redundancies are. However, they are authorised by the NHSTDA (now NHS Improvement) as per the rules of the Scheme.

106/16

A&E Department

Please kindly provide answers to the Following questions:

1. How many patients yearly are seen in type 1 and type 3 A&Es? Please provide the separate figures.

Answer: Please see the table below and note that this data has been provided in support of national returns. The Urgent Care Centre is co-located on the Trust site. As of quarter 2, 2014/15, as a co-located provider, its data was included in national returns as type 3.

Category	2014/15	2015/16
Type 1	85,811	77,683

Type 3 – Trust	8,556	8,220
Type 3 – Urgent Care Ctr, Maternity Triage and Foetal Assessment Unit	21,636	36,567
TOTALS	116,003	122,470

2. Is the type 3 A&E managed by the Trust or an external organisation, for instance a social enterprise or private company?

Answer: The Urgent Care Centre is managed by an external organisation.

3. Who is employed in type 3 A&E (GPs, other doctors, ENPs, ANPs, HCAs)?

Answer: GPs are employed by the Urgent Care Centre.

4. Does type 3A&E deal with

- Minor injuries (requiring X ray for instance)? **Answer: Yes**
- GP type patients? **Answer: Yes**
- Both? **Answer: Yes**

5. Has type 3 A&E got an access to X-ray facilities?

Answer: Yes, the Urgent Care Centre has access to x-rays and they have a service agreement with our Radiology Department for reporting of these x-rays.

6. Is the Trust paid according to the national tariff for A&Es or is the tariff modified?

Answer: The Trust is paid as per the tariff for all patients seen by the Trust.

7. Is the Type 3 A&E paid according to the national tariff for Type 3 A&Es?

Answer: We assume you are referring to the Urgent Care Centre activity, this is on Trust premises but the Trust does not receive payment for the patients seen.

8. Where are type 1 and type 3 A&Es localised in the Trust?

Answer: Our Emergency Department and the Urgent Care Centre are co-located at the same site within the Trust.

9. Is type 3 A&E in the same building as type 1 A&E? If no how far apart are they approximately?

Answer: Yes, our Emergency Department and the Urgent Care Centre are in the same building.

10. Is there a 'Minors' or 'See and Treat' area or similar area for treatments of minor injuries, within the type 1 A&E, separate from type 3 A&E?

Answer: Yes, our Emergency Department runs a 'See and Treat' Service and this is to manage a group of patients with injuries that are beyond the remit of the Urgent Care Centre.

- If yes, are the patients seen there treated as type 1 A&E patients for funding/tariff purposes?

Answer: Yes.

- How many patients are seen in this area in total annually? If no statistics available please provide an approximate amount estimated by the Clinical Lead of the department.

Answer: During 2015/16 we can confirm that around 9,389 patients were seen in this area.

- How big is the activity with regards to particular HRG codes in this area. For example how many patients with VB08Z code are seen annually? Please provide figures for all A&E HRG codes.

Answer: Please see the table below.

2015/16		
HRG Treatment Code	HRG Code Description	Number of Patients
UZ01Z	Data Invalid for Grouping	55
VB02Z	Emergency Medicine, category 3 Investigation with category 4 Treatment	3
VB03Z	Emergency Medicine, category 3 Investigation with category 1-3 Treatment	30
VB04Z	Emergency Medicine, category 2 Investigation with category 4 Treatment	164
VB05Z	Emergency Medicine, category 2 Investigation with category 3 Treatment	132
VB06Z	Emergency Medicine, category 1 Investigation with category 3-4 Treatment	232
VB07Z	Emergency Medicine, category 2 Investigation with category 2 Treatment	3133
VB08Z	Emergency Medicine, category 2 Investigation with category 1 Treatment	3482
VB09Z	Emergency Medicine, category 1 Investigation with category 1-2 Treatment	1054
VB11Z	Emergency Medicine, No Investigation with No Significant Treatment	1104
Grand Total		9389

107/16

Bladder Scanners, Urology and Incontinences Nurses

1. How many bladder scanners are registered and in working order with your equipment library (or equivalent)?

Answer: Generally all urinary tract ultrasound scans which would include imaging of the urinary bladder, are undertaken in one of three scan rooms depending on if they are mobile patients or inpatients in beds. Each room has one ultrasound machine and all are serviced and quality checked regularly. Our Trust also has ten ultrasound machines available for imaging department use throughout the hospital.

2. How many ultrasound bladder scanners did your Trust buy in the 2015/16 financial year?

Answer: None.

3. Is there a hospital training record for those healthcare workers that are trained to use ultrasound bladder scanners

Answer: There is a departmental staff competency record. Each year at a staff member's annual appraisal they are required to complete an "Equipment Training and Medical Device Review Sheet".

3. Do you have a hospital policy which includes the indications for use of ultrasound bladder scanners across all departments and ward areas?

Answer: We have protocols for all general ultrasound scans including Urinary Tract. They are kept on the departmental shared hard drive and a copy is available within the room folder found in the outpatient and inpatient scan rooms. All requests for such ultrasounds are vetted by an appropriately trained sonographer prior to appointments being offered.

4. How many incontinences nurses or clinical nurse specialists are employed by your Trust?

Answer: As at 31 May 2016, the Trust employed 7 (5.2 FTE) Incontinences Burses or Clinical Nurse Specialists.

5. How many urology nurse specialists are employed by your Trust?

Answer: As at 31 May 2016, the Trust employed 3 (2.6 FTE) Urology Nurse Specialists.

108/16

Hospital Car Parking

I am looking for the following information regarding parking services at your hospital

· How many car parks out of the total number designated for hospital patients/visitors offer free parking, as of your most up-to-date statistics? (please state how many and out of the total)

Answer: We offer free parking cancer patients.

· If you charge fees for hospital patients/visitor designated parking, do you have the same pricing structure at all your parking sites? (Yes/No)

Answer: Yes.

· What is your most commonly charged minimum rate for patient/visitor parking (excluding any free parking), and for how long does this allow somebody to park?

Answer: A 'pay on exit' system operates at the Manor Hospital and the charge is £1 for 30 minutes, £2 for the first hour and £1 per hour for every hour after that up to a maximum daily fee of £6.

· What is your most commonly charged maximum rate for patient/visitor parking (excluding any free parking), and for how long does this allow somebody to park?

Answer: A 'pay on foot' system operates at the Manor Hospital and the charge is £1 for 30 minutes, £2 for the first hour and £1 per hour for every hour after that up to a maximum daily fee of £6.

Weekly concessions at a lower rate are available for regular visitors to the hospital at a charge of £10 per week.

· What percentage of car parks designated for hospital patients/visitors allow payment by debit or credit card? Please approximate if necessary, and state if you do so

Answer: None.

· What percentage of car parks designated for hospital patients/visitors allow payment on exit? Please approximate if necessary, and state if you do so

Answer: All our patient and visitor car parks use a 'pay on exit' system' (100%).

109/16

Molecular Pathology Testing

Do you currently offer a companion diagnostic (stratified medicine) testing services for the following cancer indications and therapies? If so I would be grateful if you could please indicate which tests are offered, the charge per patient test (ideally a comment on what the overhead/kit breakdown of the test cost) and the number performed per year January-December (or month if easier – please specify in comments). The brand name of the test used or any information regarding commercial partnerships would also be appreciated to be included in the comments.

Test Types: IHC = Immunohistochemistry, FISH = Fluorescent In-Situ Hybridization, PCR = Polymerase Chain Reaction, Pyro= Pyrosequencing, NGS = Next Generation Sequencing. If the lab performs another test type or the

test is linked to another oncological therapy not listed please check "Other" and include it in the comments section.

Indication	Marker	Test type	Charge per patient	Number of test per year	How many tests were used for the following	Comments
Breast Cancer	HER2	<input type="checkbox"/> IHC <input type="checkbox"/> FISH <input type="checkbox"/> PCR <input type="checkbox"/> NGS <input type="checkbox"/> Other		2014:	<input type="checkbox"/> Trastuzumab (Herceptin) <input type="checkbox"/> Pertuzumab <input type="checkbox"/> Ado-trastuzumab	
				2015:	<input type="checkbox"/> Trastuzumab (Herceptin) <input type="checkbox"/> Pertuzumab <input type="checkbox"/> Ado-trastuzumab	
		<input type="checkbox"/> IHC <input type="checkbox"/> FISH <input type="checkbox"/> PCR <input type="checkbox"/> NGS <input type="checkbox"/> Other		2014:	<input type="checkbox"/> Trastuzumab (Herceptin) <input type="checkbox"/> Pertuzumab <input type="checkbox"/> Ado-trastuzumab	
				2015:	<input type="checkbox"/> Trastuzumab (Herceptin) <input type="checkbox"/> Pertuzumab <input type="checkbox"/> Ado-trastuzumab	
Colorectal Cancer	KRAS	<input type="checkbox"/> IHC <input type="checkbox"/> FISH <input type="checkbox"/> PCR <input type="checkbox"/> NGS <input type="checkbox"/> Other		2014:	<input type="checkbox"/> Cetuximab <input type="checkbox"/> Panitumumab	
				2015:	<input type="checkbox"/> Cetuximab <input type="checkbox"/> Panitumumab	
Non-Small Cell Lung Cancer	EGFR	<input type="checkbox"/> IHC <input type="checkbox"/> FISH <input type="checkbox"/> PCR <input type="checkbox"/> NGS <input type="checkbox"/> Other		2014:	<input type="checkbox"/> Afatinib <input type="checkbox"/> Erlotinib <input type="checkbox"/> Gefitinib <input type="checkbox"/> Osimertinib	
				2015:	<input type="checkbox"/> Afatinib <input type="checkbox"/> Erlotinib <input type="checkbox"/> Gefitinib <input type="checkbox"/> Osimertinib	
	ALK	<input type="checkbox"/> IHC <input type="checkbox"/> FISH <input type="checkbox"/> PCR <input type="checkbox"/> NGS <input type="checkbox"/> Other		2014:	<input type="checkbox"/> Crizotinib <input type="checkbox"/> Other	
				2015:	<input type="checkbox"/> Crizotinib <input type="checkbox"/> Other	
	<input type="checkbox"/> IHC <input type="checkbox"/> FISH <input type="checkbox"/> PCR <input type="checkbox"/> NGS <input type="checkbox"/> Other		2014:	<input type="checkbox"/> Crizotinib <input type="checkbox"/> Other		
			2015:	<input type="checkbox"/> Crizotinib <input type="checkbox"/> Other		

Melanoma	BRAF	<input type="checkbox"/> IHC <input type="checkbox"/> FISH <input type="checkbox"/> PCR <input type="checkbox"/> Pyro <input type="checkbox"/> NGS <input type="checkbox"/> Other	2014:	<input type="checkbox"/> Dabrafenib <input type="checkbox"/> Vemurafenib <input type="checkbox"/> Trametinib
			2015:	<input type="checkbox"/> Dabrafenib <input type="checkbox"/> Vemurafenib <input type="checkbox"/> Trametinib
			2015:	<input type="checkbox"/> Dabrafenib <input type="checkbox"/> Vemurafenib <input type="checkbox"/> Trametinib

Answer: Our Trust does not perform these tests on site.

110/16

Dermatology Outpatient Clinics

Please tell me what are the clinics (ailment / ailment category clinics) for outpatients your dermatology department runs and what specific weekday they are run on

Answer: Our Dermatology Clinics take place Monday to Friday seeing both adults and children. Dermatology does not run separate clinics for different conditions. All dermatological conditions are seen within all clinics. We see inflammatory skin conditions (eczema, psoriasis, 'rashes'), skin lesions, skin cancer and skin allergy testing.

The service also provides counselling, phototherapy and male and female genital Dermatology clinics.

111/16

Patients Treated for Haemochromatosis

I would like to request under the Freedom of Information Act the following information from the NHS Trust(s) which you are responsible for :

- a. the number of patients treated with haemochromatosis in 2015 who are in maintenance phase of the treatment (*)

Answer: Information on the phase of treatment a patient is on is not electronically recorded on our performance systems. We could only provide you with the total number of inpatients diagnosed with this condition during this time period. If this information would be useful, please let us know.

- b. the number of patients treated with haemochromatosis in 2015 who are in PRE-maintenance phase of the treatment (+)

Answer: Information on the phase of treatment a patient is on is not electronically recorded on our performance systems. We could only provide you with the total number of inpatients diagnosed with this condition during this time period. If this information would be useful, please let us know.

- c. a copy of the clinical protocol(s) used to treat haemochromatosis

Answer: Our Trust follows the British Committee for Standards in Haematology. Their Guidelines on Diagnosis and Therapy and Genetic Haemochromatosis (February 2000) can be accessed via their archived files on their website. Copy of the link to their website is below;

<http://www.bcshguidelines.com/>

Although they have archived the document, our Trust currently follows this guidance.

d. a copy of the clinical protocol(s) for therapeutic venesection

Answer: The protocol is currently being finalised by our Trust and it will then be circulated internally for the consultation period. We recommend you contact us again at the end of August 2016 to request this document as we anticipate that it will be ready at that time.

(*) "maintenance phase" relates to patients whose ferritin is ≤ 50 ug/L

(+) "PRE-maintenance phase" relates to patients whose ferritin is in excess of 50 ug/L

If it is impractical or excessively costly to report items (a) and (b) separately, a single value relating to the number of patients with haemochromatosis under active treatment (ie have had at least 1 episode of treatment during 2015) will suffice.

Follow Up Questions:

"Information on the phase of treatment a patient is on is not electronically recorded on our performance systems. We could only provide you with the total number of inpatients diagnosed with this condition during this time period. If this information would be useful, please let us know."

Calendar Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Year 2015	29	14	24	18	17	24	24	23	20	20	22	23	258

112/16

Multiparametric MRI Usage

1. Do you conduct multi-parametric MRI (mpMRI) scans (using T2-weighted, diffusion-weighted and dynamically enhanced sequences) before prostate biopsies? If no, it would be helpful to know what the main reasons are: If yes, it would be helpful if you can you provide an estimate of the percentage of men who receive an mpMRI scan before prostate biopsy:

Answer: Only basis DWI without the high B0 vvalue of 1400 not mpMRI.

If no, it would be helpful to know what the main reasons are:

Answer: Scanner is old, the software is not capable of performing DCE within NICE guidelines (each sequence would be too long) The DWI although helpful does require improving.

If yes, it would be helpful if you can you provide an estimate of the percentage of men who receive an mpMRI scan before prostate biopsy:

Answer: Not applicable.

2. How many scanners do you have available to use for mpMRI scans before prostate biopsy?

Answer: None

3. For each individual scanner used for mpMRI scans before prostate biopsy, please provide the following:

- Make

- Model
- Magnetic field strength
- Age
- When the scanner is due to be replaced

Answer: Not applicable.

4. How many mpMRI scans before prostate biopsy do you estimate you carry out per year?

- 0
- Up to 50
- 50 -100
- 100 – 250
- 250 – 500
- 500 – 750
- 750 – 1000
- More than 1000

Answer: None.

5.i. Do you intend to increase the number of mpMRI scans before prostate biopsy following the first results from the large clinical trial PROMIS?

Answer: The Trust will have mpMRI with the new scanners.

The ASCO 2016 abstract has shown mpMRI as a triage test can identify one quarter of men (27%) who might safely avoid unnecessary biopsy, without impairing the detection of clinically significant cancer (http://abstract.asco.org/176/AbstView_176_163963.html).

5.ii If yes, do you currently have sufficient resources and capacity to cope with this increase?

The information you provide may be re-used publicly. We look forward to hearing from you soon.

Answer: Not currently when the new scanners are established there should be capacity depending on referral numbers.

113/16

Patients Requiring Neurological Rehabilitation

I would be grateful if you would share the following information regarding patients requiring neurological rehabilitation within your trust between 1st April 2015 and March 31st 2016.

- Number of patients who are admitted into acute services with symptoms that ultimately provide them with a Stroke diagnosis

Answer: We can only provide information based on inpatient data. We can confirm that 354 patients were admitted as an emergency with stroke as a primary diagnosis during this time period.

- Number of patients who are admitted into acute services with a Brain Injury diagnosis either through a traumatic or other origination

Answer: We can only provide information based on inpatient data. We can confirm that 128 patients were admitted as an emergency with a brain injury as a primary diagnosis during this time period. There were also 27 patients admitted as an emergency with a sub arachnoid haemorrhage / other non0traumatic intracranial haemorrhage.

- Number of patients with a long term neurological condition, Stroke or Brain Injury who are allocated neurological rehabilitation.

Answer: The Community Neurological Rehabilitation Team currently have approximately 1273 referrals open to the service for neurological rehabilitation (this includes people with acquired brain injuries and long term neurological conditions).

- Of those allocated neurological rehabilitation how many access this through an inpatient facility? What is the breakdown between NHS and independent provision?

Answer: There is no formal inpatient post-acute neuro-rehabilitation facilities within Walsall.

There are allocated beds (2-3) at West Park Neuro-Rehabilitation Unit (NRU) in Wolverhampton and some clients have access through Moseley Hall Post-Acute Inpatient NRU – access to these services depends on patient preference and need, waiting times and meeting the service referral criteria as assessed by the Medical Consultant for these respective services.

A small minority of our patients will subsequently be admitted to Inpatient NeuroBehavioural units – there are none in the Walsall borough so patients from Walsall tend to access West Heath Brain Injury Rehabilitation Trust or Hunter’s Moor Rehabilitation Service.

Detailed treatment information for these patients is not recorded electronically. This would be detailed within the patient’s medical records. Exemption under Section 12 (Cost of compliance exceeds appropriate limit) has been applied to your request for this information as it would involve the manual review of all open referrals in order to obtain the information.

- What is the process that patient referrals for neurological rehabilitation go through to establish their eligibility for an allocation of funding for inpatient neurological rehabilitation?

Answer: There is no specific funding process for patients from Walsall for either admission to West Park NRU or Moseley Hall NRU as these services are both commissioned through block contracts via Walsall Clinical Commissioning Group. We recommend you contact them directly for this information. Their Freedom of Information Office can be contacted via email address; foi@walsall.nhs.uk or postal address: Jubilee House, Bloxwich Lane, Walsall, WS2 7JL.

If a patient required admission to a neurobehavioural unit then funding would have to be arranged either through Social Services or Continuing Healthcare Assessors depending on patient need.

114/16

Employees that have Left the Trust through Judicial Mediation

1. For each of the past five financial years, what was the total number of employees that left your trust through judicial mediation?

Answer: We can confirm that no employees have left our Trust during this time period through judicial mediation.

2. For each of the last five financial years how much was paid to departing employees through judicial mediation? Again, I am looking for annual breakdowns of the data.

The annual breakdown should include the following three elements;

A – The statutory amount the employee received (ie the sum to which they were legally entitled for redundancy).

B – The amount paid in special severance payments.

C - The overall total of statutory and special severance payments.

Answer: This is not applicable.

3. For each of the past five financial years, how many of the employees who left through judicial mediation signed a settlement agreement (*formerly known as a compromise agreement*)?

Answer: This is not applicable.

4. For each of the past five financial years, how many employees who left through judicial mediation agreed a confidentiality clause?

I have referred to the guidance issued to NHS employers for my definition of a confidentiality clause which states:

1. *Clauses which cover the terms of that agreement " for example, prohibiting any parties concerned from reporting the detail about the terms of the agreement.*
2. *Clauses which protect confidential information gained by the employee as part of their employment, such as business-sensitive data or patient records. It is important to outline to all staff, their responsibilities to comply with the Data Protection Act 1998 and confidentiality within their terms and conditions of employment.*
3. *Clauses against derogatory comments being made which prevents the employee from making vexatious, disparaging or derogatory comments about the organisation and its staff. In such cases, there is usually a mutual clause which also prevents the organisation from making disparaging or derogatory comments about the employee.*

(Ref page 5 <http://www.nhsemployers.org/~media/Employers/Publications/Settlement-Agreements.pdf>)

Answer: This is not applicable.

5. Taking the definition of confidentiality clauses used in Question 4, for each of the past five financial years, how many fell under the definition 1? 2? 3? Other?

Answer: This is not applicable.

6. For each of the past five financial years, how many staff who left via judicial mediation received an agreed reference?

Answer: This is not applicable.

7. For each of the past five financial years, how many of the judicial mediation cases were referred to the Department for Health/Treasury for sign off?

Answer: This is not applicable.

Could you please supply the data in an Excel spreadsheet.

115/16

Sterilization Equipment

1. Please enter the name of your Hospital or Trust

Answer: Walsall Healthcare NHS Trust.

2. Does your Trust sterilize your own surgical instruments and packs?

Yes

No, we use a central service provider

No, we do not have any instrument that need sterilizing

3. How many floor & pit mounted steam sterilizers are installed in your Trust?

Answer: Our Trust has 4 steam sterilisers and 1 steam laboratory steriliser.

On average, what is the lifespan of these floor & pit mounted steam sterilizers?

Answer: 15 years for the steam sterilisers and 15 years for the lab steriliser.

On average, how many cycles each floor & pit mounted steam sterilizer run every week?

Answer: An average of 38 cycles per week per machine for the steam sterilisers and an average of 10 cycles per week for the lab machine.

4. How many tabletop steam sterilizers are installed in your Trust?

Answer: None

On average, what is the lifespan of these tabletop steam sterilizers?

Answer: This is not applicable.

On average, how many cycles each tabletop steam sterilizer run every week?

Answer: This is not applicable.

5. How many ethylene oxide sterilizers are installed in your Trust?

Answer: None

On average, what is the lifespan of these ethylene oxide sterilizers?

Answer: This is not applicable.

On average, how many cycles each ethylene oxide sterilizer run every week?

Answer: This is not applicable.

6. How many hydrogen peroxide plasma sterilizers are installed in your Trust?

Answer: None

On average, what is the lifespan of these hydrogen peroxide plasma sterilizers?

Answer: This is not applicable.

On average, how many cycles each hydrogen peroxide plasma sterilizer run every week?

Answer: This is not applicable.

7. Do you have any other types of sterilizers? If you do, could you please indicate the type and installation number?

Answer: No

116/16

Multiple Sclerosis Patients and Treatments

Name of treatment Hospital	Walsall Healthcare NHS Trust													
Disease Description	NUMBER OF PATIENTS PER MONTH (if small numbers e.g. 5 or under suppress to 5*)													
Number of patients under the care of your service on the following treatments:	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Tsyabri														
Gilenya														
Interferon beta 1a														
Interferon beta 1b														
Copaxone														
Lemtrada														
Aubagio														
Plegridy														

Answer: This information is not recorded on a monthly basis so cannot be entered into the spreadsheet you have provided. We can confirm how many patients received the drug treatments you list (this information is based on the last data update on the 1st June 2016).

Tsyabri **x5 patients**
Gilenya **x2 patient**
Interferon beta 1a **x33 patients (Avonex x13, Rebif x16)**
Interferon beta 1b **x3 patients**
Copaxone **x8 patients**
Copaxone (x3 weekly) **x8 patients**

Lemtrada **x2 patients**
Tecfidera **x15 patients**
Aubagio **x0 patients**
Plegridy **x4 patients**

Number of patients under the care of your service on the following treatments who have had a relapse in the previous 12 months:	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Tsyabri														
Gilenya														
Interferon beta 1a														
Interferon beta 1b														
Copaxone														
Lemtrada														
Aubagio														
Plegridy														

Answer: Although most patients would notify our Community Neuro-Rehabilitation Team (CNRT) if they thought they were experiencing a relapse some patients are managed by their GP/A&E for relapses so our CNRT may not be aware of all relapses/relapse events. Collection of this information has only recently started by our Trust so cannot be provided prior to January 2016

If the CNRT are informed of any patients that have relapsed, this would be in patient records. Exemption under Section 12 (Cost of Compliance Exceeds Appropriate Limit) has been applied to this part of your request as it would involve the manual review of paper records.

Number of new MS diagnoses	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16

Answer: This information is not recorded on a monthly basis so cannot be entered into the spreadsheet you provided. Our CNRT can only confirm that 14 known new MS diagnoses are documented during March 2015 - Feb 2016.

Total Number of relapse events (number of non-elective MS admissions) in the above month	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16

Answer: Please see the answer above.

<u>This data is not required by month</u>	
Total catchment population of your MS Service	

Answer: 283

Total untreated MS population (any patients with a diagnosis of MS but no record of DMT treatment)	
--	--

Answer: 207

Total MRI scans for MS in the previous 12 months	
--	--

Answer: Data on MRIs undertaken on these patients is not centrally recorded. This information would be in patient records. Exemption under Section 12 (Cost of Compliance Exceeds Appropriate Limit) has been applied to this part of your request as it would involve the manual review of paper records.

117/16

18 week Referral to Treatment Targets

I would be grateful for the following information:

a) Between April 2015 and March 2016, how many patients (on both admitted and non-admitted pathways) who had breached the 18-week Referral to Treatment target were transferred to another NHS provider or an independent sector facility at NHS expense as a result?

Answer: The following figures show the number of patients that were seen/treated in another hospital setting in the last year. This figure will include endoscopic procedures, inpatient stays and day case procedures.

April 2015	52 patients
May 2015	49 patients
June 2015	70 patients
July 2015	71 patients
August 2015	33 patients
September 2015	27 patients
October 2015	38 patients
November 2015	46 patients
December 2015	27 patients
January 2016	48 patients
February 2016	24 patients
March 2016	36 patients

b) Between April 2015 and March 2016, how many patients (on both admitted and non-admitted pathways) who would otherwise have breached the 18-week Referral to Treatment target were transferred to another NHS provider or an independent sector facility as a result?

Answer: The following figures show the number of outpatient attendances that were carried out either in other hospital settings or by other hospital Consultants in the Manor Hospital outpatients setting. These figures will include new outpatients, pre-operative assessments and follow up outpatient appointments.

April 2015	107 patients
May 2015	80 patients
June 2015	74 patients
July 2015	60 patients
August 2015	63 patients
September 2015	55 patients
October 2015	27 patients
November 2015	29 patients
December 2015	35 patients
January 2016	43 patients
February 2016	43 patients
March 2016	58 patients

118/16

Maintenance/Support Contracts for Vehicle Telematics

1) Maintenance/support contracts for vehicle telematics?

2) Makes and models for all vehicles can you also put this with the supplier of the vehicles?

Can you please provide me with the contract information for each individual supplier this includes the annual average spend, contract start, expiry and review date.

I do not wish to receive information around frameworks I only require the contract information relating to the agreement between the organisation and the supplier. Also I require the contract dates of the signed agreement with the organisation and the provider and NOT framework dates.

1. Contract Type: Vehicle Maintenance, Lease, Hire
2. Incumbent Supplier: Who is the existing supplier for each contract?
3. Annual Average Spend: What is the annual average spend for each supplier?
4. Contract Duration: What is the duration for each contract please include any extensions that maybe included within the contract.
5. Start Date: The start date of each individual contract.
6. Expiry Date: The expiry date of each individual contract.
7. Review Date: The review date of each individual contract.
8. Number of Vehicles: Please can you provide me with the number of vehicles (cars), vans, plant hire, truck, RCV.
9. Brand of Vehicle: Can you please provide me with the brand for each vehicle for each contract?
10. Model of Vehicle: Can you please provide me with the model for each vehicle for each contract?
11. Contract Description: Can you please with a small description of what services are provided under this contract?
12. Vehicle Maintenance- Is there maintenance included within the agreement? Yes, or No or In-House (Maintenance is provided by the organisation), is there a contract for the servicing/maintenance of vehicle trackers?
13. Contract Owner- Can you please send me two contacts one from the fleet management (or equivalent) and the other procurement or purchasing preferably the category manager.
14. including their full name, job title, contact number and direct email address.
15. 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.
16. Please can you acknowledge this request so that I know what it's being worked on?

Answer: We believe you are enquiring about GPS tracking systems/device contracts. Our Trust does not use this equipment so does not have a contract.

119/16

Use of compromise agreements

Walsall Healthcare NHS Trust's use of compromise agreements (settlement agreements)

Please advise in relation to the 5 years between January 2011 and December 2015 inclusive:

1) How many compromise agreements has the Trust entered into with staff or former staff? Please include all COT3 agreements in this figure.

Answer: This information relates to Mutually Agreed Resignation Scheme agreements and one COT3 agreement.

2011/12

18 settlement agreements

2012/13	12 settlement agreements
2013/14	18 settlement agreements
2014/15	18 settlement agreements
2015/16	14 settlement agreements

2) How many of these compromise agreements require staff members not to disclose the existence of the compromise agreement itself?

Answer: All the signed agreements above include a confidentiality clause where part of the agreement is to not disclose the agreement.

3) How many of these compromise agreements contain non-disparagement clauses that require staff members not to criticise the employees of the Trust?

Answer: All the signed agreements above include a confidentiality clause where part of the agreement is not to make comments about the Trust.

4) How many of these compromise agreements were entered into by the Trust with staff who had previously made public interest disclosures, (whether or not these were raised by formally invoking the Trust's whistleblowing policy)?

Answer: None previously made a public interest disclosure.

5) If staff who have entered into a compromise agreement with the Trust were to voice concerns about reprisal by the Trust for whistleblowing, would the Trust consider this to be an actionable breach of non-disparagement clauses, or would it consider the raising of such concerns to be qualifying disclosures under PIDA?

Answer: We can confirm that the confidentiality clauses within the settlement agreements/COT3 do not prevent a member of staff from raising concerns/whistleblowing.

Additional Questions:

- 1) What is the breakdown of the 80 compromise agreements reached by the trust, in terms of whether they related to departures under the mutually agreed resignation scheme, compulsory redundancies, Employment Tribunal claims against the trust or other matters?

Answer: One COT3 agreement – the remainder all MARS agreements and MARS is not a compromise agreement.

2) When was the last time that the trust implemented a confidentiality clause which prevented signatories from disclosing the existence of compromise agreements?

Answer: All agreements are confidential and completed within the bounds of the law

3) What was the total value of the settlement sums associated with the 80 compromise agreements?

Answer: £1621535

4) Which law firm(s) handled/ drafted the compromise agreements for the trust?

Answer: Mills and Reeve, Enoch Evans

5) Why did the trust use confidentiality clauses which made the existence of compromise agreements secret?

Answer: The Trust took legal advice on the drafting of the MARS and COT3 agreements

Lastly, I asked for data by calendar year but the trust has provided data by financial year. Please advise if the numbers of compromise agreements for the 5 requested calendar years is different to the numbers given on financial years.

Answer: No MARS or any other agreement was made between Jan – April 2011 – and no agreements have been made in the current year 2016

120/16

Contact Details

Under the Freedom of Information act, please could you give the names of the person responsible for the following roles:

Phlebotomy Service Manager

Answer: Staff details below Director level is withheld under Section 40 (Personal Information). We can advise however that Steve Vaughan, Chief Operating Officer is the Director responsible for this role.

Patient Experience Lead

Answer: Staff details below Director level is withheld under Section 40 (Personal Information). We can advise however that Rachel Overfield, Director of Nursing is responsible for this role.

Transformation Lead

Answer: Staff details below Director level is withheld under Section 40 (Personal Information). We can advise however that Daren Fradgley, Director of Strategy and Transformation is responsible for this role.

Outpatient Appt. Manager

Answer: Staff details below Director level is withheld under Section 40 (Personal Information). We can advise however that Steve Vaughan, Chief Operating Officer is the Director responsible for this role.

121/16

Staffing Statistics

please could you provide answers to the following questions:-

What is the total annual 2015 spend on temporary staffing?

Answer: £18,970,000

What proportion of the spend was for agency nursing?

Answer: 17%

What proportion of the spend was for agency AHPs?

Answer: 7%

What proportion of the spend was for agency administration staff?

Answer: 2%

What is the cost of operating the internal staff bank?

Answer: £250,000

How many WTEs operate the staff bank?

Answer: We can confirm that 7.33 WTE are currently employed within our Temporary Staffing Department (of this 1 WTE is an Apprentice).

122/16 Agency Locum doctor's spend

I am making a formal application under the Freedom of Information Act (2000) to obtain the following information:

- The total amount you spend on Agency Locum Doctors for the financial year 15/16 (April – March)

Answer: Please see this information entered into the table below.

- For the above information to be broken down by grade and specialty (example provided below)

Answer: Please see this information entered into the table below.

Specialty	Agency F1 House Officer	Agency F2 Senior House Officer	Agency Specialist Train 1 to 5	Agency Specialised Registrars	Agency Other Career Grades	Agency Consultants	TOTAL
A&E	-	£9,609	£782,890	-	£401,957	£329,162	£1,523,619
Medicine	-	£29,133	£506,132	-	£402,893	£608,165	£1,546,323
Anaesthetics	-	-	-	-	£5,560	-	£5,560
Medicine	-	£1,541	£271	-	£13,958	£183,195	£198,964
Surgery	-	£6,886	£5,158	-	£23,692	-	£35,736
Paeds	-	-	-	-	-	£352,049	£352,049
Pathology	-	£672	£21,331	£3,330	£159,852	-	£185,185
O & G	-	-	-	-	-	-	-
Ophthalmology	-	-	-	-	-	-	-
TOTAL	£0	£47,841	£1,315,782	£3,330	£1,007,911	£1,472,571	£3,847,436

123/16

Biologics and Biosimilar Prescribing - number of patients treated

As you have outlined that the "Pharmacy Department do not record patient conditions on their system in order to identify these patients and subsequently the drug treatments they received", could you please provide me with the following numbers of patients treated in the last six months with the following drugs for any condition.

Answer: Please see the entries in the table below as requested.

Treatment	Total Patients
Abatacept (Orencia)	16
Adalimumab (Humira)	163
Apremilast (Otezla)	0
Certolizumab Pegol (Cimzia)	12
Etanercept (Enbrel)	70
Etanercept biosimilar (Benepali)	0
Golimumab (Simponi)	39
Infliximab (Remicade)	24
Infliximab biosimilar (Inflectra)	9
Infliximab biosimilar (Remsima)	0
Rituximab (MabThera)	39
Secukinumab (Cosentyx)	2
Ixekizumab (Taltz)	0
Tocilizumab (RoActemra)	45
Ustekinumab (Stelara)	8
Vedolizumab (Entyvio)	11

124/16

Complaints about Noise

I would like information on complaints about noise received by your trust

I would like to know:

How many noise-related complaints the organisation has received in the past three years. For each year, I would like to know:

The department/ward the noise-related complaint refers to

Who made the complaint (patient/relative/staff member etc)

The nature of the complaint – i.e. if it is noise from staff, noise from another patient, equipment, building work etc

Answer: We can confirm that no formal complaints are recorded with regards to this.

I would also to know if your organisation has a noise policy or any noise-reduction measures in place – for example soft-closing doors, not transferring patients at night, 'sleep kits' for patients and so on.

Answer: Our Trust has some doors on soft closures as well as soft closing bins. There are sleep kits available on wards for patients which include eye masks and ear plugs.

Our Trust also monitors noise at night via in house surveys which are conducted during the year at night. If these survey results would be useful to you, please let us know.

125/16

Children with eating disorders

Under freedom of information laws I would like to request the following:

The number of children under the age of 14 your trust has treated for anorexia and bulimia from 1 January 2010 up until the date this request was received.

Please provide the information in yearly breakdowns;

Please break the numbers down by age and, if possible, by gender;

Please keep the data for anorexia and bulimia separate;

Answer: We can only provide information on inpatients. Please see the table below and note that there were no patients admitted who matched the diagnosis criteria for the missing years.

Year Admitted	Gender	Age (Yrs)	Numbers of Patients	Diagnosis
2015	Female	13	1	Anorexia
2014	Female	13	1	Bulimia
2011	Female	13	1	Anorexia
2010	Female	13	1	Anorexia

126/16

Telemedicine

- What proportion of hospital departments use telemedicine (the remote diagnosis and treatment of patients by means of telecommunications technology)? Please provide as a proportion (eg 7/20) and list the departments.

Answer: We can confirm that we have approximately 120 patients using tele-health (known as telecommunications) within the Community.

- Overall, has the feedback regarding telemedicine from patients and clinicians been positive or negative?

Answer: The feedback is variable some patient and clinicians found the tele-health beneficial others have had a negative experienced.

- Do you have any plans to expand the use of telemedicine across the hospital or bring in any new telemedicine technologies?

Answer: The Trust is developing significantly year on year.

127/16

Biologics and biosimilar prescribing

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 12 months [latest 12 months possible] with the following drugs for the conditions listed below.

- **Psoriasis**
- **Hidradenitis Suppurativa**
- **Crohn's disease**
- **Ulcerative Colitis**

Number of patients treated	Adalimumab	Apremilast	Etanercept	Etanercept Biosimilar	Golimumab	Infliximab	Infliximab Biosimilar	Secukinumab	Ustekinumab	Vedolizumab	Others
Psoriasis											
Hidradenitis Suppurativa											
Crohn's disease											
Ulcerative Colitis											

Answer: 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 or postal address: Jubilee House, Bloxwich Lane, Walsall, WS2 7JL. We believe they will be able to conduct searches on their Blueteq system.

128/16

Surgery carried out

I am writing to request under the freedom of information act some details regarding surgery carried out across NHS Trusts in the last five years

1. Please advise how many Diastasis Recti operations have been carried out in your health trust the last five years, with a breakdown of how many per year?

Answer: We can only search our inpatient data for this information. We do not electronically code these operations separately in order to provide you with accurate figures.

2. How many abdominoplasty Surgeries have been carried out in your health trust in the last five years, with a breakdown of how many per year?

Answer: Searching our Clinical Coding System, we can confirm that one patient has had this procedure undertaken in the last five years whilst an inpatient.

3. Please advise how many Diastasis Recti operations with a hernia have been carried out in your health trust in the last five years, with a breakdown of how many per year?

Answer: Please see the answer to question 1 above.

129/16

Secondary Breast Cancer

I would appreciate if you could let me know the following information:

1. Is Walsall Healthcare NHS Trust routinely collecting data on secondary breast cancer?

Answer: The Trust does not routinely collect data on secondary breast cancer

2. If so, how many people were diagnosed with the disease within the Trust in the last twelve months (or for the latest period available)? These should include (a) those who were diagnosed with secondary breast cancer at their first presentation; and (b) those for whom their primary breast cancer has progressed and spread to other parts of the body. Please also include the time period this data refers to.

Answer: Please see above.

130/16

Patients Discharged

Under the Freedom of Information Act, please provide information on the:

- (a) total number of patients discharged by the Trust between 11pm and 6am in each of the last six financial years

Answer: Please note that the data below has been obtained from two different systems. The data supplied is subject to data quality issues and is not confirmed validated information. The data below excludes deaths and third party provider activity.

Financial Year	Number of Patients Discharged between 23:00 and 05:59	Total Number of Patients Discharges
2010/11	1650	60331
2011/12	1380	62150

2012/13	1580	66544
2013/14	1455	67648
2014/15	2235	67696
2015/16	2221	69321

(b) total number of patients discharged by the Trust in each of the last six financial years

Answer: Please see the table above.

131/16

Mortuary Department

Please can I send the following request to the mortuary departments of each trust/council.

1. How many fridge spaces does the trust/council have for deceased?

Answer: Our Trust has 144 (+8 if no bariatric deceased).

Body Store 69 places

Isolation body store (3 deep freeze)

Wide body store (including racking for 8)

Annex Body store (36 places)

Annex body store 2 (36 places)

2. How many freezer spaces does the trust/council have for deceased?

Answer: Our Trust has 6 spaces (3 deep freeze and 3 isolation deep freezers)

3. How many deceased are sent out to external overflow storage per year for normal refrigeration?

Answer: This varies and depends upon the number of deceased and if any fridges are being repaired. This information is not recorded.

4. How many deceased are sent out to external overflow storage per year for deep freeze refrigeration?

Answer: None

5. How much does the trust/council pay for transfer of deceased to external overflow storage?

Answer: This is not applicable as our Trust has our own facilities.

6. How much does the trust/council pay per day for external overflow storage of deceased per day?

Answer: This is not applicable to our Trust.

7. How many deceased per year do the trust/council transfer between sites (non-coroner cases)

Answer: None

8. How much does the trust/council pay to transfer deceased between sites (non-coroner cases)?

Answer: This is not applicable to our Trust.

132/16

Operations performed

My questions are as follows:

Which of the following operations are performed at your trust?

1. Laparoscopic cholecystectomy
2. Inguinal hernia repair (open and/or laparoscopic)
3. Diagnostic laparoscopy

Answer: Our Trust performs all three procedures listed above.

If so, can you please inform me as to whether your trust uses standardised/pre-printed consent forms for each procedure. If there is a consent form, will you please either email me a copy, or inform me as to what the "Risks" and "Benefits" of the procedure are documented as for each procedure.

Answer: There is no pre-printed consent form but patient information forms are provided for each procedure which is given to elective and emergency patients.

Please find enclosed the relevant information leaflets and a copy of the Consent Form. The consent form is a carbon copy/sheet, which details information given to the patient and information for our records. We have therefore split the Consent Form into two documents; the patient consent form sheets ("Patient agreement to investigation or treatment" and "Statement of patient") and the hospital consent sheets ("Guidance to health professionals" and "Operation or treatment record").

Further information available upon request

133/16

IT Equipment/Software Information

Please complete the attached spreadsheet.

Answer: Please find enclosed the completed spreadsheet as requested.

134/16

Patient Transfers

Please could we request the following information under the FOI act, (or by another means if you believe that is more appropriate.).

- a copy of the patient inter-hospital transfer document/proforma and guidelines used by your trust.

Answer: Please find enclosed a copy of the transfer form for adults and maternity services. Please note that our Trust is currently finalising the Paediatric Policy which would detail this form.

- The number of incidents reported involving the transfer of surgical patients between hospitals or trusts between March 2015-March 2016.

Answer: There were 5 incidents reported involving the transfer of surgical patients to another hospital between March 2015-March 2016.

- The number of surgical patients transferred between hospitals or trusts.

Answer: Between 1st March 2015 and 29th February 2016 there were 16 inpatients that were under the speciality of Surgery and have a discharge destination code of 'NHS other hospital provider – ward for general patient'.

Further information available upon request

135/16

Mobile Devices in Clinical Practice

How many mobile devices are currently deployed and being used in a clinical setting within your hospital?
How are these distributed by platform?

Answer: Please see the completed tables as requested.

Numbers Currently Deployed

	Tablet >8 inch diagonal screen	Phablet 5-8 inch screen	Smart phone < 5 inch diagonal screen
Windows 8.x	30	0	0
Windows 10	5	0	0
Windows mobile	0	0	0
Android	0	1	0
iOS	160	0	0

Numbers Currently being tested

	Tablet >8 inch diagonal screen	Phablet 5-8 inch screen	Smart phone < 5 inch diagonal screen
Windows 8.x	0	0	0
Windows 10	2	0	0
Windows mobile	0	0	0
Android	0	0	0
iOS	0	0	0

What platforms are being developed for by your IT team? Please answer Y/N

	Tablet >8 inch diagonal screen	Phablet 5-8 inch screen	Smart phone < 5 inch diagonal screen
Windows 8.x	N	N	N
Windows 10	N	N	N
Windows mobile	N	N	N
Android	N	N	N
iOS	Y	N	N

What platforms would be permitted / supported by your IT team?

Please answer Y/N

	Tablet >8 inch diagonal screen	Phablet 5-8 inch screen	Smart phone < 5 inch diagonal screen
Windows 8.x	Y	Y	Y
Windows 10	Y	Y	Y
Windows mobile	Y	Y	Y
Android	Y	Y	Y
iOS	Y	Y	Y

Of those platforms not supported, what are the technical/business reasons?

Answer: This is not applicable to our organisation.

136/16

Dermatology Services

1. What is the composition of the multi-disciplinary team for dermatology in the Trust?

Answer: The Skin Cancer MDT composes of x4 Consultant Dermatologists (one locum at present), x2 Plastic Surgeons, x2 Histopathologists, x1 Skin Cancer Nurse Specialist and 1 MDT coordinator. Extended members include a Palliative Care Consultant and a Consultant Clinical Oncologist. A Consultant Maxiofacial Surgeon is also due to join.

2. How many dermatology consultants work within the Trust?

Answer: x3 substantive Consultants and one locum Consultant.

3. How many speciality dermatology nurses work within the Trust (including dermatology clinical nurse specialists and dermatology nurse practitioners)?

Answer: One

4. Does the Trust have standards to support healthcare professionals to deliver psychodermatological care?
Answer: No, we do have access to a regional specialist service for psychodermatology based at Heart of England NHS Foundation Trust.

5. How many adult patients with Atopic Dermatitis (ICD-10-CM Diagnosis Code L20.9) have been referred for psychological support by the specialised dermatology multi-disciplinary team?
Answer: These patients are not electronically coded separately in order to accurately provide this information.

6. Does your Trust produce local guidelines to support the management of adult Atopic Dermatitis (L20.9)? (yes / no)
Answer: No, our Trust uses National guidance (NICE guidance and BAD guidance).

7. What is the 'Friends and Family Test' score for the Trust's dermatology services?
Answer: Historically, this service has not completed individual Friends and Family Test forms but have used other generic outpatient forms. Therefore, there is no individual score for this service as this cannot be identified.

We are however, moving to a new system that will take us away from a purely paper based system to embrace other communication methods including SMS texts and Voice Activation. This will also allow us to expand the coverage to additional services.

8. What is the average time to treatment from referral for adults with Atopic Dermatitis (L20.9) in the Trust?
Answer: Our Trust does not code referral to treatment data by a patient's diagnosis so we are not able to provide this information.

9. How many dermatology outpatient appointments occurred between 1st January and 31st December 2015 in your Trust for adult patients with diagnosed or suspected Atopic Dermatitis (L20.9) in each of the following categories:
- a. first attendance – single professional
 - b. first attendance – multi-professional
 - c. follow up attendance – single professional
 - d. follow up attendance – multi-professional

Answer: Our Dermatology Department does not run separate clinics for different conditions. All dermatological conditions are seen within all clinics. These patients are not electronically coded separately in order to accurately provide this information.

10. If data on the number of dermatology outpatient appointments in your Trust for adult patients with diagnosed or suspected Atopic Dermatitis is not available for the period 1st January to 31st December 2016, please provide the most recent summary data available for each of the following categories:
- a. first attendance – single professional
 - b. first attendance – multi-professional
 - c. follow up attendance – single professional
 - d. follow up attendance – multi-professional.

Answer: Please see the answer to question 9 above.

11. Please outline which of the following treatments are available to adult patients with Atopic Dermatitis (L20.9) in the Trust, according to the local formulary.

Treatment	Yes / No	Available as a first line treatment option for	Available as a second line treatment option	Available as a third line treatment	Other (please indicate)

		appropriate adult patients with Atopic Dermatitis (yes/no)	for appropriate adult patients with Atopic Dermatitis (yes/no)	option for appropriate adult patients with Atopic Dermatitis (yes/no)	
Emollients	Y	Y	Y	Y	
Topical steroids (corticosteroids)	Y	Y	Y	Y	
Anti-histamines	Y	Y	Y	Y	
Systemic steroids	Y	Y	Y	Y	
Topical calcineurin inhibitors	Y	Y	Y	Y	
Oral immuno-suppressants	Y	Y	Y	Y	
Phototherapy	Y	Y	Y	Y	

12. How many adult patients with Atopic Dermatitis (L20.9) in your Trust received prescriptions for the following treatments between 1st January and 31st December 2015?

Treatment	Total Prescriptions
Emollients	<p>Answer: Our Pharmacy Department do not record patient conditions on their system in order to identify these patients and subsequently the drug treatments they received. The vast majority of Dermatology prescriptions are 'Dear GP' letters with prescribing done by primary care.</p> <p>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 or postal address: Jubilee House, Bloxwich Lane, Walsall, WS2 7JL. We believe they will be able to conduct searches on their Blueteq system.</p>
Topical steroids (corticosteroids)	Answer: Please see the answer above.
Anti-histamines	Answer: Please see the answer above.
Systemic steroids	Answer: Please see the answer above.
Topical calcineurin inhibitors	Answer: Please see the answer above.
Oral immuno-suppressants	Answer: Please see the answer above.
Phototherapy	Answer: Please see the answer above.

137/16

Maternity Patients Risk Classifications

Broken down by each year from 2010 onwards:

1. The number of maternity patients classed as high risk, classed as low risk, and classed as intermediate risk (or any other categories) when each patient's record was last updated. For question 1, yes I can confirm I require the annual risk status totals for maternity patients since the year 2010.

Answer: Please see below data for maternity patients categorised by risk status. Data provided shows all booked women and their latest risk status based on clinical risk assessment. Please note we are unable to provide data prior to 2012 as we only currently hold BadgerNet data 2012 onwards when the system was implemented. Data input and quality has increased since implementation year.

Financial Year	Standard	Intermediate	Intensive
2012 - 2013	1828	1671	367
2013 - 2014	2476	2251	641
2014 - 2015	2297	2600	771
2015 -2016	1851	3012	761

2. The maternity unit's policy on referrals to midwife led units for each year: specifically the factors considered high risk (such as specific BMI, sexual activity, specific age threshold, previous history etc). If policies are not available for each year please provide the most recent versions available. With regards to question 2, I require the internal referral policy that staff within the Trust follow to refer patients to the Midwifery Led Unit who have those risk factors.

Answer: See attached standing operating procedure

3. The name of the database software used to store information on maternity patients (e.g. Euroking, etc) and the data dictionary for that data. A data dictionary is merely a list of the column names (fields) used to store the data, such as risk classification, risk factor etc.

Answer: Our Trust uses the UK maternity patient data management system: Badgernet owned by Clevermed.

The system uses the following classifications: Standard, Intermediate and Intensive. The data is stored with the following columns:

- Initial Risk Recorded
- Initial Risk Level
- Current Risk Level
- Current Risk Reason

138/16

Operating Theatre Equipment

How many hospitals are in your trust?

Answer: One

How many units of operating theatre tables (general purpose operating theatre tables, as well as specialized operating theatre tables) are installed in your hospitals?

Answer: 17

How many units of operating theatre lights (LED Operating Theatre lights, for instance) are installed in your hospitals?

Answer: 7

How many overhead, ceiling mounted equipment booms are installed in the operating theatres and intensive care units of your hospitals?

Answer: 7

139/16

Contract Information for Photocopiers, Multi-function Devices or Printers

1. Does your organisation currently have a contract for photocopiers, Multi-function devices or printers?

Answer: Our Trust utilizes a National framework for MFD's/photocopiers.

2. When this contract is due to end?

Answer: The framework is due to end on 31st August 2016.

3. Who is this contract with?

Answer: Xerox

4. How many devices are supplied and what manufacturer are they?

Answer: x49 Xeros devices currently across Acute and Community sites.

5. What procurement framework was used?

Answer: Crown Commercial Services (CCS) Framework.

6. When does your organisation intend to tender for these services?

Answer: Our Trust is likely to continue to utilize the CCS Framework when replacement framework is released September/October 2016.

140/16

Payroll and Recruitment Services

Please can you provide the following information in relation to the Trust's Payroll Processing and Recruitment functions?

Questions:	1. Payroll Processing Services This is inclusive of NHS payroll and pension administration services; time/attendance & expense claims and technical payroll processing (e.g. HMRC and other statutory submissions and payroll reconciliation)	2. Transactional Recruitment Services This relates to the administration of recruitment administration - from approval to conditional offer - through NHS jobs.	3. Resourcing Services This relates to the sourcing of permanent candidates (e.g. through NHS Professionals or 3 rd party agencies)
a) Who is the Trust's service provider (in-house or 3 rd party provider)?	In-house	In house	In house
b) If outsourced to a 3rd party	N/A	n/a	n/a

provider, what is the name of the service provider you use?			
c) If outsourced to a 3rd party provider, what is the value of the contract per annum (excluding transition fee)?	N/A	n/a	n/a
d) If outsourced to a 3rd party provider, what was the transition fee paid?	N/A	n/a	n/a
e) If outsourced to a 3rd party provider, when did the contract start and when is the contract due to expire?	N/A	n/a	n/a
f) If outsourced to a 3rd party provider, is the Trust's intention to re-procure these services through a Trust run OJEU procurement exercise when the current contract expires? i. If yes, who is the Trust's contact for discussing these services and what are their contact details? ii. If not, what is the route through which you will contract these services?	N/A	n/a	n/a
g) If the Trust provide these services in-house, does the Trust intend to investigate outsourcing these services in the next 12 months? i. If yes, who is the Trust's contact for discussing these services and what are their contact details?	No	No	No
h) What are the systems that the Trust (and/or 3 rd party provider) utilises in conjunction with these	Rostering system to feed payroll with enhancements for wards only through	NHS jobs	NHS jobs

<p>services and what function do they perform?</p> <p>Please indicate where any of the service areas apply electronic self service functionality and if so which system is the platform for data submission</p>	<p>ESR T & A interface</p>		
<p>i) What are the volumes of activity that are associated with each of the services areas per annum?</p> <p>(an indication of the volumetrics sought is provided within the response are for each service)</p>	<p>1. No of payslips processed per annum:</p> <p>84,000</p>	<p>1. No. of AfC recruitment plans per annum (excluding bank):</p> <p>491 (this figure relates to data form the last financial year e.g. April 2015 to March 2016)</p> <p>2. No. of medical recruitment plans per annum (excluding bank)</p> <p>239 (this figure relates to data form the last financial year e.g. April 2015 to March 2016)</p>	<p>1. No. of AfC new starters per annum (excluding bank):</p> <p>491 (this figure relates to data form the last financial year e.g. April 2015 to March 2016)</p> <p>2. No. of medical new starters per annum (excluding bank):</p> <p>239 (this figure relates to data form the last financial year e.g. April 2015 to March 2016)</p>

141/16

Number of Operations Cancelled

1. In relation to (i) 2013/14, (ii) 2014/15 and (iii) 2015/16 financial year please provide me with the number of operations cancelled at your Trust on the day of operation or admission where the reason is recorded as there being no post-operative bed available for the patient.

Answer: Please see table below

2. For each year please state if possible how many of these cancellations were due to the fact that there was no critical care bed or intensive care bed available rather than the unavailability of a general ward bed?

Answer: Please see table below

Year End Financial	Cancel Reason	Reason Description	Count
31-Mar-14	Ward bed not available	Ward bed not available	79
31-Mar-14	Critical care bed not available	Critical care bed not available	27
31-Mar-15	Ward bed not available	Ward bed not available	65

31-Mar-15	Critical care bed not available	Critical care bed not available	15
31-Mar-16	Ward bed not available	Ward bed not available	42
31-Mar-16	Critical care bed not available	Critical care bed not available	15
			243

142/16

Urgent Cancer Referrals - sent request 19/6/16 only received 27/6 as stored in quarantined spam messages

How many urgent cancer referrals did the Trust receive from GPs each year in 2011, 2012, 2013, 2014 and 2015?

Answer: Please see listed below

2011 = 3922

2012 = 4516

2013 = 5434

2014 = 6949

2015 = 8041

How many of these referrals each year were deemed, by the consultant or referral management panel, to not meet the criteria for an urgent cancer referral?

Answer: Please see below however, we are unable to provide figures prior to 2015 for “inappropriate referrals” as they were not routinely captured on our database.

2015 = 162

143/16

Agency Nursing spend

I am making a formal application under the Freedom of Information Act (2000) to obtain the following information:

- The total amount you spend on Agency Nurses for the financial year 15/16 (April – March)

Answer: We can confirm that our Trust spent a total of £3,504,826 on un-registered and registered Nurses during 2015/16.

- For the above information to be broken down by banding and specialty (example provided below)

Answer: We can only provide the spend broken down by un-registered and registered Nurses for each specialty. Please see the table below.

2015/16 Agency Nursing Spend			
Specialty	Un-Registered	Registered	Total
A&E	£53,847	£973,306	£1,027,154
Medicine	£206,944	£939,288	£1,146,232
Anaesthetics	£12,297	£247,023	£259,320
Other	£98,004	-	£98,004

Surgery	£87,064	£682,882	£769,946
Paeds	-	£196,433	£196,433
Pathology	-	-	-
O & G	£588	£7,149	£7,737
Ophthalmology	-	-	-
Total	£458,746	£3,046,080	£3,504,826

144/16

Telephone System Information

Please send us the following details

- What manufacturer telephone system are you using?

Answer: Hospital uses Nortel, Community uses Splicecom

- How many extensions are there on your telephone system?

Answer: 2000

- Who maintains your telephone system?

Answer: Skanska maintains the telephone system for the hospital, WITS maintains the system for Community

- When does your telephone system maintenance contract expire?

Answer: Our PFI agreement is with Skanska Facilities and they are aware of the date our telephone system maintenance contract expires. We recommend you contact them directly as they hold this information. Please contact either Marc Needham, Sarah Betts or Alan Walsh by emailing Sarah Betts via email address; sarah.betts@skanska.co.uk or telephone number 01922 656470. There is no expiry date in Community as this is a rolling contract.

- Are you using Lync or Skype for Business?

Answer: Lync & Skype – limited use.

145/16

Policy for Complex Discharges and Numbers

Please will you kindly provide me with the following information under the Freedom of Information Act in relation to complex discharges from your hospital(s):

1. Does the Trust have a policy for complex discharges?

No we do not have a complex discharge policy but we have a transfer of care policy which includes discharge processed.

2. If yes, is it publicly available and how can it be accessed?

Please find attached the Transfer of Care Policy.

3. How many complex discharges were there in 2015?

Unfortunately we do not collect this data for complex discharges.

4. What was the proportion of complex discharges compared to the total number of discharges?

Unfortunately we do not collect this data for complex discharges.

5. On average, how long did the process take from the decision to discharge to the discharge taking place?

Unfortunately we do not collect this data for complex discharges.

6. On average, how long did it take to define the care plan?

Unfortunately we do not collect this data for complex discharges.

7. On average, how long did it take to implement the care plan once it had been defined?

Unfortunately we do not collect this data for complex discharges.

8. How many discharges took more than two weeks?

Unfortunately we do not collect this data for complex discharges.

146/16

Annual Budget, Spend Associated with Using Buildings Owned and Leased, Contracts with Private Providing Services

- 1) The trust's total annual budget.

Answer: £261.9m (16/17)

- 2) The annual cost to the trust of any spending associated with using buildings owned by, leased from or built by private providers – including interest payments.

Answer: Annual Unitary payment paid to PFI provider – 2013/14 £15,092k, 2014/15 £15,494k, 2015/16 £15,646k

- 3) The maintenance and any other associated costs the Trust has paid (during the last three years) to private providers for these buildings. And the expected associated costs for the current financial year.

Answer: Maintenance and operating costs paid to a private provider(s) – 2013/14 £4,273k, 2014/15 £4,669k, 2015/16 £4,906, 2016/17 £4,948k

- 4) The total value of any contracts the trust holds with private providing services and any commercially viable details of these.

Answer: The total value of the PFI contract is estimated to be £635,596k, dependent upon future RPI.

147/16

Agency Locum Spend within Ophthalmology

Under the Freedom of Information act, can you please provide me with the total Agency Locum spend within Ophthalmology over the last 6 months within your Trust/Health board.

Month	Total Agency Spend In Ophthalmology
December 2015	£0
January 2016	£0
February 2016	£0
March 2016	£0
April 2016	£0
May 2016	£0

Answer: We can confirm that our Trust has zero spend with regards to agency locums within Ophthalmology.

148/16

Agency Locum Spend within Gastroenterology

Can you please assist me with retrieving the total Agency spend within Gastroenterology over the following months, within your Trust or Health Board?

Answer: We do not have sufficient data to split out the juniors agency spend so the data below relates only to senior agency.

Month	Total Agency Spend in Gastroenterology
December 2015	£8,564
January 2016	£81,805
February 2016	£41,858
March 2016	£47,787
April 2016	£43,336
May 2016	£68,454

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Scoliosis Correction Surgery)

1. Did your hospital carry out scoliosis correction surgery in 2006?

No

2. Whether spinal cord monitoring was available at the hospital you detail in your response for question 1

Not applicable

3. The type of spinal cord monitoring available at the hospital you detail in your response for question 1

Not applicable

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Electronic Fax Management Systems, Multifunction Printers and Telephony System

1. Do you have an Electronic Fax Management System (A Fax Server)? **No**
2. How many manual fax machines do you have? **We do not hold any records regarding this**
3. Who is the Manufacturer of your MultiFunction Printers, and who maintains them? **Xerox (Multi-function devices i.e. copier/scanner/printer)**
4. Who is the manufacturer of your Telephony system and who maintains it? **Nortel. Skanska maintains it at the Manor. In Community WITS manage the Splicecom telephony system**
5. What is the job title of the Director responsible for your Fax policy/strategy? **Director of Finance and Performance**