

## FREEDOM OF INFORMATION

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**151/16**

**Divisional Director for Orthopaedics**

Please could you tell me who is the current Divisional Director for Orthopaedics?

**Answer: Rachael Benson is our Divisional Director for the Division of Surgery and this department.**

**Doctor Vacancies and Spend on Agency Locum Doctors****1. How many full time equivalent vacancies for doctors of all grades and specialisms are currently outstanding across the Trust?**

As at 31 May 2016, the Trust reported there to be 65 FTE medical and dental vacancies.

**2. How many full time equivalent vacancies for doctors of all grades and specialisms have been advertised more than 28 days and currently still remain unfilled?**

Job Title	FTE	Department
Trust Middle Grade Doctor in A&E - 3 Year Rotational (Secondments)	3	407 Accident & Emergency Non-Consultant
Consultant Haematology	1	407 Haematology Consultant
Locum Speciality Doctor - Otolaryngology	1	407 Otolaryngology Non-Consultant
LAS CT1 Surgery	1	407 General Surgery Non-Consultant
Locum Acute Care Paediatric Consultant	1	407 Paediatrics Consultant 3
CCT Fellow-Obstetrics & Gynaecology Non-Consultant	1	407 Obstetrics & Gynaecology Non-Consultant
Locum Specialty Doctor Urology	1	407 Urology Non-Consultant
Locum Consultant-Urology	1	407 Urology Consultant 1C
Locum Consultant - Acute Medicine	1	407 Emergency General Medicine Consultant 6
Consultant - Paediatrician with interests in Respiratory	1	407 Paediatrician Consultant 10
Foundation Year 2 Trauma & Orthopaedics	1	407 Trauma & Orthopaedics Non-Consultant
Foundation Year 2 (Locum) General Surgery	2	407 General Surgery Non-Consultant
Consultant Microbiology	1	407 Microbiology Consultant 1A
Locum Registrar Acute Medicine	1	407 Acute Medicine
Locum Consultant Neurology	1	407 Neurology Consultant
	18	

**3. Please detail the grades and specialisms for all whole time equivalent vacancies which have been advertised for more than 28 days and currently still remain unfilled?**

Job Title	FTE	Department
Trust Middle Grade Doctor in A&E - 3 Year Rotational (Secondments)	3	407 Accident & Emergency Non-Consultant
Consultant Haematology	1	407 Haematology Consultant
Locum Speciality Doctor - Otolaryngology	1	407 Otolaryngology Non-Consultant
LAS CT1 Surgery	1	407 General Surgery Non-Consultant
Locum Acute Care Paediatric Consultant	1	407 Paediatrics Consultant 3
CCT Fellow-Obstetrics & Gynaecology Non-Consultant	1	407 Obstetrics & Gynaecology Non-Consultant
Locum Specialty Doctor Urology	1	407 Urology Non-Consultant
Locum Consultant-Urology	1	407 Urology Consultant 1C
Locum Consultant - Acute Medicine	1	407 Emergency General Medicine Consultant 6
Consultant - Paediatrician with interests in Respiratory	1	407 Paediatrician Consultant 10
Foundation Year 2 Trauma & Orthopaedics	1	407 Trauma & Orthopaedics Non-Consultant
Foundation Year 2 (Locum) General Surgery	2	407 General Surgery Non-Consultant
Consultant Microbiology	1	407 Microbiology Consultant 1A
Locum Registrar Acute Medicine	1	407 Acute Medicine
Locum Consultant Neurology	1	407 Neurology Consultant
	18	

**4. What was the total amount spent on Agency Locum Doctors during financial year 2015/16?**

During 15/16, there was £3.85m of medical & dental related agency expenditure and £3.89m of medical & dental related locum expenditure.

153/16

**Doctors Currently Undertaking Fellowships within Gastroenterology in the Trust**

RE: FOI Request – Doctors currently undertaking Fellowships in your Trust

I would like to request the following information on any post-CCT Doctors currently undergoing training Fellowships or similar advanced training programmes in Gastroenterology within your Trust.

Please kindly include total numbers, their start date, end date and training subspecialty.

Start Date	End Date	Fellowship/Advanced training area

**Answer: The Trust is not aware of doctors undergoing training Fellowships or similar advanced training programme in Gastroenterology.**

154/16

**Doctors Currently Undertaking Fellowships within Ophthalmology in the Trust**

Details of all the current doctors partaking in training fellowships (or other similar training programmes for post CCT doctors) within your Ophthalmology departments.

Please provide start dates of current post, end date for current post and the sub-specialist interest they are being trained in.

Sub-Specialist interest of Fellowship	Start date of Fellowship/Training	End date of Fellowship/Training

Answer - None

155/16

**Actions Taken Following Patient Safety Alert on Kawasaki Disease, Patient Admission Data for Kawasaki Disease**

**Request for Information under the Freedom of Information Act 2000 – Re: Kawasaki Disease**

Information is sought from **every NHS England Trust** receiving a specific recent patient safety alert and **every NHS England Trust** which has treated children with Kawasaki Disease in the last ten years. We have considered the requests below in the context of ensuring this is a manageable FOI seeking proportionate information within the time parameters allowed per organisation, for processing and completing an FOI request. I have been in touch with NHS England FOI team who have confirmed that the request below is valid and will be dealt with by Trusts under the FOI Act.

**Request for Information:**

On 11 May 2016 the NHS Improvement Service issued a Patient Safety Alert (copy attached or can be downloaded here; <http://www.societi.org.uk/resources.html>) regarding Kawasaki Disease which required immediate consideration and subsequent action by all NHS organisations receiving the Alert. The deadline for acting on the Patient Safety Alert has now passed – this was 22 June 2016.

Q1 Please can you advise what action has been taken by your Trust in response to the Patient Safety Alert on Kawasaki Disease, issued on 11 May 2016?

**Answer: We have identified all patients seen in this hospital in the last 10 years with Kawasaki disease and circulated the alert appropriately. The Trust is working with colleagues from Birmingham Children's Hospital as our patients are referred there for treatment.**

Q2 Can you confirm for your Trust, if:

- a) All current and past patients with giant coronary artery aneurysms resulting from Kawasaki Disease have been identified and made aware of the Patient Safety Alert
- b) Current and past patients with existing or resolved coronary artery aneurysms resulting from Kawasaki Disease have all been identified and notified of the Patient Safety Alert
- c) You have recalled these past Kawasaki Disease patients seen in the organisation, for assessment and given Patient Specific Protocols where needed

**Answer: Patients with giant coronary artery aneurysms resulting from Kawasaki Disease are referred and treated at Birmingham's Children Hospital, therefore they will lead on the actions listed above.**

Feedback to share learning was sought from NHS bodies receiving the Alert.

Q3 Please can you advise what response your Trust, on receiving the Alert, gave?

**Answer: The alert was distributed as required and patients identified. The Trust is working with colleagues from Birmingham Children's Hospital as our patients are referred there for treatment.**

Kawasaki Disease is the leading cause of acquired coronary artery disease in children in the UK. However, approaches to treatment and management of the disease in both the acute phase and long term management vary considerably. For your Trust, please can you confirm:

Q4 Are the 2013 Kawasaki Disease Management Guidelines; Management of Kawasaki Disease; D Eleftheriou, M Levin, D Shingadia, R Tulloh, NJ Klein, PA Brogan, actively implemented within your Trust? (you can download the document here: <http://www.societi.org.uk/resources.html>)

**Answer: Birmingham Children's Hospital provide follow up care.**

Kawasaki Disease affects a growing number of children and young people in the UK.

Q5 For your Trust, listing data sets individually, please provide, per calendar year for the period 2006 to 2016 inclusive, the following information:

Number of admissions of acute Kawasaki Disease

Month of case admission

Patient gender

Patient ethnicity

Age of patient at diagnosis

First four items of patient postcode (partial postcode which is non-identifiable)

**Answer: Please see data attached.**

Information available upon request

**156/16****Numbers and Cost of Elective Caesareans, Reporting Policy for Such Incidents**

Please provide the following in accordance with the FOI act:

1. The number of elective cesareans in each of the following periods:

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

**Answer: Please see table below**

Financial year	Counts
Year 2010/11	401
Year 2011/12	465
Year 2012/13	483
Year 2013/14	506
Year 2014/15	540

2. The accumulated cost to the NHS of the procedure in each of the following periods:

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

**Answer: Please see table below**

Row Labels	Sum of Counts	Sum of Total - Combined day case / ordinary elective spell tariff (£)	Sum of Total - Combined day case / ordinary elective spell tariff (£) + MFF
Year 2010/11	401	£1,019,793	£1,054,874
Year 2011/12	465	£872,545	£902,561
Year 2012/13	483	£990,865	£1,024,951
Year 2013/14	506	£1,019,302	£1,054,366
Year 2014/15	540	£1,070,991	£1,107,833
<b>Grand Total</b>	<b>2395</b>	<b>£4,973,496</b>	<b>£5,144,584</b>

**157/16****Number of Chemsex Related Admissions**

1. The number of chemsex related admissions to hospital in each of the following periods:
  - 2010/2011
  - 2011/2012
  - 2012/2013
  - 2013/2014
  - 2014/2015
  
2. The number of fatalities due to consumption of chemsex drugs (mephedrone, GHB, GBL, methamphetamine), in each of the following periods:
  - 2010/2011
  - 2011/2012
  - 2012/2013
  - 2013/2014
  - 2014/2015
  
3. Number of emergency calls regarding a chemsex-related casualty /ies in each of the following periods:
  - 2010/2011
  - 2011/2012
  - 2012/2013
  - 2013/2014
  - 2014/2015

**Answer:**

**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.**

**158/16**

**IT Service Management and Associated Software Application Contract Information**

- 1) Is your IT Service Management function and associated software application based In house or Outsourced to a 3rd Party?**

In house

- 2) If this In House, is this an On Premise or a SaaS solution?**

On premise

- 3) Please provide the full name and version of the ITSM software application in use?**

Richmond version 10

- 4) What is the lifetime value of the contract and over how many years? Please provide high level % in terms of software, maintenance and services.**

Annual maintenance & support £9355

**5) As part of the existing contract how many support operatives (agents) are licenced/subscribed to use the solution? (These are individuals who work on the desk in resolver groups, not customers using a Self Service function)**

46

**6) When is the contract due for renewal?**

April 2017

**7) How was the current solution procured – directly with the Vendor, through a Framework or via G Cloud?**

Directly with the Vendor

**8) What are your published procurement thresholds for tendering purposes?**

Competitive tenders should be obtained for all contracts where the estimated expenditure or income is likely to exceed £50,000.

**9) What is the Authorities strategy with regards to Cloud solutions as opposed to In House installations?**

Cloud needs to be in EU and replicated/Backed-up in EU

**10) Has the organisation ever procured through the G Cloud Framework?**

No

**159/16**

**Revenues Accrued within Maternity Wards from Commercial Organisations Permitted to Promote their Products**

Which commercial organisations are permitted to promote or distribute their products or the products of other organisations in the Trust's maternity wards; what revenues accrue to the Trust from that activity; and what evidence is there that patients welcome such activity?

Where possible could we have the figures for the revenues accrued over the last 5 years?

Answer –

Service supplier 1 details:

Bounty (UK) Ltd  
29 Broadwater Road  
Welwyn Garden City  
Hertfordshire  
AL7 3BQ

Service supplier 2 details:

Walsall FIS (Family Information Service)  
Walsall Council

Revenues that accrue to the trust from Bounty (UK)Ltd:

2015/16: £7,570  
2014/15: £4,178  
2013/14: £4,244  
2012/13: £4,267  
2011/12: £3,944

Revenues that accrue to the trust from Walsall FIS:

This service generates no income for the Trust. It is purely an information service provided by Walsall Council, under their legal obligation of The Childcare Act 2006: Duty 12. The council has a leaflet rack in the antennal area.

Evidence that patients welcome such activity:

At present the trust does not carry out an patient surveys in relation to either of the service providers. However Bounty (UK) Ltd carry out their own surveys externally to the trust.

#### **160/16**

#### **Outstanding Money Owed to the Trust by Foreign Patients not Entitled to Free Healthcare**

Please tell me the total outstanding money owed to your trust by foreign patients not entitled to free healthcare in each of the following financial years: a) 2011/12 b) 2012/13 c) 2013/14 d) 2014/15 e) 2015/16

Please also tell me the total amount of debt written off in each of the following financial years for money owed by foreign patients not entitled to free healthcare:

a) 2011/12 b) 2012/13 c) 2013/14 d) 2014/15 e) 2015/16

For 2015/16 please provide a breakdown of money owed. For each case, please give details of the nationality of the patient, the treatment/care received and the total cost.

Please tell me the total outstanding money owed to your trust by foreign patients not entitled to free healthcare in each of the following financial years:

**Answer: Please see below**

a) 2011/12 - £0.00  
b) 2012/13 - £0.00  
c) 2013/14 - £2,364  
d) 2014/15 - £12,868.91  
e) 2015/16 - £51,378.44

Please also tell me the total amount of debt written off in each of the following financial years for money owed by foreign patients not entitled to free healthcare:

**Answer: Please see below**

a) 2011/12 - £3,620  
b) 2012/13 - £10,756.81  
c) 2013/14 - £8,094.00  
d) 2014/15 - £0.00  
e) 2015/16 - £0.00

For each case, please give details of the nationality of the patient, the treatment/care received and the total cost.

**Answer: Please see below, the costs below also includes bed days:**

Patient 1:

Cost - ££5,333

Nationality – Jamaican

Treatment/Issue – Sickle cell disease/ shortness of breath/ chest pains

Patient 2:

Cost - £8,713

Nationality – American

Treatment/Issue – Headache/Blurred vision/idiopathic intracranial hypertension

Patient 3:

Cost - £31,033.44

Nationality – Pakistani

Treatment/Issue – Respiratory conditions

Patient 4:

Cost - £2,411

Nationality – Indian

Treatment/Issue – INR Blood Check

Patient 5:

Cost - £3,888

Nationality – Moldova

Treatment/Issue – CT Head scan

### **161/16 E-Rostering System Information**

Do you use an e-rostering system to manage your staff rota? If so, please can you advise on the service provider, the contract length and the value of the contract

**Answer – We can confirm the e-rostering system this Trust uses is provided by a workforce management supplier operating in the UK. Information on the value of the contract is withheld under Section 43 (Commercial Interests) as this would detail the value agreed with the supplier.**

### **162/16**

#### **Carbon Monoxide Poisoning**

- How many cases have attended A&E with suspected carbon monoxide poisoning between 1st July 2014 - 30th June 2015
- How many children aged 0-18 have attended A&E with suspected carbon monoxide poisoning between 1st July 2014 - 30th June 2015
- How many adults aged 60+ have attended A&E with suspected carbon monoxide poisoning between 1st July 2014 - 30th June 2015
  
- How many cases have attended A&E with suspected carbon monoxide poisoning between 1st July 2015 - 30th June 2016
- How many children aged 0-18 have attended A&E with suspected carbon monoxide poisoning between 1st July 2015 - 30th June 2016

- How many adults aged 60+ have attended A&E with suspected carbon monoxide poisoning between 1st July 2015 - 30th June 2016
- How many cases have been treated in A&E with suspected carbon monoxide poisoning between 1st July 2014 - 30th June 2015
- How many children aged 0-18 have been treated in A&E with suspected carbon monoxide poisoning between 1st July 2014 - 30th June 2015
- How many adults aged 60+ have been treated in A&E with suspected carbon monoxide poisoning between 1st July 2014 - 30th June 2015
- How many cases have been treated in A&E with suspected carbon monoxide poisoning between 1st July 2015 - 30th June 2016
- How many children aged 0-18 have been treated in A&E with suspected carbon monoxide poisoning between 1st July 2015 - 30th June 2016
- How many adults aged 60+ have been treated in A&E with suspected carbon monoxide poisoning between 1st July 2015 - 30th June 2016

**Answer – please find the attached spreadsheet completed as requested.**

Information available upon request

**163/16**

**ICT expenditure**

Please could you provide me with information about your ICT expenditure, as broken down in the attached template? I have included this template in order to make it easier for you to understand my requirements and provide answers.

Within the response, please include:

- \* Expenditure from all parts of your organisation (central services and departments);
- \* As well as your own organisation, expenditure for any subsidiary organisations that fall within the scope of your accounts; and
- \* Both revenue (or operating) expenditure and capital expenditure

If you could input the answers in this template and return to me by email as an attachment, this would be much appreciated.

**Answer: Please see attached spreadsheet.**

**164/16**

**energy efficiency within the NHS**

I am undertaking a PHD with a focus on energy efficiency within the NHS. Whilst it is understood that regulation is a primary driver for change, part of the PHD research requires a better understanding of how the legislation and policy background influence the use and implementation of energy efficiency.

However, legislation is not the only driver for energy efficiency changes and therefore, I am keen to gain a better understanding of the decision-making processes that takes place within organisations such as the NHS, the impact of perceived barriers, future risk and the quality of data and analysis available.

In order to assist my PHD research, please find attached a questionnaire which is specifically focussed upon legislation and energy management within the NHS. I would really appreciate it if you could complete this questionnaire by 1 August 2016, in as much detail as possible and email it back to my research assistant [ria.larkins@lowco2.eu](mailto:ria.larkins@lowco2.eu)

Answer:

## **ECOHEALTH LEAGUE**

### **1. Policy & Management**

**1.1 Has the Trust got a board approved Sustainable Development Management Plan (SDMP) which meets the SDU guidance issue?**

No

**1.2 Have you got an action plan that identifies sustainable targets and Key Performance Indicators (KPI's)?**

No

**1.3 Is the Organisations performance against the action plan reported formally to the board?**

N/A

### **2. Governance/Staff Engagement**

**2.1 Is there a board level nominated sustainability lead?**

Yes

**2.2 Do you have a Sustainability Manager in post?**

Yes – done through PFI partners

**2.3 Do you have an Energy Manager in post?**

Yes – done through PFI partners

**2.4 Does your Sustainability/Energy Manager have any associated professional qualifications and or professional affiliations with CIBSE, IEMA, EI?**

No

**2.5 Within the last twelve months have you undertaken any staff engagement activities?**

Yes – sustainability days

**2.6 Within the last twelve months has the Trusts performance against sustainability been reported to staff throughout all grades?**

No

**2.7 Have you taken part in NHS Sustainability Day?**

Yes

**2.8 Do you report on sustainability/carbon aligned with patient activity?**

Yes – Our PFI partners are undertaking a project for us at present

### **3. Legal & Mandatory Compliance**

**3.1 Are Display Energy Certificates (DECs) up to date and supported by a current Advisory Report (AR)?**

Yes

**3.2 Have you got a full F-Gas register that is compliant with F Gas regulation EC517/2014?**

Yes

**3.3 Are all you Air Conditioning Inspections in date?**

Yes

**3.4 Have you logged all CRC evidential requirements and submitted the returns on time?**

Yes

**3.5 Are you fully compliant with the EU-ETS carbon trading scheme?**

Yes

#### **4. Energy & Carbon Management**

**4.1 Have you got an energy and/or carbon management policy?**

Yes

**4.2 Do you validate your utility invoices against actual meter reads?**

Yes

**4.3 Total occupied bed days for the financial year 15/16 (Annual average daily number of occupied patient beds, in wards staffed and open overnight)**

463 beds – 12 months average

**4.4 What was your 2007/08 baseline CO<sub>2</sub>e? (If you don't have an 07/08 baseline target, please detail what your baseline year and respective CO<sub>2</sub>e is.)**

Information not available

**4.5 Is the Trust on target to achieve a reduction target of 34% by 2020 on a 1990 baseline or equivalent. (The 34% target is based on the Climate Change Act. Where a 1990 baseline is not available a 28% reduction from a 2013 baseline can be used as an equivalent.)**

No

**4.6 Have you undertaken a full feasibility survey to incorporate CHP within any of the Trusts buildings.**

No

**4.7 Do you purchase any electricity through renewable resources?**

No

**4.8 Do you generate any of your own electricity onsite?**

No

**4.9 Have you received any external grant funding for any energy efficiency initiatives within the last twelve months?**

No

#### **5. Water**

**5.1 Is water usage currently reported?**

Yes

**5.2 Have you got any published targets to reduce water consumption?**

**No**

**5.3 Is your waste water volume 10% less than clean supply volume?**

**Yes**

**5.4 Is any water sourced through sustainable sources i.e rainwater harvesting?**

**No**

## **6. Procurement**

**6.1 Do you have a sustainable/fair-trade procurement policy?**

**Yes**

**6.2 Is supplier's carbon footprint and sustainability policy reviewed as part of your purchasing criteria?**

**Yes**

**6.3 Does the sustainability/carbon footprint influence award decisions during procurement?**

**Yes**

**6.4 Is there a current procedure in place to minimise packaging of inwards goods?**

**Yes**

**6.5 Is the cost of recycling taken into account during the procurement process?**

**Yes**

**6.6 Do you have a sustainable food policy?**

**No**

**6.7 What was your total unserved main meals requested for the financial year 15/16?**

**4% was the total unserved main meals for 2015/16**

## **7. Transport**

**7.1 Do you have a travel/transport policy or health transport plan?**

**No**

**7.2 Have you integrated your transport policy with any other local businesses or councils?**

**No**

**7.3 Total business mileage for the organisation for the financial year 15/16. (This should include all business mileage undertaken by all staff in their own, organisation owned or leased vehicles. This does not include public, patient transport mileage, volunteer services or emergency ambulance services mileage.)**  
**Approx. 900,000**

**7.4 Has your business miles reduced within the last twelve months?**

**No**

7.5 Do you have a Cycle to work scheme available?

Yes

8. Waste Management

8.1 Has your waste policy been reviewed within the last three years?

Yes

8.2 Is there a clear segregation policy between clinical and general waste?

Yes

8.3 Is waste segregation awareness included within all staff inductions?

Yes

165/16

Neuroendocrine Tumours

1. In your trust, please provide the number of patients treated in the last 12 months who have been diagnosed [any diagnosis position] with neuroendocrine tumours

**Answer: Patients with neuroendocrine tumours and Acromegaly are not treated at Walsall Healthcare NHS Trust they are referred and treated to a specialist clinic at Queen Elizabeth Hospital.**

2. Of these how many have carcinoid syndrome (E34.0)?

**Answer: Patients with neuroendocrine tumours and Acromegaly are not treated at Walsall Healthcare NHS Trust they are referred and treated to a specialist clinic at Queen Elizabeth Hospital.**

3. Of the patients with neuroendocrine tumours (NETs), how many received with the following treatments:

- Somatuline Autogel (lanreotide)
- Somatuline LA (lanreotide)
- Sandostatin LAR (octreotide LAR)
- Octreotide
- Afinitor (everolimus)
- Sutent (sunitinib)

**Answer: Patients with neuroendocrine tumours and Acromegaly are not treated at Walsall Healthcare NHS Trust they are referred and treated to a specialist clinic at Queen Elizabeth Hospital.**

4. Please provide the number of patients treated in the last 12 months who have been diagnosed [any diagnosis position] with acromegaly (ICD10 code E220 or ICD10 code D352), with the following treatments:

- Somatuline Autogel (lanreotide)
- Somatuline LA (lanreotide)
- Sandostatin LAR (octreotide LAR)
- Octreotide
- Somavert (pegvisomant)
- Signifor (pasireotide pamoate)

**Answer: Patients with neuroendocrine tumours and Acromegaly are not treated at Walsall Healthcare NHS Trust they are referred and treated to a specialist clinic at Queen Elizabeth Hospital.**

\*To assist in sourcing the answer to my question specifically in respect of NETs, the below information may be of use.

In relation to patients with neuroendocrine tumours, these tumours are typically identified from pathology analysis, but may be coded using various ICD10 codes. The following may be commonly used:

- C787 - Secondary malignant neoplasm of liver
- C786 - Secondary malignant neoplasm of retroperitoneum and peritoneum
- C772 - Secondary and unspecified malignant neoplasm of Intra-abdominal lymph nodes
- C780 – Secondary malignant neoplasm of the lung
- Z850 - Personal history of malignant neoplasm of digestive organs

In any event, I am requesting information only in respect of those patients with neuroendocrine tumours who are being treated with the above treatments.

**166/16**

### **Register of payments from pharmaceutical companies**

#### **Original Request:**

NHS trusts are reportedly meant to keep a register of payments from pharmaceutical companies (and other relevant companies) to staff, in case of conflicts of interest [1]. I am requesting a copy of the register for this Trust - which I would hope includes details of all relevant payments to staff and any related potential conflicts of interest. If it would be possible to have this information in an appropriate structured data format - for example, a CSV file - this would be helpful. If this Trust does not have a complete register, I would request: the release of the information on this topic that the Trust does hold; and an explanation of why the Trust does not hold a complete register.

I am also requesting the number of staff members who have been the subject of internal investigations or disciplinary proceedings in relation to purported conflicts of interest, or the failure to declare them, and the outcomes of these investigations or proceedings.

#### **Clarified Request:**

To clarify, I am requesting a copy of the Trust's Conflict of Interest Register (or Declaration of Interests Register) and Gifts and Hospitality Register for the financial year 2015/16.

I am also requesting the number of staff members who have been the subject of internal investigations or disciplinary proceedings in relation to purported conflicts of interest, or the failure to declare them, and the outcomes of these investigations or proceedings, also for the financial year 2015/16.

#### **Answer:**

**Please find attached our registers for 2015 – 16**

**There have been no disciplinary hearings in relation to conflicts of interest.**

**167/16**

### **RCS/MHRA**

Please would you indicate the exact number of bottles of the following products that your hospital trust ordered in the last 12 months:

- 2% chlorhexidine in 70% IPA (Ecolab) in 500ml bulk bottles with the manufacturer product code 3059670 and EAN code 4028163058733, and catalogue code MRB 613

**Answer: MRB613 – 69**

- 2% chlorhexidine in 70% IPA (Ecolab) in 200ml bottles with the manufacturer product code 3059650, the EAN code 4028163058757 and catalogue code MRB 620

**Answer: MRB620 – zero**

- Has the hospital trust considered either or both MHRA guidance?

**Answer: The MHRA guidance was considered and agreed that more evidence was required before changing to a new product i.e. Chloroprep. Our Surgical site infection rate is with in accepted range.**

- At which sub-committee of the board was this MHRA guidance considered?

**Answer: This was considered at the Theatre User Group meeting and The Theatre Anaesthetics Critical Care Group meeting.**

- Please send through agenda, minutes or paperwork from that committee which demonstrates that the guidance was on the agenda, was presented and discussed at the meeting and a decision to follow or not-follow the guidance was made and documented

**Answer: Attached extracted minutes.**

**168/16**

**Heart Failure Specialist Nurses**

1. How many Heart Failure Specialist Nurses did the Trust employ from: 30th June 2015 to 30th June 2016?

**Answer: Please see below**

2. How many Heart Failure Specialist Nurses did the Trust employ from 30th June 2006 to 30th June 2007, and every year since (up until the period covered by question 1)?

**Answer: Please see below**

	<b>FTE Cardiac Nurse Specialists Employed</b>
<b>Jun-06</b>	6.50
<b>Jun-07</b>	6.50
<b>Jun-08</b>	7.00
<b>Jun-09</b>	7.80
<b>Jun-10</b>	7.47
<b>Jun-11</b>	6.80
<b>Jun-12</b>	7.77
<b>Jun-13</b>	7.20
<b>Jun-14</b>	6.40
<b>Jun-15</b>	6.49
<b>Jun-16</b>	8.51

**169/16**

**Physiotherapy and Rehabilitation**

1. Please confirm/deny whether there is a community rehabilitation service in your area for treating the following conditions:

- Hip fracture
- Stroke
- COPD

FOR GUIDANCE: By 'community rehabilitations service' we mean one that is generally delivered by a multi-disciplinary team, which may include physiotherapists, other health and social care professionals and the third sector.

It enables people with limitations in function to remain in or return to their home or community and it is not dependent on the diagnosis of a particular condition, but covers all long term conditions and people of all ages.

2. Please provide the patient pathway for accessing any services confirmed in request one.
3. Please provide the waiting times for accessing any services confirmed in request one.
4. Please confirm/deny that patients can be a) re-referred into or b) self-refer back into any services confirmed in request one.
5. Please confirm the staffing make up of any services confirmed in request one.
6. Please confirm/deny that patients can access MSK physiotherapy through each of the following pathways:
  - By referring themselves directly to the physiotherapy service
  - By seeing a GP and being given the details to book a physiotherapy appointment themselves
  - By seeing a GP who arranges the referral to the physiotherapy service
  - By seeing a physiotherapist directly in a GP practice
  - Other (please provide details)
7. Please confirm/deny that patients can access physiotherapy for their existing long-term condition through each of the following pathways:
  - By referring themselves directly to the physiotherapy service
  - By seeing a GP and being given the details to book a physiotherapy appointment themselves
  - By seeing a GP who arranges the referral to the physiotherapy service
  - By seeking a Physiotherapist directly in a GP practice
  - Other (please provide details)

**Answer: Please see attached. – Information available upon request.**

**170/16**

**General Risk Assessment Policies and procedures**

1. **Your organisation's current Risk Assessment Policy (or nearest equivalent, e.g. Risk Management Policy and Guidance).**

**Answer: Please see attached Risk Management Strategy**

2. **Your organisation's current Risk Assessment Procedures (or nearest equivalent, e.g. Risk Management Procedures).**

**Answer: Please see attached Risk Management Strategy**

**Information available upon request.**

**171/16**

**Treatment for carcinoma and melanoma - Request withdrawn**

**172/16**

**Orthopaedic Equipment Questions**

**1. Please enter the name of your Hospital or Trust:**

**Answer: Walsall Healthcare NHS Trust**

**2. How many hospitals does your Trust cover?**

**Answer: 1**

**3. How many of the hospitals you cover offer orthopedic services?**

**Answer: 1**

**4. How many arthroscopy fluid management systems (including pumps and vacuum systems for irrigation/aspiration of fluids) are installed in your Trust?**

**Answer: 3**

**On average, what is the lifespan of an arthroscopy fluid management system?**

**Answer: 10 years**

**What manufacturers/brands supply the arthroscopy fluid management systems installed in your Trust?**

**Answer: Smith and Nephew**

**5. How many arthroscopy visualization systems (including camera heads, light sources, monitors, video processors, and suction pumps) are installed in your Trust?**

**Answer: 3**

**On average, what is the lifespan of an arthroscopy visualization system?**

**Answer: 10 years**

**What manufacturers/brands supply the arthroscopy visualization systems installed in your Trust?**

**Answer: Smith and Nephew**

**6. How many orthopedic power tool kits (large bone, small bone, or high speed power tool kits) are installed in your Trust?**

**Answer: 32**

**On average, what is the lifespan of an orthopedic power tool kit?**

**Answer: Manufactures state about 4 – 5 years**

**What manufacturers/brands supply the orthopedic power tool kits installed in your Trust?**

**Answer: Stryker and Desouter**

**7. Please complete the following table with the percent of each type of power tool kit powered by the indicated source (each row should add to 100%):**

Answer: Please see below table

	Battery Powered	Electrically Powered	Pneumatically Powered
Large Bone Kits	50%	8%	42%
Small Bone Kits	0%	0%	100%
High Speed Kits	0%	0%	0%

173/16

#### Vedolizumab

-On what date was Vedolizumab (for us in relation to Crohn's Disease) first added to the Joint Walsall Formulary?

**Answer: Approved on 7<sup>th</sup> July 2015**

-What restrictions (if any) does the CCG's formulary have in place in relation to the number of individual biologic drugs in use/on formulary at any one time for use within Rheumatoid Arthritis?

**Answer: No specific restriction as long as process followed and patient meets NICE criteria and guidance – Biologic should have a NICE approval**

-What restrictions (if any) does the CCG's formulary have in place in relation to the number of individual biologic drugs in use/on formulary at any one time for use within Psoriatic Arthritis? ?

**Answer: No specific restriction as long as process followed and patient meets NICE criteria and guidance – Biologic should have a NICE approval**

-Finally, could you provide a link/attach to your response the latest versions of your patient pathways for Crohn's Disease and Psoriatic Arthritis?

**Answer: NICE guidance 152**

174/16

#### Joint Replacement

1. Does the NHS Trust provide arthroplasty (joint replacement services)?

**Answer: Yes**

2. a) How many patients has the Trust treated for **hip replacement** in 2011, 2012, 2013, 2014, 2014? Please provide 5 answers, in calendar years.

**Answer: Please see attached spreadsheet.**

- b) How many patients has the Trust treated for **hip replacement revision** in 2011, 2012, 2013, 2014, 2014? Please provide 5 answers, in calendar years.

**Answer: Please see attached spreadsheet.**

- c) How many patients has the Trust treated for **knee replacement** in 2011, 2012, 2013, 2014, 2014? Please provide 5 answers, in calendar years.

**Answer: Please see attached spreadsheet.**

- d) How many patients has the trust treated for **knee replacement revision** in 2011, 2012, 2013, 2014, 2014? Please provide 5 answers, in calendar years.

**Answer: Please see attached spreadsheet.**

3. a) What is the average length of time patients wait for a **hip replacement** from referral?

**Answer: The Trust has not reported referral to treatment nationally and have not reported since September 2014 data reported in October 2014. The waiting time information might therefore not be inaccurate as data validation processes are being undertaken.**

b) What is the average length of time patients wait for a **hip replacement revision** from referral?

**Answer: Please see answer to 3a**

c) What is the average length of time patients wait for a **knee replacement** from referral?

**Answer: Please see answer to 3a**

d) What is the average length of time patients wait for a **knee replacement revision** from referral?

**Answer: Please see answer to 3a**

4. a) What is the maximum length of time patients wait for a **hip replacement** from referral?

**Answer: Please see answer to 3a**

b) What is the maximum length of time patients wait for a **hip replacement revision** from referral?

**Answer: Please see answer to 3a**

c) What is the maximum length of time patients wait for a **knee replacement** from referral?

**Answer: Please see answer to 3a**

d) What is the maximum length of time patients wait for a **knee replacement revision** from referral?

**Answer: Please see answer to 3a**

5. a) Has the Trust been asked to **reduce** the number of arthroplasty procedures it carries out at any point over the last five years, by commissioners?

**Answer: No**

b) If Yes, by how many?

**Answer: N/A**

6. a) Has the Trust been asked to **change the criteria** by which patients are selected for arthroplasty procedures?

**Answer: An agreed minimum criteria was included for Hip and Knee Arthroplasty in the Black Country Commissioning Procedures of Limited Clinical Value policy (2012). However, the Trust already applied this criteria, therefore there has not been any reduction in decisions to admit for such procedures as a consequence.**

b) If Yes, in what way?

**Answer: N/A**

**175/16**

**Telephony Systems**

I would be grateful if you can please provide me with the following information with regards to the Trust's telephony systems under the Freedom of Information Act:

Telephony Systems (VOIP/PBX)		
Ref	Question	Response

1	Which types of telephony system does the Trust utilise? (E.g. PBX, VOIP, Unified Communication (UC) - please specify all that apply).	PBX at Manor Hospital VOIP in Community
2	Brand of the PBX, VOIP and UC	In Community: Splicecom In Manor: Nortel
3	Are these systems on premise or hosted?	Manor site: on premise Community sites: hosted
4	How are the systems maintained (Maintenance Contract, Outsourced Managed Service, Shared Service or internal Trust resource)	Community: managed internally by IT Services. Manor: Please refer to Skanska
5	Existing Supplier/s of above referenced service contracts (if there is more than one supplier please name each)	Manor: Please refer to Skanska Community: managed internally.
6	Contract Description: please provide a brief description of the overall service provided under this contract	Manor: Please refer to Skanska Community: fully managed by IT Services.
7	Expiry date of initial contract term, excluding any potential extension period (please provide the day/month/year)	Manor: Please refer to Skanska Community: rolling contract with internal supplier
8	Annual Average Spend (the annual average spend for each contract)	Manor: Please refer to Skanska. Community: included in internal service operating costs
9	Number of users on each system or PBX	Community: 1000 Manor: 1300
10	Application(s) running on PBX/VOIP systems	Community: voicemail/call centre/conferencing Manor: voicemail/call centre
11	Who maintains the Local Area Network (Trust or external party; if external please specify names of associated parties) and what is the brand of the associated network hardware e.g. Cisco, HP etc?	Manor: Please refer to Skanska. Cisco. Community: WHT IT Services. HP/3com
12	Which company provides and maintains the Wi-Fi network (Trust or external party; if external please specify names of associated parties) and what is the brand of the associated network hardware e.g. Cisco, HP etc?	Manor: Please refer to Skanska Community: WHT IT Services
13	Which company provides the Wide-Area-Network?	Virgin Media
14	Is the Trust planning to procure a new VOIP telephone system to replace an end-of-life analogue switch? If so, in which month and year (approximately) is the tender likely to be released?	No
15	Contact Details of the person from with the organisation responsible for each contract including full Contact details	Procurement/ Estates.

**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.**

**176/16**

### **Prescribing Data for Ribavirin**

I am writing to request hospital prescribing data for Ribavirin 200mg, 400mg and 600mg (Tablets and Capsules). The data is required for all generic and branded prescriptions and should have the below information:

Coverage period: January 1, 2015 to December 31, 2015

BNF Code

**Answer: BNF code for both is 05.03.05.**

BNF Presentation Name

**Answer: Ribavirin**

Net Ingredient Cost in £s.

**Answer: BNF price which would be £2713 for the Ribavirin 200mg tablets (1232 tablet quantity) and £1607 for the Ribavirin 200mg capsules (840 capsule quantity)**

Quantity Prescribed.

**Answer: RIBAVIRIN 200mg TABLETS (COPEGUS?) Quantity in tablets 1,232  
RIBAVIRIN 200mg CAPSULES (REBETOL?) Quantity in capsules 840**

**177/16**

**Staff and Agency Information Request**

1. Staff Numbers - Average headcount of permanent and non-permanent staff over the entire 2015/16 financial year or just the headcount as at Thursday, March 31st 2016. Can you please split this into the major speciality/grades used by the trust?

**Answer: Please see table below.**

<b>Headcount by Staff Group @ 31/03/2016</b>	<b>Bank/Locum</b>	<b>Fixed Term Temp</b>	<b>Permanent</b>	<b>Grand Total</b>
Additional Clinical Services	278	59	729	1066
Administrative and Clerical	166	87	859	1112
Allied Health Professionals	15	10	236	261
Estates and Ancillary	7	0	448	455
Healthcare Scientists	2	0	98	100
Medical and Dental	70	214	177	461
Nursing and Midwifery Registered	109	15	1273	1397
Professional Scientific	30	7	120	157
Students	0	34	5	39
	<b>677</b>	<b>426</b>	<b>3945</b>	<b>5048</b>

2. Staff Cost – Total staff cost during the 2015/16 financial year split into permanent and non-permanent staff.

**Answer: Please see table below.**

<b>ESR Staff Grp</b>	<b>Agency</b>	<b>Bank/Locum</b>	<b>Substantive</b>	<b>Grand Total</b>
Additional Clinical Services	£1,614,758	£2,696,313	£16,623,959	£20,935,029
Administrative and Clerical	£476,931	£1,051,839	£27,841,183	£29,369,952
Allied Health Professionals	£0	£15,136	£8,630,813	£8,645,950

Estates and Ancillary	£92,821	£0	£6,570,109	£6,662,930
Healthcare Scientists	£0	£0	£4,443,845	£4,443,845
Medical and Dental	£3,847,436	£3,887,934	£33,437,093	£41,172,462
Nursing and Midwifery Registered	£3,147,639	£2,138,615	£46,151,109	£51,437,363
Professional and Scientific	£0	£0	£2,354,029	£2,354,029
	<b>£9,179,584</b>	<b>£9,789,836</b>	<b>£146,052,139</b>	<b>£165,021,560</b>

3. Agency Hours – Hours worked by agency staff in the 2015/16 financial year split by speciality/grade depending on how you report this within your trust.

**Detailed information on hours worked by agency staff is not recorded electronically. Exemption under Section 12 (Cost of Compliance Exceeds Appropriate Limit) has been applied to this part of your request as it would involve manually reviewing 10,000 of the paper invoices.**

4. Agency Spend – Total amount spent on agency staff in the 2015/16 financial year split into the categories or speciality/grade used by the trust.

**Answer: Please see attached.**

5. Do you use a direct engagement model within your trust? Direct engagement model means the Trust pays agency staff directly and then pays the agency commission separately. The alternative to this is to pay the agency a lump sum for any work done by agency staff and the Agency in turn pays their own staff.

**Answer: We use TempRE – direct engagement model.**

I would greatly appreciate it if you could supply all this information for the year 2015/16 (April '15 to March '16).

## 178/16

### Gain Share

Are there any “gain share” agreements in place between you the provider and a CCG?

Please state “Yes” or “No”

If “Yes”, then please provide the following details:

**Answer: Yes**

1. Disease areas CCG included in the “gain share” agreement

**Answer: Gastroenterology, dermatology and rheumatology**

2. Names of any specific drugs involved

**Answer: Abatacept, Adalimumab, Certolizumab, Etanercept, Golimumab, Tocilizumab, Ustekinumab**

3. How will savings be apportioned between you the provider and the CCG

**Answer: 50/50**

## 179/16

### Phone and TV Charges

1. What was the total revenue incoming from patient phone charges in the last financial year? This should include all income from phone calls made and received by patients using hospital phones, i.e. whether it is the patient paying, or an outside caller who is paying.

**Answer – 2015/16 call box income £2926**

2. What was the total profit (i.e. surplus income) made from patient phone charges in the last financial year? As above, this should include all income from phone calls made and received by patients using hospital phones, i.e. whether it is the patient paying, or an outside caller who is paying.

**Answer – no profit was made**

3. What was the total revenue incoming from patient TV charges in the last financial year (if any)?

**Answer – we do not receive any income**

4. What was the total profit (i.e. surplus income) made from patient TV charges in the last financial year (if any)

**Answer – not applicable**

**Additional Questions:**

1. Does the Trust use an external company to provide bedside telephone services for patients in the Trust's hospitals? If so, please provide the name of the company used.

**Answer: The Trust does not use an external company to provide bedside telephone services for patients in the Trust's hospitals.**

2. Does this same company provide any other services to the Trust, in addition to bedside telephone services? If so, what else does it provide?

**Answer: No**

3. In total, how much does the Trust pay, per year, to this company? (NB: Preferably this should be the total amount paid to the company in the last financial year. However, if it is not possible to provide this figure for whatever reason - e.g. the Trust has only recently employed the services of the company - please could you provide the estimated or agreed payment to the company for the current financial year or calendar year).

**Answer: Not applicable.**

**180/16**

**Server Maintenance Contracts**

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

1. **Contract Title:** Please provide me with the contract title.

**Answer: Dell Servers under manufacturer's warranty. All other servers under break/fix contract.**

2. **Contract Type:** Please can you provide me with one or more contract types the contract relate to: Server Hardware, Virtualisation, SAN (Storage Area Network)

**Answer: Hardware: break fix w/ CCE. Virtualisation: maintenance w/ VMWARE. SAN maintenance from Proact.**

3. **Existing/Current Supplier:** Please provide me with the supplier name for each contract.

**Answer: See response to Question 2.**

4. **Hardware Brand:** Please state the hardware brand of the servers related to the contract with supplier e.g. Hardware Maintenance could be Dell, IBM etc

**Answer: Dell**

5. **Operating System / Software (Platform): (Windows, Linux, Unix, Vsphere, AIX, Solaris etc.)** Please state the operating system used by the organisation.

**Answer: Windows 2008/Linux**

6. **Annual Average Spend:** Please provide me with the annual average spend for this contract?

**Answer:**

**VMware: £30K**

**Break fix contact: £11k**

**Net app SAN: £90k**

7. **Contract Duration:** (Please can you also include notes if the contract includes any contract extension periods.)

**Answer: Rolling 12 months.**

8. **Contract Expiry Date:** Please can you provide me with the date of when the contract expires.

**Answer: As above.**

9. **Contract Review Date:** (An approximate date of when the organisation is planning to review this particular contract.)

**Answer: Annually in March**

10. **Purchase of Servers:** Could you please provide me with the month and year in which most/bulk of servers were purchased.

**Answer: June 2012 (6 servers purchased) June 2014 (6 purchased)**

11. **Number of Physical Server:** Please can you provide me with the number of physical servers.

**Answer: 130**

12. **Number of Virtual Servers:** Please can you provide me with the number of Virtual servers' servers.

**Answer: 343**

13. **Brief Contract Description:** I require a brief description of the service provided under this contract. Please don't just put maintenance I need at least a sentence.

**Answer:**

**CCE – Next business day response break/fix contract**

**VMware: 24/7 helpdesk support**

**ProAct: 24/7 helpdesk support. 4 hour onsite support**

14. **Internal Contact:** (The person from within the organisation that is responsible for reviewing and renewing this particular contract. Please include their full name, job title, direct contact number and direct email address.)

**Answer:**

**Steve Darkes, Director of Informatics**

**[Steve.darkes@walsallhealthcare.nhs.uk](mailto:Steve.darkes@walsallhealthcare.nhs.uk)**

**01922 721172**

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

**Answer: N/A**

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

**Answer: N/A**

**181/16**

**Paediatrics**

I would be grateful if you could provide the information below in accordance with the Freedom of Information Act.

1. Do you have in-patient paediatric beds within your Trust? If the answer is yes, please also answer questions 2-4.

2. In-patient paediatrics – do you use a specific tool to set staffing levels? If so, what tool?

3. In-patient paediatrics – how many of your nursing staff are trained in APLS? Is there an APLS trained nurse on duty for each shift?

4. In-patient paediatrics – how many of your nursing staff are trained in tracheostomy care?

5. Is there a tracheostomy trained nurse on duty for each shift?

1. Do you have in-patient paediatric beds within your Trust? If the answer is yes, please also answer questions 2-4.

**Answer: We have 21 paediatric in-patient beds which consist of 13 individual cubicles and 2 four bedded bays, and a Paediatric Assessment Unit with 6 beds.**

2. In-patient paediatrics – do you use a specific tool to set staffing levels? If so, what tool?

**Answer: We use the Trust Safe Staffing tool, which determines the number of staff required to safely staff the ward based on occupancy. We are currently reviewing our establishment and skill mix as part of a review, we commissioned, into our Paediatrics service.**

3. In-patient paediatrics – how many of your nursing staff are trained in APLS? Is there an APLS trained nurse on duty for each shift?

**Answer: We have 3 Senior Nurses who hold the APLS qualification (one of whom is an Instructor). However, we have 16 staff who are EPALS trained - at least one of which is always on duty. All qualified nursing staff hold the PILS certificate, and all CSW staff have annual Basic Life Support training.**

4. In-patient paediatrics – how many of your nursing staff are trained in tracheostomy care?

**Answer: 4 members of staff are trained in tracheostomy care - 3 of which are Senior Nurses. However, we do not nurse tracheostomy patients on the unit as they are cared for by local specialist centres.**

5. Is there a tracheostomy trained nurse on duty for each shift?

**Answer: No there is not due to the reasons stated above.**

**182/16**

**Temperature/fever/pyrexia**

Would it be possible to submit a FOI request for how many patients aged 0-5 years attend A&E with a temperature/fever/pyrexia in 2015 and their outcome (e.g. discharged home or admitted to the ward)?

**Answer: Please see below**

**Data between 01/01/2015 and 31/12/2015**

**Aged less than or equal to '5'**

**Total attendances = 812**

**Admitted to hospital = 168**

**Discharged = 631**

**Referred to other clinic / null/ Left before treatment = 13**

How many patients aged 0-5 years are admitted directly to PAU and the children's ward with a temperature/fever/pyrexia in 2015?

**Answer: Please see below**

**Data between 01/01/2015 and 31/12/2015**

**Aged less than or equal to '5'**

**Based on clinical coding 'R50\*' there were 29 pts that matched this criteria**

How many patients are discharged and readmitted to hospital with a temperature/fever/pyrexia in 2015?

**Answer: Please see below**

**Data between 01/01/2015 and 31/12/2015**

**Aged less than or equal to '5'**

**Based on clinical coding 'R50\*' there was 1 patient that matched this criteria**

**183/16**

**Staffing**

- 1) The number of current doctor and nursing vacancies in the trust broken down by pathway or department. If possible, please also include the length of time vacancies have been open for. (If your reporting only covers vacancies open for a certain length of time, say three months, happy to go with that.)

**Answer: Please see table below.**

Division	Care Group	Medical and Dental FTE Vacancies @ 30/06/16	Nursing and Midwifery FTE Vacancies @ 30/06/16
Corporate	Human Resources and Learning & Development		2.29
Corporate	Infection Control		1.12
Corporate	Informatics Directorate	0.20	
Corporate	Nurse Directorate		4.47

Corporate	SIFT	0.10	
Medicine & Long-Term Conditions	Elderly Care Group	5.81	28.64
Medicine & Long-Term Conditions	Emergency & Acute Care	15.00	12.55
Medicine & Long-Term Conditions	Long-Term Conditions	1.30	41.49
Medicine & Long-Term Conditions	Patient Flow		2.55
Medicine & Long-Term Conditions	Speciality Medicine	9.00	6.25
Surgery	Cancer Services		2.81
Surgery	General Surgery	5.00	14.94
Surgery	Head & Neck Care Group	0.99	
Surgery	Outpatient & Support Services		1.79
Surgery	Theatres, Critical Care & Anaesthetics	4.45	5.94
Surgery	Trauma Orthopaedics and MSK Services	6.00	7.33
Surgery	Urology	1.00	
Women's, Children's & Clinical Support Services	Children's & Family Care Group	5.78	9.88
Women's, Children's & Clinical Support Services	Clinical Support Services Care Group	2.40	0.81
Women's, Children's & Clinical Support Services	Women's & Children's Management & Support		1.90
Women's, Children's & Clinical Support Services	Women's Services	9.06	5.64

*Disclaimer: Information in relation to the length of time individual vacancies have been open is unattainable. Our centralised recording processes log the duration of advertised, rather than historical, vacancies, meaning that the only way such information could be acquired on mass would be through a survey of all Trust budget holders, querying one by one how long they have been waiting to fill individual gaps in establishment. Such an approach may take months to complete given current resources.*

- 2) The number of doctor and nursing vacancies the Trust had five years ago. Figure can be this time five years ago or at the start of the financial year five years ago.

**Answer: Please see below.**

Medical and Dental FTE Vacancies @ 30/06/11	Nursing and Midwifery FTE Vacancies @ 30/06/11
124.85	224.39

*Disclaimer: Detailed historical information, for example by Division and Care Group, is unattainable. Establishment information was not reported at this level of detail 5 years ago, and due to significant changes to Trust hierarchy during the intervening year, reconciliation against current structures is not possible.*

- 3) The total number of serious incidents at the Trust during each of the last five financial years – and the number of these where concerns over staffing levels were raised either by complainants, review procedures or in investigations.

**Answer: Please see below the total number of serious incidents reported in the last 5 financial years. However, we are unable to specifically quantify staffing levels as part of the serious incident. There is no option to identify this issue using the STEIS (Serious Incident Reporting System).**

Financial Year	Total of Serious incidents reported
2011/12	283
2012/13	169
2013/14	139
2014/15	106
2015/16	157

4) The number of occasions during each of the last five years wards have been closed and operations cancelled due either partly, or wholly, due to lack of staff. –

Number of operations cancelled due to staff not being available:

Year 2011/12	Year 2012/13	Year 2013/14	Year 2014/15	Year 2015/16
17	20	9	10	5

There have been no ward closures due to lack of staff.

#### **184/16 poisoning**

Please can you give me a monthly break-down of the "finished admission episodes" involving poisoning with the following substances. I would like the data for each month from May last year to May this year. I have included the coding for each of the substances to assist you.

I understand you supply this data to the HSCIC which I hope means it is easy for you to access and supply to me.

T404 - Poisoning: Other synthetic narcotics

T406 - Poisoning: Other and unspecified narcotics

T409 - Poisoning: Other and unspecified psychodysleptics [hallucinogens]

T436 - Poisoning: Psychostimulants with abuse potential

T438 - Poisoning: Other psychotropic drugs, not elsewhere classified

**Answer: Please see table below.**

Months	T404	T406	T409	T436	T438	Grand Total
01/05/2015	3			1	1	5
01/06/2015	2	1	1	2	1	7
01/07/2015	4			1		5
01/08/2015	5			1	2	8
01/09/2015	7	2		1		10
01/10/2015	3	1		1	2	7
01/11/2015	4			1		5
01/12/2015	5					5
01/01/2016	2	1		3		6
01/02/2016	4					4

01/03/2016	3			1		4
01/04/2016	2		1	1		4
01/05/2016	1			2	1	4
<b>Grand Total</b>	<b>45</b>	<b>5</b>	<b>2</b>	<b>15</b>	<b>7</b>	<b>74</b>

**185/16**

**Human Resources**

I am researching HR within the NHS.

Under the FOI act, please complete all of the questions disclosed in the attached. Please provide all of this information in excel format by completing and returning the spreadsheet provided. Please provide this information for each of the last two full financial years (i.e. 2014/15 and 15/16), as indicated by the two tabs of the spreadsheet. Where questions are not applicable or no spend has occurred, please leave the fields blank and complete all other questions.

**Answer:** Please see attached spreadsheet.

**Disclaimer:** The staff group additional clinical services is representative of all unqualified colleagues, and not just unqualified nursing colleagues while the request for a need for unqualified and qualified nurses together, current report profiles mean that providing this information in this bespoke format would require a lengthy analysis process and would likely taken longer than the response timeframe permitted by the FOI act. The same applies to the request for scientific colleagues to be grouped together whereby the attached return is formatted by default ESR staff groups.

	Total	Administrative and Clerical	Nursing and Midwifery Registered	Allied Health Professionals	Medical and Dental	Estates and Ancillary	Add Prof Scientific and Technic	Additional Clinical Services	Healthcare Scientists	Students
Total Carer's Leave	0.04%	0.02%	0.03%	0.04%	0.23%	0.01%	0.03%	0.02%	0.03%	0.02%
Total Compassionate Leave	0.09%	0.07%	0.11%	0.04%	0.01%	0.01%	0.86%	0.05%	0.06%	0.00%
Total Compensatory	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.02%	0.00%	0.00%
Total Jury Duty	0.01%	0.01%	0.00%	0.01%	0.00%	0.01%	0.02%	0.01%	0.00%	0.00%
Total Maternity/Paternity/Adoption/Parental Leave	2.54%	1.43%	4.06%	5.29%	1.37%	0.75%	3.02%	1.69%	2.44%	0.00%
Total Representative Duties Leave	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Sickness Leave	5.18%	4.46%	5.01%	3.77%	1.81%	7.35%	4.72%	8.35%	2.66%	0.25%
Total Study/Professional Leave	0.04%	0.03%	0.07%	0.02%	0.00%	0.00%	0.06%	0.05%	0.02%	0.00%
Total Unpaid Leave	0.12%	0.20%	0.05%	0.15%	0.00%	0.41%	0.01%	0.12%	0.00%	0.03%
Total Others	9.70%	10.43%	11.86%	7.62%	0.44%	9.78%	8.09%	11.73%	7.36%	1.73%
Estimated Cost of Sickness During 2015/16	£5,239,183.68	£883,236.67	£2,039,959.28	£308,161.50	£414,478.02	£336,918.53	£181,830.72	£974,390.61	£97,879.73	£2,328.63

**186/15**

**Human Resources**

Please see attached – Request withdrawn

**187/16**

**Radiology**

Can you please assist me with retrieving the total Agency spend for Locum Doctors only within Radiology over the following months, within your Trust or Health Board?

Month	Total Agency Spend in Radiology
December 2015	
January 2016	
February 2016	
March 2016	
April 2016	
May 2016	

For clarity, this spend is for Locum Doctors supplied by Agency only.

**Answer: The Trust does not have any Locum doctors within the Radiology Department**

**188/16**

**Suspension**

I am writing to obtain information about the number of your employees who have been suspended on full pay in the financial years within 1st April 2013 until 31st March 2016.

To outline my query as clearly as possible, I am requesting:

1. How many of your employees were suspended on full pay in the last three financial years a) between 1st April 2013 - 31st March 2014, b) between 1st April 2014 -31st March 2015 and c) between 1st April 2015 - 31st March 2016.

2. Please include the overall amount paid to those employees while they were suspended. Please also break these figures down by year.

3. I would also like details of the roles of the employees who have been suspended. Please can you split the employees into clinical and non-clinical roles?

b. What were the reasons for their suspensions?

c. What were the outcomes of these suspensions?

4a. What is the longest suspension during the three year period?

b. How much was paid to that employee during the suspension?

c. Please include the employee's role, reason for suspension and outcome of suspension.

**The cost figures are estimates, based on the annual salary, there are an additional 2 cases currently ongoing that I have not included in these numbers**

1. How many of your employees were suspended on full pay in the last three financial years a) between 1st April 2013 - 31st March 2014, b) between 1st April 2014 -31st March 2015 and c) between 1st April 2015 - 31st March 2016.

**Answer: Please see below**

<b>April 13 – end March 14</b>	<b>11</b>
<b>April 14 – end March 15</b>	<b>5</b>
<b>April 15 – end March 16</b>	<b>6</b>

2. Please include the overall amount paid to those employees while they were suspended. Please also break these figures down by year.

**Answer: Please see below**

**Approximate Total      £147,628**

<b>April 13 – end March 14</b>	<b>92,319</b>
<b>April 14 – end March 15</b>	<b>20,923</b>
<b>April 15 – end March 16</b>	<b>34,386</b>

3. I would also like details of the roles of the employees who have been suspended. Please can you split the employees into clinical and non-clinical roles?

**Answer: Please see below**

<b>Clinical</b>	<b>15</b>
<b>Non clinical</b>	<b>7</b>

- b. What were the reasons for their suspensions?

**Answer: Disciplinary - Gross Mis-conduct**

- c. What were the outcomes of these suspensions?

**Answer:**

<b>Dismissal</b>	<b>8</b>
<b>Final Written warning</b>	<b>8</b>
<b>Formal counselling</b>	<b>1</b>
<b>No case to answer</b>	<b>4</b>
<b>Left organisation</b>	<b>1</b>

- 4a. What is the longest suspension during the three year period?

**Answer: 10 months – this is the time from beginning to conclusion – part of this period was sickness which contributed to the length of time taken to conclude**

- b. How much was paid to that employee during the suspension?

**Answer: Approx. 23,250 - partly sick pay**

- c. Please include the employee's role, reason for suspension and outcome of suspension.

**Answer: Staff Nurse – Misuse of official position, intentionally deceiving the Trust – Dismissal**

**189/19**

### **Ophthalmology**

Details of all the current filled training fellowship posts (or other similar training programmes for post CCT doctors) within your Ophthalmology departments.

Please provide:

1. Start dates of current posts
2. End date of current posts

3. The sub-specialist interest under ophthalmology the training post is within (example: Cataracts, Glaucoma, VR, MR etc.)

I do not require the personal details or information regarding the current post holders, only the area of specialism and the start/end times of the current positions.

Sub-Specialist interest of Fellowship	Start date of Fellowship/Training	End date of Fellowship/Training
Medical Retina	01/06/2016	20/03/2017

**Answer: The Trust does not have any filled training fellowship posts (or other similar training programmes for post CCT doctors) within our Ophthalmology departments.**

**190/16  
MRSA**

Can you please let me know under FOI, whether your trust:

- has changed its MRSA screening after the 2014 PHE guidance called ‘implementation of modified admission MRSA screening guidance for NHS (2014).

**Answer: The Trust did not make any changes to our policy when the guidance was published a summary of our MRSA screening policy is below**

**4.6 SCREENING OF PATIENTS**

**All elective admissions must be screened as part of a Department of Health directive**

These are generally planned admissions for surgical intervention or invasive investigations. Pre-screening is performed, ideally, 2-6 weeks prior to the planned admission at pre admission clinic. This allows time for the results to be reported and any MRSA positive patients to receive a 5 day course of decolonisation therapy. For general surgery / investigations patients are not re-screened and the patient is then allowed to go forward to surgery.

MRSA screens valid for max 6 weeks prior to surgery.

**4.6.1 Screening of patents (elective and unplanned admitted to Manor Hospital.**

Walsall Healthcare NHS Trust strives to detect MRSA at the earliest opportunity and take actions to minimise impact on the individual patient and the hospital in general. More than 60% of all MRSA detected at WHT is found at or just before admission. The groups of patients screened for MRSA are:

- All elective admissions (with a few exceptions – see exception list).
- All emergency or other unplanned admissions
- Elective minor surgery

From a technical point of view screens take 48 hrs to process and report in the microbiology lab. Negative screens are generally reported earlier at 24 hrs

Patients with chemotherapy lines are screened prior to insertion at Walsall Healthcare NHS Trust and therefore re-screening is indicated only if signs of infection are present.

**4.6.2 Screening of elective patients for MRSA**

For all electives with the exceptions of those listed in the Department of Health exception list the following procedure will be followed.

- Patients will be routinely screened when they attend Pre-assessment clinic around two weeks prior to admission and given a leaflet explaining why this is necessary
- Swabs will be taken of nose, groin and any open wounds for all patients other than ENT
- For ENT patients swabs from nose are sufficient unless the patient is high risk or has open wounds in which case they will be screened as above
- Patients will be given an information leaflet explaining the need for the screen. A note will be made of patients who are unlikely to be able to decolonise themselves should this be required
- Positive results will be phoned to pre-assessment clinic by Infection Prevention & Control Team.
- Patients with negative screens will go forward to admission and will not require a further screen on admission

**Planned Caesarean Sections:** This group of patients will be screened in Ante-natal clinic a minimum of two weeks prior to planned admission date.

#### **4.6.3 High risk surgery**

High risk surgery which includes all:

- Elective implant orthopaedic surgery; and
- Elective vascular surgery where prosthetic graft or other devices are inserted.

Patients should be pre-screened prior to surgery and MRSA + patients must be demonstrated clear of MRSA before being allowed to go forward for operation. This involves re-screening 2 days after the end of decolonisation therapy and additional screens if requested by Consultant. This process can take time and it must be accepted that occasionally planned operations will be delayed until MRSA clearance can be demonstrated.

#### **4.6.4 Late / last minute admissions**

Sometimes patients are fitted into operation lists as the opportunity arises and there is little time to pre-screen. In these cases the best that can be achieved is screening as soon as the patient arrives (usually the day of the operation). Due to this the result of the screen is unlikely to be available until after the planned operation. Surgeons must make a risk assessment related to the patient's history and the nature of the surgical intervention, and if concerned have the option of using an anti MRSA antibiotic as part of the peri-operative prophylaxis.

#### **4.6.5 Elective cases - screening exemptions:**

The following patient groups should not be routinely screened:-

- Day case ophthalmology
- Day case dental
- Day case endoscopy
- Minor dermatology procedures e.g. warts or other liquid nitrogen applications
- Children/paediatrics unless already in a high risk group
- Maternity/obstetrics except for elective caesareans and any high risk cases i.e. high risk of complications in the mother and/or potential complications in the baby or other known complications or risk factors.
- Podiatric nail surgery in community clinics.

#### **4.6.6 Emergency admissions to acute areas**

It is Trust policy to screen all emergency admissions during the admission process. Due to the nature of these admissions patients are screened as part of the admission work as soon as practical after admission. Patient's notes and Fusion should be consulted for any prior history of MRSA colonisation.

#### **4.6.7 Intermediate Care Service beds**

- All admissions to the Intermediate Care Service including diversion beds should receive an MRSA screen.
- All patients where an intravascular device is inserted by Community Services staff

**4.6.8 Screening in residential / nursing homes**

Screening of residents of nursing or care homes **is not standard practice**, screening should be undertaken if advised by IPCT.

**Minor Surgery in GP premises**

- All Community patients due to undergo planned podiatric nail surgery at Walsall Manor Hospital should receive an MRSA screen.
- GP performed carpal tunnel and vasectomy patients should be risk assessed. See risk assessment tool (Appendix 4) to identify those that should be screened prior to surgery.

**4.9.3 Manor hospital – patients with prolonged inpatient stay (over 28 days)**

Full rescreen on day 28<sup>th</sup> of inpatient episode

- A nasal swab (one swab for both nostrils)
- Groin swab ( one swab for both sides)
- Wounds or ulcers including pressure ulcers
- Intravascular devices site
- Sputum specimen if productive cough present
- Catheter specimen of urine if patient has urinary catheter in situ

- If so, what was your screening regime?

**Answer: N/A**

- If you restricted screening, have MRSA acquisitions (positive screen after 48 hours in hospital or after a negative screen) increased?

**Answer: NA screening not restricted and we also screen every 28 days**

- If so, but how much

**Answer: N/A**

- Please tell me the number of MRSA bacteraemias for the years 2013/14, 2014/15 and 2015/16

**Answer: Please see below**

**2014/14 = 1**

**2014/15 = 0**

**2015/16 = 1**

- If you restricted screening and if either MRSA acquisitions or MRSA bacteraemias increased, did you go back to universal screening?

**Answer: NA screening not restricted**

- If you moved to restricted screening and returned to universal screening, how long did you practice restricted screening.

**Answer: NA screening not restricted**

**191/16**

**A&E Serious Incidents**

How many Serious Incidents (SI) were recorded in your A&E department in:

- a. 2014
- b. 2015
- c. From 1/1/16- 25/7/16

For clarity we expect them to be recorded as per the relevant criteria for serious incidents at the time.

**Answer: Please see below the number of Serious Incidents reported and attributed to A&E during the calendar years specified.**

Year	Total
2014	7
2015	5
1/1/2016 – 25/07/2016	2

**192/16**  
**NHS HR Research**

Please see attached spreadsheet.  
Information available upon request

**193/16**  
**Workforce Spend**

Please see attached completed spreadsheet.  
Information available upon request

**194/16**  
**Prescribing gluten-free food**

1. How many coeliacs in your trust currently receive free gluten-free products on prescription? Answer: The Trust does not provide gluten-free products on prescription.
2. Could you indicate which of the following products your trust prescribes, and if applicable the total cost per product to your trust (including admin, procurement, VAT and delivery costs) Answer: N/A

400g White Sliced Bread			
Brand	Yes	No	Total Cost
Lifestyle Healthcare		X	0
Ener-g		X	0

Juvela		X	0
Warburtons Gluten Free (Case of 4)		X	0
Genius		X	0
Glutafin		X	0

**3. How much does your trust spend annually on prescribing gluten-free food products for coeliac sufferers, including procurement, admin costs and delivery?**

**Answer: N/A**

**195/16**

**Organisational Structures**

Please provide me with an up to date Organisational Structure chart for The Learning Disabilities Services including all manager NAMES, contact details and job titles.

**Answer: Please see attached organizational structure. Staff details below Director level are withheld under section 40 (Personal Information).**

**196/16**

**Telephony contracts**

Please see attached spreadsheet.

Information available upon request

**197/16**

**Medicines formulary**

May I kindly ask for your advice regarding the medicines formulary that is being used and referred to in the Trust:

Does the Trust have its own formulary? If so could you please provide me with a copy or a link to the most recent version?

**Answer: The Trust has a Joint Formulary i.e. a formulary approved by the Formulary Management Group of medicines that may be prescribed in the Walsall CCG area and in the acute Trust. The link to the Joint Formulary is: <http://walsallccg.nhs.uk/about-us/formulary>**

**198/16**

**Self-harm and suicidality**

I am applying to make a freedom of information request. I wish to know how many people aged 14-25 have presented to your services with self-harm and suicidality (ICD-10 term/code: 'Intentional Self-Harm' (X60-X84)). I would like the figures for the past 5 years (either calendar of financial).

**Answer: Please Note: Patients identified using national 'IncidentCauseCode' = 300 (Self Harm) for attendances aged between 14 and 25 (Inclusive)**

**Financial Year**

2011-2012 - 495  
 2012-2013 - 538  
 2013-2014 – 485  
 2014-2015 – 404  
 2015-2016 – 435

199/16  
 Imaging Services

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

1. Total number of and the manufacturer and model number(s) of each individual:

Answer: Please note that the Trust does not have a PET and SPECT scanners

- MRI scanner See table below
- CT scanner See table below
- PET scanner N/A
- SPECT scanner N/A
- Ultrasound scanner See table below

Type of scanner and number	Manufacturer	Model
MRI scanner x 1	Siemens	Symphony
CT scanner x 2	GE	Lightspeed
PET scanner	N/A	
SPECT Scanner	N/A	
Cardiac Catheter Lab X-ray machine x 1	GE	Innova 2000

- Ultrasound scanner x 11 See below table

Manufacturer	Model		Model Number
SONOSITE	MICROMAX	Ultrasound	037HPV
SIEMENS	ANTARES	Ultrasound	114450
GE HEALTHCARE	LOGIQ E9	Ultrasound	98815US4
GE HEALTHCARE	LOGIQ E9	Ultrasound	98820US4
PHILIPS	HD15	Ultrasound	US71220276
PHILIPS	IU22	Ultrasound	B0G51X
GE HEALTHCARE	VOLUSON E6	Ultrasound	O64739
GE HEALTHCARE	VOLUSON E6	Ultrasound	O64664
GE HEALTHCARE	VOLUSON E6	Ultrasound	O64660
GE HEALTHCARE	VOLUSON E6	Ultrasound	64740
GE HEALTHCARE	VOLUSON E8	Ultrasound	E33613

Flexible Endoscope [An estimate of the number and predominant manufacturer brand will suffice]

Answer: N/A

Catheter Lab X-ray machines

**Answer: Innova 2000**

Data may be available from radiology or purchasing/contracting departments. You did provide MRI and CT scanner manufacturers in a previous request, but we did not request model numbers.

Might be difficult for flexible endoscopes, an estimate and the predominant brand/supplier will suffice.

**2. The year each individual scanner was purchased, the purchase method, cost and the scheduled replacement year for each individual:**

- o MRI scanner\* **No change since January 2016**
- o CT scanner\* **No change since January 2016**
- o PET scanner **N/A**
- o SPECT scanner **N/A**

Purchase methods include:

- o Trust Purchase – trust outright bought the machine and is sole owner.
- o Lease – trust pays an annual rental fee to the supplier.
- o Managed Equipment Services (MES) – Single contract with an MES provider including leasing and maintenance.
- o Charity Purchase – donated by an associated charity.
- o Private Finance Initiative (PFI) – purchase is financed by a PFI scheme.

Please state the total cost for trust purchases and annual payments if lease or MES.

\*You have provided this for CT and MRI in a previous request so you may ignore this, if there have been no changes since January 2016.

Please indicate if equipment was purchased through a group purchasing organisation (e.g. NHS Supply Chain, East England Procurement Hub), a procurement framework or procured by the trust's own framework.

**3. How each of the following equipment has been purchased (e.g. contract with OEM, NHS Supply Chain catalogue) and how often they are replaced on average:**

**Answer: see below**

- o Ultrasound scanner **Supply Chain once every 6 years**
- o Sets of Flexible Endoscopes **Not Imaging**
- o Catheter Lab CT machines **Supply Chain every 7 years**

Data may be available from purchasing/contracting department.

See above for purchase methods.

An estimate of how often the trust aims to replace the listed equipment would be useful (e.g. once every 2 years).

**4. The maintenance provider (e.g. the OEM or a third party) and the annual maintenance cost (if applicable) for each individual:**

- o MRI scanner\* **No change since January 2016**
- o CT scanner\* **No change since January 2016**
- o PET scanner **N/A**
- o SPECT scanner **N/A**
- o Ultrasound scanner **MIUS - This is 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](mailto:customer.communications@supplychain.nhs.uk)**

- o Catheter Lab CT machines **GE - This is 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](mailto:customer.communications@supplychain.nhs.uk)**

Data may be available from purchasing/contracting department.

\*You have provided this for CT and MRI in a previous request so you may ignore this, if there have been no changes since January 2016.

Might be done by the Original Equipment Manufacturer (OEM) (e.g. Siemens maintenance for a Siemens MRI machine) or a third party. If so, please state the provider name.

If no listed maintenance provider, please state – possibly the case for ultrasound.

**5. Staffed hours for each individual: (Please note which of the individual scanners are available 24/7 for A&E purposes.)**

- MRI scanner\* **Mon – Friday 7.00am – 9.00pm = 70 hrs Sat & Sun 8.00am – 8.00pm = 24hrs**
- CT scanner\* **Mon – Friday OPD scanner 8.30-5.30 = 45hrs In Pt + A&E 24hrs service 7 days a week**
- PET scanner **N/A**
- SPECT scanner **N/A**

Data may be available from radiology department.

Please state hours each scanner is manned. (e.g. 9am – 6pm, Mon-Fri). Scanners used by A&E departments presumably must be 24/7, so please indicate these where relevant.

**6. Number of scans/procedures performed annually in period financial year 2005/06 - 2015/16 for the following: [See the attachment for the relevant OPCS and modality ID codes].**

Answer: Please see below

Disclaimer - Please be aware that we only have data that goes back as far as 2008. Our systems do not hold information prior to this due to the capabilities of our electronic systems at the time.

We do not have:-

- PET scanner
- SPECT scanner
- Cath Lab CT machines

Answer: Please see the table below which includes the following areas for 15/16. Exemption under section 12 (Cost of compliance exceeds appropriate limit) has been applied for your request for the number of scans/procedures carried out. This would involve looking at previous year's data and the manual review of a high number of paperwork.

- Cardiac Angiography and Angioplasty procedures
- Cardiac Electrophysiology procedures
- Splitting Endoscopy into Upper/Lower and Urological

Procedure Code	Procedure Title	Activity FY1516
K63.1	Angiocardiology of combination of right and left side of heart	428
K63.2	Angiocardiology of right side of heart NEC	10
K63.3	Angiocardiology of left side of heart NEC	182
K63.4	Coronary arteriography using two catheters	579
K63.5	Coronary arteriography using single catheter	187
K63.6	Coronary arteriography NEC	42

Area	Year	Sum of No. Examinations
CT	2016	8080
CT	2015	8665
CT	2014	2586
CT	2013	6520
CT	2012	6639

CT	2011	5448
CT	2010	5099
CT	2009	4619
CT	2008	8497
MRI	2016	12154
MRI	2015	11651
MRI	2014	5237
MRI	2013	7912
MRI	2012	8423
MRI	2011	7348
MRI	2010	6812
MRI	2009	5418
MRI	2008	5216
Ultrasound	2016	27076
Ultrasound	2015	28312
Ultrasound	2014	26950
Ultrasound	2013	40678
Ultrasound	2012	47283
Ultrasound	2011	39804
Ultrasound	2010	35247
Ultrasound	2009	29922
Ultrasound	2008	33758
Daycase - Endoscopy	2016	3460
Daycase - Endoscopy	2015	2825
Daycase - Endoscopy	2014	3390
Daycase - Endoscopy	2013	3199
Daycase - Endoscopy	2012	3018
Daycase - Endoscopy	2011	4277
Daycase - Endoscopy	2010	3779
Daycase - Endoscopy	2009	3256
Daycase - Endoscopy	2008	2841

7. Number of scans/procedures performed by external providers on behalf of the trust in this same period. How much was paid per scan/procedures on average? Please list by external provider name. For the following:

- o MRI scans
- o CT scans
- o PET scans
- o SPECT scans
- o Ultrasound scans
- o Endoscopy procedures (Upper GI, Lower GI and Urological)
- o Cardiac Angiography and Angioplasty procedures
- o Cardiac Electrophysiology procedures

**Answer: - Data is not collected at this level.**

8. Average cost per scan from by year for the period 2005/06 – 2015/16 for the following:

- o MRI scans – **see below**
- o CT scans – **see below**
- o PET scans – **N/A**
- o SPECT scans – **N/A**

Area	Year	Sum of Average
CT	2016	73.70
CT	2015	68.94
CT	2014	91.40
CT	2013	81.78
CT	2012	97.08
CT	2011	101.54
CT	2010	81.85
CT	2009	82.23
CT	2008	73.66
MRI	2016	94.63
MRI	2015	105.28
MRI	2014	150.88
MRI	2013	117.95
MRI	2012	124.65
MRI	2011	63.21
MRI	2010	66.33
MRI	2009	82.66
MRI	2008	47.21

9. **The provider of tracers for PET (e.g. FDG) and annual spend on tracers.**  
*Data may be available from purchasing/contracting department.*  
**Answer: The Trust does not have PET scanners.**

**200/16**  
**Bank Staff**

Do you use a nurse bank?  
**Answer: Yes**

Is it outsourced?  
**Answer: No**

- If yes, who is the provider?
- Is your outsourced bank used via a framework, eg, CCS, HTE, LPP?
- Do you use the bank for other staff groups?

**Answer: All staffing groups**

- What was the spend on your staff bank in 2015/2016?  
**Answer: £5,621,426**

Do you use Agency Nurses?

**Yes**

- What was your spend on agency nurses during 2015/2016?

**Answer: £3,504,825**

- Which framework do you use for agency nursing staff? Eg: CCS, HTE, LPP, NOECP

**Answer: HTE predominantly but also CCS and LPP.**

Are you meeting the NHS Improvement price caps on

- band 5 general nurses
- band 5 specialist nurses
- HCAs

**Answer: Generally speaking and taking the most recent price caps into consideration the majority of our external agency suppliers do meet the price caps set in April 2016. We also have a few agency suppliers who do not meet the price caps set and we have additional authorisation processes in place if it is deemed we may need to approach these agencies for our staffing requirements. Any breaches of the price caps set are reported on a weekly basis directly to NHS Improvement.**

**201/16**

**NHS Improvement Rate Caps**

Medical Locums

- What was your agency spend on medical locums during 2015/2016?

**Answer: Medical Staff Agency £3,847,436**

- Do you source your locums via:

Mastervend

Managed service

Preferred supplier list

Other (please state) – **Answer: All on HTE Framework**

- Which framework do you use to source your medical locums? **Answer: HTE**

- Are you working to the NHS Improvement rate caps? **Answer: Yes**

- Do you use direct engagement (VAT mitigation)? – **Answer: Yes**

AHP/HSS Staff Groups

- What was your spend on agency AHP and HSS during 2015/2016?

**Answer: £1,249,982**

- Which framework do you use to source your agency workers in this area?

**Answer: We predominantly use the Health Trust Europe framework however under the NHS Improvement plans we can also use the London Procurement Partnership and Crown Commercial Service.**

- Are you working to the NHS Improvement rate caps?

**Answer: We are working to the NHS Improvement rate caps across all staffing groups at the Trust, reporting any instances of shifts breaching the rate caps as required.**

Other staff groups

- What was your agency spend on non-clinical staff (not doctors, nurses, HSS or AHP staff) during 2015/2016?

**Answer: £934,528**

- Which framework do you use to source these staff?

**Answer: CCS Framework and the Trust Bank**

- Which staff groups do you use (eg, admin and clerical, ancillary, IT staff, senior manager interim staff, VSM interims)

**Answer: Admin, Senior Management, Interims, Ancillary staff**

- Are you working to the NHS Improvement rate caps?

**Answer: We are working to the NHS Improvement rate caps across all staffing groups at the Trust, reporting any instances of shifts breaching the rate caps as required.**

**202/16**

**Operating Theatre and Intensive Care Units**

1. How many operating theatres do you have per hospital?

**Answer: We only have one hospital site and there are 14 theatres including 1 obstetric theatre**

2. How many intensive care units do you have per hospital for each of the following?

**Answer: Please see below**

a. Neonatals – **We have 1 Intensive Care cot within the Neonatal Unit**

b. Pediatrics - **Nil**

c. Adults – **1 unit with 6 beds**

**203/16**

**Trust's Conflict of Interest Policy, or Standards of Business Conduct Policy**

I would like to see a copy of the Trust's Conflict of Interest Policy, or Standards of Business Conduct Policy.

**Answer: Please see attached Code of Business Conduct document.**

Information available upon request.

**204/16**

**Teaching staff how to behave when approached by CQC**

1. The total amount of sessions held where a person has been paid to teach staff how to behave and talk if they are approached by a CQC Inspector (or any other type of NHS inspector).

I would like this information broken down annually from January 2013 until December 2015.

**Answer: Please see below**

2. The total amount of money spent hiring the person to teach staff how to behave and talk in front of a CQC Inspector (or any other type of NHS inspector) at these sessions.

I would like this information broken down annually from January 2013 until December 2015.

**Answer: Please see below**

A dedicated Communication lead was hired by the Trust to help *raise staff awareness* specifically relating to the CQC inspection and the key areas of focus that the inspection would concentrate on. These sessions did not teach staff how to behave and talk in front of a CQC inspector or any inspector. The Trust encourages staff to be open and honest.

### **January 2013 to December 2013**

Number of sessions held: Nil

Total Cost: Nil

### **January 2014 to December 2014**

Number of sessions held:

Total Cost: Nil

### **January 2015 to December 2015**

Number of sessions held: Staff Briefings- 41

Total Cost: £18,063

## **205/16**

### **Junior Doctors**

Please provide all the information you have given to new junior doctor starters at induction at the beginning of August 2016 regarding the new junior doctor contract. Please state if you are requiring any of these new junior doctors of any grade to sign a contract that differs from the 2002 national terms and conditions of service\*. If you are requiring any doctor to sign a contract or other document different to this, please provide a generic copy of that contract/statement that you are requesting any doctor sign. Please provide all correspondence (emails etc) involved in the creation of this new document you are requesting any doctor to sign.

Please provide any attachments with emails. If any information is exempted, please state how much information has been removed/redacted.

**Answer:**

**The Trust has not issued anything to our new Junior Doctors relating to the new contract.**

**The subject was covered in the Medical Staffing presentation (copy attached – slide 9 refers) at junior doctor induction on 3<sup>rd</sup> August 2016 – advising that we have a project group that is due to meet again this month to discuss and agree a project plan/timelines to move doctors onto the new contract over the next 12 months. We also advised that full consultation with any affected doctors will be undertaken in advance of any changes.**

**We are only issuing 2002 contracts at this stage.**

## **206/16**

### **Emails regarding Junior Doctors**

Please provide all emails sent/received or cc:d in by your Director (or Head) of Human Resources concerning the new Junior Doctor's contract, in the last 2 months up to 4/8/16. Please make sure to include anything on the contract's imposition, including any consequences for not implementing it. Please provide attachments.

**Answer: Please see attached emails which have had names redacted under exemption 12 personal information.**

**207/16**

**Reiki Therapy**

### **Freedom of Information statement**

Under the Freedom of Information Act (2001), I would like to request the following information from within your trust (Please specify if contracts are delegated to organisations outside of your trust):

1. Do you offer complementary therapies within the trust? Yes
2. If yes, do you offer Reiki therapy? We do not 'offer' Reiki but if a patient is at the End of their Life and they request Reiki it may then be provided at that time if no other therapies are suitable. This is part of holistic Palliative Care.
3. Which types of services or departments offer Reiki therapy? It is not 'offered' but when it is provided (as above) it is for End of Life Care.
4. Have you conducted a formal evaluation of the Reiki service? If so, please provide brief details. No formal evaluation.

In addition, I would like to gather the following details about the provision of your Reiki service within the trust: We would not describe it as a Reiki service but as a Specialist Complementary Therapy service for Palliative and End of Life Care.

- Reason for offering Reiki therapy To provide relaxation and a feeling of calm at the end of life when more evidence based therapies are not suitable due to contraindications.
- Length of time that Reiki therapy has been offered More than 10 years.
- How many sessions of Reiki are provided/patient This is determined by Individual need.
- Number of qualified CAM therapists within the service six
- Number of qualified Reiki therapists within the service six
- Number of referrals to your CAM service – No referrals for Reiki as stated above.
- Number of patients that have accessed your Reiki service – 27 patients since 01/04/16, this is only 2% of the work the Specialist Complementary Therapy service have undertaken since April 2016.

- Details about any psychological outcomes (e.g. anxiety, pain) shown to benefit from Reiki Patients mainly describe a feeling of peace and calm, it is frequent for them to perceive a reduction in pain. Patient feedback in the way of verbal or written comments is always of a positive nature.
- Details about any physiological outcomes (e.g. heart rate, blood pressure) shown to benefit from Reiki We have not recorded these within our service

208/16

Benzodiazepines

Prescription of Benzodiazepines (class of psychoactive drugs)

How many patients were given any form of benzodiazepines during treatment in hospital?

Please provide broken-down figures (if possible) for up to the past five years and at least for the past 3 years

Answer – The Trust does not have an electronic prescribing system therefore exemption under Section 12 (Cost of Compliance Exceeds Appropriate Limit) has been applied to this part of your request as it would involve a manual review of the information.

**209/16**

**Organisations internal plans and strategies**

Request withdrawn

**210/16**

**Nursing Staff**

See below

The information I am requesting refers to nursing staff only.

- 1) Between 1st May 2016 and to date on a month by month basis, how many times was the break glass clause used within each hospital within your trust. If you are unable to break down the number by individual hospital, the total number for your trust would be fine.

By 'break glass clause' we have assumed this is in reference to the NHS Improvement Agency Capped Rates. As such this is reported on a weekly basis and we have therefore supplied the figures by weeks:

Control	02.05.16	09.05.16	16.05.16	23.05.16	30.05.16	06.06.16	13.06.16	20.06.16	27.06.16	04.07.16	11.07.16	18.07.16	25.07.16
<b>Nursing - Breach of April 16 Agency Price and Wage Cap</b>	34	30	24	45	45	43	52	57	54	64	49	65	63
<b>Nursing - Breach of April 16 Agency Price Cap, Wage Cap and Non-Framework</b>	9	15	17	14	11	10	15	20	10	12	11	14	27

<b>Control</b>	01.08.16
<b>Nursing - Breach of April 16 Agency Price and Wage Cap</b>	65
<b>Nursing - Breach of April 16 Agency Price Cap, Wage Cap and Non-Framework</b>	18

- 2) Between 1st May 2016 up to date, on a month by month basis, what was your monthly spend on nursing staff supplied using the break glass clause by each hospital within your trust. If you are unable to break down the number by individual hospital, the total number for your trust would be fine.

The spend in terms of shifts booked which were in breach of the NHS Improvement Agency Capped Rates cannot be obtained. The only method of doing so would be to find each particular shift invoice for those shifts indicated above which would take longer than 18 hours.

**3)** Regarding Questions 1 & 2, Please provide a break down of the break glass clause into nurse specialities for example, rgn, rmn, a&e, itu, critical, odp's, scrubs, paed's, hdu, advance nurse practioners, amu etc.

As above, the spend in terms of shifts booked which were in breach of the NHS Improvement Agency Capped Rates cannot be obtained. The only method of doing so would be to find each particular shift invoice for those shifts indicated above.

**4)** The hourly rate paid to the agencies who supplied nursing staff via the break glass clause. If different agencies charge different hourly rates via the break glass clause, please provide a break down of each agency of their hourly rate. If you feel it is essential to not name specific agencies break glass clause rates then please state each agency hourly rate without the agency name.

As above, the spend in terms of shifts booked which were in breach of the NHS Improvement Agency Capped Rates cannot be obtained. The only method of doing so would be to find each particular shift invoice for those shifts indicated above.

**5)** A list of agencies who have supplied nursing staff through the break glass clause.

It would be very difficult to obtain a list of each particular agency booked per shift, for those shifts indicated in the table above. Instead we have supplied a list of all agencies currently listed and able to supply nursing workers to Walsall Healthcare NHS Trust:

Acton Banks  
Arcadia  
Firstpoint  
HCL  
ID Medical  
Kareplus  
Last Minute Healthcare  
Mayday  
Medacs  
Medics Pro  
Meridian  
MSI  
Nursing Personnel  
Plan B Healthcare  
Precedo  
Primera

Pulse Nursing  
Swiis  
Team 24  
Team Support  
Thornbury Nursing  
Wimborne Nursing

6) Do all agencies on the framework who supply nursing staff to you have the opportunity to supply via the break glass clause or is there a separate list for agencies approved to supply via the break glass clause.

We do not hold a separate list for shifts which may breach the NHS Improvement Agency Capped Rates.

7) What is the name of your nurse bank manager?

The Temporary Staffing Manager post is currently vacant, following the departure of the previous manager in July 2015.

8) Do you currently use off framework agencies?

Yes we do have use of off-framework agencies. Shifts sent to off-framework agencies are only as a result of specific authorisation gained at director level.

**211/16**  
**Maternity Ward**

Please see below

Dear Freedom of Information team at Walsall Healthcare NHS Trust

Please accept this letter as a request under the FOI act.

My organisation would be grateful if you could supply the answers to the following questions.

- Does your Trust operate a maternity ward? If so please can you answer the below questions. If not please can you confirm that you do not operate a maternity ward so I can update my records accordingly?

**Answer: Yes**

#### Packs handed out in Maternity wards?

- Does your Trust/ hospital allow Bounty to hand out Packs in your maternity wards? If so how many packs are handed out approx. per year?

**Answer: The Trust has worked with Bounty for many years and allows them to distribute packs to women within the maternity hospital. We do not hold information about the number of packs distributed or photographs taken and suggest you contact Bounty directly for this level of detail.**

- How much money do you make per annum for allowing bounty access to hand out packs in the maternity wards?

**Answer: The Trusts receives payments from Bounty and this is outlined in the agreement that we hold with this organisation. Matters relating to pricing and payment structure are confidential and potentially commercially sensitive and therefore we are unable to share this type of information.**

- What is the contract length between the Trust / Hospital and Bounty relating to the access to provide packs?

**Answer: The contract length between Bounty falls is in-line with standard NHS terms and conditions.**

- What is the renewal date of the agreement between the Trust / Hospital relating to the access to provide packs?

**Answer: The Trust regularly reviews its commercial contracts and other parenting organisations and photography services are able to tender for this type of NHS contract.**

- Does the contract provide exclusivity to Bounty?

**Answer: Contracts are usually at Trust and hospital level.**

- Please can you confirm if you contract at Hospital or Trust Level for the supply of packs in your maternity wards?

**Answer: The Trust procurement department deal with commercial agreements.**

- Who is responsible (name and position) for such activities?

**Answer: The Trust procurement department can direct you to the person responsible for specific commercial agreements.**

#### Photography Services in Maternity Wards

- Does your Trust / Hospital permit the access to the Maternity Wards to Bounty Photography services? If so how many photographs are taken in your wards per annum?

**Answer: Photographic agreements are dealt with as above.**

- How much money do you make per annum for allowing Bounty access to perform photography services in your maternity wards?

**Answer: Photographic agreements are dealt with as above.**

-What is the contract length and renewal of any contracts relating to the supply of Bounty photography services? Does the contract provide exclusivity to Bounty?

**Answer: Photographic agreements are dealt with as above.**

**212/16**

**Male circumcisions**

1. Please provide information on all male circumcisions performed by the trust in financial year 2015-2016 - to include age and primary diagnosis (coding plus text description). If you choose to age band your response rather than provide a full list, please use the following age groups: 0-4, 5-9, 10-17, and 18+, advising the number of times a diagnosis was applied in each age group.

**Answer: Please see below.**

Age/Group	Total Procedures	Primary Diagnosis
0-4	20	Redundant prepuce, phimosis and paraphimosis
0-4	33	Routine and ritual circumcison
0-4 Total	53	
5-9	29	Redundant prepuce, phimosis and paraphimosis
5-9	1	Routine and ritual circumcison
5-9 Total	30	
10-17	1	Balanoposthitis
10-17	10	Redundant prepuce, phimosis and paraphimosis
10-17	3	Routine and ritual circumcison
10-17 Total	14	
18+	1	Balanoposthitis
18+	1	Disorder of penis, unspecified
18+	9	Leukoplakia of penis
18+	68	Redundant prepuce, phimosis and paraphimosis
18+ Total	79	
Total	176	

2. Please provide a copy of any printed information which is provided to the patient or parent, as part of the informed consent process for male circumcison.

**Answer: Please find attached:**

- A letter to the parents of a child under 2
- A letter to the parents of a child over 2
- Starving instructions for Children over 2
- A copy of a letter asking parents to contact us to make a payment

The process is that we accept referrals from GP's for private circumcisions, these referrals go straight on to the system, when we know what date we can offer the parents of the patient, we send a letter asking them to make a payment, once payment is received we then send the letter out for the TCI date. We do not send out any TCI letters until payment has been received.

None of these children are seen in clinic prior to being sent a TCI letter.

3. Please provide copies of any internal and external correspondence since 1<sup>st</sup> January 2010 regarding the issue of child morbidity or mortality following non-therapeutic male circumcision performed in any location (including the hospital itself, other hospitals, GP clinics and the home or worship environment)

**Answer: We are unable to answer this question until we receive a reply to the email we sent you on the 7<sup>th</sup> September 2016 asking for clarification.**

**213/16**

**Contact Details**

Under the Freedom of Information act, please could you provide me the contact name within your trust for the following role

Chief Clinical Information Officer

**Answer: Director of Informatics, Steve Darkes**

**214/16**

**Tablets**

For each of the questions, please can you provide answers for each of the financial years 2013/14, 2014/15 and 2015/16:

1.

PARACETAMOL

Which suppliers did you buy paracetamol from?

How many packets of paracetamol did you buy from each supplier? Please disclose how many tablets were in the packets.

How many packets of paracetamol did you buy in total? Please disclose how many tablets were in the packets.

How much did you pay each supplier for paracetamol?

How much did you spend on paracetamol in total?

How many prescriptions in total did you make for paracetamol?

How many of these prescriptions were free for the patient?

How much money were you paid by patients for paracetamol?

2.

IBRUPROFEN

Which suppliers did you buy ibuprofen from?

How many packets of ibuprofen did you buy from each supplier? Please disclose how many tablets were in the packets.

How many packets of ibuprofen did you buy in total? Please disclose how many tablets were in the packets.

How much did you pay each supplier for ibuprofen?

How much did you spend on ibuprofen in total?

How many prescriptions in total did you make for ibuprofen?

How many of these prescriptions were free for the patient?

How much money were you paid by patients for ibuprofen?

3.

#### ASPIRIN

Which suppliers did you buy aspirin from?

How many packets of aspirin did you buy from each supplier? Please disclose how many tablets were in the packets.

How many packets of aspirin did you buy in total? Please disclose how many tablets were in the packets.

How much did you pay each supplier for aspirin?

How much did you spend on aspirin in total?

How many prescriptions in total did you make for aspirin?

How many of these prescriptions were free for the patient?

How much money were you paid by patients for aspirin?

4.

#### CODEINE PHOSPHATE

Which suppliers did you buy codeine phosphate from?

How many packets of codeine phosphate did you buy from each supplier? Please disclose how many tablets were in the packets.

How many packets of codeine phosphate did you buy in total? Please disclose how many tablets were in the packets.

How much did you pay each supplier for codeine phosphate?

How much did you spend on codeine phosphate in total?

How many prescriptions in total did you make for codeine phosphate?

How many of these prescriptions were free for the patient?

How much money were you paid by patients for codeine phosphate?

**Answer: Please see below.**

**All prescriptions for inpatients and when discharged are free of charge; if a patient is prescribed paracetamol on an outpatient prescription, which is highly unlikely as patients tend to have the drug at home, then we ask the patient if they would like to purchase our over the counter (OTC) pack and thus we do not dispense such a prescription. We will be unable to disclose how many packets of OTC Paracetamol we sold as we do not record this information. This is the same for Aspirin and for Ibuprofen.**

**We will not be able to provide the number of prescriptions and are unable to release the costs of the drugs as this information is commercially sensitive.**

#### Paracetamol tablets

**Supplier is Mawdsleys for all Paracetamol tablet preparations procured**

**Usage figures on average annual basis is 1434 packs of Paracetamol 500mg soluble tablets (24 tablet pack size); 4707 packs of Paracetamol 500mg tablets (100 tablets pack size) and 9033 packs of Paracetamol 500mg tablets (32 tablet pack size)**

#### Ibuprofen tablets

**Supplier is Mawdsleys for all Ibuprofen packs except for Oxford OBMN Partnership for 400mg tablet TTO packs**

**Usage figures on average annual basis is 821 packs of Ibuprofen 200mg tablets (84 tablet pack size), 3480 packs of Ibuprofen 200mg tablet TTO packs (24 tablet pack size), 136 packs of Ibuprofen**

400mg tablets (84 tablet pack size), and 334 packs of Ibuprofen 400mg tablets TTO packs (24 tablet packs size)

#### Aspirin tablets

Supplier is Mawdsley for 75mg E/C tablets and 75mg dispersible tablets, Oxford OBMN Partnership for 75mg dispersible tablet TTO packs and Unichem for 300mg dispersible tablets Usage figures on average annual basis is 492 packs of Aspirin 75mg E/C tablets (28 tablet pack size), 95 packs of Aspirin 75mg dispersible tablets TTO pack (28 tablet pack size), 2502 packs of Aspirin 75mg dispersible tablets (28 tablet pack size) and 181 packs of Aspirin 300mg dispersible tablets (32 tablet pack size)

#### Codeine tablets

Supplier is Mawdsley for all Codeine tablet preparations procured Usage figures on average annual basis is 59 packs of Codeine 15mg tablets (28 tablet packs size) and 2277 packs of Codeine 30mg tablets (28 tablet pack size)

215/16

#### Agency Spend

Can you kindly please send me the following information:

- A list of all agencies the trust uses to fill Nursing requirements in tearing order (If the trust uses any tearing systems).

**Answer:**

**The list of nursing agencies currently used to supply nursing agency workers to the Trust are as follows:**

**Tier 1:**

**Acton Banks**

**Arcadia**

**Firstpoint**

**HCL**

**ID Medical**

**Kareplus**

**Medacs**

**Medics Pro**

**Meridian**

**MSI**

**Nursing Personnel**

**Precedo**

**Pulse Nursing**

**Swiis**

**Team Support**

**Wimborne**

**Tier 2:**

**Last Minute Healthcare**

**Mayday**

**Primera**

**Team 24**

**Tier 3:**

## Plan B Healthcare

### Tier 4:

#### Thornbury

- A breakdown of spend per agency the trust uses for nursing in the last 12 months.

**Answer: Please see attached.**

- A breakdown of hours filled per agency for nurses in the last 12 months.

**Answer: We are unable to provide the breakdown of hours filled per agency as our system does not supply the data in this way. I can however confirm that the total number of hours booked for Registered Nurses between the dates of 1st April 2015 – 31st March 2016 is 85206.36 hours.**

- The highest charge rate agreed to pay an agency nurse per hour for each speciality.

**Answer: The highest charge rate of our current suppliers would be a Specialist Registered Nurse booked via Thornbury, to work during a Bank Holiday. This would result in an hourly charge rate of £144.29 per hour.**

- The highest margin an agency has declared per hour, for each speciality for nursing.

**Answer: We do not have sight of agency hourly margins.**

- Any agency which has been blacklisted from supplying nurses to the trust.

**Answer: No agency has been blacklisted from supplying nurses to the trust.**

- If the trust uses any 3rd party payment systems and/or master vendors in place who cascade shifts out to agencies, if so what are they called.

**Answer: There are no such processes in place via the Temporary Staffing department.**

### 216/16

#### Eye Damage by Lasers

The number of patients admitted for **eye damage caused by lasers** over the last three financial years. To clarify, this is from hand-held lasers, not complications from laser eye surgery.

2013-14

2014-15

2015-16

**Answer:**

**Unfortunately there is no specific code for eye damage due to hand held lasers and therefore we are unable to respond to this request.**

217/16

**Trust Spend on Agency Staff**

Please can you confirm your monthly Hospital and/or Trust spend on agency staff during the last three financial years (FYE Mar-14, Mar-15, & Mar-16). Ideally, this should be broken down into spend by Hospitals/Trusts, the agency supplying the staff and by month.

**Answer: Please see below table listing agency spend for the last 3 years. Unfortunately, we are unable to provide a breakdown by agency staff. Exemption under Section 12 (Cost of Compliance Exceeds Appropriate Limit) has been applied to this part of your request as it would involve over 18 hours generating the information by agency for the last 3 years.**

**Agency Spend**

<b>Financial Year</b>	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>Sep</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>	<b>Jan</b>	<b>Feb</b>	<b>Mar</b>	<b>Total</b>
13/14	£273.00	£629.00	£640.00	£971.00	£960.00	£1,058.00	£785.00	£682.00	£604.00	£781.00	£771.00	£256.00	£8,410.00
14/15	£473.00	£454.00	£721.00	£597.00	£703.00	£766.00	£737.00	£818.00	£719.00	£748.00	£689.00	£871.00	£8,296.00
15/16	£698.00	£666.00	£589.00	£678.00	£648.00	£715.00	£673.00	£775.00	£685.00	£976.00	£994.00	£1,082.00	£9,179.00

218/16

## Managing Personal Injury Claims

1. What policies does the Trust have in place to identify, investigate and report potential cases of clinical negligence?

**Answer: Please see attached Claims Handling Policy.**

2. In the financial year 2015/16, how much did the Trust spend in-house on managing clinical negligence claims?

**Answer: Please see below**

**Answer: For clinical negligence claims handling exclusively:**

- **0.9 wte Band 4 Claims Co-ordinator (Salary Range: £19,027-£22,236) Claims Co-ordinator**
- **0.4 wte Band 3 Claims Support Officer (Salary Range: £16,633-£19,461) Claims Support Officer**
- **Head of Clinical Governance (Salary range £46,164 – £57,069) is responsibility for the management Clinical Negligence Claims for the Trust as part of a wider role, approx. 10 hours per week.**

*To clarify what I mean by “managing clinical negligence claims”, can you please include spend on any of the following:*

- *Identification of clinical negligence claims*
- *Investigation and assessment of clinical negligence claims (including, for example, an assessment of the Trust’s legal liability, the probability of the claim succeeding, estimated claim value)*
- *Communication with claimants and their legal representatives*
- *Reporting clinical negligence claims to the NHS LA*
- *Any legal advice relating to clinical negligence claims*
- *Supporting the NHS LA, including their panel solicitors, to investigate and defend clinical negligence claims (including liaising with the NHS LA throughout the claims process)*

*Please only include in-house spend (e.g. do not include the premium which the Trust pays to the NHS LA, or any spend incurred by the NHS LA on the Trust’s behalf)*

*For your reference, some of the work which the Trust will have to carry out in managing a clinical negligence claim is set out in the Pre-Action Protocol for the Resolution of Clinical Disputes ([https://www.justice.gov.uk/courts/procedure-rules/civil/protocol/prot\\_rcd](https://www.justice.gov.uk/courts/procedure-rules/civil/protocol/prot_rcd)), the attached NHS LA documents, and the attached Quick Reference Guide produced by Portsmouth Hospitals NHS Trust. Your Trust’s own policies should also provide a guide as to what work is involved in managing a clinical negligence claim.*

3. **In the financial year 2015/16, how much did the Trust spend in-house on managing all personal injury claims (e.g. clinical, employer’s /public liability etc.)?**

**Answer: In respect of EL/PL claims management equates to one full time band 4 £ 19,217 -£ 22,458**

*To clarify what I mean by “managing all personal injury claims”, can you please include spend on any of the following:*

- *Identification of personal injury claims*

- Investigation and assessment of personal injury claims (including, for example, an assessment of the Trust's legal liability, the probability of the claim succeeding, estimated claim value)
- Communication with claimants and their legal representatives
- Reporting personal injury claims to the NHS LA
- Any legal advice relating to personal injury claims
- Supporting the NHS LA, including their panel solicitors, to investigate and defend personal injury claims (including liaising with the NHS LA throughout the claims process)

Please only include in-house spend (e.g. do not include the premium which the Trust pays to the NHS LA, or any spend incurred by the NHS LA on the Trust's behalf).

**4. How many full-time equivalent staff within the Trust's employment are responsible for managing clinical negligence claims? What is the total annual pay bill for these members of staff?**

**Answer: For clinical negligence claims handling exclusively:**

- **0.9 wte Band 4 Claims Co-ordinator (Salary Range: £19,027-£22,236) Claims Co-ordinator**
- **0.4 wte Band 3 Claims Support Officer (Salary Range: £16,633-£19,461) Claims Support Officer**
- **Head of Clinical Governance (Salary range £46,164 – £57,069) is responsibility for the management Clinical Negligence Claims for the Trust as part of a wider role, approx. 10 hours per week.**

To clarify, can you include members of staff responsible for any of the following:

- Identifying clinical negligence claims
- Investigating and assessing clinical negligence claims (including, for example, assessing the Trust's legal liability, the probability of the claim succeeding, estimated claim value)
- Communication with claimants and their legal representatives
- Reporting clinical negligence claims to the NHS LA
- Providing legal advice on clinical negligence claims
- Supporting the NHS LA, including their panel solicitors, to investigate and defend clinical negligence claims (including liaising with the NHS LA throughout the claims process)

Please only include staff who are directly employed by the Trust

**5. How many full-time equivalent staff within the Trust's employment are responsible for managing all types of personal injury claim? What is the total annual pay bill for these members of staff?**

**Answer: Please see below**

**In respect of EL/PL claims management equates to one full time band 4 £ 19,217 -£ 22,458**

**Answer: In respect of EL/PL claims management equates to one full time band 4 £ 19,217 -£ 22,458**

To clarify, can you include members of staff responsible for any of the following:

- Identifying personal injury claims
- Investigating and assessing personal injury claims (including, for example, assessing the Trust's legal liability, the probability of the claim succeeding, estimated claim value)
- Communication with claimants and their legal representatives
- Reporting personal injury claims to the NHS LA

- *Providing legal advice on personal injury claims*
- *Supporting the NHS LA, including their panel solicitors, to investigate and defend personal injury claims (including liaising with the NHS LA throughout the claims process)*

*Please only include staff who are directly employed by the Trust*

6. **In total, how much did the Trust spend in 2015/16 on contracting outside providers (e.g. solicitors), other than the NHS LA, to deal with clinical negligence claims.**

**Answer: Nil as the only solicitors we use with clinical negligence claims are panel solicitors instructed by the NHSLA, we do not pay for this directly.**

*To clarify, can you include spend on any of the following:*

- *Any legal advice relating to clinical negligence claims*
- *Identification of clinical negligence claims*
- *Communication with claimants and their legal representatives*
- *Investigation and assessment of clinical negligence claims (including, for example, assessment of the Trust's legal liability, the probability of the claim succeeding, estimated claim value)*
- *Reporting clinical negligence claims to the NHS LA*
- *Supporting the NHS LA, including their panel solicitors, to investigate and defend clinical negligence claims (including liaising with the NHS LA throughout the claims process)*

*Please do not include any spending incurred by the NHSLA on the Trust's behalf (e.g. NHSLA spend on its panel solicitors)*

**219/16**

### **Respiratory Ventilators and Resuscitators**

1. How many hospitals are under your Trust?

**Answer: One**

- 2a. How many Critical Care Ventilators are installed in your Trust?

**Answer: 6**

- 2b. What are the product names of these Critical Care Ventilators?

**Answer: Maquet Servo I**

- 2c. On average, what is the lifespan of these Critical Care Ventilators?

**Answer: 10 Years**

- 2d. How many Critical Care Ventilators are newly bought in 2015?

**Answer: 0**

- 3a. How many Neonatal/Pediatric Ventilators are installed in your Trust?

**Answer: 4**

- 3b. What are the product name of these Neonatal/Pediatric Ventilators?

**Answer: SLE 5000**

- 3c. On average, what is the lifespan of these Neonatal/Pediatric Ventilators?

**Answer: 10**

3d. How many Neonatal/Pediatric Ventilators are newly bought in 2015?

**Answer: 0**

4a. How many Transport Ventilators are installed in your Trust?

**Answer: 8**

4b. What are the product name of these Transport Ventilators?

**Answer: Draeger 2000, 3000 and Babypac**

4c. On average, what is the lifespan of these Transport Ventilators?

**Answer: 10**

4d. How many Transport Ventilators are newly bought in 2015?

**Answer: 0**

5a. How many Reusable Resuscitators are installed in your Trust?

**Answer: None**

5b. What are the product names of these Reusable Resuscitators?

**Answer: N/A**

5c. On average, what is the lifespan of these Reusable Resuscitators?

**Answer: N/A**

5d. How many Reusable Resuscitators are newly bought in 2015?

**Answer: N/A**

6. On average, how many Disposable Resuscitators are used every week in your Trust?

**Answer: N/A**

**220/16**

**Ureteroscopes**

1. Please enter the number of hospitals under your Trust

**Answer: 1**

2. Please enter the bed size for each of the hospitals in your Trust

**Answer: 575**

3. Ureteroscopes

**Answer: 0**

A. Semi - Rigid Ureteroscopes (non – video)

**Answer: 0**

i. How many semi - rigid ureteroscopes are installed per hospital in your trust?

ii. On average, what is the lifespan of these semi - rigid ureteroscopes?

- iii. How many of the installed semi - rigid ureteroscopes were replaced last year / this year?
- iv. Which manufacturer's semi - rigid ureteroscopes are used in the hospitals?

B. Flexible Fibre Ureteroscopes (non – video)

**Answer: 0**

- i. How many flexible fibre ureteroscopes are installed per hospital in your trust?
- ii. On average, what is the lifespan of these flexible fibre ureteroscopes?
- iii. How many of the installed flexible fibre ureteroscopes were replaced last year / this year?
- iv. Which manufacturer's flexible fibre ureteroscopes are used in the hospitals?

C. Flexible Video Ureteroscopes

- i. How many flexible video ureteroscopes are installed per hospital in your trust?

**Answer: 8**

- ii. On average, what is the lifespan of these flexible video ureteroscopes?

**Answer: 7**

- iii. How many of the installed flexible video ureteroscopes were replaced last year / this year?

**Answer: 0**

- iv. Which manufacturer's flexible video ureteroscopes are used in the hospitals?

**Answer: Olympus/Karl Storz**

**221/16**

**Information Governance Manager**

- 1. A current job description for your information governance manager (or equivalent position)

**Answer: Please see attached job description.**

- 2. The banding for the role in Q1

**Answer: Please see attached.**

- 3. A copy of the job evaluation profile match

**Answer: Please see attached.**

Information available upon request

**222/16**

**Organisational structure chart for DOLS**

Please provide me with an up to date Organisational Structure chart for the DOLS including all manager NAMES, contact details and job titles.

**Answer:**

**Operational lead for the Trust is the Safeguarding Adults Lead who reports to the Director of Nursing. Staff details below Director level are withheld under section 40 (Personal Information):**

**Director of Nursing**  
**Rachel Overfield**  
**01922 721172**  
**Rachel.overfield@walsallhealthcare.nhs.uk**

**223/16**  
**Orthotics**

1. Which of the following Orthotic Services does your Trust provide?

	YES	NO
NHS run Orthotic Service in secondary care	Yes	
NHS run Orthotic Service in primary care		No
A 3rd party run Orthotic Service in secondary care		No
A 3rd party run Orthotic Service in primary care		No
Other		No

2. If your service is run by a 3rd Party –

	Reply
Please name them	Trulife
When did the current agreement start?	01.08.2012
If there have been previous agreements with the incumbent supplier, how long in total have they delivered your Orthotic Service?	No
When does your current agreement run until?	31.07.2017
Are you considering a tender at the moment?	Not currently
What was the total value of the contract?	£950k
Is there an allowance for increasing patient numbers and activity each year?	No
Was the contract a lump sum contract or pay for activity basis?	Service element price is fixed
Is the tender covering both service and product?	Current contract covers both
What is the current cost per Orthotist session in your trust?	£110.58

3. Over the last five financial years, how many orthotics patients were treated?

2011 - 12 = 2524
2012 - 13 = 2321
2013 - 14 = 2653
2014 - 15 = 2179

2015 - 16 = 1954

4. Regarding Orthotic Sessions run over the last 12 months, please provide the number of –

	Reply
Average number of Orthotist sessions per week	5
Average number of Limited orthotic practitioners (LOP) sessions per week?	None
Average number of Footwear Technician sessions per week?	None
How many full time equivalent Orthotists work in your trust?	0.5
How many Administrators from the trust do you employ to work within the Orthotics Service?	2
What % of NHS Managers do you employ to cover the Orthotics Service?	0.7 WTE

5. Regarding your current Orthotic Service Waiting times –

	Reply
Your Average waiting time from referral to assessment?	9-10 months
Your Average waiting time from assessment to supply?	8-10 weeks
Your Average referral to treatment time?	12-13 months

6. Is your service managed and awarded with any other service ie Podiatry, prosthetics?

	YES	NO
Podiatry		No
Prosthetics		No
Others (please specify)		No

7. Can you provide annual volumes of prescriptions/orders for the last 12 months -

	prescriptions / orders	Lead Time
Stock Orthotic Footwear orders	0	n/a
Modular Orthotic Footwear orders	60	6 weeks
Bespoke Orthotic Footwear orders	72	10/12 weeks
Orthotic Footwear repairs	180	2 weeks
Moulded EVA Insoles	192	3 weeks
Plastic Heel cups	n/a	n/a
Carbon Fibre Insoles	n/a	n/a
Bespoke AFOs	36	4 weeks

8. Regarding Orthotic Footwear –

	Reply
Which companies do you currently order Orthotic footwear from or do you make these in house?	Trulife - Chaneco Halo Healthcare - Salts Ken Hall - Arden Orthotics Ltd
Which companies do you currently order insoles from or do you make these in house?	Trulife - Salts Beagle Orthopaedic - Talar Made

	Alegeo
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9. Can you give the breakdown of your financial performance vs budget for your Orthotic Service annually for the last 5 years?

	Financial Performance	Budget
2011 to 12	265615	176673
2012 to 13	268515	181615
2013 to 14	-	-
2014 to 15	241489	219812
2015 to 16	293091	303516

10. Are there any planned changes to the structure of your Orthotic Service in the next 12 months? If yes, please specify.

No

11. Do you have a framework for Orthotic products? if so please provide the file or a hyperlink to the file.

No

12. Regarding your patient administration / IT System –

	Reply
What patient administration IT system do you use for your Orthotic Services? (appointment booking, patient database etc)	Orthotic patient Administration System
What IT system do you use to manage the general administration in your Orthotic Service? (ie Ordering system, stock control, workshop management etc)	Same as above

13. How many complaints have you received regarding your Orthotic Service in the last 5 years, broken down by year and give a number for your total current open complaints?

	Reply
2011 - 12 =	
2012 - 13 =	
2013 - 14 =	1
2014 - 15 =	1
2015 - 16 =	1
Current open complaints	0 for Orthotic

**224/16**

**Haematology**

Can you please assist me with retrieving the total Agency spend on Locum Doctors within Haematology over the following months, within your Trust or Health Board?

For clarity, this request is only for total Agency spend on Locum Doctors within Haematology

<b>Month</b>	<b>Total Agency Spend in Haematology</b>
December 2015	<b>£1,300</b>
January 2016	<b>0</b>
February 2016	<b>0</b>
March 2016	<b>0</b>
April 2016	<b>0</b>
May 2016	<b>0</b>

**Answer: Please see total agency spend figures for December 2015. The Trust did not have any Agency Locum Doctors within Haematology from Jan 16- May 16.**

**225/16**

**Senior Doctors**

In the week starting at 00.1am Sunday 7 August through to 11.59pm Saturday 13 August for how many hours was the most senior doctor **present** in your A&E department

\*a consultant;

\*a specialty registrar or other middle grade (please specify job title);

\*a foundation year one or two doctor;

\*a GP; or

\*no doctor present.

If possible, please supply in the following format

**Answer: Please see table below**

	<b>Sunday August 7</b>	<b>Monday August 8</b>	<b>Tuesday August 9</b>	<b>Wednesday August 10</b>	<b>Thursday August 11</b>	<b>Friday August 12</b>	<b>Saturday August 13</b>
Consultant most senior doc (please specify times eg 8am to 5pm)	10am-8pm 2pm-midnight	4pm-10pm 6pm-midnight 8am-5pm 9am-6pm x 2	4pm-10pm 6pm-midnight 8am-5pm 9am-6pm x 2	4pm-10pm 6pm-midnight 8am-5pm 9am-6pm x 2	4pm-10pm 6pm-midnight 8am-5pm 9am-6pm x 2	4pm-10pm 6pm-midnight 8am-5pm 9am-6pm x 2	10am-8pm
Senior registrar/middl e grade most senior docs (please specify times)	8am-6pm 10am-10pm Noon-10pm 4pm-2am 8pm-6am 10pm-8am	8am-5pm 9am-9pm Noon-9pm x 2 6pm-2am x 2 10pm-8am	8am-5pm 9am-9pm Noon-9pm x 2 8pm-4am 10pm-8am	8am-5pm 9am-9pm Noon-9pm x 2 8pm-4am 10pm-8am	8am-5pm 9am-9pm Noon-9pm x 2 6pm-2am 10pm-8am	8am-5pm 9am-9pm Noon-9pm x 2 6pm-2am 10pm-8am	8am-6pm x 2 10am-10pm x 2 4pm-2am
Foundation doc most senior doc (please specify times)	10am-10pm (F2) 8pm-8am (F2)	9am-5pm (F2)x2 8am-4pm (F1) 11am-7pm (F1)	9am-5pm (F2)x2 8am-4pm (F1) 11am-7pm (F1)	9am-5pm (F2)x2 8am-4pm (F1) 11am-7pm (F1)	9am-5pm (F2)x2 8am-4pm (F1) 11am-7pm (F1)	9am-5pm (F2)x2 8am-4pm (F1) 11am-7pm (F1)	10am-10pm (F2)
GP (please specify times)	8am-8pm 2pm-2am	10am-6pm 4pm-midnight 8pm-4am	10am-6pm 4pm-midnight 8pm-4am	8am-4pm 10am-6pm 4pm-midnight	8am-4pm 10am-6pm 4pm-midnight	8am-4pm 10am-6pm 4pm-midnight	8am-2pm 2pm-2am 8pm-4am

				Midnight-8am	8pm-4am		Midnight-8am
No doctor (please specify times)							

Please provide separate details for each A&E and urgent care centre you run.

**226/16**

**Judicial Review**

**1, The redacted sections of the Royal College of Paediatrics and Child Health report covering the 7 cases (or certainly the 5 cases I submitted) from the review's report**

Answer: The data held in the Appendix to the RCPCH report contains other people's information to whom a duty of confidentiality is owed. We consider that redaction would not necessarily protect their confidentiality. We are therefore unable to disclose this third party information without the consent of the individuals involved and at this time we do not have their consent. There are subjects within the Appendix to the report who are deceased and so their information would not constitute personal data. However, it is sensitive patient information and therefore would also be subject to requiring their families consent to disclose.

**2, A straightforward answer to a simple question. Was the RCPCH review panel provided with my written disclosures to NHSI under its external whistleblower policy? If not why not and who made the decision to withhold this information from them. Is there any record that the panel, knowing that such written disclosures had been made asked for copies**

Answer: The RCPCH were not provided with the email and attachments you sent to the Trust Development Authority. The Trust received a letter from NHS TDA setting your concerns plus some email attachments. Having checked, these documents were not included by us in the material we shared with the RCPCH. On investigation we have not been able to gather why these documents were not included but it may be that the administration team were not aware of them. We have no record that RCPCH requested these documents.

A summary of the cases was included in the terms of reference (we have withheld this section as it contains sensitive personal data under exemption 40(2)).

**3, All correspondence between Walsall Healthcare and NHSI, CQC, the RCPCH panel and any other organisation or individual relating to my disclosures**

Answer: Please see attached. Personal information has been withheld under exemption 40(2).

**4, All internal correspondence within Walsall Healthcare relating to the same**

Answer: Please see attached. Personal information has been withheld under exemption 40(2).

**5, Any board minutes relating to the same**

Answer: Please see attached.

Further information available upon request.

**227/16**

**Audited Accounts**

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

**Answer: Please see attached**

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

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

Please send me the full address of main NHS Hospital in City of Welling borough and address of New Queen Elizabeth Hospital in City of Glasgow Scotland.

**Answer: Exemption under Section 21 (Information Available by Other Means) has been applied. We would recommend you conduct searches on the NHS Choices website on the intranet via the following link:**

**<http://www.nhs.uk/Pages/HomePage.aspx>.**

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

**228/16**

**A&E Admissions**

1. How many births did you have per hospital over 2015?

**Answer: 4909**

2. How many adult accident and emergency admissions did you have per hospital over 2015?

**Answer: 60677 Type 1 Adult attenders**

3. How many pediatric accident and emergency admissions did you have per hospital over 2015?

**Answer: 15341 Type 1 Child attenders**

**Note- this data is taken from Lorenzo and is representative of the values on 24/08/2016. This data is not comparable to any nationally submitted data and cannot be compiled from returned data as the required age split is not recorded.**

**229/16**

**VTE in cancer patients**

### **Venous thromboembolism (VTE) in cancer patients**

#### **Part 1: Incidence**

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

- a) 2015 - **1413**
- b) 2014 - **1521**
- c) 2013 - **1515**
- d) 2012 - **1370**

*These numbers have been derived by identifying the number of individual patients that have had admissions during the specified period with a primary diagnosis of Cancer (ICD10 chapter C).*

**Question 2:** Of the patients treated for cancer, how many also had a diagnosis of venous thromboembolism (VTE) {VTE is defined by the following ICD 10 codes: I80.0-I80.3, I80.8-I80.9, I82.9, O22.2 – O22.3, O87.0 – O87.1, I26.0, and I26.9} in each of the past four years?

- a) 2015 - **11**

- b) 2014 - **10**
- c) 2013 - **13**
- d) 2012 - **4**

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

	2015	2014	2013	2012
Were receiving chemotherapy?	0	0	0	0
Had metastatic disease?	8	5	5	2
Had localised disease?	3	5	8	2
Were treated for brain cancer?	1	0	1	0
Were treated for lung cancer?	4	2	3	2
Were treated for uterine cancer?	0	0	0	0
Were treated for bladder cancer?	0	1	2	1
Were treated for pancreatic cancer?	0	0	1	0
Were treated for stomach cancer?	1	0	0	0
Were treated for kidney cancer?	0	0	1	0

### Part 2: Mortality

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

**Answer: We do not hold this information. We recommend you contact HM Coroner directly.**

- a) 2015
- b) 2014
- c) 2013
- d) 2012

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

**Answer: We do not hold this information. We recommend you contact HM Coroner directly.**

- a) 2015
- b) 2014
- c) 2013
- d) 2012

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

**Answer: Data on this 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.**

	2015	2014	2013	2012
Were receiving chemotherapy?				
Were treated for brain cancer?				
Were treated for lung cancer?				
Were treated for uterine cancer?				
Were treated for bladder cancer?				
Were treated for pancreatic cancer?				
Were treated for stomach cancer?				
Were treated for kidney cancer?				

### **Part 3: Advice given to patients**

**Question 7:** Are patients who receive chemotherapy provided with written and verbal information about the risk of developing VTE during chemotherapy? Is this information provided to chemotherapy inpatients only, chemotherapy outpatients only, or both in and outpatients?

**Answer: Patients receive both written and verbal information re risk of clots on their new patient assessment.**

**Question 8:** Are patients who receive chemotherapy provided with written and verbal information which outlines the symptoms suggestive of VTE? Is this information provided to chemotherapy inpatients only, chemotherapy outpatients only, or both in and outpatients?

**Answer: Signs and symptoms of VTE are discussed verbally and in written form i.e. Acute Shortness of breath and swollen limbs**

**Question 9:** Are patients who receive chemotherapy provided with written and verbal information regarding what action they should take if they suspect a Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE)? Is this information provided to chemotherapy inpatients only, chemotherapy outpatients only, or both in and outpatients?

**Answer: All patients are given emergency contact numbers to ring should they suspect they may have a clot. This is a 24 hour help line.**

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

**Answer: The unit follows the trust policy on treatment of VTE**

**230/16**

**Medical Devices**

1. Does the trust regularly use the Montreal Mattress during Prone Surgery

**Answer: Yes**

2. If the Montreal Mattress is used which size is most commonly used?

**Answer: They are one size**

3. Which hospitals in the trust specialize in Prone Surgery

**Answer: Prone surgery is the position a patient is put in so that the surgical procedure can be performed. For Walsall Manor we use them within General and Trauma and Orthopaedic specialties.**

4. Which Types of Operating Tables are used in the trust

**Answer: Eschmann.**

5. Are Allen Tables used on a regular basis?

**Answer: We have the Eschmann equivalent of an Allen table.**

231/16

**Photography**

1. Do you have a policy regarding photography of patients and/or the use of photographic devices within your organisation, please list and supply all that apply?

**Answer: Please note that our service is provided through SLA with another Trust and therefore adhere to their policy however; the Trust is in the process of drafting a policy which is attached.**

2. How many clinical photographers do you employ?

**Answer: None, managed service provided through SLA with another Trust with 2 registered Clinical Photographers on site plus additional when service demand requires.**

3. Do you audit photographs taken of patients within your organisation for clinical and/or non-clinical uses? (Audit means that you actively look at your systems for photographs taken and by whom, also you look at any cameras/devices you allow to be used and report on the use)

**Answer: Yes**

4. Please list all the photographic devices you allow to be used or supply staff to use. i.e. compact cameras, staff personal mobile phones etc.

**Answer: Personal devices are not allowed. Mobile devices are not allowed. Trust provides Digital Single Reflex and compact digital cameras.**

5. How many patients (count repeated sessions separately) were photographed by staff not classified as professional clinical photographers during the period 1/1/2015 to 31/12/2015?

**Answer: 150**

- 6.

	How many of the above number have recorded consent for the taking of the photographs?	How many of the above number have recorded consent for the use of the photographs?				
		Taken under Mental Capacity Act best interest test and recorded on records as such	Consent for medical records/care use only	Consent for teaching use within your organisation only	Consent for teaching use outside of your organisation	Consent for publication where the publication is named- if not named then count as no consent
In paper notes – no patient/guardian signature						
In paper notes – with patient/guardian signature						
EPR- no patient/guardian signature						

EPR with patient/guardian signature	150					
On specific photographic consent form – no patient/guardian signature						
On specific photographic consent form – with patient/guardian signature	150					

If your organisation uses different consent level types please choose the closest match.

**Answer: The above numbers are on a specific Clinical Illustration consent contained in the EPR hence same numbers are in both EPR and a specific form.**

7. How many records exist where consent has been obtained but no photographs are available?

**Answer: None**

8. How often are cameras/devices audited?

**Answer: Clinical Illustration cameras are checked daily; others are checked when they are used**

9. Do you record the image file numbers that are missing on devices during audit?

**Answer: No, this is not used as a measure.**

10. Who/which department audits the devices/systems?

**Answer: Clinical Illustration**

11. How many staff have received informal and formal disciplinary action for breach of related policies?

**Answer: None**

12. How does your organisation store clinical photographs? If an electronic system is used please name the system or described the method of storage.

**Answer: WABA - MIM**

13. How does this system record consent of the patient?

**Answer: Stores an image of the paper consent.**

14. How does this method control the use of photographs according to consent of the patient?

**Answer: Access controlled Access Control List based on role.**

15. How many staff have access to this system?

**Answer: Approximately 60 staff**

16. Can these staff access all photographs?

**Answer: No, see answer to Q12**

17. Please provide minutes, actions and outcomes of the results of the audits during the period stated above.

**Answer: The information is not recorded on the system.**

18. Please provide any risk assessments regarding clinical photography and specifically clinical photography taken by non-professional clinical photographers.

**Answer: Training delivered to individual staff by Institute of Medical Illustrators accredited 'Train the trainer' course.**

## 232/16

### Ransomware

1. Has Walsall Healthcare Trust been a target of ransomware in the last 12 months?

**Answer: Yes**

2. If Walsall Healthcare Trust has been a victim of a ransomware attack on was it successful and did you pay the ransom? If so, which hospitals have these successful attacks happened at?

**Answer: Attack was unsuccessful.**

3. Have any NHS hospitals in Walsall Healthcare Trust paid a ransom to retrieve any stolen data? If so which ones and how much was paid in each instance?

**Answer: No**

4. In the case that any hospitals in Walsall Healthcare Trust were victims of ransomware, was all data recovered following the payment of a ransom, or by other means?

**Answer: Data was retrieved from backups.**

5. If any NHS hospitals in Walsall Healthcare Trust were victims of ransomware attacks, have any presiding police forces advised those hospitals to pay the ransom? If so, which police forces and which hospitals?

**Answer: N/A**

## 233/16

### Self-Harm

1. How many children aged under 18 were admitted to each of your accident & emergency departments in the below years due to self-harming?

- 2015-16
- 2014-15
- 2013-14

2. Can you provide an age breakdown of admittances for each of these years?

3. Can you provide an injury breakdown for each of these years?

If your trust manages more than one hospital, can you please provide this information for each of your A&E departments?

**Answer: Please see attached spreadsheet**

Walsall Healthcare NHS Trust

1. **How many children aged under 18 were admitted to each of your accident & emergency departments in the below years due to self-harming?**

- **2015-16**
- **2014-15**
- **2013-14**

2. **Can you provide an age breakdown of admittances for each of these years?**

3. **Can you provide an injury breakdown for each of these years?**

<b>YearEndFinancial</b>	<b>age</b>	<b>PresentingComplaintTx</b>	<b>How Many?</b>
31/03/2016	18	OVERDOSE	15
31/03/2016	18	INTOXICATED	3
31/03/2016	18	OD	3
31/03/2016	18	intoxication	2
31/03/2016	18	arm laceration	1
31/03/2016	18	ARM LACERATIONS-SELF HARM	1
31/03/2016	18	depressed,suicidal thoughts	1
31/03/2016	18	DEPRESSED,UNWELL?	1
31/03/2016	18	drug misuse	1
31/03/2016	18	HAND INJURY	1
31/03/2016	18	ingested bleach	1
31/03/2016	18	intox	1
31/03/2016	18	mental health problems	1
31/03/2016	18	OD/TRAMADOL X10	1
31/03/2016	18	overdose 16 x paracetamol	1
31/03/2016	18	overdose 7 x thyroxine tablets	1
31/03/2016	18	overdose,	1
31/03/2016	18	OVERDOSE,MIXED TABS	1
31/03/2016	18	SELF HARM,LEG INJURY	1
31/03/2016	18	SELF HARM/OVERDOSE	1
31/03/2016	18	taken legal high/drugs	1
31/03/2016	18	vomiting unwell	1
31/03/2016	17	OVERDOSE	17
31/03/2016	17	intoxication	3
31/03/2016	17	INTOXICATED	2
31/03/2016	17	self harm	2
31/03/2016	17	ATTEMPTED SUICIDE?	1
31/03/2016	17	DEPRESSED,SELF HARM?	1
31/03/2016	17	HAND INJURY	1
31/03/2016	17	INTOXICATED/?DRUGS	1
31/03/2016	17	LACERATION TO THIGH/SELF HARM	1
31/03/2016	17	mental health problems	1
31/03/2016	17	mental health problems,self harm	1
31/03/2016	17	overdose, arm lacerations - dsh	1
31/03/2016	17	overdose/unresponsive	1
31/03/2016	17	palpitations/overdose	1
31/03/2016	17	suicidal	1
31/03/2016	17	suicidal thoughts / self harm	1
31/03/2016	17	suicidal,unwell?	1
31/03/2016	16	OVERDOSE	11
31/03/2016	16	INTOXICATED	3
31/03/2016	16	OD	3
31/03/2016	16	HAND INJURY	2

31/03/2016	16	SELF HARM	2
31/03/2016	16	ingested bleach	1
31/03/2016	16	intoxicated?	1
31/03/2016	16	lacerated arms/mental health problem	1
31/03/2016	16	MENTAL HEALTH PROBLEM	1
31/03/2016	16	MENTAL HEALTH PROBLEMS	1
31/03/2016	16	MENTAL HEALTH PROBLEMS-SELF HARM	1
31/03/2016	16	OVERDOSE,SELF HARM	1
31/03/2016	16	self harm,?	1
31/03/2016	16	self harm/ lacerations legs	1
31/03/2016	16	SELF HARM/PSYCHIATRIC PROBLEM	1
31/03/2016	16	spiked drink ?	1
31/03/2016	16	substance misuse	1
31/03/2016	16	SUICIDAL	1
31/03/2016	15	overdose	11
31/03/2016	15	HAND INJURY	7
31/03/2016	15	HAND INJURY	3
31/03/2016	15	arm & stomach lacerations - dsh	1
31/03/2016	15	ARM LACERATION/DSH	1
31/03/2016	15	HAND INJURY-SWOLLEN	1
31/03/2016	15	intoxicated	1
31/03/2016	15	intoxication	1
31/03/2016	15	MENTAL HEALTH ISSUES	1
31/03/2016	15	OD	1
31/03/2016	15	od 8x asprin	1
31/03/2016	15	OVERDOSE 14 X AMYTRYPTALLINE	1
31/03/2016	15	overdose / paracetamol	1
31/03/2016	15	OVERDOSE ?	1
31/03/2016	15	OVERDOSE YESTERDAY	1
31/03/2016	15	seizure?ingestion of black mamba	1
31/03/2016	15	self harm	1
31/03/2016	15	self harm & suicidal thoughts	1
31/03/2016	15	self harm,distressed,unwell	1
31/03/2016	15	SELF INFLICTED/LACERATED ARM/LEG	1
31/03/2016	15	SMOKING,CANNABIS?	1
31/03/2016	15	suicidal/self harm	1
31/03/2016	14	OVERDOSE	8
31/03/2016	14	intoxicated?	4
31/03/2016	14	SUICIDAL	2
31/03/2016	14	DRUG INTOXICATION	1
31/03/2016	14	feels suicidal/unwell?	1
31/03/2016	14	HAND/wrist INJURY	1
31/03/2016	14	INTOXICATED	1
31/03/2016	14	INTOXICATED,UNWELL?	1
31/03/2016	14	LACERATED ARM/SELF HARM	1

31/03/2016	14	O/D	1
31/03/2016	14	overdose 12 x ibuprofen	1
31/03/2016	14	overdose,black mamba?	1
31/03/2016	14	OVERDOSE,SELF HARM?	1
31/03/2016	14	SELF HARM	1
31/03/2016	14	SELF HARM/PSYCHIATRIC PROBLEM	1
31/03/2016	13	OVERDOSE	6
31/03/2016	13	HAND INJURY	1
31/03/2016	13	INGESTED BLEECH?	1
31/03/2016	13	INJURY to both hands/wrists	1
31/03/2016	13	LACERATION TO WRIST,	1
31/03/2016	13	MENTAL HEALTH PROBLEMS	1
31/03/2016	13	OD	1
31/03/2016	13	overdose & arm laceration - dsh	1
31/03/2016	13	SELF HARM	1
31/03/2016	12	OVERDOSE	2
31/03/2016	12	HAND INJURY	1
31/03/2016	12	mental health problems	1
31/03/2016	12	OD - CO-CODAMOL X9	1
31/03/2016	12	self harm	1
31/03/2016	11	HAND INJURY	1
31/03/2016	11	O/D	1
31/03/2016	11	self harm.,unwell?	1
31/03/2016	11	suicidal	1
31/03/2015	18	overdose	9
31/03/2015	18	HAND INJURY	2
31/03/2015	18	SELF HARM	2
31/03/2015	18	?OD	1
31/03/2015	18	head injury/intoxicated/loc?	1
31/03/2015	18	INTOX/HEAD INJURY	1
31/03/2015	18	INTOXICATED	1
31/03/2015	18	intoxication	1
31/03/2015	18	intoxication ?	1
31/03/2015	18	O/D	1
31/03/2015	18	OD	1
31/03/2015	18	OD PARACETAMOL	1
31/03/2015	18	OVERDOSE / ABDO PAIN	1
31/03/2015	18	overdose ?	1
31/03/2015	18	overdose,	1
31/03/2015	18	OVERDOSE,MENTAL HEALTH PROBLEM	1
31/03/2015	18	OVERDOSE/ABDO PAIN	1
31/03/2015	18	overdose/self harm	1
31/03/2015	18	RTN OVERDOSE	1
31/03/2015	18	self harm & overdose	1
31/03/2015	18	self harm.laceration to arm	1

31/03/2015	18	SUICIDAL - SELF HARM	1
31/03/2015	18	suicidal thoughts	1
31/03/2015	17	OVERDOSE	17
31/03/2015	17	O/D	4
31/03/2015	17	HAND INJURY	2
31/03/2015	17	CONTEMPLATING SELF HARM	1
31/03/2015	17	intox, ?head injury	1
31/03/2015	17	INTOXICATED	1
31/03/2015	17	od/requires blood test	1
31/03/2015	17	od/self harm	1
31/03/2015	17	overdose - amb	1
31/03/2015	17	overdose / self harm	1
31/03/2015	17	overdose / self harm lacerations	1
31/03/2015	17	OVERDOSE 10 CO-CODOMOL	1
31/03/2015	17	OVERDOSE/SELF HARM	1
31/03/2015	17	OVERDOSE-NAUSEA	1
31/03/2015	17	rtn overdose/lacerations	1
31/03/2015	17	SELF HARM-AMB	1
31/03/2015	17	suicidal	1
31/03/2015	17	suicidal? --amb	1
31/03/2015	17	SUICIDAL-AGGRESSIVE	1
31/03/2015	16	OVERDOSE	11
31/03/2015	16	O/D	4
31/03/2015	16	ARM LACERATION-DSH	1
31/03/2015	16	drank bleach/self harm	1
31/03/2015	16	DRUG ABUSE ?	1
31/03/2015	16	intoxicated?	1
31/03/2015	16	intoxication	1
31/03/2015	16	mental health issues	1
31/03/2015	16	OD	1
31/03/2015	16	OVERDOSE - PARACETOMOL	1
31/03/2015	16	RETURN-OVERDOSE	1
31/03/2015	16	SELF HARM	1
31/03/2015	16	SELF HARM/ARM LACERATION	1
31/03/2015	16	SUICIDAL-PSYCHIATRIC PROB-AMB	1
31/03/2015	16	thoughts of self harm?	1
31/03/2015	15	overdose	8
31/03/2015	15	O/D	4
31/03/2015	15	DSH LEG LACERATION/SUICIDAL THOUGHTS	1
31/03/2015	15	FEEELING SUICIDAL	1
31/03/2015	15	HAND/wrist INJURY	1
31/03/2015	15	HEAD INJURY	1
31/03/2015	15	intox/non responsive, hand injury	1
31/03/2015	15	intoxication	1
31/03/2015	15	laceration to forearm - dsh	1

31/03/2015	15	leg lacerations - dsh	1
31/03/2015	15	MENTAL HEALTH PROBLEMS	1
31/03/2015	15	O/D-SELF HARM	1
31/03/2015	15	overdose - amb	1
31/03/2015	15	OVERDOSE/SELF HARM	1
31/03/2015	15	self harm ? lacerations ?	1
31/03/2015	15	self harm and od	1
31/03/2015	15	self harm,laceration to arm	1
31/03/2015	15	SELF HARM/ ARM LACERATIONS	1
31/03/2015	15	self harm/arm laceration	1
31/03/2015	15	SELF HARM/OVERDOSE	1
31/03/2015	15	self harm/suicidal	1
31/03/2015	15	suicidal thoughts	1
31/03/2015	15	SUICIDAL THOUGHTS/ARM LACERATION	1
31/03/2015	14	OVERDOSE	10
31/03/2015	14	HAND INJURY	4
31/03/2015	14	O/D	3
31/03/2015	14	SELF HARM	2
31/03/2015	14	arm laceration - dsh	1
31/03/2015	14	ARM LACERATIONS	1
31/03/2015	14	intoxicated	1
31/03/2015	14	lac to hand & arm	1
31/03/2015	14	LEG LACERATIONS - DSH	1
31/03/2015	14	mental health problems	1
31/03/2015	14	OD	1
31/03/2015	14	OD TABLETS/ABDO PAIN	1
31/03/2015	14	OVERDOSE.SELF HARM	1
31/03/2015	14	OVERDOSE?	1
31/03/2015	14	PSYCHIATRIC PROBLEM	1
31/03/2015	14	SELF HARM-O/D	1
31/03/2015	13	OVERDOSE	3
31/03/2015	13	ARM/WRIST INJURY - AMB	1
31/03/2015	13	ATTEMPTED SELF HARM	1
31/03/2015	13	DELIBERATE OVERDOSE	1
31/03/2015	13	HAND INJURY	1
31/03/2015	13	HAND INJURY	1
31/03/2015	13	mental health issues	1
31/03/2015	13	OD	1
31/03/2015	13	od - paracetamol	1
31/03/2015	13	OD TABLETS	1
31/03/2015	13	overdose cocodamol x 20?	1
31/03/2015	13	SELF HARM/LACERATION BOTH FOREARMS	1
31/03/2015	13	suicidal thoughts/self harm	1
31/03/2015	12	OD	1
31/03/2015	12	OVERDOSE ?	1

31/03/2015	12	OVERDOSE/VOMITING	1
31/03/2015	12	overdose?	1
31/03/2015	12	SELF HARM/LACERATED FOREARMS	1
31/03/2015	11	FACIAL BURN	1
31/03/2015	11	suicidal	1
31/03/2015	10	SELF HARM	1
31/03/2015	10	SELF HARM/HEAD INJURY	1
31/03/2015	5	BEHAVIOUR PROBLEM ?OVERDOSE	1
31/03/2014	18	OVERDOSE	16
31/03/2014	18	OD	6
31/03/2014	18	INTOX	3
31/03/2014	18	O/D	2
31/03/2014	18	OVERDOSE?	2
31/03/2014	18	SELF HARM	2
31/03/2014	18	FALL/HEAD & FACIAL INJ	1
31/03/2014	18	INTOX/NOT RESPONDING	1
31/03/2014	18	INTOXICATED ?FIT - AMB	1
31/03/2014	18	INTOXICATED/SUICIDAL	1
31/03/2014	18	LAC TO WRISTS	1
31/03/2014	18	LOW IN MOOD	1
31/03/2014	18	MENTAL HEALTH PROBLEMS	1
31/03/2014	18	MENTAL HEALTH PROBS	1
31/03/2014	18	O/D-VOMITED EARLIER	1
31/03/2014	18	OD/26 WKS PREGNANT	1
31/03/2014	18	RETURN.LAC TO WRISTS	1
31/03/2014	18	SELF HARM/LAC TO WRIST/OD	1
31/03/2014	18	SUICIDAL	1
31/03/2014	18	WANTS TO SPEAK TO CRISIS	1
31/03/2014	18	WRIST LACERATION X 2 DAYS	1
31/03/2014	17	OVERDOSE	15
31/03/2014	17	OD	5
31/03/2014	17	INTOXICATED	2
31/03/2014	17	O/D	2
31/03/2014	17	OVERDOSE?	2
31/03/2014	17	SELF HARM	2
31/03/2014	17	SUICIDAL	2
31/03/2014	17	SUICIDAL THOUGHTS	2
31/03/2014	17	ARM LAC - DSH	1
31/03/2014	17	ARM LACERATION	1
31/03/2014	17	FEELING SUICIDAL	1
31/03/2014	17	HAND INJURY	1
31/03/2014	17	HAND INJURY	1
31/03/2014	17	INTOX	1
31/03/2014	17	INTOX ?	1
31/03/2014	17	INTOXICATED/DRANK VODKA	1

31/03/2014	17	INTOXICATED?	1
31/03/2014	17	LACERATED ARMS	1
31/03/2014	17	LACERATION TO WRIST/SELF	1
31/03/2014	17	MENTAL HEALTH ISSUES	1
31/03/2014	17	MENTAL HEALTH PROBLEM/SEL	1
31/03/2014	17	MENTAL HEALTH PROBLEMS?	1
31/03/2014	17	O/D-SUICIDAL THOUGHTS	1
31/03/2014	17	RTN/OVERDOSE	1
31/03/2014	17	RTN-OD	1
31/03/2014	17	SELF HARM/LAC TO ARM	1
31/03/2014	16	OVERDOSE	8
31/03/2014	16	OD	5
31/03/2014	16	O/D	4
31/03/2014	16	INTOXICATED	3
31/03/2014	16	SELF HARM	3
31/03/2014	16	LAC TO WRIST/SELF HARM	2
31/03/2014	16	OVERDOSE?	2
31/03/2014	16	ARM LACERATION	1
31/03/2014	16	BURNS TO HAND/DSH?	1
31/03/2014	16	CUT WRIST	1
31/03/2014	16	DEPRESSED/STRESSED?	1
31/03/2014	16	INTOX	1
31/03/2014	16	INTOX ?	1
31/03/2014	16	INTOXICATED?	1
31/03/2014	16	LAC TO ARMS - DSH	1
31/03/2014	16	O/D-AMB	1
31/03/2014	16	OVERDOSE - AMB	1
31/03/2014	16	OVERDOSE/ABDO PAIN	1
31/03/2014	16	OVERDOSE-AMB	1
31/03/2014	16	SELF HARM-AMBULANCE	1
31/03/2014	16	SUICIDAL	1
31/03/2014	16	SUICIDAL THOUGHTS	1
31/03/2014	15	OVERDOSE	7
31/03/2014	15	O/D	3
31/03/2014	15	HAND INJURY	2
31/03/2014	15	OD	2
31/03/2014	15	SELF HARM	2
31/03/2014	15	SUICIDAL	2
31/03/2014	15	ATTEMPTED SUICIDE	1
31/03/2014	15	INTOX	1
31/03/2014	15	INTOXICATED?	1
31/03/2014	15	INTOXICATION -AMB	1
31/03/2014	15	LAC TO ELBOW ?SELF HARM	1
31/03/2014	15	LACERATED HAND	1
31/03/2014	15	O/D-AMB	1

31/03/2014	15	OVERDOSE?	1
31/03/2014	15	SELF HARM TO ARMS & LEGS	1
31/03/2014	15	SELF HARM/ARM INJURY	1
31/03/2014	15	SELF HARM/ATTEMPTED HANGI	1
31/03/2014	15	SELF HARM/DRANK W/SPIRIT?	1
31/03/2014	15	SELF HARM/INFECTION	1
31/03/2014	15	SELF HARM-ARM LAC	1
31/03/2014	14	HAND INJURY	3
31/03/2014	14	OVERDOSE	3
31/03/2014	14	SELF HARM	2
31/03/2014	14	ARM INJURY/MENTAL HEALTH PROBLEM	1
31/03/2014	14	ARM LAC-DEPRESSED	1
31/03/2014	14	HAND INJURY/LACERATION	1
31/03/2014	14	INTOX	1
31/03/2014	14	INTOXICATED?	1
31/03/2014	14	MENTAL HEALTH PROBS	1
31/03/2014	14	OD	1
31/03/2014	14	OD TRAZADONE	1
31/03/2014	14	OVER DOSE	1
31/03/2014	14	REQUIRES BLOOD TESTS	1
31/03/2014	14	SELF HARMING	1
31/03/2014	14	SUICIDAL	1
31/03/2014	14	SUICIDAL THOUGHTS	1
31/03/2014	13	OD	2
31/03/2014	13	ALCOHOL ABUSE	1
31/03/2014	13	HAND INJURY	1
31/03/2014	13	HEARING VOICES/SELF HARM	1
31/03/2014	13	INTOXICATED	1
31/03/2014	13	INTOXICATION - AMB	1
31/03/2014	13	O/D?	1
31/03/2014	13	OD?	1
31/03/2014	13	OVERDOSE?	1
31/03/2014	13	SELF HARM	1
31/03/2014	12	OD	1
31/03/2014	12	OD ?	1
31/03/2014	12	POSSIBLE O/D	1
31/03/2014	10	LEG INJURY	1
31/03/2014	9	UNWELL-SUICIDAL THOUGHTS	1
31/03/2014	8	OVERDOSE	1
31/03/2014	4	FOOT INJURY	1
31/03/2014	2	INGESTED KARVOL	1

**234/16**  
**Car Parking**

- The total amount of revenue generated by in each of the last 5 years by car parking.

Answer: Please see the total revenue below based on financial year included both staff and visitors

Year	Total
2011/12	1,027,807
2012/13	1,196,928
2013/14	1,232,076
2014/15	1,304,280
2015/16	1,345,253

- What was the cost for an hour of car parking in 2010 and 2016

**Answer:**

**£1 per hour – 2010**

**£2.00 per hour – 2016**

**235/16**  
**Electric Vehicle Charging**

- 1) Does your organisation already offer charging facilities (Electric Vehicle Charging Points EVCP) for electric vehicles and if so, how many charge points?

**Answer: No**

- 2) If there is currently no charging provision, what plans do you have to install EVCP and when?

**Answer: At this moment in time there are no plans to install any points although the Trust is aware of technological advances available**

- 3) Will the charge points be for fleet usage or public charging?

**Answer: There is no agreement to have any points**

- 4) Within your organisation, which department is responsible for the selection and installation of EVCP?

**Answer: It would be a combination of Trust Estates, Project Co and Skanska**

**236/16**  
**HCPC registered ODPs**

Could you please let me know how many HCPC registered ODPs work within the trust and provide a breakdown by area of practice i.e. Recovery, Anaesthetics, Scrub or multiple areas

**The Trust employed 36 (33.15 FTE) registered ODP colleagues. Unfortunately, we are unable to provide a breakdown as all OPD's are multi-skilled and therefore are able to work in all 3 areas.**

**237/16**  
**Baby Weight**

I would like to know the following regarding live births:

- The weights of the five heaviest babies that were born in the Trust last year - financial (2015-16) or calendar (2015) year, whichever is easiest.

**Answer: Please see below table**

- The weights of the five lightest babies that were born in the Trust last year.

**Answer: Please see below table**

Birth Weight Grams	
Lowest	Highest
900	4950
945	4980
960	5050
985	5080
1000	5150

**238/16**  
**Information Technology**

1. How many staff do you currently have?

**Answer: c4000**

2. How many IT network accounts do you have for logging on to the network currently?

**Answer: We have a total of 6138 active logins accounts to access the network**

3. How many Full Time Equivalent (FTE) staff (including vacancies) do you have that are responsible for Information Governance (IG)?

**Answer: We have 2 FTE staff responsible for Information Governance however, they also cover other roles.**

4. How many FTE staff (including vacancies) do you have that are responsible for information/IT security? (If they are the same FTE as those responsible for IG just say that)?

**Answer: No specific role exists in the trust, subject matter experts and external consultant are contacted as and when required**

5. Please state the make/model version number (as applicable) for the following IT security controls on your IT network;

**Answer: This information is withheld under Section 24 (National Security). Our Trust does not release information or details which may compromise system security.**

- a. Desktop firewall
- b. Anti-Malware

- c. Device Control (e.g. endpoint protection to prevent exfiltration of data)
  - d. Network Vulnerability
  - e. Web Proxy
  - f. Network Access Control
  - g. Intruder Prevention System (IPS)
  - h. Intruder Detection system (IDS)
  - i. Firewall activity logging/monitoring
  - j. Active Directory activity logging/monitoring
  - k. Security Incident and Event Management (SIEM)
6. Date (month/year) of last penetration test carried out on any part of your organisation's IT infrastructure (whether that is hosted infrastructure or not)?

**Answer: February 2016**

**239/16**

**Energy Use**

1. Could you please provide a contact name, telephone number and email address for the person who deals with Energy Management in your Trust

**Answer: The Trust does not have a specific manager however; our PFI agreement is with Skanska facilities and has an Energy Committee that takes place on a quarterly basis.**

2. Could you please provide a full list of all sites that your Trust operates, along with number of beds.

**Answer: This is the only site with beds circa 500.**

**240/16**

**Management of medical devices**

Please could you provide me with the name, job title and email address of the current director or board member with overall responsibility for the management of medical devices as required by the MHRA policy, Managing Medical Devices April 2014

**Answer: His name is Mark Sinclair, Director of Human Resources and Organisational Development and his email address is [mark.sinclair@walsallhealthcare.nhs.uk](mailto:mark.sinclair@walsallhealthcare.nhs.uk)**

**241/16**

**Bilirubinometer/KERNICTERUS**

1. How many community midwives does your trust employ?

**Answer: As at 31 August 2016 the Trust employed 45 (38.59 FTE) Community Midwives.**

2. How many live births was your trust responsible for in financial year 2015/16? – Information Services

**Answer: There were 4853 live births recorded for 15/16**

3. How many bilirubinometers (device to measure bilirubin in the blood) does your trust have available for use by community midwives? –

**Answer: We do not have any bilirubinometers in the community for use by Community Midwives**

4. Where are your trust's bilirubinometers stored?

**Answer: Not applicable**

What training is provided to community midwives in the use of bilirubinometers?

**Answer: Not applicable**

5. How much does your trust spend per annum on purchasing bilirubinometers? Please provide figure for financial year 2015/16

**Answer: Not applicable**

6. Does your trust have a policy for treatment of neonatal jaundice?

**Answer: Yes we have a local clinical guideline based on Network guidelines –**

7. If a policy exists how do you ensure community midwives are familiar with it and adhere to it when attending to babies in the community?

**Answer: Policies are readily available for access remotely electronically in all care setting- Hospital and Community. All our community midwives, have access to laptops or Ipad 24/7 whereby the policy is accessible. When attending a visit in the community the midwife will do an assessment of the baby, if it is identified that the baby has yellow colouration of the skin, or conjunctiva, poor feeding or excessive sleepiness. The midwife will take a sample of blood from the baby's foot, this is taken to the pat lab for analysis.**

8. What is your average discharge time for babies and mothers following a live birth?

**Answer: 2 hours post birth to 1 day on average**

9. Do you record cases of brain damage caused by high bilirubin levels in babies with neonatal jaundice (kernicterus)?

**Answer: Yes this would be kept in the Neonatal records**

10. If yes to the question above then please provide figures for the number of cases for all financial years where data is available.

**Answer: 2012/13 = 1, 2014/15 = 1**

11. How much compensation did your trust pay to children with brain damage caused by high bilirubin levels (kernicterus) for all financial years where data is available.

**Answer: As the National Health Service Litigations Authority (NHSLA) make these payments on our Trust's behalf, we recommend that you contact them directly for this information. Their Freedom of Information Office can be contacted via email address; [foi@nhsla.com](mailto:foi@nhsla.com) or postal address; Freedom of Information Office, NHS Litigation Authority, 2<sup>nd</sup> Floor, 151 Buckingham Palace Road, London, SW1W 9SW.**

**242/16**

**Payroll**

**Freedom of Information Request**

1.	Do you have your own Payroll service or have you outsourced - if so, to who?	Our own payroll service
2.	What price per payslip do you pay for your Payroll service?	N/A
3.	How many years in total is the current contract length	N/A

	with your Payroll provider?	
4.	Do you use electronic expenses?	No
5.	Do you use online-only payslips?	No
6.	Do you use electronic time and attendance systems for recording additional hours and absences?	On the wards only
7.	If outsourced, do you employ a lead role/s within your organisation whose main duties are to manage the relationship with the Payroll provider? If so, what NHS Agenda For Change salary band are they?	N/A
8.	Who provides your Pensions advice service, is this included in the contract with your Payroll provider?	In-house
9.	Are there additional Payroll services charged in addition to the price per payslip for your primary contract?	N/A
10.	Does your Payroll provider charge you for late or erroneous documentation?	N/A
11.	Does your payroll provider charge for processing advance payments or overpayments of salary?	N/A
12.	Does your Payroll provider charge employees to process third party deductions, for example union subscriptions?	N/A
13.	Does your Payroll provider charge employees for copies of documentation, for example, copy payslips or P60?	N/A
14.	What Key Performance Indicators do you use as a measure of your Payroll provider's quality of service?	N/A
15.	Does your Payroll provider require transactions to be submitted using a chosen platform, for example Self-Service, electronic or paper form?	N/A

**243/16**

**District Nurses**

**1) At the start of the financial year 2014/15 (eg April 6, 2014) how many of the following did you employ or commission?**

- i. District nurses?

At the start of 14/15, the Trust employed 11.3 FTE District Nurses.

**2) At the start of the financial year 2015/16 (eg April 6, 2015) how many of the following did you employ or commission?**

- i. District nurses?

At the start of 15/16, the Trust employed 19.55 FTE District Nurses.

**3) At this current date, how many of the following did you employ or commission?**

- i. District nurses?

At the start of 16/17, the Trust employed 18.75 FTE District Nurses.

**4) How many of the following do you plan to employ or commission for the next financial year 2017/18?**

- i. District nurses?

The most recent workforce plans indicate an intention to maintain District Nursing number at the current level during 17/18.

**5) If you plan to decommission or reduce any nursing services or posts in the coming year, please state the reason why:**

The most recent workforce plans do not indicate an intention to reduce or decommission nursing services or posts.

**6) Please provide a copy of the risk assessment around any reductions in nurse numbers**

**244/16**

**Costing for new Junior Doctors Contract**

**1) If you were one of the trusts who 'expressed concerns over the pay provisions of the new junior doctors contract'.**

- a. If you were, please say so and please provide copies of these emails, with any replies/attachments.

Answer: Not Applicable

**2) If you have done any costings on the implementation costs, or ongoing costs of new rotas under the new Junior's Doctor's contract**

- a. If so, please provide a copy of these figures, and state how much the new Junior Doctor contract will save/cost the trust.

Answer: The Trust has started some initial work on costings; however this work has not currently been validated and will be available at a future date once validation has been completed. There we are applying exemption 22, information intended for future publication.

**245/16**

**Injury Costs Recovery Scheme**

Please can you provide me with information about the total amounts collected by the Trust/Hospital in relation to the NHS Injury Costs Recovery Scheme (was RTA) for the year 2015/16.

Answer: RTA income received for 15/16 totaled £623,336.55

**246/16**

**Incident Reports**

I would like, under the FOI to request copies of the report in relation to the June incident report. I would like details of the incidents to include how many were subject to NRLS reporting.

**We wrote to you asking for clarification and you sent the following:**

The information I am requesting is in relation to your report hyperlinked below;  
<https://www.walsallhealthcare.nhs.uk/Data/Sites/1/media/documents/board-papers/2016/august/enc-5-si-report-to-public-board-august-2016.pdf>

I am specifically interested in the;  
No Harm/Minor Harm 884 (95.9%)  
Moderate Harm 17 (2.6%)  
As according to the above report.

Of these incidents, how many were subject to NRLS reports?

**Answer: No Harm/Minor Harm = 915 incidents of which 780 incidents were Patient Safety Incident's (PSI's)  
Moderate Harm = 16 incidents of which all 16 incidents were PSI's.**

**Answer: All incidents that are classified as a PSI are reported to the NRLS**

**247/16**

### **Breast Ironing**

Do you have a way of identifying / recording breast ironing incidences across your trust?  
And in particular in i) obstetrics & gynaecology ii) paediatrics iii) oncology departments

How many patients have presented with symptoms associated with breast ironing in the last three financial years?

2013-14  
2014-15  
2015-16

Please identify the age group for each the affected patients;

11 and under  
12-16  
17-21  
22-45  
46 and over

Do you have a safeguarding pathway if a patient presents with breast ironing?  
How many times has it been used in each of the last three financial years?

2013-14  
2014-15  
2015-16

Answer: There is no information held locally regarding this practice and it is not specifically referred to within our Safeguarding Policies.

**248/16**

### **Financial Position**

- the trust's reported financial position (it's surplus or deficit) £000's
  - for the year to March 31, 2014 = £565 (surplus)

- for the year to March 31, 2015 = £12,861 (deficit)
- for the year to March 31, 2016 = £9,790 (deficit)
- for the current 2016/17 year to July 31 = £3,805 (deficit)
- the trust's planned surplus or deficit
  - for the year to March 31, 2014 = £4,251 (surplus)
  - for the year to March 31, 2015 = £535 (surplus)
  - for the year to March 31, 2016 = £16,687 (deficit)
  - for the current 2016/17 year = £6,136 (deficit)

**249/16**

**National review of Antibiotic guidelines**

1) Please provide, in full, the antibiotic guidelines used by your trust. – Pharmacy

**Answer:** please see link on Trust intranet homepage: <http://microguide.horizonsp.co.uk/viewer/wht/adult>

Also the guidelines may be downloaded as an app onto mobile phone as follows:

**To download the free Walsall Healthcare NHS Trust antimicrobial app, search for microguide and download it or visit the following links:**

*for apple* <https://itunes.apple.com/gb/app/microguide/id447171786?mt=8>

*for android* <https://play.google.com/store/apps/details?id=com.xancu.utreat>

*for windows* <https://www.microsoft.com/en-gb/store/apps/microguide/9nblggh1kd0t>

2) Is antibiotic prophylaxis routinely given for urinary catheter removal after any joint replacement? : yes/no

**Answer:** Antibiotic prophylaxis is given to all patients who have a joint replacement who have a catheter. Gentamycin is given.

3) If yes, which is given and how?

**Answer:** Please see above answer to question 2

4) If yes, what proportion of patients with urinary catheters receive it?

**Answer:** For patients who need change of long standing catheter or have a traumatic change of catheter the wards do not give prophylactic antibiotics.

**250/16**

**Money received for each medical student**

I would be grateful if you could inform me of the amount of money Walsall Healthcare NHS Trust receives for each medical student being trained at this trust each year and a breakdown of how the money is spent.

Answer:

	Under-Graduate Medical	Post-Graduate Medical
No of Students	55	103
Income Average	£30,701	£26,904

Costs (Av based upon 1415 return)

001: Pre-placement costs	£5	£159
002: Direct teaching staff costs	£10,817	£2,825
003: Cost of teaching staff time spent on training courses	£632	£91
004: Cost of staff teaching while delivering patient care	£2,020	£1,517
005: Facilities cost	£2,391	£1,241
006: Administration cost	£1,969	£628
007a: Central Education cost	£1,147	£1,708
007b: Placement exams/assessments	£626	£150
008: Overheads	£3,330	£3,812
009: Cost of checking trainees' work		£0
010: Cost of trainees attending courses or examinations		£637
011 x 012: Total trainee staff cost for time in training		£22,604

## 251/16

### Digital Dictation, Speech Recognition, Outsourced Transcription

1. Digital Dictation

a. Please confirm how many licences the Trust currently has;

Answer: Not applicable, it's a managed service

b. Please confirm annual expenditure on Annual Support Fees.

Answer: £140K

2. Speech Recognition

a. Please confirm how many licences the Trust currently has;

Answer: 21

b. Please confirm annual expenditure on Annual Support Fees.

Answer: £2697

3. Outsourced Transcription

a. Please confirm how many lines or minutes the Trust currently sends to Outsourced Transcription;

Answer: Not applicable

b. Please confirm annual expenditure.

Answer: Not applicable

## 252/16

### Private Healthcare

1. What treatments, including procedures and surgery, were available privately at the Trust each year?

**Answer: Please find attached a general price list for private procedures normally undertaken at the Trust, however the list is not comprehensive, and where a patient requests private treatment this will be accommodated if possible**

2. How much income did the Trust receive from private patients each year?

**Answer: Please see below**

**2012/13 - £22,179.00**

**2013/14 - £13,713.70**

**2014/15 - £11,070.05**

**2015/16 - £14,201.00**

**2016/17 - £12,695.48 year to date**

3. What were the average waiting times for the first outpatient appointment for a) private patients and b) NHS patients each year for referrals for the following:

Knee replacement

Hip replacement

Cataract surgery

Vasectomy

Coronary artery bypass graft surgery

Angioplasty

**Answer: The Trust has not reported referral to treatment nationally and have not reported since September 2014 data reported in October 2014. The waiting time information might therefore not be inaccurate as data validation processes are being undertaken.**

4. What were the average waiting times from the first outpatient appointment to the date of treatment for a) private patients and b) NHS patients each year for the following:

Knee replacement

Hip replacement

Cataract surgery

Vasectomy

Coronary artery bypass graft surgery

Angioplasty

**Answer: The Trust has not reported referral to treatment nationally and have not reported since September 2014 data reported in October 2014. The waiting time information might therefore not be inaccurate as data validation processes are being undertaken.**

**253/16**

**Organisational Charts**

**Please can you reply with an organisational chart including the names, job titles and contact details (email or direct line) of all the divisional clinical managers/directors, deputies and general managers within the organisation.**

Answer:

Exemption under Section 21 (Information available by other means) has been applied to your request. Our structures are 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>

Main telephone number is 01922 721172

**254/16**

**Incident Data**

Please could you provide me with an extract from the hospital episode data for every admission where the external cause was an animal for 2015 and 2016 to date, including:

The date of the admission.

The age of the person injured.

The specie of the animal that caused the injury.

The variety/breed of the animal that caused the injury.

A description of the injury.

If the injury was fatal. (Yes or No)

Including but not limited to incident that were logged under the following codes:

W53 - Bitten by rat
W54 - Bitten or struck by dog
W55 - Bitten or struck by other mammals
W56 - Contact with marine animal
W57 - Bitten or stung by nonvenomous insect and other nonvenomous arthropods
W58 - Bitten or struck by crocodile or alligator
W59 - Bitten or crushed by other reptiles
X20 - Contact with venomous snakes and lizards
X21 - Contact with venomous spiders
X23 - Contact with hornets
X25 - Contact with other specified venomous arthropods
X26 - Contact with venomous marine animals and plants
X27 - Contact with other specified venomous animals
X28 - Contact with other specified venomous plants
X29 - Contact with unspecified venomous animal or plant

If it is easier/quicker to send the full data that would include the information listed above instead, please do that.

Please provide the information as a spreadsheet or CSV.

**Answer:**

Please see attached spreadsheet but please note that the following information is not recorded:

- The specie of the animal that caused the injury.
- The variety/breed of the animal that caused the injury.
- A description of the injury.

## 255/16

### Provision of Physiotherapy Services

- 1- The number of patients on the waiting list for an appointment with a physiotherapist at the year-end 31st March in each year between 2006 and 2016.

**Answer:** withheld under section 12 as this request would require more than 18 hours input in order to provide the information.

- 2- The average waiting time for a physiotherapist appointment in each financial year from 2006 to 2016.

**Answer:** withheld under section 12 as this request would require more than 18 hours input in order to provide the information.

The following 2 additional requests are secondary to the above, and if they result in too great an administrative burden or result in a high cost of research then please ignore and focus on points 1 and 2.

- 3- Annual expenditure on physiotherapy in the trust each year from 2006 to 2016.

**Answer:** withheld under section 12 as this request would require more than 18 hours input in order to provide the information.

If any of the information requested above in points 1-4 is available monthly, then please could you also supply this. If not, annual figures will be adequate. Additionally, if similar information, though in a slightly different format to that specified (eg by calendar year rather than financial year), is available then please provide this in lieu of the information requested. Where possible, if this information could be presented in an excel file, that would be greatly appreciated.

**Answer:** withheld under section 12 as this request would require more than 18 hours input in order to provide the information.

## 256/16

### Parking Charges and Income

1. Please state what the income was to the Trust from parking income in patient car parks in (i) the (14/15) financial year and (ii) the (15/16) financial year?
2. What is the highest hourly rate for parking charged to patients in any of your car parks?

Note: If the figures you hold on parking income relate to all income and it is not possible to differentiate between patient and staff parking income then please provide me with a combined figure but please state that this is the case.

Answer:

14/15 – £972,729

15/16 - £1,283,795

Highest hourly rate is £4.00 up to 4 hours but £6 over 4 hours.

**257/16**

**Medicines Savings - Request withdrawn**

**258/16**

**Electrical Materials**

Please state what your estimated annual spend is on electrical materials and associated products for the financial year 2015/2016. This might be against the agreement RM3747 - Building Materials and Associated Services, Lot 3 Electrical

Where possible please state the suppliers you have bought from and the spend against them.

Where possible please state the products bought and the price paid.

**Answer:**

**We recommend you contact Skanska Facilities 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](mailto:sarah.betts@skanska.co.uk) or telephone number 01922 656470.**

**259/16**

**Endomyocardial Biopsies**

Do any hospitals in the trust perform Endomyocardial Biopsy?

**Answer: No**

a) If so how many were performed in 2014-15 financial year?

**Answer: N/A**

b) How many were performed for investigation of Myocarditis?

**Answer: N/A**

2) How many patients in 2014-15 were diagnosed with Myocarditis in the trust?

**Answer: There is one patient with a diagnosis recorded of Myocarditis unspecified recorded in 2014-15 financial year**

3) Does the Trust refer patients to other centres or trusts for Endomyocardial Biopsy?

**Answer: Yes**

4) If so which centres or trusts do you refer to?

**Answer: Wolverhampton New Cross and UHB - tertiary centre**

5) Does your trust receive referrals from other centres or trusts for Endomyocardial biopsy?

**Answer: No**

6) If so which trusts?

**Answer: N/A**

**260/16**  
**Human Resources**

Payroll

1. Is payroll managed: -
  - A. in-house IN HOUSE
  - B. outsourced
  - C. combination of in-house and outsourced
2. How many payroll staff does the trust / health board currently employ (please provide the number of WTEs)? 7.68 WTE
3. How many payslips did the organisation process in-house in 2015/16? 6816
4. Please provide details below of 3<sup>rd</sup> parties / external providers used to provide payroll services to the trust / health board:

Staffing Group(s)	Substantive or Temporary?	Frequency of Payroll e.g. monthly, weekly, fortnightly	No. of Staff on the Payroll (average)	Average monthly cost of payroll service provision 2016/17 YTD	Annual cost of payroll services provision 2015/16	Which 3 <sup>rd</sup> party do you use for payroll service?	What type of payroll service do they provide? (Bureau – partly outsourced whereby you retain a payroll team in-house or Fully Managed – where all the payroll expertise resides with the service provider)	When does this contract expire?
				£	£			

Answer: We have started using LIAISON as an out sourced payroll for our Doctors Bank from August 2016 at an average expected cost of £90K per annum

5. Do you use any other 3<sup>rd</sup> party payroll software to process the payroll? If so, please provide:
  - a. Name of supplier:
  - b. Annual cost:
  - c. Contract end date:

Answer: NONE

Non-Mandatory Training

6. Please provide your total spend on: -
  - a. Leadership development training in 2015/16?
  - b. Continuous Professional Development (CPD) training (afc bands & vsm only) in 2015/16?

7. What was the highest payment made to any private sector training providers in 2015/16 and what was the training for? –
8. What non-mandatory training and development courses did you engage in 2015/16 (please list all courses)? –
9. Please state the organisation’s training and development budget and actual spend on external providers in the years specified below: -

	Budget	Actual
13/14		
14/15		
15/16		
16/17		

Answer: Please see the embedded document below:



Training costs FOI  
14.09.xlsx



TNA.pdf

## 261/16

### Adult patients admitted onto Children /Teenagers wards

In the last three calendar years: How many adult patients have been admitted to and/or treated on children or teenage wards in hospitals at your trust?

Please provide this information broken down by calendar year for 2013, 2014, and 2015.

Answer:

Year 2013 = 0

Year 2014 = 1

Year 2015 = 1

## 262/16

### Occupational Therapy

- How many occupational therapists were/are employed within your Trust in each of the following years 1) 2013; 2) 2014; 3) 2015; 4) 2016 i) to date ii) budgeted?

Answer: All figures are provided effective 31 March of the relevant year.

	FTE	Headcount
2016	38	46
2015	42	50
2014	41	48
2013	36	42

- What was the total amount spent on occupational therapy services within your Trust in each of the following years 1) 2013; 2) 2014; 3) 2015; 4) 2016 to date i) to date ii) budgeted?

<b>FOI Occupational Therapists</b>				
<b>Total spend on Occupational Therapy Service (Pay + Nonpay less income)</b>				
<b>Year</b>	<b>Annual Budget</b>	<b>Budget y-t-d</b>	<b>Actual y-t-d</b>	<b>Total annual spend</b>
2013/14	£250,768			£201,517
2014/15	£222,944			£215,046
2015/16	£239,038			£283,300
2016/17	£240,258	£100,108	£120,469	

- Of these, how many occupational therapists work on acute medical awards?

**Answer:**

**2013 – 19**

**2014 – 23**

**2015 – 23**

**2016 – 23**

- Of these, how many occupational therapists do you employ in Accident & Emergency departments?

**Answer: We do not employ occupational therapists specifically for A&E.**

**263/16**

**MLU**

- Do you have an MLU (can you state where it is situated in relation to your maternity dept. please)

**Answer:** We have a stand-alone Midwifery led Unit which is located in Charles Street, Walsall, WS2 9LZ. The unit is 0.7 miles away from the main delivery suite at Walsall Manor hospital.

- Should you have an MLU; have you seen an increase in births since the MLU's introduction and has your C Section rate dropped.

**Answer:** The MLU was opened 4 years ago. We have experienced a significant increase in the number of births at Walsall Healthcare Trust over recent years. Our Caesarean section rate has not dropped.

**264/16**

**Spending on Theranos blood testing equipment**

I would like to know how much the trust has spent on Theranos' Edison blood-testing machines since the beginning of 2012. I would also like to know if there were any planned investments on the products or any investigations into the results they produced.

**Answer:**

The Trust does not use this equipment.

**265/16**

**Organisational Structure chart for Therapy**

Please provide me with an up to date Organisational Structure chart for all therapy services including all manager NAMES, contact details and job titles.

Answer: Exemption under Section 21 (Information available by other means) has been applied to your request. Our structures are 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>

We do not provide staff names under Director level.

The main contact telephone number is 01922 721172.

**266/16**

**Junior Contract**

Unfortunately just after the time I asked my question a mutually-agreed moratorium was put in place and further changes were negotiated. It is therefore hard to know if your previous response is still accurate in the light of the fact a new contract has been announced and you may not have been able to fully comment as a result.

I would therefore be grateful if you could please review your previous response and consider if it is still valid with respect to the currently proposed contract: [Terms and Conditions of Service for NHS Doctors and Dentists in Training (England) 2016 Version 1 (6<sup>th</sup> July 2016)]. If your response is unchanged I would be grateful if you could please let me know and there is no need to respond to the specific questions below. If your response is no longer valid I would be grateful if you could please consider the following three areas with regards to this version of the contract:

1) Is the trust planning to impose the contract as per the NHS employers current timetable?

[<http://www.nhsemployers.org/~media/Employers/Documents/Need%20to%20know/Implementation%20timeli ne%20July%202016.pdf>]

2) Details of any modelling of the impact of this new contract (including but not limited to cost impact, levels of staffing across the week, and impact upon training)?

3) Details of any plans to change services offered in order to implement 7-day services as a result of this contract change?

**Answer:** There is no change from our previous response

**267/16**

**Organisational Structure Chart for All Nursing Services**

Please provide me with an up to date Organisational Structure chart for all nursing services including all manager NAMES, contact details and job titles.

Answer: Exemption under Section 21 (Information available by other means) has been applied to your request. Our structures are 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>

We do not provide staff names under Director level.

The main contact telephone number is 01922 721172.

**268/16**

**Organisation structure of all IT, Procurement, Finance and HR**

Please can I have a organisation structure of all IT, Procurement, Finance and HR services within your Trust, including team name, phone number and team managers name?

Answer: Exemption under Section 21 (Information available by other means) has been applied to your request. Our structures are 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>

We do not provide staff names under Director level.

The main contact telephone number is 01922 721172.

**269/16**

**How many patients with Multiple Sclerosis have been treated with MS disease modifying drugs in the past 6 months?**

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.

Please provide the number of patients by treatment for the following disease modifying drugs.

Aubagio (teriflunomide)

Avonex (interferon beta-1a)

Betaferon (interferon beta-1b)

Copaxone (glatiramer acetate)

Extavia (beta interferon-1b)

Gilenya (fingolimod)

Lemtrada (alemtuzumab)

Rebif (beta interferon-1a)

Tecfidera (dimethyl fumarate)

Tysabri (natalizumab)

Ampyra (Fampyra)

Peginterferon beta-1a (Plegridy)

Daclizumab (Zinbryta)

Others

Answer: Walsall healthcare NHS trust is not commissioner to be a specialist provider to treat MS patients. Therefore, we do not issue or order medications for treatment of MS

**270/16**

**Chief Clinical Information Officer & Director of Informatics**

1. Can you please provide the name and email of your Chief Clinical Information Officer or the person who holds the equivalent role in your trust?

Name: Steve Darkes

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

2. Can you please provide the name and email of the Trust Director of Informatics or the person who holds the equivalent role in your trust?

Name: Russell Caldicott  
 Contact Details: russell.caldicott@walsallhealthcare.nhs.uk

**271/16**

**Organisational Structure Chart for All Social Care Middle Management**

Please provide me with an up to date Organisational Structure chart for all social care middle management including all manager NAMES, contact details and job titles.

Answer: The Trust does not directly employ social care staff – these are employed / managed by social services

**272/16**

**Biologics**

We would like to request from Walsall Healthcare NHS Trust the numbers of patients treated in the last 12 months with the following drugs for the conditions listed below:

Answer: Please see table below.

Drug Name	Number of patients treated for:		
	Psoriasis	Psoriatic Arthritis	Ankylosing Spondylitis
Cosentyx (secukinumab)	3	0	0
Humira (adalimumab)	22	15	13
Enbrel (etanercept)	6	7	9
Benepali (etanercept) - biosimilar	0	0	0
Remicade (infliximab)	0	3	1
Remsima (infliximab) - biosimilar	0	0	0
Inflectra (infliximab) - biosimilar	0	1	0
OCimzia (certolizumab)	N/A	0	0
Simponi (golimumab)	N/A	14	20
Taltz (ixekizumab)	0	N/A	N/A
Stelara (ustekinumab)	9	0	N/A
Otezla (apremilast)	0	0	N/A

**273/16**

**Patient records theft**

I am requesting a freedom of information in relation to the patient records stolen from a car whilst in the possession of Walsall Healthcare NHS Trust.

Can you please confirm

- the number of notes missing **41**
- To confirm it is the file of one or more patients **different patients**
- The number of apology letters sent out **41**
- Any formal complaints received in connection to the incident **no formal complaints received to date**
- Any disciplinary action to be taken **there is an ongoing investigation**

- Practice change to prevent repeat work is ongoing to review the level of patient information that community staff take with them on their visits and to agree a minimum data set. The data set will be different for the different specialities. Standard operating procedures will be developed to support the use of minimum data sets.
- Is it normal practice to leave patients notes in a car please refer to the Safe Haven Policy which describes the process that must be followed when transporting patient information

#### 274/16

##### Savings on medicines

For 2014-15, 2015-16 and 2016-17, please indicate how you have delivered or plan to deliver savings on medicines in the example format shown in the table below. Where product switches have been made outside of contract lines, please indicate for which specific drugs. Regional or national contract savings do not need to be reported.

Year	Scheme	Approximate saving
2014-15	Switch from soluble to plain prednisolone.	£10,000
2015-16	Biosimilar infliximab gainshare	£15,000
2015-16	IV paracetamol restriction	£2,000
2016-17	Biosimilar etanercept gainshare	£10,000

**Answer: Please see table below showing Pharmacy delivered the following savings.**

Year	Scheme	Approximate saving
2014-15	Pharmacy Medicines procurement	£50,000
2015-16	Clexane (contracting via framework)	£30,000
2016-17	Prednisolone + Vit D supplement	£20,000

#### 275/16

**All registers of Gifts and Hospitality that the Trust holds, for all staff, covering the calendar year 2015.**

I would like to see all registers of Gifts and Hospitality that the Trust holds, for all staff, covering the calendar year 2015.

Answer:  
Please see attached.

#### 276/16

##### Insullin Pump

- 1) How many patients in your area have been diagnosed with type 1 diabetes?

Answer: Unknown for 2016. 2012-13 diabetes registrations and prevalence 1094 people in Walsall CCG with Type 1 diabetes 0.43% of local population

2) How many patients in your area with type 1 diabetes are currently using insulin pump therapy?

Answer: Total – 114, Adults – 59, Children - 55

3) How many new individual insulin pumps have you commissioned in:

Answer: (some are out of warranty replacements)

- |            |                           |
|------------|---------------------------|
| a) 2012/13 | Feb 2013 – March 2013 = 9 |
| b) 2013/14 | 24                        |
| c) 2014/15 | 45                        |
| d) 2015/16 | 22                        |

4) What number of the population do you cover?

Answer: We provide cover for Walsall and the surrounding area if applicable

5) What percentage of your diabetes population were a) offered and b) received an insulin pump in i) 2012/13, ii) 2013/14, iii) 2014/15 and iv) 2015/16?

Answer: Percentage unknown as we do not hold year on year population data.

6) Do you give all eligible patients the choice of insulin pump therapy in line with NICE guidance on insulin pumps (TA151)?

Answer: Local Trust policy states that If a patient meets NICE criteria they are assessed by the MDT for insulin pump therapy

7) What guidance, information and structured education do you provide on insulin pumps for a) providers and b) patients?

Answer:

- a) Providers of insulin pump therapy undertake regular and appropriate specialist training from the insulin pump manufacturers and by attending external training events,
- b) See information below from local Trust policy below for adults and children regarding education and support:

### 5.3 (i) Patient Education and Support: Adults

Patients commencing pump therapy require intensive education and support to use them effectively. The Diabetes Specialist nursing team and Diabetes Dieticians provide initial education, ongoing support and lifestyle advice. This includes a structured education and review process for months one and two of the therapy, it is usual that by month three, the patient is self-managing their treatment, with support as they require.

- To commence insulin pump therapy, a patient receives 3 x 90 minute sessions within a 10 day period of intensive education with the multidisciplinary team, They are reviewed by the Diabetes Specialist Nursing Team after a week of using pump therapy.
- At the end of month 2, the patients' HbA1c is monitored for further educational and adjustment needs.
- By month 3 it is hoped that the patient will be able to self-manage their therapy, the patient is reviewed by their consultant after 3 months.

- The Diabetes Specialist Nursing Team is the first point of contact and support for all patients on insulin pump therapy.
- Carers and education providers of children also require ongoing support and education in the use of pump therapy this is provided by the Diabetes Specialist Nursing Team and Diabetes Dietitians.

### **5.3(ii) Patient Education and Support: Children and Young people**

Child and parents need to attend x6 2 hour group education sessions over a 3 month period and have telephone contact during this time.

Session 1: Pump Education – pre start education – 90mins & HbA1c

Session 2: Saline Start and pump practice – 2hrs – parents also wear a saline pump for experience.

Session 3: 3-4 days interval - Insulin Start – 2hrs.

Telephone contact after 3 days

Session 4: 1 week interval - Review 1 – review pump upload and settings

Telephone contact after 3-5 days

Session 5: 1 week interval - Review 2 - review pump upload and settings

Telephone contact weekly for first month then as required.

Session 6: 3 month post CSII Clinic Follow-up & HbA1c

**277/16**

#### **Audiology Services**

#### **Audiology Service FOI questions**

**Figures supplied from 2015-2016 Financial year.**

#### ***Contractual Arrangements***

- Is your routine audiology service for those 55 and above commissioned via an AQP contract or other contract?

**Answer: Both**

- Is there more than one contract in place for those aged 55 and above requiring routine audiology?

**Answer: Yes**

- What Audiology contracts are in place to see patients under the age of 55?

**Answer: See below**

**Audiology Children Assessment & Development**

**Audiology Adult Hearing Aid Service - (assesses, fit, review)**

**Audiology Adult Hearing Aid Service - (repairs)**

**Audiology Analogue Hearing Aids**

**Audiology Digital Hearing Aids**

***Patients***

- How many direct access audiology patients do you see per year? –if there is more than one contract please break down by contract

**Answer: In 1516 we had 74 patients referred by a GP into the Audiology service Note - We had 2151 patients self-referred**

- How many AQP patients do you see per year?

**Answer: In 1516 we had 20 AQP patients**

For both Direct Access Audiology and AQP:

- What % of your patients are New referrals

**Answer: For the financial year 15/16 for the specific clinics specified in the email trail below we have arrived at the % new attenders by looking at the number of new over the total.**

**% New = 56%**

**AQP – For financial year 2015/2016 43% were new referrals**

What % of your patients are existing wearers?

**Answer: Data is not collected for non AQP referrals**

**AQP – % of new referrals through AQP pathway = 49%**

What % of your referrals come via ENT

**Answer: For the financial year 15/16 for all Audiology referrals we have arrived at the % referrals from ENT by looking at the number of referrals with a Referred by Specialty = ENT, over the total number of Referrals to Specialty = Audiology.**

**% from ENT = 18%.**

What % of your patients get referred onwards for ENT?

**Answer:**

- **Direct Access - For the financial year 15/16 for all ENT referrals we have arrived at the number of referrals from Audiology by looking at the number of referrals with a Referred by Specialty = Audiology where the Referred To Specialty = ENT.**
- **To calculate this as a percentage of Audiology patients we have used the total number of new attenders to Audiology as the denominator.**
- **% Referred to ENT = 0.4%.**
- **AQP – Data is not collected**

#### ***Access to Services***

- How many days per week are your direct access adult Audiology Services available as a minimum?

**Answer: 5**

- Do you offer appointments after 5:30pm weekdays or at weekends? If so, how many appointments are available at these specified times as a minimum?

**Answer: No – there is a minimum of one weekly 5-6pm appointment.**

- What are the timescales from referral receipt to triage?

**Answer: this information is not currently recorded**

- What are the timescales to contact patients following the referral acceptance?

**Answer: For the financial year 15/16 for the specific clinics specified in the email trail below we have arrived at the difference in days between the referral received data and the date that the first Outpatient appointment was created on Lorenzo. Average over the year = 23 days.**

If the patients are offered a diagnostic appointment, are they expected to attend an additional appointment for audiology or aural hygiene?

**Answer: Patients are seen for diagnostic assessment and will be referred on to other audiology services (tinnitus, balance) or for aural toilet or to ENT as their needs dictate.**

- Do you provide a same day hearing aid assessment & fit pathway?

**Answer: If appropriate – i.e. mild/moderate hearing loss and patients accepts hearing loss and happy to proceed.**

- Do you fit patients with hearing aids using open ear technology

**Answer: Yes**

- Do you provide a walk in aftercare service for your patients?

**Answer: Yes**

- Are aftercare services available across all locations? If so what days and times?

**Answer: Walk in repairs at Manor Hospital – Please see website for details. Booked repairs at other sites as facilities only available to us on certain days/times.**

- Do you promote choice of providers to existing users where AQP or other community services have been commissioned?

**Answer: Patients are always made aware of alternate provisions.**

#### **Audiology Waiting Times**

- What are your current waiting times for hearing assessment and fittings appointments for direct access adult audiology services

**Answer: All appointments are scheduled in line with AQP or DMO1/RTT rules.**

- Please confirm the waiting times to the following parts of your pathway:

First assessment

**Answer: this is available from nationally published data – Monthly Diagnostic Submissions to the DH**

The general NHS Statistics website is

<https://www.england.nhs.uk/statistics/>

The direct access audiology section is

<https://www.england.nhs.uk/statistics/statistical-work-areas/direct-access-audiology/>

The data downloads page is

<https://www.england.nhs.uk/statistics/statistical-work-areas/direct-access-audiology/daa-data/>

Fitting

**Answer: Please see above**

#### ***Bilateral hearing aid provision***

- What is your policy on bilateral hearing aid provision?

**Answer: We always fit bilaterally if this is clinically indicated.**

- How many patients are fitted with one hearing aid when they require 2 hearing aids?

**Answer: None – unless specifically requested by patient.**

- What is your tariff for a bilateral upgrade?

**Answer: Consultation fee £ 62.00 + Hearing aids @ £82.23 x 2 = £ 62.00 + £164.46 = £226.26**

### ***Patient Outcomes***

- Please describe how you measure outcomes of the service for patients, including any specific recognised outcome measurement tools.

**Answer: GHABP. (Glasgow hearing aid benefit profile)**

- What methods do you use to gather patient feedback?

**Answer: Friends and Family Test**

- Do the patient feedback results and outcome measures get submitted to the Commissioner?

**Answer: The Trust complies with its contractual arrangements with Commissioners and provides information at the formal contract meetings. This information can also be found in the Trust Board Report. The information provided in the reports is not service specific but relates to areas i.e. Outpatients, Inpatients etc. Internal reporting is available at service level and is shared with all services.**

What number and percentage of patients are still wearing their hearing aids at first follow up, 12 months and 24 months?

**Answer: Since most patients are not followed up routinely, and this information is not extractable from our electronic information systems. Exemption under Section 12 (Cost of Compliance Exceeds Appropriate Limit) has been applied to this part of your request as it would involve manually reviewing paper copies individually.**

### ***Follow-up appointments***

- What follow-up arrangements do you generally offer for patients fitted with hearing aids?
  - o Face-to-face follow-up appointments

**Answer: AQP Patients, patients with additional tinnitus or balance disorders, or patients requiring additional support.**

- o Telephone follow-up appointments

**Answer: AQP patients only**

- o Follow-up by post

**Answer: None**

- For each of the above, please state if they are offered to all patients, a particular group of patients, patients who request it, or not offered.

**Answer: AQP patients are offered a review and nay patients that the Audiologist thinks would benefit from a review.**

### ***Re-assessment***

- Do you offer a re-assessment of patients' hearing needs:
  - o Automatically after a certain number of years –

**Answer: No**

- o On patient request

**Answer: All patients**

- If you offer an automatic re-assessment, after how many years does this take place for non-complex patients?

**Answer: N/A**

- If you operate an automatic recall of patients, do you provide feedback to their GP of the process and the service provided?

**Answer: N/A**

**278/16**

**Trust Electronic Systems**

1. What computer system does the Trust use for the electronic ordering of medical devices and consumables? (e.g. Oracle, Integra, Cedar etc.)

**Answer: Integra**

2. What if any electronic catalogue does the Trust use in relation to the above? (e.g. GHX, THE, or none etc.)

**Answer: None**

3. What computer system does the Trust use for managing it's Theatres? (e.g. Ormis, Opera, TheatreMan etc.)

**Answer: Ormis**

4. Please confirm the name of your current Head of Procurement?

**Answer: Staff details below Director level are withheld under section 40 (Personal Information). ). Mark Sinclair, Director of Human Resources and Organisational Development is responsible for this department.**

5. Please confirm whether the Trust has any specific plans to introduce an automated inventory management system and if so, who the most appropriate contact might be for discussing this matter?

**Answer: Staff details below Director level are withheld under section 40 (Personal Information). ). Mark Sinclair, Director of Human Resources and Organisational Development is responsible for this department.**

6. Please confirm who the Trust's nominated lead is for the adoption of GS1 coding standards.

**Answer: Trust's nominated lead is Russell Caldicott – Director of Finance and Performance**

**279/16**

**Doctors Shifts**

1) The name of your trust

2) For August **2016**:

- a) The total number of junior doctor shifts in your trust.
- b) The number of junior doctor shifts filled by agency workers.
- c) The number of junior doctor shifts filled by staff junior doctors working additional shifts or covered by consultants.
- d) The number of doctor shifts which were unfilled.

3) For August **2015**:

- a) The total number of junior doctor shifts in your trust.
- b) The number of junior doctor shifts filled by agency workers.
- c) The number of junior doctor shifts filled by staff junior doctors working additional shifts or covered by consultants.
- d) The number of doctor shifts which were unfilled.

**280/16**

**Acupuncture**

1. The names of the hospitals, clinics or other settings in which you provided acupuncture treatments.

**Answer: We provide Auricular Acupuncture at Walsall Palliative Care Centre, Goscote Lane, Walsall, WS3 1SJ.**

2. The number of acupuncture treatments provided and the number of patients treated at each of these locations.

**Answer: There were a total of 278 Auricular Acupuncture treatments for 50 patients. These are the figures for April 2015 – March 2016.**

3. The types of clinicians who provided these treatments, e.g. physiotherapists, doctors, acupuncturists.

**Answer: These treatments were all provided by complementary therapists who have specifically trained in Auricular Acupuncture.**

4. The total cost of providing acupuncture treatments at each of these locations.

**Answer: Each treatment takes approximately 1 hour and the cost per treatment ranges per hour depending on the pay band of the complementary therapist delivering the treatment. Therefore it is hard to give a total cost for the whole year for the 278 treatments as a range of therapists could have delivered the treatment.**

**We have this year moved to providing group Auricular Acupuncture so the costs will be lower for the year 2016/17.**

5. The cost of acupuncture needles purchased included in the total cost.

**Answer: £109.81**

#### **281/16**

##### **Junior Doctors**

1. How much did the trust pay out in overtime for junior doctors of all grades (foundation year 1 up to specialist registrar) in the financial year 2015/16?

**Answer: Overtime is not paid to doctors**

2. What was the highest payment for a junior doctor for a single shift during 2015/16?

**Answer: The Trust does not pay overtime**

3. For question 2, please state the rate per hour, the date, the grade of the doctor and if there was any reason the rate was higher than usual.

**Answer: See reply to question 2**

4. How many cremation forms were completed by junior doctors in 2015/16?

**Answer: We do not audit the number of junior doctors that complete the cremation papers. However the junior doctor completing the cremation papers will be documented on the deceased board for reference. Exemption under Section 12 (Cost of Compliance Exceeds Appropriate Limit) has been applied to this part of your request as it would involve manually reviewing of the cremation papers.**

5. How much were junior doctors paid for each form?

**Answer: £82.50**

6. What was the total of the fees received by junior doctors employed at the trust for completing the forms in 2015/16?

**Answer: We are unable to ascertain the total fees as we do not audit the number of junior doctors that complete the cremation papers. However the junior doctor completing the cremation papers will be documented on the deceased board for reference. . Exemption under Section 12 (Cost of Compliance Exceeds Appropriate Limit) has been applied to this part of your request as it would involve manually reviewing of the cremation papers.**

7. If possible, please state the average salary of all junior doctors in the trust including overtime.

**Answer: Average Salary is £26318.13**

8. If possible, please state the lowest salary and highest salary of all junior doctors in the trust

**Answer: Lowest salary £22862.00 and highest salary £47647.00**

**282/16**

**Wound Care**

1. Please supply me with your most up to date wound care formulary (please indicate if you do not work from a formulary).

**Answer: Please see attached**

2. Please can you outline how compliance with your formulary is enforced?

**Answer: Formulary products have been categorised by Tissue Viability Nurses (and agreed by Joint Medicine Management Committee) as first line, second line and special use, Wards and depts. are advised of categories and items within them. First line, is basic everyday items used for general wound care, second line is slightly more specialist and treats wounds that require specific treatment or have longer recovery period. Special use products are for very specific wound care and are used in extreme cases.**

**All products are available from NHSSC, all wards/departments place orders via Distribution Centre for these items. Wound care products other than those listed on the formulary are masked on NHS Supply Chain catalogue by Distribution Centre so wards and depts. only order correct formulary items.**

**Special use items have to be agreed and authorised for use by Tissue Viability Nurse, any ward/dept must produce signature of TVN on request. A register of these transactions is kept within our Distribution Centre.**

3. Please indicate where possible what your average monthly usage of each product is.

**Answer: Attached is a spreadsheet listing an estimated usage of each wound care product per month.**

4. Can you list the number of wound care products used that are not currently on the formulary?

**Answer: 30 items, this may be due in part to not holding all sizes on Formulary.**

5. Can you provide usage levels for non-formulary wound care products in each of the last twelve months?

**Answer: Financial year 15-16 spend for Non-formulary wound care products £85,638.28**

6. How often do you review your wound care formulary and when was this last undertaken?

**Answer: Last review undertaken Nov 2013, next review June 2017**

7. Can you provide an overview of the information you assess when reviewing your formulary?

**Answer: Unable to answer, staff involved in previous decisions are no longer employed at the Trust**

8. Can you supply the number of tissue viability nurses employed in

**Answer: Please see below**

- i. 2016 – **3.00 Full time equivalent**
- ii. 2015 – **2.00 Full time equivalent**
- iii. 2014 – **5.33 Full time equivalent**
- iv. 2013 – **5.33 Full time equivalent**
- v. 2012 – **5.33 Full time equivalent**

9. Can you supply the number of leg ulcer nurses employed in

- i. 2016
- ii. 2015
- iii. 2014
- iv. 2013
- v. 2012

**Answer: No leg ulcer nurses were employed from 2012-2016**

10. What percentage of your practice nurses received specialist training in wound management in

- i. 2016
- ii. 2015
- iii. 2014
- iv. 2013
- v. 2012

**Answer: This data is not collected Practice Nurses are invited to all TV educational sessions.**

11. Can you supply us with the figures for your total spend on wound care products,

**Answer: Please see below figures for financial year April to March**

- i. 2015/16 - Spend **£478,667.00**
- ii. 2014/15 - Spend **£476,695.15**
- iii. 2013/14 - Spend **£411,548.66**
- iv. 2012/13 - Spend **£372,606.76**
- v. 2012/11 - No data recorded

12. Can you supply us with the figures for your total spend on compression bandages

**Answer: Please see below figures for financial year April to March**

- i. 2015/16 Spend **£23313.59**
- ii. 2014/15 Spend **£247.62.53**
- iii. 2013/14 Spend **£17955.68**
- iv. 2012/13 Spend **£20222.00**
- v. 2012 No data recorded

13. Can you supply us with the figures for your total spend on Anti-Microbial wound care products

**Answer: Please see below figures for financial year April to March**

- i. 2015/16 Spend **£2209.26**
- ii. 2014/15 Spend **£2827.92**
- iii. 2013/14 Spend **£3924.81**
- iv. 2012/13 Spend **£2759.73**
- v. 2012 No data recorded

14. Can you supply us with the figures for your total spend hosiery products

**Answer: Please see below figures for financial year April to March**

- i. 2015/16 Spend **£3439.78**
- ii. 2014/15 Spend **£4284.21**
- iii. 2013/14 Spend **£5692.04**
- iv. 2012/13 Spend **£5715.60**
- v. 2012 No data recorded

15. Do you have a strategy in place to implement NICE Guideline 179- Pressure ulcers: prevention and management of pressure ulcers

**Answer: Local Policy and prevention campaign**

16. Can you provide details on how the NICE Guidelines is implemented and how you monitor compliance?

**Answer: Monitored by PU performance dashboard**

17. Can you supply the total number of patients in each of the last five calendar years that had

- i. Level 1 pressure ulcers
- ii. Level 2 pressure ulcers
- iii. Level 3 pressure ulcers
- iv. Level 4 pressure ulcers

**Answer: The information by patient was not captured in the years requested therefore unable to provide this information.**

**283/16**

**Complaints**

**Question 1:**

How many open K041 formal complaints did you have as a Trust on the last calendar day of each month during 2015/2016 and 2016/2017 (to date)?

<b>2015/2016</b>	<b>Number of OPEN K041 complaints</b>
March 2015	50
April 2015	65
May 2015	59
June 2015	52
July 2015	51
August 2015	69
September 2015	71
October 2015	56
November 2015	57
December 2016	53
January 2016	43
February 2016	92
March 2016	90

<b>2016/2017</b>	<b>Number of K041 complaints</b>
April 2016	77
May 2016	83
June 2016	68
July 2016	63
August 2016	59
September 2016	45

**Question 2:**

How many open PALS / Informal concerns did you have as a Trust on the last calendar day of each month during 2015/2016 and 2016/2017 (to date)?

**Answer: Pulled through cases received from each month and then looked at resolved dates – some still open and some resolved the following month.**

<b>2015/2016</b>	<b>Number of open PALS / Concerns</b>
March 2015	19
April 2015	21
May 2015	55
June 2015	51
July 2015	61
August 2015	29
September 2015	66
October 2015	55
November 2015	70
December 2016	30
January 2016	71
February 2016	76
March 2016	54

<b>2016/2017</b>	<b>Number of K041 complaints</b>
April 2016	27
May 2016	36
June 2016	18
July 2016	28
August 2016	24
September 2016	22

**Question 3:**

Can I have a copy of the Trusts annual complaints report for the last 2 years please?

**Answer: Please see below**

**284/16****Child admissions for Drug and Alcohol**

Further my FOI request on child drug and alcohol related admissions (forwarded below – sent on 20 September 2016), I realise I have made an error with the age breakdown given.

For part II, I would like the total number of children aged 13-15, NOT 13-16 as per my original request (the ages given in part II and part III of my original request overlap, with 16 included in both).

For clarity and consistency, I would also like number of admissions of children, rather than number of patients admitted. Please include cases where the relevant diagnoses were recorded as both the primary and secondary condition as per my original request.

Apologies for any inconvenience caused. I would be grateful if you could acknowledge this revision and respond to the following amended request (amended template attached):

- I) Broken down by each of the following calendar years a) 2012, b) 2013, c) 2014, d) 2015 and e) 2016 so far, please state the total number of admissions of children aged under 13 to hospitals in your trust due to:
1. the toxic effect of alcohol
  2. mental and behavioural disorders due to use of alcohol
  3. poisoning by drugs, medicaments and biological substances
  4. mental and behavioural disorders due to drug and psychoactive substance use
  5. poisoning by antidepressants (subset of question 3)
  6. poisoning by ecstasy (subset of question 3)
- II) Broken down by each of the following calendar years a) 2012, b) 2013, c) 2014, d) 2015 and e) 2016 so far, please state the total number of admissions of children aged 13-15 hospitals in your trust due to:
1. the toxic effect of alcohol
  2. mental and behavioural disorders due to use of alcohol
  3. poisoning by drugs, medicaments and biological substances
  4. mental and behavioural disorders due to drug and psychoactive substance use
  5. poisoning by antidepressants (subset of question 3)
  6. poisoning by ecstasy (subset of question 3)
- III) Broken down by each of the following calendar years a) 2012, b) 2013, c) 2014, d) 2015 and e) 2016 so far, please state the total number of admissions of children aged 16-17 to hospitals in your trust due to:
1. the toxic effect of alcohol
  2. mental and behavioural disorders due to use of alcohol
  3. poisoning by drugs, medicaments and biological substances
  4. mental and behavioural disorders due to drug and psychoactive substance use
  5. poisoning by antidepressants (subset of question 3)
  6. poisoning by ecstasy (subset of question 3)

**Answer: Please see attached.**

<b><u>248/16 Drug and alcohol related admissions under of 18s</u></b>							
Name of Trust: Walsall Healthcare NHS Trust							
<b>I)</b>	<b>Number of admissions of under 13s with a primary or secondary diagnosis of:</b>	<b>ICD-10</b>	2012	2013	2014	2015	2016 so far
1	toxic effect of alcohol	T51*	0	0	0	0	0
2	mental and behavioural disorders due to use of alcohol	F10*	0	0	0	0	0
3	poisoning by drugs, medicaments and biological substances	T36* - T50*	12	14	13	18	13
4	mental and behavioural disorders due to drug and psychoactive substance use	F11* - F19*	1	1	0	0	0
5	poisoning by antidepressants (subset of question 3)	T430, T431, T432	0	0	1	2	0
6	poisoning by ecstasy (subset of question 3)	T436.	0	0	0	1	0

<b>II)</b>	<b>Number of admissions of 13-15s with a primary or secondary diagnosis of:</b>	<b>ICD-10</b>	2012	2013	2014	2015	2016 so far
1	toxic effect of alcohol	T51*	0	1	0	0	0
2	mental and behavioural disorders due to use of alcohol	F10*	0	0	0	1	0
3	poisoning by drugs, medicaments and biological substances	T36* - T50*	33	34	52	62	54
4	mental and behavioural disorders due to drug and psychoactive substance use	F11* - F19*	10	8	4	6	2
5	poisoning by antidepressants (subset of question 3)	T430, T431, T432	1	1	6	5	4
6	poisoning by ecstasy (subset of question 3)	T436.	0	0	0	1	2
<b>III )</b>	<b>Number of admissions of 16-17s with a primary or secondary diagnosis of:</b>	<b>ICD-10</b>	2012	2013	2014	2015	2016 so far
1	toxic effect of alcohol	T51*	0	0	0	0	0
2	mental and behavioural disorders due to use of alcohol	F10*	0	0	0	0	0
3	poisoning by drugs, medicaments and biological substances	T36* - T50*	22	42	56	45	41
4	mental and behavioural disorders due to drug and psychoactive substance use	F11* - F19*	22	26	17	13	20
5	poisoning by antidepressants (subset of question 3)	T430, T431, T432	5	5	7	6	11
6	poisoning by ecstasy (subset of question 3)	T436.	0	0	2	2	0

## 285/16

### Admissions from dog attacks

- 1) How many persons have been admitted to hospitals in your Trust for injuries caused by dog bites or attacks?
  - 2013 – 11
  - 2014 – 25
  - 2015 – 10
  - 2016 – 12
  
- 2) How many persons required inpatient treatment for injuries caused by dog bites or attacks?
  - 2013 – 11
  - 2014 – 25
  - 2015 – 10
  - 2016 – 12
  
- 3) How many persons required surgery for injuries caused by dog bites or attacks?
  - 2013 – 8
  - 2014 – 18
  - 2015 – 5
  - 2016 – 8

- 4) How many persons suffered fatal injuries for injuries caused by dog bites or attacks?
- 2013 – 0
  - 2014 – 0
  - 2015 – 0
  - 2016 – 0
- 5) What the total cost of treating injuries caused by dog bites or attacks was to your trust?
- 2013 – £21847
  - 2014 – £66088
  - 2015 – £9977
  - 2016 – £27225

**286/16**

**Non insured foreign nationals**

How many non-insured foreign nationals that have been unable to cover their healthcare costs have you cared for in the last two years, and from what countries?

**Answer:** Details of healthcare insurance are not ordinarily recorded for foreign nationals. An unpaid bill does not necessarily mean that the individual does not have healthcare insurance, however there is a high probability that the individual does not have healthcare cover otherwise this would be presented and bills would be settled readily. There were 8 patients that have outstanding bills within the last 2 years.

The patients came from the following countries :- Nigeria, Norway, Moldova, Pakistan, Jamaica, India and USA.

On average how many days have they been admitted for?

**Answer:** On average they were admitted for 20 days. Please note that there were 2 exception cases in excess of 50 days that have increased the average from 6.5 days to 20 days.

**287/16**

**Direct engagement model**

1. Does your Trust currently utilise a Direct Engagement (DE) model? – YES / NO

**Answer: Yes**

2. If Yes, who currently provides the service

**Answer: C. Liaison (TEMPre)**

3. What proportion (in percentage) of your agency workers for the following staff groups are directly engaged:

- a. **Medical Locums/Doctors** (e.g. Acute, Emergency, General Surgery, Paediatrics, Gynaecology, Neurosurgery, Dermatology, Cardiology)

**Answer: All of our doctors are now booked through a Direct Engagement model – 100%**

- b. **Allied Health Professionals/Health Science Staff** (e.g. Biomedical Science, Clinical Physiology (Cardiology), Dietician, Occupational Therapy, Pharmacy, Physiotherapy, Radiography, Talking Therapy, Speech & Language Therapy, Psychology, Anatomical Pathology)

**Answer: There are no Direct Engagement models in use via the Temporary Staffing department for the staffing groups we cover for agency use**

4. What percentage are you charged for the management of these services?

**Answer: Various percentages of fees for different aspects of the service provided**

5. When was the DE contract awarded?

**Answer: July 2016**

6. What is the contract duration?

**Answer: 5 years**

7. What was the motivation with engaging with these services?

**Answer: To increase our bank numbers and thus reduce reliance on sourcing agency locums and reducing overall agency spend**

**289/16**

**Organisational Structure chart for Psychiatry**

Please provide me with an up to date Organisational Structure chart for Psychiatry including all manager NAMES, contact details and job titles.

**Answer:** Walsall Healthcare NHS Trust does not provide psychiatry services.

**290/16**

**Gender Reassignment Operations**

- 1) Please state the number of patients who have undergone gender reassignment operations in the following financial years:
- i) 2010/2011
  - ii) 2012/2013
  - iii) 2014/2015
  - iv) 2015/2016
- 2) Please state the number of patients currently on the waiting list for gender reassignment operations. Please also provide a breakdown of those on the waiting list for each year of:
- a) Patients who were born male who are transitioning to become female.
  - b) Patients who were born female who are transitioning to become male.

Please provide information for the following financial years:

- i) 2010/2011
- ii) 2012/2013
- iii) 2014/2015
- iv) 2015/2016

- 3) Please state the average waiting time from first appointment to first operation for patients who have elected for gender reassignment surgery in the following financial years:
- i) 2010/2011
  - ii) 2012/2013
  - iii) 2014/2015
  - iv) 2015/2016

- 4) Please state the five longest waiting times of those on the waiting list for a gender reassignment operation for:
- a) Patients who were born male who are transitioning to become female.
  - b) Patients who were born female who are transitioning to become male.

Please provide information for the following financial years:

- i) 2010/2011
- ii) 2012/2013
- iii) 2014/2015
- iv) 2015/2016

5) Please state the overall numbers of operations for patients undergoing reassignment in the following financial years.

- i) 2010/2011
- ii) 2012/2013
- iii) 2014/2015
- iv) 2015/2016

6) Please state how many consultants/surgeons currently work for your trust who carry out gender reassignment operations or gender reassignment related surgery – and the type of surgery and operations they will carry out when doing gender reassignment operations.

**Answer: In response to all questions above our Trust does not offer gender reassignment surgery.**

#### **291/16**

##### **Public Health Funerals**

- 1) How many public health funerals were carried out by your authority in the year to August 2016? And in the year to August 2015, 2013, 2010 and the year 2000?

**Answer: Please see attached information for 2013, 2015 and 2016. We are unable to provide data previous to 2013 as it was not recorded.**

- 2) Please can you tell me the age of the oldest and youngest person who had a public health funeral.

**Answer: Please see attached information for 2013, 2015 and 2016.**

- 3) Please can you give me a breakdown of the gender of those who had a public health funeral (e.g. 100 men, 50 women)

**Answer: Please see attached information for 2013, 2015 and 2016.**

- 4) If it is recorded, was their family unable to pay or unwilling to?

**Answer: Please see attached information for 2013, 2015 and 2016.**

- 5) What is the cost to yourselves of providing public health funerals for each year since 2006? And in the year 2000?

**Answer: Please see attached information in the last column. We are unable to provide data previous to 2013 as it was not recorded.**

#### **292/16**

##### **Data breaches and Cybersecurity**

- 1. How many data breaches you detected in 2015

**Answer: For 2015 calendar year there were 9 serious incidents.**

- 2. How many of those breaches were cyber incidents

**Answer: 0**

3. How many data breaches you detected in 2014

**Answer: 0**

4. How many of those breaches in 2014 were cyber incidents

**Answer: 0**

5. How much your trust spent on cybersecurity in 2015

**Answer: 10k**

6. How much your trust spent on cybersecurity in 2014

**Answer: As above**

**293/16**

### **Obstetrics and Gynecology Terms and Conditions**

Please could you send me -

1. How many Obstetrics and Gynecology ST3s within your Trust are transitioning onto the new Terms and Conditions for NHS Doctors and Dentists in Training (England) 2016 on 5 October 2016 represented as –  
a) the total number of Obstetrics and Gynecology ST3s transitioning

**Answer: we currently have 3 O&G Middle Grade trainees (1 ST3 and 2 ST5) in post who have been offered and accepted transition to the new contract from October 2016**

b) the total number as a percentage of Obstetrics and Gynecology ST3s transitioning

**Answer: 100%**

2. If no Obstetrics and Gynecology ST3s are transitioning onto the new Terms and Conditions for NHS Doctors and Dentists in Training (England) 2016 on 5 October 2016 could you provide me with the date for when this will occur

**Answer: N/A**

3. If there are no plans for Obstetrics and Gynecology ST3s to be transitioned onto the new Terms and Conditions for NHS Doctors and Dentists in Training (England) 2016 could you provide any and all detail, correspondence or Trust board reports pertaining to this decision

**Answer: N/A**

4. If there are no plans for Obstetrics and Gynecology ST3s to be transitioned onto the new Terms and Conditions for NHS Doctors and Dentists in Training (England) 2016 could you provide any and all detail related to which contract they will be transitioned onto, or whether they will remain on their current terms and conditions of service.

**Answer: N/A**

**294/16**

### **NHS Imaging Infrastructure**

I am doing some internal research into the NHS imaging infrastructure and had a few questions I was hoping you could answer for each MRI scanner you have at your Trust. I would be grateful if you could please fill in the form attached.

**Answer: Please see attached response**

Information available upon request

**295/16**

**CIWA Policy**

I am making request under the freedom of information, for a copy on the trusts policy on the use of 'CIWA' assessment.

Please provide me a copy of the policy in place in 2012 and any updated versions to date.

Information available upon request.

**296/16**

**Medical and Surgical outliers**

In each of the financial years 2013-14, 2014-15 and 2015-16 (i.e. give figures for each year separately) please supply the following information:

1. How many patients were a) medical b) surgical outliers – i.e. in a bed in another department's ward?

**Answer: Please see below table**

<b>Outlier</b>	<b>Year 2013/14</b>	<b>Year 2014/15</b>	<b>Year 2015/16</b>
<b>Surgical outliers on medical Wards</b>	<b>344</b>	<b>560</b>	<b>263</b>
<i>01)Over 65</i>	<i>137</i>	<i>222</i>	<i>118</i>
<i>02)Less than or equal to 65</i>	<i>207</i>	<i>338</i>	<i>145</i>
<b>Medical outliers on Surgical Wards</b>	<b>557</b>	<b>1061</b>	<b>721</b>
<i>01)Over 65</i>	<i>359</i>	<i>673</i>	<i>452</i>
<i>02)Less than or equal to 65</i>	<i>198</i>	<i>388</i>	<i>269</i>
	<b>901</b>	<b>1621</b>	<b>984</b>

2. How many of these a) medical and b) surgical outliers were over the age of 65?

**Answer: Please see above table**

3. How many patients were moved between wards during their stay a) 3 times b) 4 times c) 5 times or more? In each category, how many patients were over the age of 65?

**Answer: Please see below**

**All Patients**

<b>Type</b>	<b>Financial Year</b>	<b>Ward Moves</b>	<b>Counts</b>
All Ages	Year 2013/14	3 times	1049
All Ages	Year 2013/14	4 times	310

All Ages	Year 2013/14	5 times or more	164
All Ages	Year 2014/15	3 times	1147
All Ages	Year 2014/15	4 times	381
All Ages	Year 2014/15	5 times or more	198
All Ages	Year 2015/16	3 times	1142
All Ages	Year 2015/16	4 times	302
AllAges	Year 2015/16	5 times or more	172

### **Patients over 65**

Type	Financial Year	Ward Moves	Counts
Age>65	Year 2013/14	3 times	446
Age>65	Year 2013/14	4 times	164
Age>65	Year 2013/14	5 times or more	99
Age>65	Year 2014/15	3 times	545
Age>65	Year 2014/15	4 times	206
Age>65	Year 2014/15	5 times or more	114
Age>65	Year 2015/16	3 times	500
Age>65	Year 2015/16	4 times	154
Age>65	Year 2015/16	5 times or more	93

4. On how many occasions were patients moved between 8pm and 8am?

**Answer: Please see below table**

Year Financial	Cnt Of Ward Moves
Year 2013/14	12704

Year Financial	Cnt Of Ward Moves
Year 2014/15	13052

Year Financial	Cnt Of Ward Moves
Year 2015/16	13999

5. How many patients were “boarded” – i.e. taken to a ward where they waited until a permanent bed was ready?

**Answer: The Trust does not keep a record of the length of time a patient is boarded or how many times it happens.**

6. What was the a) average b) maximum time that patients were “boarded” for?

**Answer: See above.**

**297/16**

**Temporary Social Workers**

1. How many qualified Social Workers did you have working on a temporary (Agency) basis on 30 August 2016?

**Answer: We have no record of any social workers booked via an agency via Temporary Staffing for the financial year 2015-16.**

2. What was your total expenditure on temporary (Agency) Social workers supplied through a recruitment agency in the financial year 2015-16?

**Answer: We do not recruit social workers.**

**298/16**

**How much trust spent in the last financial year to treat immigrants, asylum seekers and any patient not entitled to get free NHS care**

Under the FOI act I would like to know how much this trust spent in the last financial year to treat immigrants, asylum seekers and any patient not entitled to get free NHS care.

**Answer: Detailed cost information is not recorded on treating immigrants, asylum seekers or any patient not entitled to get free NHS care.**

**The Trust does however invoice individuals not entitled to get NHS care at the point of which they receive medical treatment.**

**In 2015/16 the Trust invoiced overseas visitors a total of £113,010.44.**

**The above figure may be used as a proxy for the costs incurred by the Trust in the treatment of individuals not entitled to free NHS care.**

**299/16**

**Policy on CIWA Assessment**

I am making request under the freedom of information, for a copy on the trusts policy on the use of 'CIWA' assessment.

Please provide me a copy of the policy in place in 2012 and any updated versions to date.

**Answer: Please see attached Trust wide guidance**

**CIWA is the Clinical Institute Withdrawal Assessment for Alcohol - revised version. It is a ten item scale used in the assessment and management of alcohol withdrawal. Each item on the scale is scored and then added up to give a final score. This score correlates to the severity of alcohol withdrawal. The maximum score is 67. Mild alcohol withdrawal is defined with a score less than or equal to 15, Moderate with scores of 16-20 and severe with any score over 20. CIWA is nationally recognised and is accepted to be the most sensitive tool for assessment of alcohol withdrawal.**

**CIWA is completed on admission to A&E/Ward and can be repeated as needed during the detox process.**

Any patient who is identified as having an alcohol issue will be referred to the Drug and Alcohol Liaison Nurse (DALT Nurse) who attends the hospital Monday to Friday from the Walsall Substance Misuse Service. The DALT Nurse see's any patient, who ward/A&E staff refer and will monitor their alcohol detox regime during their time in the hospital, advising ward staff accordingly. The DALT will also discuss and arrange ongoing support post discharge from hospital if the person wishes to engage in further support.

Information available upon request

**300/16**

### **Utilisation of Rostering Software**

1. Does the trust currently use rostering software?

**Answer: Yes**

2. Please state the name(s) of all rostering provider(s) used, split by the following staffing groups. Where no third parties are used, please explain how these staff are rostered:

**Answer: Please see below**

- a. Medical & Dental - – **Do not use rostering software this is done manually by rota administrators**
- b. Nursing & Midwifery – **Smart Kronos Rosterpro Central**
- c. AHPs – **Do not use rostering software**
- d. Other (please specify)

3. Does the organisation store its rostering data on its own servers or in the Cloud? Again please provide this information for each of the following staffing groups:

**Answer: Please see below**

- a. Medical & Dental – **own server**
- b. Nursing & Midwifery – **own server**
- c. AHPs – **Do not use rostering software**
- d. Other (please specify)

4. What other rota management systems are used by the organisation? Please state the names of any providers used and what they are used for.

**Answer: N/A**

5. Please state the name(s) of all third party tech solutions used by the organisation to manage internal bank staff (Allocate, Liaison, Holt, Brookson etc.). Please split this by the following staffing groups:

**Answer: Please see below**

- a. Medical & Dental – **TempRE (Liaison)**
- b. Nursing & Midwifery - **Smart Kronos Rosterpro Central - live bank system which is a module in the rostering system is used for Hospital Nursing and Midwifery Bank usage. Allocate (BSMS) Bank Staff Management System is used to record any Community Nursing Bank usage paid via the Temporary Staffing department.**

- c. AHPs - **Allocate (BSMS) Bank Staff Management System is used to record any AHP Bank usage paid via the Temporary Staffing department.**
- d. Other (please specify) - **Allocate (BSMS) Bank Staff Management System is used to record any Admin and Clerical Bank usage paid via the Temporary Staffing department.**

**301/16**

**Tier 3 obesity service/Tier 4**

Do you provide Tier 3 obesity service (specialised management) or just Tier 4 (bariatric surgery)?

**Answer: We do provide a tier 3 Weight Management but only for patients registered with Walsall GP surgeries. The tier 4 (Bariatric Surgery) Weight Management is open to the entire UK.**

**302/16**

**Employment agencies to recruit temp/perm staff in IT**

Do you use employment agencies to recruit temp/perm staff in IT?

**Answer: Yes occasionally**

**303/16**

**Obstetrics and Gynecology ST3s**

1. How many Obstetrics and Gynecology ST3s within your Trust are transitioning onto the new *Terms and Conditions for NHS Doctors and Dentists in Training (England) 2016* on 5 October 2016 represented as –

a) the total number of Obstetrics and Gynecology ST3s transitioning **Answer: 0**

b) the total number as a percentage of Obstetrics and Gynecology ST3s transitioning

**Answer: 0**

2. If no Obstetrics and Gynecology ST3s are transitioning onto the new *Terms and Conditions for NHS Doctors and Dentists in Training (England) 2016* on 5 October 2016 could you provide me with the date for when this will occur

**Answer: August 2017**

3. If there are no plans for Obstetrics and Gynecology ST3s to be transitioned onto the new *Terms and Conditions for NHS Doctors and Dentists in Training (England) 2016* could you provide any and all detail, correspondence or Trust board reports pertaining to this decision

**Answer: decision from Chief Executive and Medical Director to defer transition**

4. If there are no plans for Obstetrics and Gynecology ST3s to be transitioned onto the new *Terms and Conditions for NHS Doctors and Dentists in Training (England) 2016* could you provide any and all detail related to which contract they will be transitioned onto, or whether they will remain on their current terms and conditions of service

**Answer: they will remain on 2002 contract until they leave our employment in August 2017**

**304/16**

**Theatres and Catheter Lab Management**

1. What is the name of your current Head of Theatres or Theatre Management

**Answer: Theatres forms part of a Care Group which includes Theatres, Anaesthetics & Critical Care Services. These are Managed by a team of three being – Dr N Akinwale – Clinical Director, Matron and Care Group Manager.**

**Staff details below Director level are withheld under section 40 (Personal Information).**

2. What is the name of your current Catheter Laboratory Manager

**Answer: Staff details below Director level are withheld under section 40 (Personal Information).**

**305/16**

**Finance**

1. Whether you consider financial difficulties in your local health needs assessment?
2. Whether your mental health service users (for both primary and secondary care) are routinely asked about their financial circumstances or difficulties?
3. Whether you commission or run, either solely or in partnership with another agency (such as local social care), any specialist services like those listed above for people who have both financial difficulties and mental health problems?
4. Whether you have a formal and/or informal working arrangement with any external organisations (e.g. Citizens' Advice Bureaux) providing financial, welfare or debt advice?
5. How many people using your primary and secondary mental health services are referred to or provided with a specialist service that addresses financial needs?

**Answer: Walsall Healthcare NHS Trust does not provide mental health services.**

**306/16**

**FOI Software**

1. What software do you use for FOI requests?

**Answer: None, we use an excel spreadsheet**

2. What are the modules it provides e.g. run reports etc

**Answer: n/a**

3. Who is the contractor (company name)?

**Answer: n/a**

4. How long have you been using the software?

**Answer: n/a**

5. What is the annual cost?

**Answer: n/a**

6. How many FOI requests did you process (2015/16)?

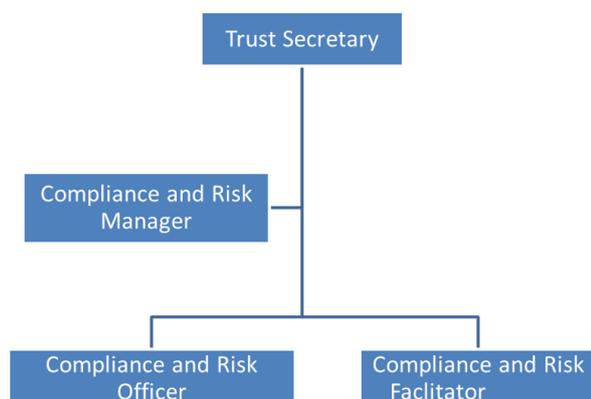
**Answer: 532**

7. How many staff processes your organisational FOIs?

**Answer: 1**

8. Please provide the information governance service structure

**Answer:** please see below. Please note that the team is responsible for other activities and not solely information governance:



**307/16**

**Private Finance Initiative contracts.**

1. Any performance adjustments deducted from the yearly unitary charge in respect of each hospital. Please include deductions planned but not yet made and those sought but in dispute.
2. Any other deductions/payments made under the PFI contract regarding defects including, but not limited to, those made by the Trust and the special purpose vehicle/project company.
3. The number of disputes concerning defects/deductions, resolved or otherwise, and whether they went to mediation, adjudication or court.
4. The sections/clauses of the PFI contract pertaining to deductions made in respect to defects, how much they can be and in which circumstances they can be made.
5. The sections/clauses regarding termination of the contract and the powers the trust has in this situation.

**Answer:** this information is withheld under section 43 commercial interests.

**308/16**

**Discharges**

1) Please state the five longest delays (in days) which patients who were ready for discharge, have had before they were able to leave the hospital during the period 1st April 2014 to 31st September 2016.

For each of these delayed discharges, please state:

- i) The age of the person concerned.
- ii) The original reason for admission to hospital.
- iii) The reason for the delayed discharge.
- iv) The date on which the patient was ready for discharge.
- v) The date on which they were in fact discharged.

**Answer: Please see below**

**288 days delayed**

**82 years old**

**Admitted due to generally unwell, increased confusion, diarrhea and vomiting**

**Ready for discharge 03/08/2015**

**Not discharged became not medically fit on 02/09/2016 – patient still admitted**

**64 days delayed**

**89 years old**

**Admitted due to confusion and right sided facial droop**

**Ready for discharge 12/11/2016**

**Discharged on 11/02/2016**

**57 days delayed**

**82 years old**

**Admitted due to vaginal bleed**

**Ready for discharge 15/03/2016**

**Discharged on 05/07/2016**

**57 days delayed**

**83 years old**

**Admitted due to generally unwell**

**Ready for discharge 15/06/2016**

**Discharged on 17/08/2016**

**57 days delayed**

**94 years old**

**Admitted due to reduced mobility**

**Ready for discharge 21/06/2016**

**Discharged on 23/09/2016**

2) Please state how many patients, who were ready for discharge, had to wait 28 days or more to leave the hospital.

Please break these figures down by the cause of the delay.

Please provide this information for the following financial years:

- i) 2014/15
- ii) 2015/16
- iii) 2016/17 to date

**Answer: Please see below**

**Total number of patients delayed more than 28 days 2014/2015 = 10 patients**

**Total number of patients delayed more than 28 days 2015/2016 = 15 patients**

**Total number of patients delayed more than 28 days 2016/2017 = 33 patients**

**We are unable to breakdown per code due to patients delay codes changing throughout inpatient stay.**

3) On the day of the 28th September 2016, please state:

- i) The five longest waits in days that patients ready for discharge had had as of this date.
- ii) For each of these waits, please state the age of the person concerned and the reason for their admission.
- iii) For each of these waits, please state the reason for the delay.

**Answer: Please see below**

**3. 56 days delayed**

**85 years old**

**Admitted due to fall and small bowel obstruction**

**Delay reasons:**

- **Awaiting assessment completion**
- **Awaiting equipment to be delivered**

**50 days delayed**

**94 years old**

**Admitted due to cough and shortness of breath**

**Delay reasons:**

- **Awaiting assessment completion**
- **Processing request for funding**
- **Awaiting family choice of placement**
- **Awaiting nursing home to assess**

**43 days delayed**

**91 years old**

**Admitted due to confusion and nausea and vomiting**

**Delay reasons:**

- **Awaiting assessment completion**
- **Awaiting nursing home to assess**
- **Assessment review**
- **Processing request for funding**
- **Awaiting nursing home bed availability**

**36 days delayed**

**87 years old**

**Admitted due to fall**

**Delay reasons:**

- **Awaiting completion of assessment**
- **Processing request for funding**

**29 days delayed**

**83 years old**

**Admitted due to abdominal pain**

**Delay reasons:**

- **Awaiting completion of assessments**
- **Awaiting rehabilitation placement**

- 4) Please state how much your trust spent on delayed discharges in each of the following financial years.
- i) 2011/12
  - ii) 2012/13
  - iii) 2013/14
  - iv) 2014/15
  - v) 2015/16
  - vi) 2016/17 to date.

**Answer: The Trust does not report on the number of delayed discharges as a separate cost.**

- 5)
- i) On the 28th September 2016, how many of your acute beds were occupied by people who were ready for discharge? No of pts How many waiting for discharges

**Answer: 28<sup>th</sup> September the figure was 32 patients were delayed transfers of care.**

- ii) What proportion of your overall number of acute beds were being used by people who were ready for discharge?

**Answer: For the daily sitrep we collect figures from bed bureau for acute beds occupied – for morning of 28<sup>th</sup> September we had 467 marked. =  $32/467 = 6.85\%$**

- iii) Have you had to open extra transitional, reablement or similar beds to meet the additional demand caused by delayed discharges?

**Answer: We have opened extra capacity beds; ward 12 is our extra capacity ward with 27 beds. These beds are used when we need extra capacity, some of which will be caused by Delayed Transfers of Care and some for other social care reasons.**

- iv) If yes, please state how many beds and the cost of providing these.

**Answer: The direct cost of ward 12 for 1 day in September is £4380.**