

## FREEDOM OF INFORMATION

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**001/17  
STDs**

I am writing to request information under the Freedom of Information Act 2000 can I ask for the following information. Over the last five calendar years:

- 1.) How many children (aged 15 and under) have attended services at your trust to get tested for sexually transmitted diseases? Please provide the total number for each year – and in addition, break down by age (age band is adequate if the numbers are small).
- 2.) Please provide the total number of STD tests that came back positive in children under 16 over the last five years – and again, please break down by year, age, - as well as the type of STDs that were diagnosed.
- 3.) If this has not been made clear in the above response – what is the specific age of the youngest child to be diagnosed with an STD over the last five years – and what was the STD?
- 4.) Within these figures, please also include the numbers of children who were found to have an STD when using hospital services for other services.
- 5.) Please separately provide the total number of children under 16 who were a) tested b) diagnosed with HIV over the last five years – with a breakdown of people and ages for each year. This includes children who were found to have HIV when attending hospital for another matter.

**Answer: Public Health England would be better placed to provide the requested information please redirect your request to: [FOI@phe.gov.uk](mailto:FOI@phe.gov.uk)**

**002/17  
Vacancies**

Under the Freedom of Information Act 2000, please can you tell me:

- 1) How many vacancies in your trust are currently unfilled (as of today when you compile the answers to this FOI)?

**Answer: Both Budgeted and Actual establishment information is taken from the finance ledgers, effective month-end March 2017, and representative of figures included within monthly Pay Subjective Analysis reports.**

**As at month-end March 2017, the gap within the substantive budgeted establishment stood at 333 FTE. Importantly though, differences between budgeted and actual workforce numbers isn't necessarily directly related to on-going or historical recruitment campaigns; Some of this establishment gap will relate to cost improvement programmes, establishment reconfiguration exercises and/or time lags in relation to the internal movement of staff.**

- 2) How many of those unfilled vacancies are for nursing jobs?

**Answer: Both Budgeted and Actual establishment information is taken from the finance ledgers, effective month-end March 2017, and representative of figures included within monthly Pay Subjective Analysis reports.**

**As at month-end March 2017, the gap within the substantive budgeted nursing establishment stood at 134 FTE. Importantly though, differences between budgeted and actual workforce numbers isn't necessarily directly related to on-going or historical recruitment campaigns; Some of this establishment gap will relate to cost improvement programmes, establishment reconfiguration exercises and/or time lags in relation to the internal movement of staff.**

- 3) How many of those unfilled vacancies are for consultant jobs?

**Answer: There are recruitment campaigns on-going in relation to 6 FTE unfilled consultant posts.**

- 4) How many of those unfilled vacancies are for roles within your ICU (if applicable)?

**Answer: We have 2 Band 6 vacancies due to recent promotion and we are currently in the process of recruiting.**

- 5) How many of those unfilled vacancies were first advertised over 6 months ago (first posted in October 2016 or before)?

**Answer: All current nursing vacancies, 134 FTE. We have a rolling Nursing advert for all divisions**

- 6) What is the longest duration any of your current vacancies has remained unfilled?

**Answer: Theatre Practitioners – active recruitment since March 2016 (15 months)**

**003/17  
Snake Bites**

The number of A&E attendances for snake bites for the following 5 calendar years, broken down into age groups -children and adults:

1. 1st Jan 2016 - 31 Dec 2016
2. 1st Jan 2015 - 31 Dec 2015
3. 1st Jan 2014 - 31 Dec 2014
4. 1st Jan 2013 - 31 Dec 2013
5. 1st Jan 2012- 31 Dec 2012

**Answer: Please see below:**

**Unfortunately we are unable to answer your request as 'snake bite' is not a recorded diagnosis.**

**004/17  
Doctors**

1. How many full time equivalent vacancies for **doctors** of all grades and specialisms are **currently** outstanding across the Trust?

**Answer: Effective 28 February 2017, the Trust had 44 FTE Medical 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?

**Answer: Please see below:**

- **Consultant Acute Medicine**
- **NHS locum Consultant Geriatrician (FES)**
- **Consultant gastroenterology**
- **Consultant A&E**
- **Locum Consultant Paediatrics**
- **Trust Doctor Anaesthetics**
- **Trust Middle Grade - Obstetrics & Gynaecology**
- **Specialty Doctor A&E**
- **St(L) A&E**

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?

**Answer: Please see answer to question 2**

4. What was the total amount spent on Agency Locum Doctors during financial year **2016/17**?

**Answer: The full year spend for 1617 on Medics Agency is £4,851,724.**

5. Have you utilised any agencies/headhunting/recruitment companies to source direct applicants (Not agency locums) for Doctors jobs in either a substantive or fixed term capacity?

**Answer: No**

6. If you answered to question 5, can you please name the agencies/headhunting/recruitment companies and the number of vacancies they have successfully filled?

**Answer: Not applicable**

**005/17**  
**Podiatry**

1. The services of how many podiatrists across all podiatry services were engaged by your trust in each of the following fiscal years 1) 2013-14; 2) 2014-15; 3) 2015-16; 4) Budgeted for 2016-17; all in (i) Working Time Equivalent and (ii) Headcount format

**Answer:**

**2013/14**

**0.6 wte band 8...1 person**  
**2.78 band 7...3 people**  
**6.54 wte band 6 ...9 people**  
**2.78 wte band 5...3 people**

**2014/15**

**0.6 wte band 8...1 person**  
**2.78 wte band 7 ...4 people**  
**6.14 wte band 6 8 people**  
**4 wte band 5 ...4 people**

**2015/16**

**0.8wte band 8 ...1 person**  
**2.18 band 7 ...2 people**  
**6.14 wte band 6...9 people**  
**3.6 wte band 5...4 people**

**2016/17**

**0.5 wte band 8...1 person**  
**1.5 wte band 7...2 people**  
**9.12 wte band 6....11 people**  
**1 wte band 5...1 person**

2. How many referrals were made from NHS services at your trust to private podiatric services in each of the following fiscal years 1) 2013-14; 2) 2014-15; 3) 2015-16; 4) Budgeted for 2016-17, and how much did these referrals cost the trust in each such year?

**Answer: There were no private referrals in relation to foot surgery during the stated financial years.**

**006/17**  
**Foot Protection Team**

1. Does your trust operate a foot protection service, as recommended by NICE guideline NG19 on 'Diabetic foot problems: prevention and management'?

**Answer: Yes the Trust has a foot protection team as recommended by NICE guideline NG19**

2. If the answer to Q1 is yes, please state the number of podiatrists and orthotists employed within this service.

**Answer: 0.8WTE band 8a podiatrist  
1WTE band 7 podiatrist  
1 x orthotist**

3. If the answer to Q1 is yes, is this service led by a podiatrist with specialist training in diabetic foot problems, as recommended by NICE guideline NG19 on 'Diabetic foot problems: prevention and management'?

**Answer: Yes the band 8a podiatrist is a specialist in diabetes foot care**

3. If the answer to Q1 is no, please provide a reason for this.

**Answer: Not applicable**

**007/17  
Non Emergency Patient Transfers Services**

Via email – [FOI@walsallhealthcare.nhs.uk](mailto:FOI@walsallhealthcare.nhs.uk)

4th April 2017

Dear FOI Team,

### **Request for Information under Freedom of Information Act**

I would be most grateful if you would provide me, under the Freedom of Information Act, details in respect to the contracts below, details of which can be found on the second page of this document:

#### The Provision of Non Emergency Patient Transfers Services

The details we require are:

- Suppliers who applied for inclusion on each framework/contract and
  - were successful & not successful at the PQQ & ITT stages\*
  - Contract values of each framework/contract (& any sub lots), year to date
  - Start date & duration of framework
  - Is there an extension clause in the framework(s)/contract(s) and, if so, the duration of the extension?
  - Has a decision been made yet on whether the framework(s)/contract(s) are being either extended **or** renewed?

- If no contract/ framework in place confirmation that these services are conducted in-house
- Who is the senior officer (outside of procurement) responsible for this contract or service provision

\*For clarity, the details of the successful and unsuccessful suppliers are kept in the strictest confidence. These details are used only to contact and support suppliers regarding their bidding activity for the relevant contracts.

We have attached a Reply Form which may assist you in providing this data.

Yours sincerely

Nadia Badman

Email: [nadia@7house.co.uk](mailto:nadia@7house.co.uk)

**Reply Form - The Provision of Non Emergency Patient Transfers Services**

	<b>Question Detail</b>	<b>PQQ</b>		<b>ITT</b>	
<b>Q1</b>	If applicable, suppliers who applied for inclusion on each framework/contract and were successful & not successful at the PQQ & ITT stages?	<b>Successful Suppliers</b>	<b>Unsuccessful Suppliers</b>	<b>Successful Suppliers</b>	<b>Unsuccessful Suppliers</b>
			Arriva NSL West Midlands Ambulance West Midlands Special Needs Transport	A4MTS Ablewell Taxis E-zec Medical Transport Medical Services PP Transport Services Premier Care Direct	West Midlands Ambulance
<b>Q2</b>	Contract values of each framework/contract (& any sub lots), year to date?	<b>Contract, not a framework £440,743</b>			
<b>Q3</b>	Start date & duration of framework?	<b>01.03.2013 to 28.02.2018</b>			
<b>Q4</b>	Is there an extension clause in the framework(s)/contract(s) and, if so, the duration of the extension?	<b>To 28.02.2020</b>			
<b>Q5</b>	Has a decision been made yet on whether the framework(s)/contract(s) are being either extended <b>or</b> renewed?	<b>No.</b>			

<b>Q6</b>	If applicable, are the above services conducted in-house?	<b>No.</b>
<b>Q7</b>	Who is the senior person in the Local Authority (outside of procurement) responsible for the above services?	<b>Mark Sinclair, Director of Human Resources, Organisational Development and Estates</b>

008/17

**A&E beds and upfront charging**

**Accident and Emergency**

1. As of April 2010, the total number of Accident and Emergency beds within the Trust (including predecessor Trusts)

**Answer: Requester on the 21<sup>st</sup> April 2017 asked for this question to no long be included in the request**

2. As of March 2011, the total number of Accident and Emergency beds within the Trust (including predecessor Trusts)

**Answer: Requester on the 21st April 2017 asked for this question to no long be included in the request**

3. As of April 2017, the total number of Accident and Emergency beds within the Trust

Please split the figures for questions 1-3 into overnight beds and day-only beds. This request includes beds that were temporarily unavailable.

**Answer: Requester on the 21<sup>st</sup> April 2017 asked for this question to no long be included in the request**

3. Please list any Accident and Emergency wards or units that have been permanently closed since April 2010. Please state how many A&E beds they included at point of closure.

**Answer: None**

4. Please provide the business case or management report/review underpinning each closure listed in response to question 4

**Answer: Not applicable**

5. Please list any Accident and Emergency wards or units that have been permanently opened since April 2010. Please state how many A&E beds they include.

**Answer: None**

In this request, Accident and Emergency beds, wards and units are those whose primary usage is for Accident and Emergency cases.

- 6.
7. What is the Trust's policy on treating overseas patients who are eligible to be charged upfront for care but are not able or willing to pay upfront?

**Answer: Please see attached policy**

8. What is the Trust's policy on upfront charging for overseas patients where it is not possible to establish the cost of care upfront?

**Answer: Please see attached policy**

9. What is the Trust's policy towards clinical staff who refuse to enforce upfront payment?

**Answer: Please see attached policy**

10. What is the Trust's policy on identifying which patients need to be asked for proof of residency in relation to upfront charging, and what form does that proof take?

**Answer: Please see attached policy**

**Policy available upon request**

**009/17**

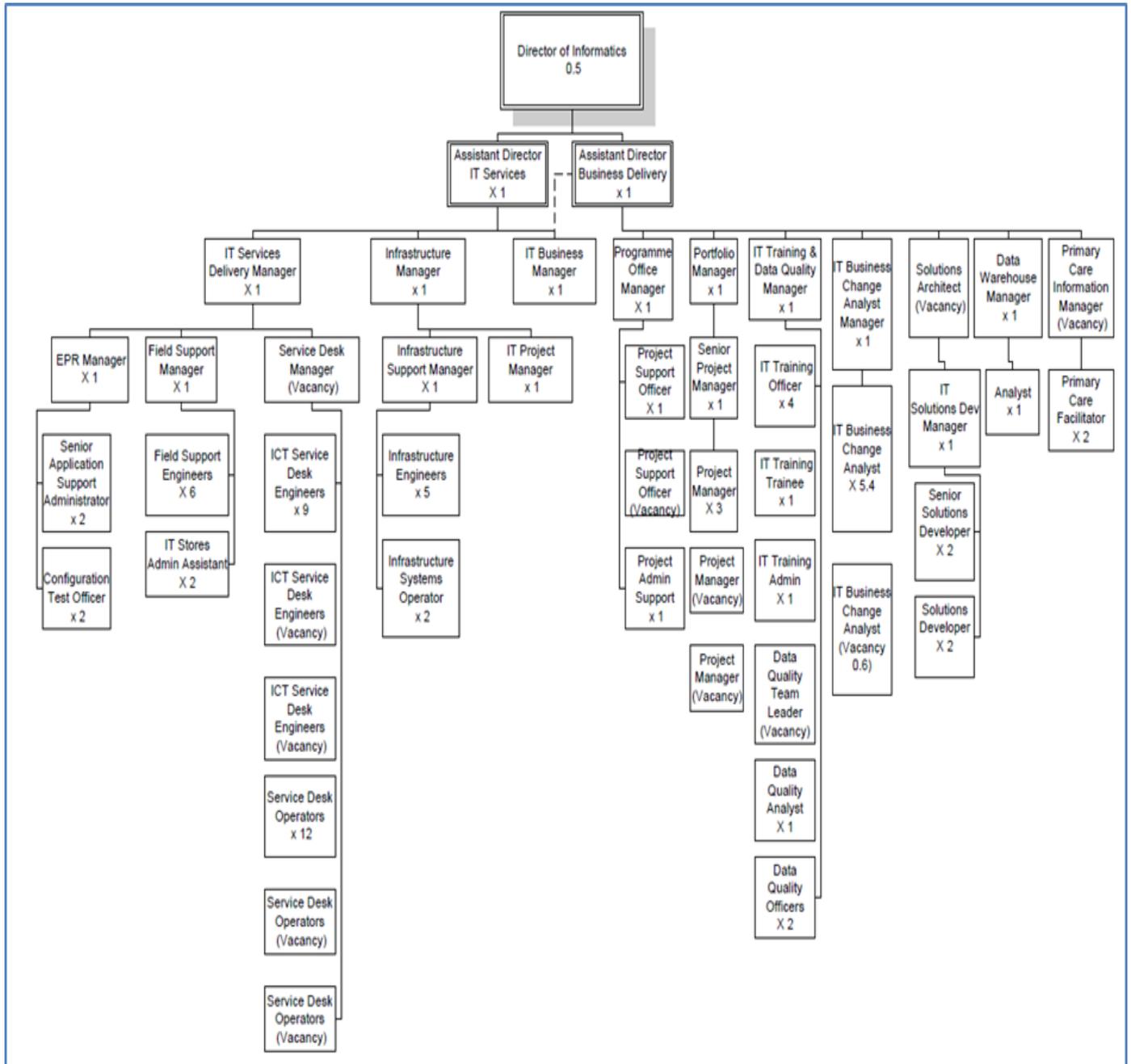
**IT Department**

1. Which higher department does your Information/Informatics team sit under e.g. Finance, IT, Performance etc.

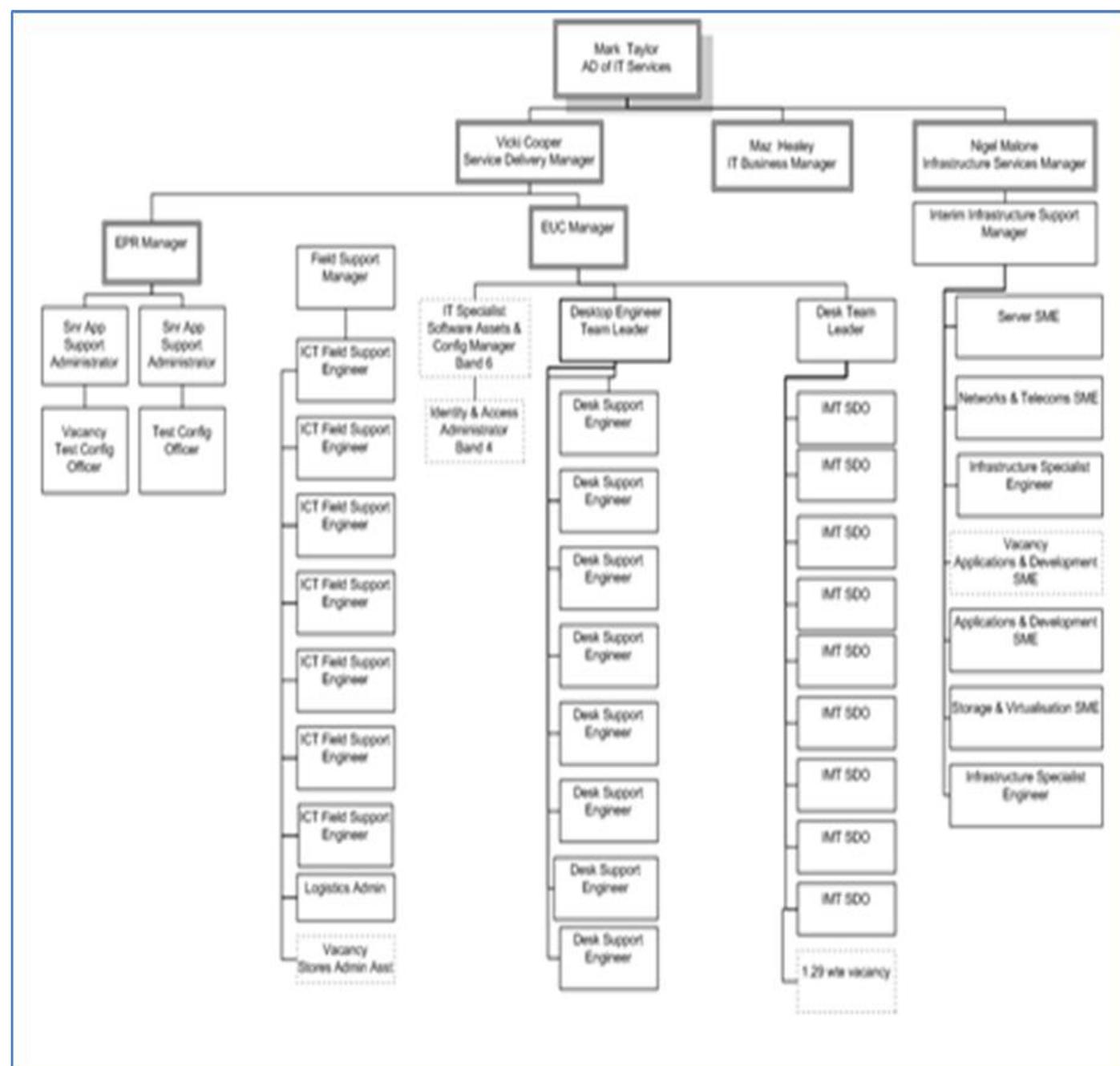
**Answer: Transformation & Strategy (effective from March 2017)**

2. A structure of your information (or Informatics) team/department showing job titles (please include any data warehouse staff) and establishment

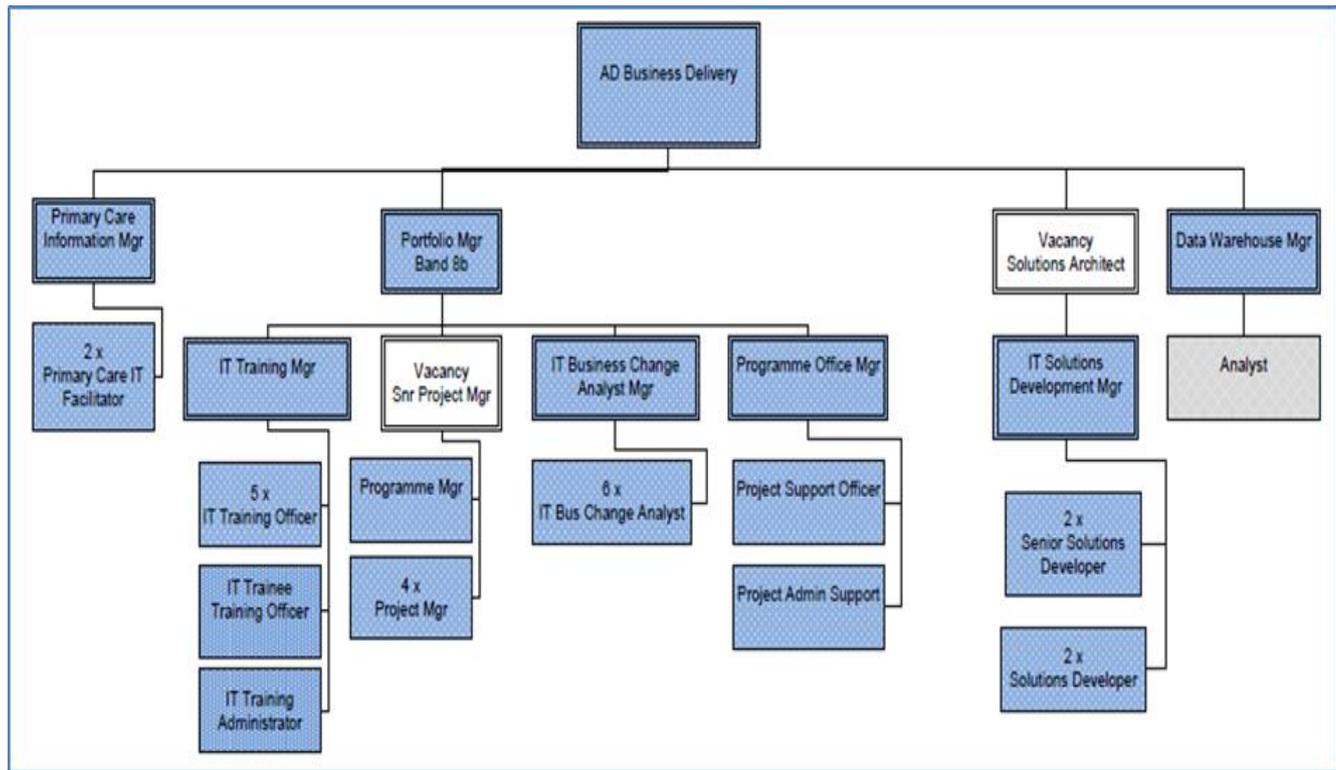
**Answer: Please see below Informatics Org Structure:**



**IT Services:**



**Business Delivery:**



3. The Agenda for Change (AFC) grades for each job title

**Answer: See anonymized staff List:**

Service Area	Job Title	Band	WTE
IT Services	Field Support Engineer	5	1.00
IT Services	Field Support Engineer	5	1.00
Business Delivery	IT Training Officer	5	1.0
Business Delivery	Project Manager	7	1.0
Business Delivery	IT Training Officer	5	1.00
IT Services	ICT Desk Support Engineer	5	1.00
Business Delivery	Assistant Director of IT Business Delivery	8c	1.00
IT Services	IT Stores Admin Assistant	5	1.00
IT Services	Clinical Systems Support Manager	7	1.00
Business Delivery	IT Business Change Analyst	6	1.0
IT Services	Config Test Officer	4	1.00
IT Services	ICT Desk Support Engineer	5	1.00
IT Services	IT Stores Admin Assistant	3	1.00
IT Services	Service Desk Operator	3	1.00
IT Services	Field Support Engineer	5	1.00
IT Services	Field Support Engineer	5	1.00
IT Services	ICT Desk Support Engineer	5	1.00
Business Delivery	Solutions Developer	6	1.0
Business Delivery	Senior Solutions Developer	7	1.0

Business Delivery	Project Manager	7	1.0
Business Delivery	Primary Care IT Facilitator	5	1.0
IT Services	Service Desk Operator	3	0.63
IT Services	Service Desk Operator	3	0.51
Business Delivery	Programme Manager	8b	0.4
IT Services	Application & Development SME	6	1.00
Business Delivery	IT Solutions Development Manager	8a	1.0
IT Services	Desktop Engineer Team Leader	6	1.00
IT Services	Infrastructure Specialist Engineer	6	1.00
IT Services	ICT Desk Support Engineer	5	1.00
Business Delivery	Project Admin Support	3	1.0
IT Services	Field Support Engineer	5	1.00
IT Services	Service Desk Operator	3	1.00
IT Services	Field Support Manager	6	1.00
IT Services	Service Desk Operator	3	0.48
IT Services	Service Desk Team Leader	5	1.00
IT Services	Config Test Officer	4	1.00
IT Services	Senior Application Support Officer	5	1.00
Business Delivery	Data Warehouse Manager	8a	1.0
IT Services	IT Business Manager	7	1.00
IT Services	Assistant Director of IT Services	8c	1.00
Business Delivery	IT Training Officer	5	1.00
IT Services	Network & Telecomms SME	6	1.00
IT Services	ICT Desk Support Engineer	5	1.00
IT Services	Infrastructure Service Manager	8a	1.00
IT Services	Field Support Engineer	5	1.00
Business Delivery	IT Training Manager	7	1.00
IT Services	Interim Infrastructure Support Manager	7	1.00
IT Services	Senior application Support Officer	5	1.00
Business Delivery	Programme Office Manager	6	1.0
IT Services	Field Support Engineer	5	1.00
IT Services	Infrastructure Engineer - Server SME	6	1.00
IT Services	Field Support Engineer	3	1.00
IT Services	Service Desk Operator	3	0.33
IT Services	Service Desk Operator	3	0.73
IT Services	ICT Desk Support Engineer	5	1.00
IT Services	Field Support Engineer	5	1.00
IT Services	Service Desk Operator	3	1.00
IT Services	ICT Desk Support Engineer	5	1.00
IT Services	Service Desk Operator	3	1.00
IT Services	Field Support Engineer	5	1.00
IT Services	Service Desk Operator	3	0.67
IT Services	Service Desk Operator	3	0.63
Business Delivery	IT Training Officer	5	1.00
Business Delivery	IT Business Change Analyst	6	1.0
Business Delivery	IT Business Change Analyst	6	1.0
Business Delivery	IT Business Change Analyst	6	1.0

Business Delivery	IT Business Change Analyst	6	1.0
Business Delivery	IT Business Change Analyst	6	1.0
Business Delivery	Senior Solutions Developer	7	1.0
Business Delivery	Project Support Officer	4	1.0
Business Delivery	Portfolio Manager	8b	1.0
Business Delivery	IT Project Manager	7	1.0
Business Delivery	Senior Business Intelligence Analyst	7	1.0
Business Delivery	IT Training Administrator	3	1.0
Business Delivery	IT Training Officer	5	1.0
Business Delivery	IT Project Manager	7	1.0
Business Delivery	Solutions Developer	6	1.0
IT Services	Application & Development SME (vacancy)	6	1.00
IT Services	Technical Project Manager (vacancy)	7	1.00
IT Services	Senior IT Specialist - Recruitment in progress	6	1.00
IT Services	ICT User Access Support Technician - Recruitment in progress	4	1.00
IT Services	Services Delivery Manager	8a	1.00
IT Services	Infrastructure Specialist Engineer	6	1.00
IT Services	Storage & Virtualisation SME	6	1.00

4. A job description for each job title

**Answer: See zipped attachments**

5. WTE currently employed for each job title

**Answer: See staff list**

6. Current vacancies for each job title

**Answer: See organisation structures & staff list**

7. A brief high level description of role responsibility e.g. Information Manager - Surgery, Data Quality Officer - RTT etc.

**Answer: Please summarise this from the full JDs.**

8. Identify if there are information analysts elsewhere in your organisation not within the Information/Informatics team structure, giving numbers, job titles and AFC grades and which departments they sit in, e.g. within Service Improvement, Medical Records etc.

**Answer: The below substantive positions, have been identified, effective 31 May 2017, as having the word “analyst” within either the role or position title fields on ESR. It should be noted that there may be other positions which hold information analysis duties, but if they don’t have the word “analyst” within either the role or position title field on ESR then we will be unable to accurately identify them.**

Department	Position Title	Payscale Description	FTE
Procurement	Project Co-ordinator Data Analyst	Band 4	0.43
Financial Costing	Costing Analyst	Band 4	1.00
Financial Costing	SLR & Income Analyst	Band 5	1.00
Performance & Information Services	Corporate Business Analyst	Band 5	1.00
Performance & Information	Data Support Analyst	Band 2	1.00

Services			
Performance & Information Services	Information Analyst	Band 4	2.00
Performance & Information Services	Information Analyst - Child Health	Band 5	1.00
Performance & Information Services	Senior Information Analyst	Band 5	2.00
Performance & Information Services	Senior Information Analyst	Band 6	2.85
Performance & Information Services	Senior Information Analyst (SUS Access Only)	Band 6	2.00
Non-Clinical Support Services	Divisional Project and Support Manager	Band 7	1.00
Financial Accounting	Assistant Financial Accountant - Credit Control	Band 4	1.00
Financial Costing	Senior Income & Costing Accountant	Band 8 - Range B	1.00
Financial Management	Assistant Management Accountant	Band 4	1.00
Financial Management	Management Accountant	Band 5	0.53
Financial Management	Management Accounts Assistant	Band 4	0.60
Financial Management	Systems Accountant	Band 6	1.00
ESR Operations	Workforce Information and Planning Specialist	Band 7	1.00
General Office	Finance Officer	Band 3	0.80

9. Do you have an active EPR? Yes/No (i.e. not simply procured but currently deployed)

**Answer: Yes**

**010/17**

**Safe Staffing**

The laid out questions are structured as follows:

- How many of the on call/shift rotors were fully staffed and not fully staffed,  
**Answer: This data is not recorded electronically. It would require the manual review of a large number of rotas in order to possibly identify this information. Exemption under Section 12 (Cost of compliance exceeds appropriate limit) has been applied.**
- Total number of shifts staffed by a locum in the trust,
- Answer: This data is not recorded electronically. It would require the manual review of a large number of rotas in order to possibly identify this information. Exemption under Section 12 (Cost of compliance exceeds appropriate limit) has been applied.**
- Total number of hours worked by locums within the trust,  
**Answer: This data is not recorded electronically. It would require the manual review of a large number of rotas in order to possibly identify this information. Exemption under Section 12 (Cost of compliance exceeds appropriate limit) has been applied.**
- Total expenditure on staff within the following employee groups by the Trust,  
**Answer: Please see attached spreadsheet**
- Total expenditure on staff within the following locum groups by the Trust,  
**Answer: Please see attached spreadsheet**

7. Do you measure compliance with NICE guidance on safe staffing for nurses, and if so how many breaches of the guidance have occurred in FY16?

**Answer: In accordance with the NICE guidance flowchart for safe staffing we can confirm that during 2016 we comply with the expectation to undertake a twice yearly review of establishments using a recognised tool. We use the SNCT tool. Establishment reviews then use this information as part of the analysis and future workforce establishments in areas. The Trust complied with the Safe Staffing UNIFY return and the data is available on our website and submitted to the national database. There were no breaches of guidance during 2016 and we have already undertaken a review in 2017.**

Spreadsheet available upon request

**011/17**

### **Clinical Services Clourses**

1. A) Are you planning on closing or downgrading any clinical services/facilities over the next 3 financial years – up to 2020? B) If so, which services?

**Answer: No**

Specifically:

2. A) Are you planning on closing or downgrading A&E services over the next 3 financial years – up to 2020? B) If so, which services?

**Answer: No**

3. A) Are you planning on closing or downgrading any cancer services over the next 3 financial years – up to 2020? B) If so, which services?

**Answer: No**

4. A) Are you planning on closing or downgrading any maternity services over the next 3 financial years – up to 2020? B) If so, which services?

**Answer: No**

5. A) Are you planning on closing or downgrading any stroke services over the next 3 financial years – up to 2020? B) If so, which services?

**Answer: Public consultation is to take place on the potential re-location of hyper-acute Stroke Services to ensure that patients are treated in centres of suitable clinical expertise, based on future clinical innovation and public health demand.**

6. A) Are you planning on closing or downgrading any hospitals over the next 3 financial years – up to 2020? B) If so, which services?

**Answer: No**

**012/17**

### **Stress-related absences among doctors**

As part of my request I require the figure for total number of absences among doctors at the trust, with these figures broken down by reasons for absence. Absences should not include annual leave, secondments or other planned absences.

I would like the information for 2017, 2016, 2015 and 2014. Please feel free to break this down by financial years e.g. 2014-15, 2015-16 and 2016-17, if that fits with records more comfortably.

Please ensure clarity is provided on the reasons for the absence, including the number of doctors absent from work due to stress, anxiety or depression is included.

**Answer:**

No. Episodes	2014	2015	2016	2017 YTD (Jan - Mar)
<b>Medical and Dental (Doctors) Overall</b>	<b>466</b>	<b>496</b>	<b>481</b>	<b>128</b>
Anxiety/stress/depression/other psychiatric illnesses	13	9	15	4
Back Problems	10	8	12	2
Other musculoskeletal problems	8	14	11	2
Cold, Cough, Flu - Influenza	131	130	120	46
Asthma	1	1	3	0
Chest & respiratory problems	20	14	14	3
Headache / migraine	26	35	36	8
Benign and malignant tumours, cancers	0	1	11	2
Blood disorders	1	0	0	0
Heart, cardiac & circulatory problems	4	4	3	3
Burns, poisoning, frostbite, hypothermia	0	0	1	0
Ear, nose, throat (ENT)	20	17	21	7
Dental and oral problems	6	10	4	1
Eye problems	3	8	2	1
Endocrine / glandular problems	1	1	1	0
Gastrointestinal problems	129	154	131	30
Genitourinary & gynaecological disorders	4	2	6	3
Infectious diseases	1	0	1	0
Injury, fracture	13	15	18	3
Nervous system disorders	0	1	0	0
Pregnancy related disorders	13	6	3	2
Skin disorders	0	1	2	0
Other known causes - not elsewhere classified	31	23	28	5
Unknown causes / Not specified	31	42	38	6

**013/17**

### **Children's Dental Hospital**

As of March 31st, 2017, can you tell me how many children were on the waiting list to visit the Trust's children's dental hospital?

**Answer: The Trust does not have a dedicated Children's Dental Hospital but children do receive orthodontic treatment at our hospital.**

How long is the present waiting list, in terms of months/weeks to be seen?

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

How long is the wait for teeth extractions?

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

How many children are affected by the wait for teeth extractions?

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

Is there a wait for youngsters to be added to the waiting list? if, so how many children are waiting to be placed on to the waiting list?

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

How many dental nurses does the Trust employ at the children's dental hospital?

**Answer: The Trust does not have a dedicated Children's Dental Hospital.**

How many vacancies does it have at present?

**Answer: Not applicable**

How many children were on the waiting list to visit the Trust's children's dental hospital on:

a) March 31st, 2016? – **Answer: Not applicable**

b) March 31st 2015? – **Answer: Not applicable**

c) March 31st 2014? – **Answer: Not applicable**

d) March 31st 2013? – **Answer: Not applicable**

How many children received treatment at the children's dental hospital between January 1, 2016 and December 31, 2016?

**Answer: The Trust does not have a dedicated Children's Dental Hospital.**

**014/17**

**Childrens Dental Service**

As of March 31st, 2017, can you tell me how many children were on the waiting list to visit the Trust's children's dental hospital?

**Answer: The Trust does not have a dedicated Children's Dental Hospital but children do receive orthodontic treatment at our hospital.**

If the Trust does not have a dedicated dental hospital, how long is the wait as of March 31st, 2017, for children's dental services?

**Answer: 31 weeks for orthodontic treatment within Children's Services.**

How long is the present waiting list, in terms of months/weeks to be seen?

**Answer: 4 – 8 weeks**

How long is the wait for teeth extractions?

**Answer: Our waiting list records are not categorised by treatment/condition so we are not able to accurately identify those children who are waiting specifically for teeth extractions. Exemption under section 12 (Cost of compliance exceeds appropriate limit) has been applied to this request as it would require the manual review of a high number of patient records.**

How many children are affected by the wait for teeth extractions?

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

Is there a wait for youngsters to be added to the waiting list? if, so how many children are waiting to be placed on to the waiting list?

**Answer: No. If a patient requires extractions as part of their Orthodontic treatment plan they are placed on the waiting list within 48 hours of decision to admit.**

How many dental nurses does the Trust employ for children's dental services?

**Answer: 7 nurses**

How many vacancies does it have at present?

**Answer: None**

How many children were on the waiting list to visit the Trust's children's dental hospital on:

a) March 31st, 2016? **Answer: Not applicable**

b) March 31st 2015? **Answer: Not applicable**

c) March 31st 2014? **Answer: Not applicable**

d) March 31st 2013? **Answer: Not applicable**

If the Trust does not have a dental hospital, how many children were on the waiting list to visit the Trust's children's dental services on:

a) March 31st, 2016? **Answer: 96**

b) March 31st 2015? **Answer: 81**

c) March 31st 2014? **Answer: 69**

d) March 31st 2013? **Answer: 55**

**015/17**

### **Injury Cost Recovery**

**Please complete the enclosed questionnaire.**

**Answer: please see attached**

**Information available upon request**

**016/17**

### **Wound Care**

Please supply me with your most up to date wound care formulary (please indicate if you do not work from a formulary)?

Who has operational responsibility for the formulary including the addition or deletion of products?

Please provide information on how compliance with your formulary is enforced?

Please provide information on how products are evaluated prior to being accepted onto the formulary? If this is part of a clinical evaluation or clinical trial, please provide the results.

Please provide information on who is responsible for the cost of wound care in your setting – is it CCG or Acute?

Please provide information if the wound care products are on prescription FP10?

Please provide a list of the wound care products that you are planning to keep on prescription FP10?

Please provide information if you are planning to take wound care products off prescription FP10?

Please provide a list of the wound care products that you are planning to take off prescription FP10?

Do you hold information about your patient demographic? If so, please provide information on what is your patient demographic and what are the most commonly treated wounds from your patient demographic

Please provide any information that you have relating to the average monthly usage of each product in the formulary?

Please provide information on the number of wound care products used that are not currently on the formulary?

Please provide any information on the monthly usage levels for non-formulary wound care products in the last twelve months?

How often do you review your wound care formulary and when was this last undertaken?

Please provide information about the procedure that you use of the information you assess when reviewing your formulary?

Please provide a list of the suppliers that are currently on your formulary?

Please provide figures for your total spend on wound care products in 2015 and 2016?

Please provide figures for your total spend on Compression bandages in 2015 and 2016?

Please provide figures for your total spend on Foam dressings in 2015 and 2016?

Please provide figures for your total spend on Anti-Microbial wound care products in 2015 and 2016?

Please provide figures for your total spend on Alginate (Silver) wound care products in 2015 and 2016?

Please provide figures for your total spend on Hydrocolloid wound care products in 2015 and 2016?

Please provide figures for your total spend on Wound contact products in 2015 and 2016?

Please provide figures for your total spend on Exudate Absorber (Super Absorber) Dressings products in 2015 and 2016?

Please provide figures for your total spend on Acute Wound Care products - Post Op Film Dressing Plus Pads, Steri-Strips, Stockinette and Semi Permeable Film Dressings in 2015 and 2016?

Please provide figures for your total spend on Skin Integrity wound products – Barrier Films and Barrier Creams in 2015 and 2016?

Please provide figures for your total spend on Vascular Access wound products – Semi Permeable Film Dressings and IV Dressings in 2015 and 2016?

Please provide figures for your total spend on hosiery products in 2015 and 2016?

Are you planning on collaborating with another healthcare entity to provide wound care services?

Please provide information on your current supply route – DHL, wholesaler or vendor direct?

Do you currently have a contract in place for supply of wound care products? If so when does it expire?

Please provide information on how many delivery points do you have for wound care deliveries?

Please provide information on how many community locations are holding stock of wound care and prescribing to the community?

Please provide information on what software platform do you use for ordering wound care products?

Do you have a wound care clinic in place for your local demographic and where do your referrals come from?

**Answer:**

**The current wound care formulary is available on the Walsall CCG website; see <http://walsallccg.nhs.uk/documents/medicines-management-1/756-wound-care-formulary-2014-1/file>**

**We would refer you to Walsall CCG Medicines Management to answer the questions regarding the wound care formulary and wound care prescribing.**

**017/17**  
**Maternity**

1. Number of occasions maternity wards and/or services were closed for 1 hour or more.
2. Number of women who requested a midwife's attendance at a planned home birth but where a midwife was not provided.

I'd like this information for both the years 2014/5, 2015/6, and if possible 2016/7

**Answers:**

1. **Maternity service closures: 2014/15- Once. 2015/16- 10 times. 2016/17- 14 times**
2. **No documented incidents when a Midwives attendance at a planned home birth was declined In 2014/15, 2015/16 and 2016/17**

**018/17**  
**Radiology**

Details of all the current filled training fellowship posts (or other similar training programmes for post CCT doctors) within your Radiology 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: MSK, Breast Imaging, Paediatric Radiology...)

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
none		

**Answer: There are no training fellowship posts for post CCT doctors in the radiology department**

**019/17**  
**Gardening leave**

In each of the last three financial years (2014/2015, 2015/2016 & 2016/2017) how much has NHS Trust spent paying the salaries of employees suspending on 'gardening leave' pending investigations?

If it is possible to have a breakdown of the duration of suspension and salary amounts, that would be appreciated.

**Answer: Please see below**

Suspension dates	Salaries paid whilst on exclusion	Notes
16/05/2014 - 15/07/2014	£2,382.34	
19/05/2014 - 04/09/2014	£2,955.22	
27/02/2015 - 28/04/2015 and 07/12/15 - 25/2/16	£1,081.76 & £1,474.48	
09/03/2015 - 28/06/2015	£9,435.32	
08/05/2015 - 03/07/2015	£627.82	
11/09/2015 - 30/09/2015	£3,446.83	
02/10/2015 - 25/10/2015	£2,219.48	Suspended with no pay from 26/10/2015
02/12/2015 - 10/03/2016	£14,518.75	
07/01/2016 - 21/02/2016	£1,329.37	
04/02/2016 - 31/07/2016	£22,277.83	
04/02/2016 - 31/07/2016	£17,725.17	
<b>Total</b>	<b>£79,474.37</b>	

## **020/17 Agency Staff Spending**

In each of the last three financial years (2014/2015, 2015/2016 & 2016/2017) how much has the NHS Trust spent on employing agency medical staff?

If it is possible to have a breakdown of the nature of staff used (doctors, nurses or physiotherapists etc), that would be appreciated.

**Answer: Please see below**

<b>Staff Group</b>	<b>2016/17</b>	<b>2015/16</b>	<b>2014/15</b>
Medical Staff	4,851,725	3,847,436	2,352,112
PTB	344,831	287,976	279,888
Nursing & Midwifery	4,283,596	3,504,825	3,324,656
Other Staff	1,452,218	1,539,346	2,452,657

## Groups

**Total** 10,932,370 9,179,583 8,409,313

Note other staff groups include Admin & Clerical.

**021/17**

### Public Health Funerals

1. How many of these funerals did you arrange in the last financial year?

**Answer: 22**

2. Would you list all funerals with the following details for each: the date, whether the body was buried or cremated, whether a funeral service was held, the total cost (including all disbursements such as crematorium fees and burial plots. And excluding any offset of monies recovered from the estates of the deceased), and the funeral director used. I do not require any personal information such as name or date of birth of the deceased.

**Answer: Please see below**

YEAR OF DEATH	Burial/ Cremation	COST Funeral
2016	Crem @ Streetly	£1,012.00
2016	Crem @ Streetly	£1,012.00
2016	Crem @ Streetly	£1,012.00
2016	Crem @ Streetly	£1,012.00
15/05/2016	Crem @ Streetly	£1,018.25
11/05/2016	Crem @ Streetly	£1,018.25
14/05/2016	Crem @ Streetly	£1,082.25
17/04/2016	Crem @ Streetly	£1,018.25
30/06/2016	Burial @ Streetly	£1,182.25
28/08/2016	Crem @ Streetly	£1,018.25
02/07/2016	Crem @ Streetly	£1,018.25
01/08/2016	Crem @ Streetly	£1,018.25
21/08/2016	Burial @ Streetly	£1,423.25
30/07/2016	Crem @ Streetly	£1,018.25
22/09/2016	Crem @ Streetly	£1,018.25
04/11/2016	Burial @ W'hall Lawn	£1,082.25
24/10/1925	Crem @ Streetly	£1,018.25
20/12/2016	Crem @ Streetly	£1,076.25
21/12/2016	Crem @ Streetly	£1,076.25
29/12/2016	Crem @ Streetly	£1,076.25
16/02/2017	Burial @ Streetly	£1,267.25
31/01/2017	Crem @ Streetly	£1,076.25
		£23,554.50

3. How were the funerals providers found - on a case-by-case basis or part of a tendered contract?

**Answer: Part of a tendered contract**

4. If part of a tendered contract, when did the contract begin and when is it scheduled to be renewed?

**Answer: Contract began: 01/04/2014 Renewal Date: 01/07/2017**

**022/17**

### **AeroChamber**

Under the Freedom of Information Act, I am writing to request the prescribed annual units (for the period January 2015 - December 2015) of the below:

- AeroChamber with Mask
- AeroChamber without Mask

**Answer:**

**Jan – Dec 2015:**

1. **Aerochamber Plis (with adult mask) NSV code DAL676C – 14;**
2. **Aerochamber Plus (with child mask) NSV code DUX759N – 89;**
3. **Aerochamber Plus (with infant mask) NSV code WAL111A – 121;**
4. **Aerochamber Standard (without mask) NSV code WAL676C – 670;**

**023/17**

### **Delayed transfer**

What is the longest amount of time in days a patient had been kept in hospital due to delayed transfer in the past 12 months?

**Answer: At last Delayed Transfer of Care report on 20/04/2017 the longest delay in the last twelve months was 288 days.**

Could you give me details for the three longest delayed transfer stays, the name of the hospital concerned and if possible the age and gender of the patients concerned and the department they were in (ie elderly care/general surgery, paediatrics etc)?

**Answer: For the last twelve months the three longest delays are:**

- **288 days delayed. Patient is 82 years female and is on an elderly care ward. (NB: the number of days delayed commences over 12 months ago , patient was medically fit from 03/08/2015).**
- **191 days delayed (same patient as above but became not medically fit so had a new DTOC report entry).**
- **85 days delayed. Patient is 93 years female and was on an elderly care ward.**
- **64 days delayed. Patient is 87 years female and was on an elderly care ward.**

Are you also able to give a brief reason for the delay in each instance (ie lack of beds in care facility/delay equipping home etc)?

**Answer:**

- 288 days 191 days delayed is the same patient and reason is due to legal dispute and safeguarding concerns.
- 85 days was due to awaiting social assessment, funding approval, CHC assessment, patient choice and availability of nursing home placement.
- 64 days was due to CHC assessment, funding approval and availability of residential home placement.

**024/17  
Contact**

1. The name of the person within your Trust including their job title and email address responsible for pager hardware?

**Answer: Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is Jane Longden, Divisional Director Estates and Facilities. Her email address is [jane.longden@walsallhealthcare.nhs.uk](mailto:jane.longden@walsallhealthcare.nhs.uk) and she can be contacted on 01922 721172**

2. The name of the person within your Trust including their job title and email address responsible for pager software?

3. **Answer: Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is Jane Longden, Divisional Director Estates and Facilities. Her email address is [jane.longden@walsallhealthcare.nhs.uk](mailto:jane.longden@walsallhealthcare.nhs.uk) and she can be contacted on 01922 721172**

4. How many pagers are used currently within the trust?

**Answer: Circa 2000 (Staff pagers) to include patient pagers**

5. When the supplier contracts due to expire?

**Answer: April 2021 (Staff pagers) to include patient pagers**

**025/17  
Hearing Aids**

We have follow-up questions linked to the attached Fol response. Please can you either have these answered as a follow-up to the original response, or as a new Fol request. The questions are as follows:

- 1) Thank you for your response to question 6 and 7. Also thank you for confirming you do not collect data on proportion of people accessing hearing care via direct access audiology and ENT. We attach previous Fol responses from Walsall in which different data was provided, there are also contradictions (see question 2 below). Although we appreciate things do change over time, we would like to confirm the following:

- a) Do you still have a block contract in place for adult hearing aid work?

**Answer: Yes in 2016-17. We have PBR for 2017-2018**

If so what does it cover? (e.g. as your recent response to question 7 suggests only 2% of adult hearing aid fittings appear to be non-AQP).

**Answer: All adult audiology services including balance, tinnitus, hearing aids EXCEPT AQP. Same contract also covers paediatric hearing aids and some paediatric diagnostic testing post newborn hearing screen.**

- b) For the 2% of non-AQP hearing aid activity, how are services funded?

**Answer: By CCG via Block contract 2016/17, and PBR 2017/2018**

- c) Can you confirm that 97.72% of adult hearing aid work is now coded against the AQP contract? (Please include all adult hearing aid work, including existing hearing aid patients that are seen again).

**Answer: No, apologies, as below figures were the wrong way round.**

- d) Please explain any changes made to Fol request 458/16 – for example if answers to question 6 and 7 were the wrong way around please update the original Fol response.

**Answer: The answers in the original response were indeed the wrong way round. Original FOI updated and attached.**

- 2) RE: Fol 458/16 the response to question 11 contradicts other answers. For example we ask why 100% of hearing aids were coded as non-AQP contracts in reference cost submissions. The answer is “... very few referrals through the AQP Contract so this figure is likely to remain very high”. Yet in response to question 6 the Trust codes 97.72% of hearing aid work against the AQP contract.

- a) Please can you explain these discrepancies?

**Answer: As above Answers were indeed the wrong way round. Original FOI updated.**

- c) Does the Trust code adult hearing aid work as non-AQP as a default?

**Answer: No, although most of it is non AQP.**

- 3) In response to question 10, it states “The referrals from ENT are not on the AQP forms as per AQP contract specifications”. It is not clear that this is the case. For example if a person goes to ENT for management of ear wax and/or an infection and that is managed, and that person then needs a hearing aid and meets AQP inclusion criteria, then they can be seen and coded against the adult hearing service specification that CCGs happen to use to AQP to commission. So,

- a) If a person with age-related hearing loss that meets the AQP inclusion criteria happens to come to the hearing aid service via ENT, are they coded as “non-AQP” solely because they came to the service via ENT?

**Answer: Yes**

- b) Can you please provide the wording from the AQP forms, specification and contract that state in such cases a patient would be coded as non-AQP?

**Answer: Yes – Criteria and Form below.**

### **B1\_2.9.1 Accepting Referrals**

The Provider must be able to receive referrals through the national NHS e-e-Referrals (eRs) electronic referral system (entry level with ability to upgrade).

Where a referrer is unable to use or access e-Referrals (eRs), an alternative (i.e. paper) referral process must be accepted. Referral date will be deemed to be date of receipt of the paper referral.

The provider can only accept referrals made on the approved / agreed referral form where e-Referral (eRs) is used the referral form must be attached by the referrer.

Please note however, commissioners will be working towards a position where all referrals will be e-referrals.

**026/17**  
**Radiology**

1. What make/model are your existing MRI scanners?  
**Answer: Siemens Symphony 1.5 T**

2. When were they installed?  
**Answer: 2001**

2. When are they due for renewal?  
**Answer: March 2016**

**027/17**  
**Medicines**

11 April 2017

Dear Freedom of Information team,

**RE: Medication adherence for people with Parkinson's in hospital**

Parkinson's UK is trying to determine how people with Parkinson's, and their carers, are encouraged to take an active role in their treatment and care.

**Self-administration of medicines policies**

1. Does your Trust have a self-administration of medicines policy for competent patients? **No**
  - a. If yes, please provide a copy of this policy?
  - b. If yes, please outline whether this policy applies to all hospital sites and all wards, or specify the sites or wards to which it applies?
  - c. If no, are you planning to introduce this policy in 2017/18? **Yes**
2. If you have a policy please provide details of the use of the self-administration of medicines policy? This includes:
  - a. How are your staff informed about this policy?
  - b. How is the implementation of this policy monitored across the hospitals in your Trust?
3. If you do not have a self-administration of medicines policy, why is this? [Please let us know of any barriers to introducing a policy in your Trust]. **The reason for there not being a policy at present is because on review within the Trust's governance systems it was agreed that further work was required on the draft to get it to a stage where it could be ratified. It will be ratified by the end of October 2017.**

**Carers visiting hours**

4. Do you currently have a policy which allows carers to visit the person they care for outside of visiting hours? **Yes (please see attached)**
5.
  - a. If yes, please provide a copy of this policy
  - b. If yes, please outline whether this policy applies to all hospital sites and all wards, or specify the sites or wards to which it applies

**The policy applies to all staff and visitors who work in or have access to Walsall Healthcare NHS Trust.**

There may be exceptional circumstances when visiting outside normal hours may be agreed with staff. These should be agreed on individual patient's needs and there may be a requirement to review the arrangements should the circumstances change.

There are different visiting arrangements for the Intensive Care Unit/High Dependency Unit, Children's Ward, Neonatal Unit, Special Care Baby Unit and Maternity Department.

- c. If no, are you planning to introduce a policy in 2017/18? **N/A**
- d. If no, please outline any work that your Trust is undertaking with a view to enabling carers to visit the person they care for outside visiting hours? **N/A**
6. If you have a policy, please provide details of the use of the policy to allow carers to visit outside of traditional visiting hours? This includes:
- a. How are your staff informed about this policy?
- **Policy circulated for consultation**
  - **Policy reviewed by divisional quality teams**
  - **Policy once ratified communicated via CE update**
- b. How is the implementation of this policy monitored across the hospitals in your Trust?

**Continuous monitoring in response to any complaints, concerns received**

**The effective implementation of this policy will be monitored through an aggregated report received by the matron's forum on a quarterly basis.**

**Sources that this report will use include (not exhaustive)**

- **PALS referrals**
- **Formal and informal complaints**
- **Comments/thank you notes**
- **Outcomes identified as a part of the annual CQC Inpatient Survey.**

7. If you do not have a policy which allows carers to visit the person they care for outside of visiting hours, why is this? [Please let us know of any barriers to introducing a policy in your Trust]. **N/A**

**028/17**

### **Viscosupplementation**

- 1) Does your organisation use/perform Viscosupplementation injections?  
**Answer: Yes**
- 2) How much has your organisation spent in the financial year 2015/16 and 2016/17, on Viscosupplementation?  
**Answer: Please see below:**
- 2016-17: 51 units = £12,546**  
**2015-16: 81 units = £19,926.00**
- 3) Which (brands) Viscosupplements have been use in the financial year 2016/17?  
**Answer: Synvisc ONE (Hylan G-F20)**

To make your research easier, I have added an excel document for you to capture your responses and listed all commonly used viscosupplements that you can cross reference:

Arthrum H  
Cingal  
Durolane  
Euflexxa  
Fermathron  
Orthovisc  
Ostenil  
Ostenil Plus  
RenehaVis  
Suplasyn  
Synocrom  
Synocrom Mini  
Synolis  
Monovisc  
Synopsis  
Synvisc (Hylan G-F20)  
Synvisc ONE (Hylan G-F20)

**029/17**

### **Mammography**

Please can you answer the following questions regarding the Mammography equipment used within the Trust?

1. Please can you provide the following information for each piece of mammography equipment? (Please complete the attached spreadsheet)

- a. Manufacturer
- b. Model
- c. Location - Hospital Name or Mobile Van
- d. Function – Breast Screening/ Assessment/ Screening & Assessment
- e. Method of Finance at Procurement (Trust/Lease/MES/Charity/PFI)
- f. Initial cost of Equipment
- g. Annual Maintenance cost
- h. Acquisition Date
- i. Planned Replacement Date

**Answer: Please see attached**

2. If you are a Breast screening provider - where is the assessment clinic that you then send your follow up referrals to?

**Answer: Walsall Breast Surgeons provide screening at Walsall Manor Hospital.**

**030/17**

### **Birthweight**

In the 2016 calendar year were there any babies born at your hospitals where the weight of the baby was 12lbs (5443g) or more? If so please state how many and what their birthweights were?

**Answer: 1 Baby was born with the weight of 5.4kg**

**031/17  
EDI Invoices**

- 1) Do you currently receive electronic invoices? Yes/No

**Answer: No**

- 2) If so, are these received in EDI format (not PDF)? Yes/No

**Answer: Not Applicable**

- 3) If not, would you have a date when you could be ready to test/receive EDI Invoices?

**Answer: No date at present**

**032/17  
Cyber Attacks**

- Have your systems ever been victim to any cyber-attacks?

**Answer: Yes**

- If yes, when were these? How many?

**Answer: One in 2015**

- If you could explain the nature of any attacks that have taken place e.g. ransomware attacks with what sort of information was taken and the amount demanded to have it sent back to you.

**Answer: A virus was found on a PC that became active when the anti-virus was updating, which proceeded to encrypt all documents on the local drives and shared folders that the user had access to. The PC was wiped and the documents on the shared folders were restored from backup. No ransom demand was evident.**

**033/17  
Nursing and Care Agencies**

1. Please provide list of nursing agencies currently utilised for nursing and care staff at the trust

**Answer: Please see below  
247 Nursing  
Acton Banks  
Arcadia Recruitment**

**Day Webster  
Evergood Associates  
Firstpoint Healthcare  
HCL Nursing  
ID Medical  
Last Minute Healthcare  
Mayday Healthcare  
Medacs Healthcare  
Medbank Healthcare Solutions  
Medical Professional Personnel  
MedicsPro  
Medsol Healthcare Services  
Meridian Business Support  
MSI Recruitment  
Plan B Healthcare  
Pulse Healthcare  
SWIIS (UK)  
Team Support Healthcare  
Thornbury Nursing  
Team24**

2. Please provide spend data for nursing and care agencies across all areas of the trust for qualified staff dated April 2016 - April 2017.

**Answer: 2016/17 - £3,921,000 (RN only)**

3. Please provide information of which off framework agencies supplied nursing staff dated between April 2016 - April 2017 including spend data.

**Answer: The only off-framework nursing agency used is Thornbury Nursing.  
2016/17 spend Thornbury £493,584**

**034/17**

**Medically fit Patients**

**Questions are based on medically fit for discharge figures in the report dated 22/06/2017**

1 - Number of adult patients who are medically fit to leave hospital but are currently unable to be safely discharged. Most recent figures are preferential however the latest on record would also be of use.

**Answer: 89 patients on 22/06/17**

2 – Please provide the number of packages of care that are currently delayed due to lack of staffing resources within the community.

**Answer: None due to staffing resources. On 22/06/17, 8 patients were awaiting packages of care to commence (6 out of area and 2 in Walsall area) this was awaiting brokerage to source the care with agencies.**

3 – Data on agency spend between March 2016 to present date for nursing services within the community.

**Answer: No agency is used within Community**

**035/17**

**Cancelled Operations**

How many operations have been cancelled for non-clinical reasons IN THE 3 DAYS BEFORE a patient was due to be admitted?

Out of those cancellations, how many were rescheduled within 1 month?

How many operations have been cancelled for non-clinical reasons ON THE DAY a patient was due to be admitted?

Out of those cancellations, how many were rescheduled within the statutory time limit – eg 28 days?

Please provide this data by month for 2014, 2015, 2016 and 2017 - up to and including April 2017.

The following should be included in the figures for 'operations':

All planned or elective operations and day surgery

For 'non-clinical reasons' please include a break-down of the following:

- Bed-ward not available
- Staff unavailable
- Emergency operations taking priority
- Maintenance needed on equipment
- Patient unavailable
- Admin error

Can I have all this broken down year on year please?

**Answer: Please note that the Trust does not record this how many operations have been cancelled three days before a patient was due to be admitted - we have a statutory requirement to record cancellations made on the day of admission, but not before. Therefore only 'on the day' cancellations will be included. Please see attached. – Information available upon request**

**036/17**

**Locum Staff**

Response currently going through approval



037/17

**Ophthalmology Services**

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

PERIOD	YES	NO
01 <sup>st</sup> June 2016 – 21 <sup>st</sup> December 2016	<b>Answer: Yes</b>	

2). Please breakdown the amount spent with each supplier delivering Ophthalmology services to your Trust during the following periods:

		Amount paid (£) to Supplier(s) during below periods					
	Supplier(s) Name	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
1	<b>The Westbourne Centre</b>	<b>£1,564</b>	<b>£0</b>	<b>£64</b>	<b>£836</b>	<b>£0</b>	<b>£0</b>
2	<b>Nuffield Hospital</b>	<b>£ 4,374</b>	<b>£888</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>	<b>£0</b>
3							
4							
5							
6							

**038/17**  
**Hepatitis C**

I have a request regarding treatment of Hepatitis C, does your trust treat Hepatitis C?

**Answer: Yes**

How many patients with Hepatitis C are registered, or recorded as under your care?

**Answer: 101**

By way of explanation, I am hoping to understand the number of patients with the disease that are waiting for treatment, as well as in treatment. Any figure you could supply to answer this would be helpful.

**Answer: Patient waiting for treatment 66 and patients in treatment 28**

Please could you supply the following information, for patients with hepatitis C, for the last month if possible. Please use the tables to enter by genotype as possible thank you.

**Answer: Please see below**

	<b>By genotype as follows</b>						
<b>Interferon Free Treatment</b>	<b>1A</b>	<b>1B</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>
Epclusa	0	0	0	<b>2</b>	0	0	0
Harvoni	0	0	0	0	0	0	0
Sovaldi	0	0	<b>1</b>	0	0	0	0
Sovaldi/Olysio	0	0	0	0	0	0	0
Sovaldi/Daklinza	0	0	0	0	0	0	0
Viekirax	0	0	0	0	0	0	0
Viekirax/Exviera	<b>4</b>	0	0	0	0	0	0
Zepatier	<b>1</b>	0	0	0	0	0	0

**039/17**  
**Gynecare Prolift**

Please can I request the following information concerning the Gynecare Prolift, a device used to treat Pelvic Organ Prolapse. Gynecare Prolift is a product made by Ethicon, a subsidiary of Johnson & Johnson.

1. Please provide how many "Prolift" devices have been purchased by your NHS Trust in each of the following years: 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017 (in either calendar or financial, however this information is held)?

1 (a) Please provide the costs of purchasing the "Prolift" in each of those years requested in question 1.

2. Please provide how many times the "Prolift," has been used as a device to treat pelvic organ prolapse in your NHS Trust in each of the following years: 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017 (in either calendar or financial, however this information is held)?

**Answer: Gynecare Prolift device is not used at the Trust**

**040/17**

### **Clinical Systems**

1. What patient administration systems do you use to book patient appointments/attendances for outpatient, inpatients and diagnostics?

**Answer: Lorenzo**

2. Do you have plans to replace any of your clinical systems within the next 2 years? If so, which ones.

**Answer: Not that we are aware of currently**

3. What integration software is in place to allow third party applications to interact with trust patient administrations systems/software? What technologies do you support for data exchange?

**Answer: Rhapsody, HL7 & System Integration via Data Base sharing**

4. Do you use a data warehouse for your activity informatics? If so how often is it uploaded/refreshed?

**Answer: Yes every night**

**041/17**

### **Hospital Pharmacy**

Would you please have an email for the Pharmacy so that I can contact them direct

**Answer: The Trust does not have a generic email address for pharmacy however the director is: [Amir.khan@walsallhealthcare.nhs.uk](mailto:Amir.khan@walsallhealthcare.nhs.uk)**

**042/17**

### **Translation Service**

- 1, How much is spent on translation services?

**Answer: Please see below**

	16/17	15/16	14/15	13/14
Pay	£42,089	£43,608	£43,332	£42,833
External	£254,726	£110,742	£113,121	£110,299
Total	£296,815	£154,350	£156,453	£153,132

2, Do patients/staff find the service effective?

**Answer: Yes**

3, Is this service audited? if yes by who? how often?

**Answer: It has not been audited recently but it is contract monitored.**

4, Has this service been identified as an area needing service improvement?

**Answer: The service was identified as needing improvement and underwent review and change from October 2016**

5. Have any recommendations been made to improve this service?

**Answer: Yes**

6, Have any complaints been made about the service provided?

**Answer: No**

7, What are the top 10 most requested languages?

**Answer: Please see below.**

**Punjabi**

**Bengali**

**Polish**

**Urdu**

**Romanian**

**Slovak**

**British Sign Language**

**Arabic**

**Gujarati**

**Hungarian**

**043/17**

**Courier services**

Please send me details for the period 2016-17 on the following:

The total value of the courier service contracts that were outsourced?

2. The name of your primary and any secondary Courier supplier

a) The value of your primary supplier contract, its expiry date and the services they provide (e.g. ad hoc/same day/overnight/GP route)

b) The value of your secondary supplier's contract, its expiry date and the and services they provide (e.g. ad hoc/same day/overnight/GP route)

3. The total cost of the courier services that were managed in-house?

a) The number of staff employed in managing those contracts

b) The number of vehicles owned or leased to meet the in-house courier requirement

4. The name and email of the person responsible for the procurement/management of these services?

**Answer: This service is managed by NHS Property Services; please redirect your request to them.**

**044/17**

### **Clinical Service Incidents**

Please provide details of clinical service incidents caused by estates and infrastructure failure at your hospital trust in 2016/17.

A "clinical service incident" is defined as follows: *Number of incidents caused by estates and infrastructure failure which caused clinical services to be delayed, cancelled or otherwise interfered with owing to problems or failures related to the estates and infrastructure failure. Exclude failures relating to non-estates causes e.g. nursing availability, but include where external incidents which estates and infrastructures should have mitigated e.g. utility power failures where the Trusts backup power system failed to offset. An incident is considered to be a delay of at least 30 minutes to clinical services affecting at least 5 patients or equivalent. Both inpatient and outpatient service incidents should be included.*

*Such incidents will include, but are not limited to: • Power and/or heating failures including overheating • Fires and false alarms (where caused by equipment faults or malfunction, deliberate/malicious causes should be excluded) • Water and/or sewage supply • Food production and/or delivery • Pest control*

For each incident, please provide a summary of the incident and the impact on services. Please provide details of the problem and in what way clinical services were affected, including the number of patients affected, the service and how long the service was delayed/if it was cancelled.

**Answer: There have been no clinical service incidents caused by estates and infrastructure failure at our trust in 2016/17.**

**045/17**

### **Cancelled Childrens Operations**

How many children's operations have been cancelled each month since 1<sup>st</sup> July 2016? Please give additional details as to what the main reasons for the cancellations were, how many were urgent operations or elective operations, and what type of illness did they involve, e.g. cancer, breathing problems, broken limbs etc.

2. How many children's operations have been cancelled over the last four financial years to date?

Kindly note a child is anyone up to the age of 18.

**Answer: Please see below**

Month	Total number of cancelled children's operations	Number of cancelled <b>urgent</b> children's operations	Number of cancelled <b>elective</b> children's operations	Type of illness being treated e.g. cancer, breathing problems etc. <b>Speciality provided.</b>	Reasons for cancellation
Jul-16					
Aug-16					
Sep-16					
Oct-16					
Nov-16					
Dec-16					
Jan-17	1		1	Oral Surgery	Ward Bed Not Available
Feb-17	1		1	ENT	Ward Bed Not Available
Mar-17					
Apr-17					

Financial Year	Total number of cancelled children's operations
2013/14	13
2014/15	7
2015/16	0
2016/17	3
2017/18 (YTD)	Not applicable

**046/17**

**Total Laparoscopic Hysterectomy**

1. Do you undertake Total Laparoscopic Hysterectomy procedures and if so what do you use as a vaginal occluder during the procedure? **Answer: Yes, our Trust uses the Manipulator for these procedures.**
2. If you do undertake Total Laparoscopic Hysterectomy's in theatre, have you ever had a never event relating to this procedure? **Answer: No**

**047/17**

**Breast Cancer Treatments**

In your trust, how many patients with HER2 breast cancer are currently being treated (in the past 3 months available) with the following products;

Herceptin IV (trastuzumab IV) only = **Answer two patients**

Herceptin SC (trastuzumab SC) only = **Answer 33 patients**

Perjeta (pertuzumab) combined with Herceptin/Docatexel = **Answer two patients**

Kadcyla (trastuzumab emtansine) = **Answer two patients**

Tyverb (lapatinib) = **Answer 0 patients**

**048/17**

**Packed Lunch**

- (i) Does the Trust provide a packed lunch/dinner to patients discharged before/during mealtimes?  
**Answer: No**
- (ii) If yes, please give an example of the contents of the meal  
**Answer: N/A**
- (iii) Are the meals provided under a PFI arrangement? If so, is this a separate contract, or linked to a wider catering/other contract?  
**Answer: N/A**
- (iv) Please give the value of the contract to provide packed lunches for the last year figures are available. If part of a wider contract, please estimate the proportion of the contract which covers packed lunches.  
**Answer: N/A**
- (v) How many packed lunch/dinner meals were provided during the year 2015/16?  
**Answer: N/A**
- (vi) Please calculate an average cost for providing each meal.  
**Answer: N/A**

**049/17**

**Executive Assistant**

Please could you send me the following:

1. The job description, (or nearest equivalent) to Executive Assistant post to Directors at your organisation.

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

2. The agenda for change banding and matched job report including scoring.

**Answer: Please see attached job matching information from 2011. The total score was evaluated at band 4, with 284 points.**

**050/17**

**Number of FOI Requests**

Total number of FOI requests you received in both 2015/16 and 2016/17.

**Answer: Please see below table**

	Total FOI requests received	
	2015/16	2016/17
<b>NHS Trust</b>		
<b>Walsall Healthcare</b>	<b>532</b>	<b>644</b>

**051/17**

**Staff gross misconduct**

Under the Freedom of Information Act 2000 I seek the following information, broken down by calendar year since January 2012 up until the most recently available data:

1. Number of cases of staff gross misconduct.

**Answer: Please see below**

2. Number of cases of staff gross misconduct broken down by action taken (e.g. disciplinary action, investigation, suspension with pay, dismissal)

**Answer: Please see below**

3. If possible, the number of cases of gross misconduct broken down by type of staff (e.g. nurse)

**Answer: Please see below**

**Jan – Dec 2012**

48 gross misconduct cases

13 formal counselling

8 dismissed

8 final written warning

8 first written warning

3 no case to answer

2 resigned

4 unable to locate information

Staff Groups:

10 Additional Clinical Services

7 Admin & Clerical

2 Allied Health Professional

7 Estates & Ancillary  
1 Medical & Dental  
21 Nursing & Midwifery

**Jan – Dec 2013**

18 gross misconduct cases  
7 dismissed  
4 final written warning  
2 resigned  
3 no case to answer  
2 completed informally

Staff Groups:

7 Additional Clinical Services  
2 Admin & Clerical  
1 Allied Health Professionals  
2 Estates & Ancillary  
1 Medical & Dental  
5 Nursing & Midwifery

**Jan – Dec 2014**

15 gross misconduct cases  
3 dismissed  
5 final written warning  
3 formal counselling  
4 no case to answer

Staff Groups:

3 Additional Clinical Services  
1 Admin & Clerical  
2 Estates & Ancillary  
1 Medical & Dental  
9 Nursing & Midwifery

**Jan – Dec 2015**

26 gross misconduct cases  
5 dismissed  
3 final written warning  
6 no case to answer  
10 formal counselling  
1 resigned  
1 redeployed

Staff Groups:

2 Admin & Clerical  
2 Allied Health Professionals  
5 Estates & Ancillary  
2 Medical & Dental  
15 Nursing & Midwifery

**Jan – Dec 2016**

9 gross misconduct cases  
1 dismissed  
2 final written warning  
3 first written warning

- 1 formal counselling
- 1 referred to GMC
- 1 no case to answer

**Staff Groups:**

- 1 Additional Clinical Services
- 2 Estates & Facilities
- 1 Medical & Dental
- 5 Nursing & Midwifery

**Jan – Apr 2017**

- 10 gross misconduct
- 4 final written warning
- 6 no case to answer

**Staff Groups:**

- 1 Additional Clinical Service
- 5 Nursing & Midwifery
- 4 Medical & Dental

**052/17**

**Immigrant Offender request from home office**

Could the Trust confirm how many times in each of the last five years it has received a request for information from the Home Office for the purposes of tracing an immigrant offender?

For clarity, please present the data for each of the following years: 2011/12, 2012/13, 2013/14, 2014/15, 2015/16.

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

Time Period	Number of Requests Received from the Home Office	Number of Requests where Information was Provided
2011/12	Nil	Not Applicable
2012/13	Nil	Not Applicable
2013/14	Nil	Not Applicable
2014/15	Nil	Not Applicable
2015/16	4	This information was not centrally recorded so cannot be accurately provided.
2016/17	3	1

Please confirm how many times since 1 January 2017 the Trust has received a request for information from the Home Office for the purposes of tracing an immigrant offender.

**Answer: Since 1<sup>st</sup> January 2017, we can confirm that our Trust has received one request for information from the Home Office for tracing purposes. Please see the table below.**

Time Period	Number of Requests Received from the Home Office	Number of Requests where Information was Provided
Since 1 <sup>st</sup> January 2017	1	0

Please also confirm, for each of the listed time periods, the number of times the Trust was able to provide such information.

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

**053/17**

## Medications

1. Within your trust how many patients have been treated with the following products in the past 3 months you have available;

MabThera IV (rituximab) : **29**

MabThera SC (rituximab) : **10**

Truxima (rituximab) : **nil**

Gazyvaro (obinutuzumab) : **nil**

Imbruvica (ibrutinib) : **3**

Zydelig (idelalisib) : **nil**

Arzerra (ofatumumab) : **nil**

2. Please can you state the number of patients for the above drugs for the following indications;

Follicular lymphoma [C82.0 to C82.9]: **7**

Diffuse Large B-cell Lymphoma [C83.3]: **2**

Chronic Lymphocytic Leukaemia [C91.1]: **4**

All other B-cell, haematological malignancies (all C82, C83, C85, C88.0, C88.4 codes not listed above):  
**14**

Rheumatoid Arthritis [M5 and M6]: **9**

3. Does your trust code haematological malignancies against ICD10 codes?

**Yes, if documented.**

## 054/17

### Job Titles

Under the freedom of information act please could you give me the name of the person with the following job title. If there is no-one within your Trust with this job title please could you give me the name of the person responsible for this role.

Could you please include their email address.

CEO – Richard Kirby

Email: [Richard.kirby@walsallhealthcare.nhs.uk](mailto:Richard.kirby@walsallhealthcare.nhs.uk)

Deputy Chief Executive – No designated Deputy Chief Executive. Different Executive Directors will be delegated authority to act in the Chief Executive's absence when the Chief Executive is away from the Trust.

Chief Operating Officer – Philip Thomas-Hands

Email: [philip.thomas-hands@walsallhealthcare.nhs.uk](mailto:philip.thomas-hands@walsallhealthcare.nhs.uk)

Director of Operations – Philip Thomas-Hands

Email: [philip.thomas-hands@walsallhealthcare.nhs.uk](mailto:philip.thomas-hands@walsallhealthcare.nhs.uk)

CFO/Finance Director – Russell Caldicott

Email: [Russell.caldicott@walsallhealthcare.nhs.uk](mailto:Russell.caldicott@walsallhealthcare.nhs.uk)

Medical Director – Mr Amir Khan

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

Deputy Medical Director

Mr N Turner [turnern@walsallhospitals.nhs.uk](mailto:turnern@walsallhospitals.nhs.uk)  
Mrs Louise Holland [louise.holland@walsallhospitals.nhs.uk](mailto:louise.holland@walsallhospitals.nhs.uk)  
Mr Naj Rashid [najam.rashid@walsallhospitals.nhs.uk](mailto:najam.rashid@walsallhospitals.nhs.uk)

Head of IT / Director of IT / IT/ICT Manager – Mr Daren Fradgley  
[daren.fradgley@walsallhealthcare.nhs.uk](mailto:daren.fradgley@walsallhealthcare.nhs.uk)

Head of Information Governance – Linda Storey  
[linda.storey@walsallhealthcare.nhs.uk](mailto:linda.storey@walsallhealthcare.nhs.uk)

Caldicott Guardian – Mr Amir Khan  
Email: [amir.khan@walsallhealthcare.nhs.uk](mailto:amir.khan@walsallhealthcare.nhs.uk)

SIRO – Russell Caldicott  
Email: [Russell.caldicott@walsallhealthcare.nhs.uk](mailto:Russell.caldicott@walsallhealthcare.nhs.uk)

## 055/17 Lipid clinic

1. Please confirm the total number of referrals to the Trust's lipid clinic during the financial years: 2010/11, 2011/12, 2012/13, 2013/14, 2014/15 and 2015/16.  
**Answer: Please see below. The data below looks at the first new appointment in our Lipid clinic that occurs in the financial years specified.**

Financial Year	Total
Year 2010/11	174
Year 2011/12	235
Year 2012/13	249
Year 2013/14	252
Year 2014/15	285
Year 2015/16	130

2. Please confirm the total number of referrals to the Trust's lipid clinics from (a) general practice and (b) secondary care during the financial years: 2010/11, 2011/12, 2012/13, 2013/14, 2014/15 and 2015/16.  
**Answer: Please see below. The data below looks at GP and Secondary care referral sources for new appointments in our Lipid clinic.**

Financial Year	Ref Source	Total
Year 2010/11	GP	155
Year 2010/11	Secondary Care	19
Year 2011/12	GP	215
Year 2011/12	Secondary Care	20
Year 2012/13	GP	228
Year 2012/13	Secondary Care	20
Year 2013/14	GP	232
Year 2013/14	Secondary Care	20
Year 2014/15	GP	237
Year 2014/15	Secondary Care	26
Year 2015/16	GP	128

Year 2015/16	Secondary Care	2
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3. Please confirm the average waiting time between patient referral and appointment to the Trust's lipid clinic during the financial years: 2010/11, 2011/12, 2012/13, 2013/14, 2014/15 and 2015/16.

**Answer: Please see below. The data below measures the time in weeks between the patient's referral and the first new appointment in our Lipid clinic that occurs in the financial years specified.**

Financial Year	Average Wait (Weeks)
Year 2010/11	3
Year 2011/12	4
Year 2012/13	5
Year 2013/14	5
Year 2014/15	19
Year 2015/16	14

4. Please confirm the proportion of patients accessing the Trust's lipid clinic that are meeting their lipid targets during the financial years: 2010/11, 2011/12, 2012/13, 2013/14, 2014/15 and 2015/16.

**Answer: All patients are treated to achieve maximum lipid lowering in line with NICE guidelines.**

5. Please confirm the proportion of high risk cardiovascular disease patients\* accessing the Trust's lipid clinic that are routinely offered a structured annual review during the financial years: 2010/11, 2011/12, 2012/13, 2013/14, 2014/15 and 2015/16.

**Answer: Structured annual review is offered to all patients in line with Trust and CCG agreed management pathway.**

6. Please confirm or deny whether the Trust has in place an integrated care pathway or clinical management strategy for the management of high risk cardiovascular disease patients. If confirmed, please provide details.

**Answer: The Trust has an integrated care pathway.**

7. Please state the budget allocated by the Trust to its lipid clinic during the financial years: 2010/11, 2011/12, 2012/13, 2013/14, 2014/15 and 2015/16.

**Answer: We are not able to breakdown the budget in order to accurately identify this information.**

**056/17**

**A&E Statistics**

With regard to A&E statistics pertaining to presenting complaints can you please provide the number of times 'acopia' and or ICD 10 code z73 were recorded as causes for

- a. Admission
  - b. Noted in the discharge summary
  - c. Recorded as a diagnosis for the periods of January 2017- March 2017
- 2016  
2015

ICD10 coding is not used in A&E, so InPatient data was queried for relevant diagnosis data.

**Answer:**

a) Admission

c) Recorded as a diagnosis for the periods of 2015

**During calendar year 2015, 3 patients were admitted following a visit to A&E with a primary diagnosis like 'Z73\*'**

a) Admission

c) Recorded as a diagnosis for the periods of 2016

**During calendar year 2016, 8 patients were admitted following a visit to A&E with a primary diagnosis like 'Z73\*'**

a) Admission

c) Recorded as a diagnosis for the periods of 2017

**During calendar year 2017 (01/01-31/03), 4 patients were admitted following a visit to A&E with a primary diagnosis like 'Z73\*'**

b) Noted in the discharge summary

**Answer: This data is not recorded electronically. This would be written in patient records. It would require a 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.**

**057/17**

**Outpatient hysteroscopy/biopsy - Pain Control and Patient Choice**

1. The patient information leaflet/s

**Answer: Please see attached**

2. The consent form/s

**Answer: Please see attached**

3. For each of the last 3 financial years:

i. all audits of OP hysteroscopy adverse events, (including infection, perforation, pain equal to or above 7/10 on VAS)

**Answer: No adverse events recorded**

ii. all surveys of patients' outpatient hysteroscopy experiences. Are all your patients allowed to complete the satisfaction survey at home?

**Answer: Yes – our Trust now provide a text system which allows patients to answer surveys through their mobile phone.**

iii. the number of your patients who had

**Answer: Data below is for Theatres and OPD procedures.**

a) GA – Data from Theatres provided:

**2014/2015 = 337**

**2015/2016 = 371**

**2016/2017 = 405**

b) spinal anaesthesia Data from Theatres provided:

**2014/2015 = 3**

**2015/2016 = 1**

**2016/2017 = 2**

c) monitored procedural IV sedation: **Data from Theatres provided:**

**2014/2015 = 0**

**2015/2016 = 2**

**2016/2017 = 3**

d) local anaesthetic:

**Data from Theatres provided: 2014/2015 = 0, 2015/2016 = 2, 2016/2017 = 15**

**Data from OPD: 2014/2015 = 223, 2015/2016 = 236, 2016/2017 = 449**

e) no anaesthetic:

**Data from OPD: We do not record this information on any electronic system, it would require a manual trawl through all the patients paper records which would exceed 18 hours work**

iv. the % of your

a) diagnostic hysteroscopies:

**Answer: We have detailed below the percentage of total hysteroscopies done in OP and determined how many were diagnostic and percentage operative. If this is incorrect please clarify.**

**Data provided for Outpatients**

**2014/2015: 46%**

**2015/2016: 44%**

**2016/2017: 52%**

b) operative hysteroscopies that were done in outpatients.

**Data provided for Outpatients**

**2014/2015: 54%**

**2015/2016: 56%**

**2016/2017: 48%**

Did your Trust meet the Best Practice Target % Tariff for each of these years?

**Answer: No as we provide one stop clinics which do not meet the current Best Practice guidance.**

4. i. Is local anaesthetic available in all your outpatient hysteroscopy clinics? **Answer: Yes**

ii. Is Entonox available in all your outpatient hysteroscopy clinics? **Answer: Yes**

5. Are all your hysteroscopy patients (including See & Treat/One Stop Shop/Late Cancellations) offered

i. local anaesthetic? **Answer: Yes**

ii. GA? **Answer: Yes**

iii. spinal anaesthesia? **Answer: Yes**

iv. safely monitored IV sedation? **Answer: This would be done in theatre by the anaesthetist**

6. Do you use electro-surgery in any of your outpatients clinics? If so, do you always use the lowest power setting? **Answer: Yes**

7. What type and diameter of scopes do you use in:

a) outpatients, **Answer: Semi-Rigid**

b) for GA patients? **Answer: rigid, and are 30degrees/3mm diameter**

8. What is the minimum training and accreditation (e.g. RCOG ATSM) that all your NEW hysteroscopists must have? **Answer: No minimum accreditation but a desirable – ATSM, training as a trainee, MBCHB, MBBS**

9. What % diagnostic outpatient hysteroscopy/biopsy patients had an incomplete procedure which was repeated with epidural, GA or sedation? **Answer: After checking with our coding department we do not have a code that enables us to illustrate that as a procedure is incomplete, and we do not record this on any electronic system. This would require a manual trawl of all patients paper records which would exceed 18 hours work and is therefore withheld.**

10. Does your Trust have a psychosexual counselling service for PTSD caused by severe procedural pain? **Answer: Yes**

**058/17**

### **Financial Services**

1. **Contract Category:** Please see select from the categories provided; Banking Services; Financial Audit Services; Card Processing Services
2. **Existing Supplier Name** for each contract
3. **Contract Description:** Please do not just state two to three words can you please provide me detail information about this contract and please state if upgrade, maintenance and support is included. Please also include the modules included within the contract.
4. **Annual Average Spend** for each contract
5. **Contract Duration:** What is the duration of the contract please include any available extensions within the contract.
6. **Contract Start Date:** What is the start date of this contract? Please include month and year of the contract. DD-MM-YY or MM-YY.
7. **Contract Expiry:** What is the expiry date of this contract? Please include month and year of the contract. DD-MM-YY or MM-YY.
8. **Contract Review Date:** What is the review date of this contract? Please include month and year of the contract. If this cannot be provided, please provide me estimates of when the contract is likely to be reviewed. DD-MM-YY or MM-YY
9. **Contact Details:** I require the full contact details of the person within the organisation responsible for this particular contract.
10. **Notes:** Please provide me with any further information with regards to this contract this could include any contract extension available as well as information on renewals or plans for future tenders.

**Answer: Please see attached**

**059/17**

### **Medical Devices Manager**

Under the Freedom of Information Act please could you give me the name and email address of the person within your Trust that holds the following job title:

Medical Devices Manager - Staff Details below Director Level are withheld under Section 40 (Personal Information). The Director responsible for Medical Devices is Mr Amir Khan, Medical Director. His email is [amir.khan@walsallhealthcare.nhs.uk](mailto:amir.khan@walsallhealthcare.nhs.uk)

**060/17**

### **CT scanners on animal**

Question 1 - Have any CT scanners or other medical equipment owned by the trust been used on livestock or any other non-human animals? Please provide this information for the last five years stating on how many occasions, at which hospital/site, and on what animal the equipment was used.

**Answer: I can confirm that we have never used our CT scanners to scan livestock, at any point over the last 5 years**

Question 2 – Who or which organisations have requested the use of CT scanners or other medical equipment for use on livestock or any other non-human animals? Please provide this information for the last five years.

**Answer: The Trust has not received any requests for the use of CT scanners or other medical equipment for use on livestock or any other non-human animals.**

Question 3 – Have scheduled scans on humans been delayed or postponed as a result of CT scanners or other medical equipment being used on livestock or any other non-human animals? Please provide this information for the last five years stating on how many occasions, how long any scans were delayed and at which hospital/site the scan had been scheduled.

**Answer: I can confirm that we have never used our CT scanners or other medical equipment to scan livestock, at any point over the last 5 years**

**061/17**

### **Five Year Forward View**

What steps, if any, your organisation has taken to implement a:

Footprint

**Answer: Our local footprint is the Borough of Walsall and we operate co-terminously with primary and social care. We are working with partners across the STP footprint of the Black Country and South West Birmingham which takes into account the areas covered by our partners in the Black Country Alliance and the Black Country.**

Sustainability and Transformation Plan;

**Answer: We have worked in partnership with commissioners and providers to agree an STP for the Black Country and South Birmingham.**

Sustainability and Transformation Partnership; Accountable Care System; Accountable Care Organisation;

**Answer: We are integrating services vertically and horizontally as appropriate to best meet the demands of the populations we serve; to deliver efficiencies at scale and to reduce demand, particularly on hospital services. No formal decision has been made on the appropriate model of care for Walsall at this time.**

What plans you have to implement any or all of the above and the proposed timescale for doing so and decision-making processes to be followed in doing so.

**Answer: A decision on the appropriate partnership approach for Walsall will be presented by April 2018.**

Any documentation or instruction that you have received from NHS England describing the action your organisation is required to take, or may take, to establish the above organisations and/or otherwise to implement the new care models described in the Next steps on the NHS five year forward view and the Five year forward view.

**Answer: Please refer to enclosure 11 in the link below:**

<https://www.walsallhealthcare.nhs.uk/Data/Sites/1/media/documents/board-papers/2017/feb/public-trust-board.meetingpack.pdf>

**062/17**

### **Overseas Visitors**

To compile response

**063/17**

### **Accommodation for Doctors**

Would you please be so kind as to send us the following information?

- Do you provide accommodation for doctors who feel too tired to drive home after work? *(Please note that we are not referring to doctors who are working 24 hour shifts who will clearly stay on site. This is referring to shift workers who work a shift in hospital and are usually expected to travel home afterwards.*

**Answer: Yes**

- Is this available to all doctors or only those working certain shifts?

**Answer: All doctors who request it subject to availability**

- Can it be arranged at the last minute or can it only be pre-booked?

**Answer: Needs to be booked in advance for availability purposes. We only have 5 rooms on site for all staff groups**

- Is this accommodation free or charged for?

- If charged for, how much does it cost?

**Answer: Currently free of charge**

- If charged for, is this subsidised?

**Answer: Not applicable**

- If charged for, is it demanded up front or taken from the doctors' payslip?

**Answer: Not applicable**

- Are you aware of any car crashes or fatalities involving doctors in your trust in the past ten years? Please state how many (we are not asking for confidential information, just generic information in the public domain).

**Answer: No, not aware**

**064/17**

### **Hospital Food**

1. Could you tell me the cost of feeding one inpatient per day (patient meal day) calculated in the same way it is done for the ERIC data.

<http://hefs.hscic.gov.uk/ERIC.asp>

I would like the average daily cost for the provision of all meals and beverages fed to one inpatient per day. The cost should include all pay and non-pay, including provisions, ward issues, disposables, equipment and its maintenance. This is not the average cost for a single meal but for all meals and beverages delivered to the patients in one day. Please supply the latest possible data 2016/17.

**Answer: £9.48 this figure includes equipment and staff costs.**

2. Could you tell me the number of wasted meal servings using the same calculation methods used in the ERIC reporting system. Although this figure is no longer included in the ERIC reporting I would still like to see latest figures. Please supply up to date figures including 2017. For plated meal systems, this is the number (calculated over the full menu cycle or 7 days where no menu cycle is used), of unserved in-patient meals remaining at the end of the meals service period expressed as a percentage of the total number of meals provided and available at the commencement of the meal service period.

**Answer: Quarterly audits will be conducted by the end of September 2017 regarding waste.**

**065/17**

### **Television**

Under the Freedom of Information Act I would like to request information about the cost to in-patients of the television and personal entertainment offered on wards at each of the hospitals for which you are responsible.

Please state, on wards where television use is offered, whether or not in-patients are charged for its use. If so please outline what rate is offered to in-patients (how much they pay for its use, eg £3 per hour).

Please state whether or not they need to purchase a card to charge with funds, and if so, please state whether a refund is offered should the in-patient not use all their card 'credit'.

Please state whether or not this service is supplied to the NHS by a private provider.

Please name the private provider.

**Answer: The Trust does not provide these services**

**066/17**

### **Baby and Maternal Deaths**

Please could you tell me:

#### **1. Baby deaths**

a) How many term stillbirths and perinatal deaths have there been at your trust in each year the past decade (from 2006-2016)?

**Answer: Please note we are only able to provide information from 2013 onwards:**

**2017**

**2**

**2016**

**13**

**2015**

**13**

2014

6

2013

6

b) How many of those were formally investigated as serious incidents?

**Answer: 31**

c) How many have been found to be potentially avoidable by either internal or external investigations, including inquests?

**Answer: 7**

## **2. Maternal deaths**

a) How many maternal deaths have there been in each year over the past decade (from 2006-2016)?

**Answer: Please note we are only able to provide information from 2009 onwards:**

**5 recorded maternal deaths**

2016

1

2015

1

2014

1

2013

0

2012

0

2011

1

2010

0

2009

1

b) How many of those were formally investigated as serious incidents?

**Answer: 2**

c) How many have been found to be potentially avoidable by either internal or external investigations, including inquests?

**Answer: 2**

**067/17**

**Fire Safety**

Request: I am making a comparative study of what NHS Trusts are doing in regard to Fire Safety. Partly to compare our work with other Trusts

1. What percentage of staff have you trained - face to Face to Face and e-learning separately please.  
**Answer: All fire training is face-to-face. As at the end of March 2017 Fire Safety Training stood at 67%. During Jan – March 2017, the Trust enacted a step down on Mandatory Training due to capacity. A recovery plan is now in place to increase compliance to the required target.**
2. Frequency (TNA) and duration of fire training sessions for staff e.g. we undertake face to face training for all frontline staff/lab staff/estates etc. annually and office workers have alternate years of online and face-to-face. Face to face classroom training last 30 minutes.  
**Answer: Annually for clinical staff and every two years for non-clinical both sessions last 1 hour.**
3. Number of code 1 and code 2 alarms per year. Last 5 financial years  
**Answer: We have made the assumption that code 1 and code 2 alarms are the number of fires and the number of false alarms:**

Year Ending March 31 <sup>st</sup>	Fire Alarm activations Manor Site
2012/13	87
2013/14	63
2014/15	59
2015/16	45
2016/17	42

Year	Fire Incidents
2011/2012	1
2012/2013	0
2013/2014	2
2014/2015	1
2015/2016	0
2016/2017	0

4. Number of Fire Brigade visits (emergency and familiarisation visits, separate please)  
**Answer: Each watch are required to visit at least once per year so that 4 planned visits per year.**
5. Number of unwanted fire signals in each of the last 5 financial years.  
**Answer: Please refer to the tables above.**
6. Number of substantive employees.  
**Answer: 4508**

I am interested in gaining the following information regarding the Trust Procurement of pre-printed stationery that is NOT produced within the Trust.

1. What is the total spend on printed stationery for the organization?  
**Answer: This contract is currently out to tender. Information is withheld under Section 43 (Commercial Interests) as this would detail information agreed with the supplier.**
2. Under which OJEU/Framework contract reference is the trust currently operating under for stock and ad-hoc printing services and what is the value of each contract?  
**Answer: This contract is currently out to tender. Information on the value of the contract is withheld under Section 43 (Commercial Interests) as this would detail the value agreed with the supplier.**
3. When was the contract awarded, and for what period of time?  
**Answer: This contract is currently out to tender. Information is withheld under Section 43 (Commercial Interests) as this would detail information agreed with the supplier.**
4. Is stock held by a 3rd party and called off by the trust? If yes, what value of stock is being held by the 3rd party supplier?  
**Answer: This contract is currently out to tender. Information is withheld under Section 43 (Commercial Interests) as this would detail information agreed with the supplier.**
5. Who is the current contracted supplier?  
**Answer: Answer: This contract is currently out to tender. Information is withheld under Section 43 (Commercial Interests) as this would detail information agreed with the supplier.**
6. For further conversation, who is the main contact within the trust to discuss ongoing print contracts?  
**Answer: Staff details below Director level are withheld under Section 40 (Personal Information). The Director responsible for this Department is Russell Caldicott. His contact details are as follows;**

**Walsall Healthcare NHS Trust  
Trust HQ  
Manor Hospital  
Moat Road  
Walsall  
WS2 9PS  
Tel: 01922 721172  
Email address; [Russell.caldicott@walsallhealthcare.nhs.uk](mailto:Russell.caldicott@walsallhealthcare.nhs.uk)**

**069/17  
PAC & TNP Equipment Contract**

Section 1

- 1) What are the Hospital names and locations that form part of the Trust? (Please provide details)  
**Answer: Walsall Healthcare NHS Trust, Moat Road, Walsall**
- 2) Which framework is utilized for purchasing such as SBS, NHS Supply Chain or other (please provide details of all that are used)  
**Answer: NHS Supply Chain, SBS, HTE, Crown Commercial.**

3) By which method is this procured? (Please state all that applies)

**Answer: Mini competition and occasional direct award where framework permits**

## Section 2

1) What is the name of the manufacture used to provide Topical Negative Wound Therapy Treatment for each hospital location?

**Answer: Smith and Nephew**

\*Smith-Nephew

\*KCI

\*Talley

\*Other (please provide names)

2) By which method is this procured? (Please state all that applies)

**Answer: Tender.**

3) Is this equipment provided via Hire agreement, Purchase or other? (Please provide details)

**Answer: Hire agreement.**

4) Is the provision of this equipment contracted?

**Answer: Yes**

5) If contracted is the service and maintenance of this equipment included as part of the contract? Yes or No.

**Answer: Does not apply. Hire agreement.**

6) If No - How is service & maintenance of this equipment dealt with - 3rd party provider or in-house?

**Answer: N/A**

7) If 3rd party provider please state company name

**Answer: N/A**

8) Is the 3rd party service & maintenance contracted? Yes or No

**Answer: N/A**

9) If Yes what is the contract term? (Including any extension periods).

**Answer: N/A**

10) What is the expiry date of this contract?

**Answer: N/A**

The following questions are only applicable if the supply of Topical Negative Wound Therapy to the hospital trust is contracted.

- 1) As a result of the tender did you change provider? Yes or No (If Yes please provide name of previous supplier)  
**Answer: Yes. KCI**
- 2) What date did your current contract start?  
**Answer: 01.10.14**
- 3) How long is the current contract? (Including any extension periods)  
**Answer: N/A**
- 4) When does the current contract expire?  
**Answer: 30.06.17**
- 5) Please provide the financial value of the contract in the last 12 months of the previous contract including total value and periods covered.  
**Answer: Withheld under exemption section 43 (commercially sensitive)**
- 6) Please provide the financial value for the first 12 months of the current contract in place.  
**Answer: Withheld under exemption section 43 (commercially sensitive)**

### Section 3

- 1) What is the name of the manufacture used to provide pressure relief alternating dynamic surface air mattresses to the trust?  
**Answer: Drive Devilbiss**

\*Hill-Rom

\*Smith-Nephew

\*Talley

\*Direct Healthcare

\*Karomed

\*Other (please provide names)

- 2) By which method is this procured? (Please state all that applies)  
**Answer: OJEU tender**
- 3) What is the total number of dynamic mattresses on-site?  
**Answer: Circa 220**
- 4) Is this a managed service?  
**Answer: Yes**
- 5) Is the provision of dynamic surfaces contracted?  
**Answer: Yes**
- 6) If Yes is the service and maintenance of this equipment included as part of the contract?

**Answer: No.**

7) **If No - How is service & maintenance of this equipment dealt with - 3rd party provider or in-house?**

**Answer: 3<sup>rd</sup> party**

8) **If 3rd party provider please state company name**

**Answer: Drive Devilbiss, under separate contract**

9) **Is this 3rd party service contracted? Yes or No**

**Answer: Yes.**

10) **If Yes what is the contract term? (Including any extension periods).**

**Answer: 5 years**

11) **What is the expiry date of this contract?**

**Answer: 3 August 2020**

12) **How is the decontamination of these products managed? In-house or 3rd party provider**

**Answer: As part of contract**

13) **If 3rd party provider please state company name**

**Answer: N/A**

14) **Is this 3rd party service contracted? Yes or No**

**Answer: N/A**

15) **If Yes what is the contract term? (Including any extension periods).**

**Answer: N/A**

16) **What is the expiry date of this contract**

**Answer: N/A**

The following questions are only applicable if the supply of dynamic alternating air surface mattresses to the hospital trust is contracted.

1) **Which method is used to tender the contract? (Please provide details)**

**Answer: OJEU tender**

2) **What date did your current contract start?**

**Answer: August 2015**

3) **What is the term of the contract? (including any extension periods)**

**Answer: 5 years**

4) **When does the current contract expire?**

**Answer: 3 August 2020**

5) **Is the contract purchase, hire or other (please provide details)**

**Answer: Hire**

6) If contracted, when did you last tender the contract?

**Answer: 2014.**

7) As a result of the tender did you change provider? Yes or No (if Yes please provide previous supplier)

**Answer: Yes. Arjo Huntleigh**

8) Please provide the financial value of the contract in the last 12 months of the previous contract including total value and periods covered.

**Answer: 14/15 financial year £300,115**

9) Please provide the financial value for the first 12 months of the current contract in place.

**Answer: £273,511**

#### Section 4

1) What is the name of the manufacture used to supply profiling bed frames?

**Answer: Drive Devilbiss**

\*Hill-Rom

\*Sidhil

\*Invacare

\*Linet

\*Huntleigh

\*Other (please provide details)

2) By which method is this procured? (Please state all that applies)

**Answer: OJEU Tender**

3) Which products are used? (Please provide details)

**Answer: Drive Devilbiss**

4) What is the total number of hospital bed frames on-site?

**Answer: Circa 560**

5) Is the supply of bed frames contracted?

**Answer: Yes**

Yes or No?

The following questions are only applicable if the supply of profiling beds to the hospital trust is contracted.

1) What date did your current contract start?

**Answer: August 2015**

- 2) How long is the current contract? (Including any extension periods)  
**Answer: 5 years**
- 3) When does the current contract expire?  
**Answer: 3 August 2020**
- 4) When did you last tender the contract?  
**Answer: 2014**
- 5) As a result of the tender did you change provider? Yes or No (if Yes please state previous supplier)  
**Answer: Yes. Arjo Huntleigh**
- 6) Please provide the financial value of the contract in the last 12 months of the previous contract including total value and periods covered.  
**Answer: £70,434**
- 7) Please provide the financial value for the first 12 months of the current contract in place  
**Answer: £17,010**

**070/17  
Pressure Ulcer**

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

Please send me:

Information request – 1

Number of hospital acquired avoidable pressure ulcers, category 2, 3 and 4, occurring each month between 1st April 2016 to March 31<sup>st</sup> 2017

**Answer: Please the table below**

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
1	5	4	1	4	0	4	2	1	3	2	1*

**\*DTI – not categorised**

Information request - 2

Number of hospital acquired avoidable category 4 pressure ulcers occurring each month between 1st April 2016 to March 31<sup>st</sup> 2017

**Answer: Please the table below**

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
0	2	0	0	1	0	1	0	0	0	0	-

Numbers hospital acquired avoidable category 3 pressure ulcers occurring each month between 1st April 2016 to March 31<sup>st</sup> 2017

**Answer: Please the table below**

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
1	1	0	1	0	0	1	0	0	3	0	-

Numbers hospital acquired avoidable category 2 pressure ulcers occurring each month between 1st April 2016 to March 31<sup>st</sup> 2017

**Answer: Please the table below**

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
0	2	4	0	3	0	2	2	1	0	2	-

Information request – 3

Number of pressure ulcers category 2, 3 and 4 per thousand bed days each month occurring between 1<sup>st</sup> April 2016 – 31<sup>st</sup> March 2017

**Answer: Please the table below**

Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
0.06	0.45	0.45	0.12	0.23	0.06	0.29	0.49	0.11	0.52	0.19	0.23

Information request – 4

The name of the pressure ulcer classification tool use within the Trust

**Answer: European Pressure Ulcer Advisory Panel (EPUAP) pressure ulcer classification system**

Information request – 5

Does the Trust report suspected Deep Tissue Injury and/or Deep Tissue Injury

**Answer: Yes locally not but not externally**

Information request – 6

Does the Trust report device related pressure ulcers separately to other pressure damage

**Answer: No, they are reported in same way**

I would like the above information to be provided to me as paper or electronic copies

**071/17**

**Private Healthcare**

Response going through approval

**072/17**

**Multiple Sclerosis**

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)

Ocrevus (Ocrelizumab)

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. The formal answer is none as MS patient and their sequent treatment are managed by tertiary centres and since the subsequent billing for drugs would be to the commissioners from those centres,**

**073/17**

**Cyber Attacks**

Please could you answer the following:-

1. Does your organisation keep an incident log of cyber attacks?

**Answer: Yes Incident system (Safeguard & Richmond)**

2. How many cyber attacks - attempted and successful - were recorded against your organisation in the last three financial years, year-by-year (ie 2014/15, 2015/16, 2016/17)?

**Answer: One attempted 2015.**

3. Where cyber attacks were successful, what kind of data and what amount of data, if any, was lost or stolen? Was it confidential?

**Answer: None/ not applicable**

4. For each case, please confirm:- the type of attack (eg ransomware, denial of service etc)

**Answer: Virus found on a PC that became active which AV was updating. It proceeded to encrypt documents on local drives. Remedial action: PC was wiped and files were restored. No ransom demand was evident.**

5. What demand, if any, was made to resolve the attack? Did the organisation comply?

**Answer: No demand made**

6. Whether the attack was reported to police or other responsible authority? Was the attacker traced/convicted?

**Answer: Not applicable**

**074/17**

**Taxis**

How much has the trust spent on taxis ferrying staff from one hospital site to another hospital site which is experiencing staffing difficulties over the current business year and the previous four financial years?

**Answer: The Trust has not spent on taxis ferrying staff from one hospital site to another hospital site which is experiencing staffing difficulties over the current business year and the previous four financial years.**

How many NHS staff were transported in this way and from what sites to what sites?

**Answer: N/A**

When a decision was taken to use a taxi service to bring in extra staff, how many nurses were on duty at the destination hospital and what was the nursing/patient ratio?

**Answer: N/A**

**075/17  
Agency**

Please can you provide the following information under FOI laws:

1. The trust's completed 'Detailed agency collection' for month 12 of 2016-17, showing the year to date figures. (Example attached)

If for any reason the trust is minded not to provide this document, please list the five specialties for which the trust had the highest agency staff costs - as a % of total pay costs for the specialty - in 2016-17 in the table below. Please also fill in the cells detailing expenditure. If the trust's accounts have not yet been audited, please use the unaudited figures.

Speciality name	Agency (Excluding bank staff)				Total Gross Employee Benefits for specialty			
	Medical	Qualified Nursing	Other	Total	Medical	Qualified Nursing	Other	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Specialty 1								
Specialty 2								
Specialty 3								
Specialty 4								
Specialty 5								

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

Specialty	Agency (Excluding bank staff)				Total Gross Employee Benefits for specialty			
	Medical	Qualified Nursing	Other	Total	Medical	Qualified Nursing	Other	Total
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
CLINICAL NEURO-PHYSIOLOGY	194	0	0	194	238	0	0	238
RHEUMATOLOGY	171	0	0	171	328	0	0	328
ACUTE INTERNAL MEDICINE	1,017	327	23	1,367	2,429	1,831	1,188	5,448
ACCIDENT & EMERGENCY	1,210	807	77	2,093	3,687	3,675	1,042	8,403
GASTROENTEROLOGY	353	146	11	510	1,097	806	549	2,453
DERMATOLOGY	124	0	0	124	534	66	65	664
GENERAL MEDICINE	476	509	51	1,036	2,292	2,525	1,468	6,286
GERIATRIC MEDICINE	407	471	84	962	2,733	2,550	2,198	7,480
ENDOCRINOLOGY	6	148	16	171	414	705	534	1,654
GENERAL SURGERY	69	725	75	870	3,433	3,719	2,748	9,901
Other	825	788	1,577	3,190	26,610	39,883	62,397	128,890
<b>Total</b>	<b>4,852</b>	<b>3,921</b>	<b>1,915</b>	<b>10,687</b>	<b>43,795</b>	<b>55,761</b>	<b>72,190</b>	<b>171,745</b>

2. Please state the total number of shifts for which the trust breached the national pay cap for medical agency staff in 2016-17 (55% above basic rates), and break this total down for each specialty where the breach occurred (It's fine to only detail the top five specialties).

**Answer: 2315: A&E – 643; Med – 1023; Anaesthetics – 20; Surgery – 50; Pathology – 91; O&G – 196; Paediatrics – 204; T&O - 88**

3. Please state the total number of shifts for the trust breached the national pay cap for agency nursing staff in 2016-17 (55% above basic rates), and break this total down for each specialty where the breach occurred. (It's fine to only detail the top five specialties).

**Answer: The speciality of where each breach occurred has not been specifically recorded to date, as this is not a requirement of the NHS Improvement weekly reporting. Therefore I can provide a total of nursing agency price cap breaches only.**

**The total number of nursing breaches between week commencing 4<sup>th</sup> April 2016 and week ending 2<sup>nd</sup> April 2017 is 4748 shifts.**

4. Please state the total number of shifts which required CEO sign off, and break these down for each specialty.

**Answer: 251: Gastro – 88; General Medicine – 51; Haematology – 9; Neurology 103**

5. Please state the ten shifts for agency medical staff for which the highest hourly rate was paid. Please state the rate paid and the specialty.

**Answer: Neurology Consultant - £154.40 (103 shifts)**

6. For individual medical locums who have incurred the greatest total expenditure for the trust in 2016-17, please state the total amounts paid by the trust in the year in relation to these individuals' work. Please also state their specialty. Eg: Medical locum 1, emergency medicine, total expenditure by the trust in 2016-17; £196,000

**Answer: Walsall Healthcare NHS Trust Top 10 Medical Locum Expenditure April 2016 - March 2017**

Candidate	Specialty	Total Cost
Locum 1	Accident and Emergency, General Medical	£208,076
Locum 2	Accident and Emergency, General Medical	£185,809
Locum 3	Pathology	£177,358
Locum 4	Accident and Emergency, General Medical	£165,636
Locum 5	Accident and Emergency, General Medical	£158,557
Locum 6	Accident and Emergency, General Medical	£153,684
Locum 7	Paediatrics	£135,002
Locum 8	Accident and Emergency	£127,858
Locum 9	Accident and Emergency	£125,393
Locum 10	Accident and Emergency, General Medical	£108,495

**076/17**

**Job Titles**

Under the freedom of information act please could you give me the name and email address of the person within your Trust with the following job title:

senior cardiac physiologist  
Senior cardiologist  
Clinical Risk Lead

**Answer: Staff details below Director level are withheld under Section 40 (Personal Information). The Director responsible is Mr Amir Khan. His contact details are as follows;**

**Walsall Healthcare NHS Trust**

**Trust HQ**

**Manor Hospital**

**Moat Road**

**Walsall**

**WS2 9PS**

**Tel: 01922 721172**

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

**077/17**

**Blood Culture**

1. Who is the policy or clinical lead for blood culture best practice at your trust? Please provide a name, job title, postal address, email address and phone number.

**Answer: The Trust does not have a Trust lead for blood cultures.**

2. Does your Trust follow the Public Health England SMI guidelines for blood cultures?

**Answer: Yes, we follow the SMI guidelines for good practice.**

3. How many blood culture sets are taken for each suspected case of (a) sepsis and (b) other bacterial infection, and where there is more than one blood culture set taken are these taken from different sites - please provide an answer for both (a) and (b).

**Answer: a) General Sepsis: we would expect 1 set of blood culture bottles for 'general sepsis'**

**b) Other bacterial infections: depends on clinical condition (e.g. 3 sets for Endocarditis or Typhoid).**

4. How many individual blood cultures were taken at your trust in the following years: (a) 2012/13 (b) 2013/14 (c) 2014/15 (d) 2015/16 (e) 2016/17?

**Answer: Please see below**

5. How many individual blood cultures were identified as being contaminated in the following years: (a) 2012/13 (b) 2013/14 (c) 2014/15 (d) 2015/16 (e) 2016/17?

**Answer: Please see below**

<b>YEAR</b>	<b>Total Blood Cultures Processed</b>	<b>Contaminants</b>
2012-13	7296	70
2013-14	7258	60
2014-15	6972	58
2015-16	6169	97

\* as per guidelines - paediatrics (0 - 14) are removed from contamination figures

## 078/17 Hotels

1. The total amount spent by Walsall Healthcare NHS Trust on temporarily accommodating patients in hotels in the following calendar years: 2014, 2015, and 2016.
2. The name of each hotel used by Walsall Healthcare NHS Trust to temporarily accommodate patients in the following calendar years: 2014, 2015, and 2016.

Please provide figures for each hospital operated by Walsall Healthcare NHS Trust, and list the total amount spent per hotel. For the sake of clarity, I have provided a mocked-up example of an ideal response to this request. Please use it as a guideline when formatting your response.

Year	Hospital	Hotel	Total cost
2014	Hospital 1	Premier Inn	£1,292
	Hospital 2	Ibis	£1,824
2015	Hospital 1	Premier Inn	£1,318
	Hospital 2	Ibis	£929
	Hospital 2	Travelodge	£202

**Answer: The Trust is not aware of any spend relating to hotel accommodation for patients.**

## 079/17 Windows XP

How many computers across your trust use windows xp?

**Answer:**

The Trust neither confirms nor denies that it holds the requested information, as the duty in Section 1(1)(a) of the Freedom of Information Act 2000 does not apply by virtue of the following exemption:

Section 40(5)(b)(i) where Principle 7 of the Data protection act 1998 will be contravened.

For your reference, section 40(5) of the Act provides:

(5) The duty to confirm or deny-

(a) does not arise in relation to information which is (or if it were held by the public authority would be) exempt information by virtue of subsection (1), and

(b) does not arise in relation to other information if or to the extent that either-

(i) the giving to a member of the public of the confirmation or denial that would have to be given to comply with section 1(1)(a) would (apart from this Act) contravene any of the data protection principles or section 10 of the [1998 c. 29.] Data Protection Act 1998 or would do so if the

*exemptions in section 33A(1) of that Act were disregarded, or (ii) by virtue of any provision of Part IV of the [1998 c. 29.] Data Protection Act 1998 the information is exempt from section 7(1)(a) of that Act (data subject's right to be informed whether personal data being processed).*

**Principle 7 of the data protection act states:**

***Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.***

In publically releasing the information you have requested, we believe that the Trust's technical measures will be undermined in that such information could aid the unlawful and unauthorized access to personal information held by the Trust.

Normally without such in-depth knowledge of the technical countermeasures in place an unauthorised entity would generally find it significantly harder to breach the safeguards which in itself acts as a deterrent too.

The threat from unauthorised cyber "attacks" is at its highest for many years and in order to prevent and stay ahead of the attackers, it is extremely necessary that any information which could aid them in their plans and subsequently cause the Trust to breach principle 7 of the Data protection act be protected.

Similarly in the spirit of transparency and openness it is in the public interest to disclose the technical measures which are in place to protect the public's information and also for the public to know where public money has been spent.

But in this instance the duty of security and confidentiality of the personal information of hundreds of thousands of service users outweighs the public interest to disclose.

The nature of current threats is such that to either confirm or to deny that we hold specific information can work against maintaining the security and confidentiality of the information from unauthorised breach or access.

**080/17**

**Cyber Attacks**

Could I enquire what the predicted/estimated cost to your trust is/for/against cyber-attacks across 2017 ? Additionally what has/is the current cost to date?

**Answer: Internal cost £30k**

**The link below to the Information Commissioners Office will include information of potential fines <https://ico.org.uk/>**

**081/17**

**Cancelled Appointments**

How many patients had to be notified of an appointment being cancelled due to the cyber-attack on NHS Systems on the 12th of May 2017?

**Answer: No patients have been cancelled**

082/17

## Cyber Attacks

How many attempted Cyber-attacks have been directed at your trust in 2016 and 2017 to date?

**Answer:**

The Trust neither confirms nor denies that it holds the requested information, as the duty in Section 1(1)(a) of the Freedom of Information Act 2000 does not apply by virtue of the following exemption:

Section 40(5)(b)(i) where Principle 7 of the Data protection act 1998 will be contravened.

For your reference, section 40(5) of the Act provides:

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(i) the giving to a member of the public of the confirmation or denial that would have to be given to comply with section 1(1)(a) would (apart from this Act) contravene any of the data protection principles or section 10 of the [1998 c. 29.] Data Protection Act 1998 or would do so if the exemptions in section 33A(1) of that Act were disregarded, or

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But in this instance the duty of security and confidentiality of the personal information of hundreds of thousands of service users outweighs the public interest to disclose.

The nature of current threats is such that to either confirm or to deny that we hold specific information can work against maintaining the security and confidentiality of the information from unauthorised breach or access.

**083/17  
Firewall**

How many computer infection attempts have been cleared/stopped by your firewall or antivirus software by day for the month of May 2017 so far?

**Answer:**

The Trust neither confirms nor denies that it holds the requested information, as the duty in Section 1(1)(a) of the Freedom of Information Act 2000 does not apply by virtue of the following exemption:

Section 40(5)(b)(i) where Principle 7 of the Data protection act 1998 will be contravened. For your reference, section 40(5) of the Act provides:

(5) The duty to confirm or deny-

(a) does not arise in relation to information which is (or if it were held by the public authority would be) exempt information by virtue of subsection (1), and

(b) does not arise in relation to other information if or to the extent that either-

(i) the giving to a member of the public of the confirmation or denial that would have to be given to comply with section 1(1)(a) would (apart from this Act) contravene any of the data protection principles or section 10 of the [1998 c. 29.] Data Protection Act 1998 or would do so if the exemptions in section 33A(1) of that Act were disregarded, or  
(ii) by virtue of any provision of Part IV of the [1998 c. 29.] Data Protection Act 1998 the information is exempt from section 7(1)(a) of that Act (data subject's right to be informed whether personal data being processed).

Principle 7 of the data protection act states:

Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.

In publically releasing the information you have requested, we believe that the Trust's technical measures will be undermined in that such information could aid the unlawful and unauthorized access to personal information held by the Trust.

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The threat from unauthorised cyber "attacks" is at its highest for many years and in order to prevent and stay ahead of the attackers, it is extremely necessary that any information which could aid them in their plans and subsequently cause the Trust to breach principle 7 of the Data protection act be protected.

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But in this instance the duty of security and confidentiality of the personal information of hundreds of thousands of service users outweighs the public interest to disclose.

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**084/17  
Electronic Rostering System**

- Do you use an electronic rostering system for nurses and midwives?  
**Answer: Yes**
- If so what is the brand of electronic roster you use?  
**Answer: We use the Kronos rostering system called RosterPro**
- Who manages the electronic rostering team?  
**Answer: Corporate Nursing**
- What is the manager's job title and pay band of the above team?  
**Answer: Corporate Senior Nurse for Workforce and Practice Development (band 8b)**
- How many WTE are in the team and what pay band are they?  
**Answer: x1 Band 7 and x1 Band 6**
- Do they look after electronic roster for any staff groups other than nursing and midwifery?  
**Answer: On site management team**

**085/17**

### **Duty Rostering**

1. Which system / supplier do you currently use for time and attendance / duty rostering  
**Smart/Kronos RPC**
2. The number of employees supported on the above system(s)  
**5662 – details on the system this includes all bank and agency staff**
3. The contact value when the above was last purchased  
**£39,000 renewed license**
4. The contract renewal date for the above  
**September 2017**
5. The person responsible for overseeing any potential replacement of the above  
**Director of Nursing**
6. The person with overall responsibility of the above  
**Director of Nursing**

**086/17**

### **Intravenous Insulin**

Q1. Do you use variable rate intravenous insulin infusion (VRIII) (formerly known as sliding scale) within your hospital?

**Answer: Yes**

If yes continue questions if no end of request

Q2. Is the training you offer specific to VRIII or is it included in generic IV training

**Answer: It is included in generic IV training**

Q3. Is the VRIII training conducted by the diabetes team yes/no

**Answer: Training is given by the specialist diabetes team , but not on a set programme more an ad hock basis as required**

Q4. If it is specific VRIII training conducted by the diabetes team is it mandatory for all staff who wish to use VRIII.

**Answer: No there is no mandatory training around VRIII**

**087/17**

**Midwives Providing Diabetes Care**

1. How many midwives does your Trust employ?

*Please state number of individuals and WTEs for each grade of midwife you employ including vacancies.*

Grade/ Band	WTE	Individuals
<b>Band 5</b>	<b>22.68</b>	<b>24</b>
<b>Band 6</b>	<b>109.7</b>	<b>129</b>
<b>Band 7</b>	<b>16.09</b>	<b>21</b>
<b>Band 8a</b>	<b>3</b>	<b>3</b>

2. How many midwives are involved in the care of pregnant women with diabetes? Please state number of individuals and WTEs for each grade of midwife you employ including vacancies.

Grade/ Band	WTE	Individuals
<b>Band 5</b>	<b>22.68</b>	<b>24</b>
<b>Band 6</b>	<b>109.7</b>	<b>129</b>
<b>Band 7</b>	<b>16.09</b>	<b>21</b>
<b>All our Midwives provide care to pregnant women with diabetes</b>		

3. Is there a joint clinic for management of pregnant women with diabetes?

**Answer: Yes**

*If yes, which healthcare professionals are involved?*

<i>Health Care Professional</i>	<i>Y/N</i>
<i>Consultant obstetrician</i>	<i>Y</i>
<i>Consultant diabetologist</i>	<i>Y</i>
<i>Diabetes Specialist Nurse</i>	<i>Y</i>
<i>Diabetes Specialist Midwife</i>	<i>N (midwife with specialist</i>

	<b>interests in post)</b>
<i>Diabetes specialist Dietician</i>	<b>Y</b>

*Other (Please specify) Midwife with specialist interests in post*

4. What competencies are those midwives caring for pregnant women with diabetes working towards? Please describe/ attach details

**Answer: Competency document with aims and learning outcomes, signed by lead diabetologist, this includes competency in delivering educational sessions and management of Gestational Diabetes Mellitus patients on diet in antenatal clinic.**

5. Do you have any training in place to ensure these competencies?

**Answer: Yes**

If yes, please can you provide details of the training

- *What is covered in the training*
- *Who provides the training*
- *Is the training university accredited*
- *How many midwives attended the training in each of the last three years*
- *Please provide documentation if available*

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

<i>Training course/ event?</i>	<i>What is covered in the training?</i>	<i>Who provides the training?</i>	<i>Is the training university accredited? Y/N</i>	<i>How many midwives attended the training?</i>		
				<i>2014/15</i>	<i>2015/16</i>	<i>2016/17</i>
<b><i>Diabetes education update</i></b>	<b><i>Definitions of. &gt;Preconceptional care &gt;Screening &amp; diagnosis &gt;antenatal care &gt;Hypo &amp; hyper care &gt;Breif DKA</i></b>	<b><i>Manor Hospital</i></b>	<b><i>No</i></b>	<b><i>0</i></b>	<b><i>0</i></b>	<b><i>MW=137 HCA=19 Dr=18</i></b>

	<b>Management in Pregnancy</b>					
<b>Diabetes in pregnancy</b>		<b>Warwick University</b>				<b>23/5/201</b> <b>MW = 1</b>

*please add additional lines if necessary*

6. Are any midwives involved in:

	<b>Y/N</b>
<i>Management of oral diabetes medication</i>	<b>N</b>
<i>Insulin initiation</i>	<b>N</b>
<i>Insulin titration</i>	<b>N</b>

7. We would like to contact the diabetes specialist midwife or the midwife responsible for the overall care of pregnant women with diabetes. Please provide contact details:

Name

Title

Email

Phone

**Answer: Staff contact details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Executive Director responsible for this department is Rachel Overfield, Director of Nursing, email address; [rachel.overfield@walsallhealthcare.nhs.uk](mailto:rachel.overfield@walsallhealthcare.nhs.uk) and telephone number is 01922 721172.**

**088/17**

**Energy Efficiency**

Response going through approval

**089/17**

**Data Breaches in the NHS**

Please could you provide me with the number of data breaches recorded by your Trust for each of the past three years. Please give a breakdown for each year:

**Answer: Please see table below.**

<b>Financial Year</b>	<b>Data Breaches</b>
2014 – 15	85
2015 – 16	109
2016 – 17	77

Could you please provide a spreadsheet giving details of each incident:

**Answer: to collate the specific information would require the manual check of incident reports dating back to 2014 therefore we have applied exemption 12. However we have broken down the details into the categories below:**

<b>Beach type</b>	<b>2014 – 15</b>	<b>2015 – 16</b>	<b>2016 – 17</b>
Corruption or inability to recover electronic data	0	2	1
Disclosed in error	21	48	29
Other	0	0	3
Lost or stolen paperwork	26	4	17
Non secure disposal of paperwork	0	1	0
Misfile of paperwork / records	31	46	14
Incorrectly addressed	6	5	10
Lost or stolen hardware	1	3	3

**090/17  
Arthroscopy**

This request is to investigate the capital, rental and service associated with the day-to-day running of your arthroscopy service. This does not include the implant or consumable usage data. Please complete the attached.

**Answer: This information is withheld as it will take over 18 hours to complete as this is a full service costing and modelling exercise. Information withheld under section 12**

**091/17  
Analytics**

**Request withdrawn**

**092/17  
FOI Requests**

How many FOI requests have been received by your trust on a year by year basis for the past 5 years?

**Answer:**

**2012 / 2013 = 283**

**2013/2014 =259**

**2014/2015 = 537**

**2015/216 = 532**

**2016 / 2017 = 641**

How many of the FOI requests have breached the 20 working day limit stipulated by the act in the past 5 years ?

**Answer: 57**

How many times were your trust were reported to the ICO because of breaches and if they issued fines/how much, etc - for past 5 years?

**Answer: 1 and no fine was issued**

Please can you able to advise how long the average FOI request takes to complete?

**Answer: we are unable to answer this question as the response is dependent upon many factors including the complexity of questions, the number of questions, the availability of leads within the organisation to answer the response and the time required to review the response**

Please can you advise the minimum time and cost and the maximum time and cost of an FOI request?

**Answer: we are unable to answer this question as the responsibility for the administrative aspect of FOI requests is part of other full time roles and is not standalone.**

Please can you advise how many staff you have in your department working on FOI requests and WTE?

**Answer: there are 4 members of staff who have a part in the administrative aspect of FOIs however this aspect is part of other full times roles. We do not have any full time FOI support.**

Please can you confirm what computer systems do you your to manage your FOIs, (Citrix, Proteus, etc)?

**Answer: we use an excel spreadsheet**

What is your estimated cost in terms of consultant time, admin staff, secs, managers spent on FOI requests?

**Answer: we are unable to answer this question as the responsibility for the administrative aspect of FOI requests is part of other full time roles and is not standalone. Responding to FOIs also forms parts of every other member of staffs responsibility and forms part of their role.**

**093/17**

**Social Media**

1. Please provide me with a copy of your Trust's Social Media Governance Policy (for employees), or equivalent, and the date it was adopted

**Answer: Please see attached**

2. Please list the Social Media programmes used by your Trust (i.e. if you use Twitter, Facebook, Instagram etc. ... I do not need individual account details).

**Answer: Twitter and Facebook**

3. Please detail training offered to staff on the use of social media.

**Answer: There is guidance in the policy on usage and we train colleagues on request. Most social media activity comes through our corporate accounts**

4. Please state how many people in your Trust have been disciplined as a result of social media behaviour, for the calendar years 2012-2016

**Answer: There were 4 individuals disciplined during this period as a result of social media**

Please provide the approximate number of people (headcount) employed by your Trust.

**Answer: The Trust employs approx. 4400 substantive people**

**094/17**

**Malware**

1. Details of any ransomware that has affected any of the IT systems used by the Walsall Healthcare NHS Trust. In each case this should include:
  - The name of the ransomware
  - The systems affected by the attack and what it is normally used for
  - The operating system being run
  - When and for how long systems were affected
  - How the systems were affected, i.e. whether files were decrypted, systems locked, or other (please specify)
  - What would happen if the ransom was not paid
  - How the ransomware gained access to the network, i.e. phishing email, USB stick, other (please specify)
  - The ransom requested
  - If the ransom was paid and the total ransom paid for the attack
  - The number of medical activities (e.g. operations, scans, prescriptions, etc) that had to be suspended or altered during the infection period
  
2. Details of any other type of malware that has affected any of the IT systems used by the Walsall Healthcare NHS Trust. In each case this should include:
  - The name of the malware
  - The systems affected by the attack and what it is normally used for
  - The operating system being run
  - How the systems were affected, i.e. whether files were decrypted, systems locked, data stolen or other (please specify)
  - When and for how long systems were affected
  - How the ransomware gained access to the network, i.e. phishing email, USB stick, other (please specify)
  - The number of medical activities (e.g. operations, scans, prescriptions, etc) that had to be suspended or altered during the infection period
  
3. Any correspondence between senior members of staff about incidents logged as part of 1 and 2.
  
4. Any correspondence between the Walsall Healthcare NHS Trust and government departments logged as part of 1 and 2.

**Answer:**

**Section 40(5)(b)(i)**

**Our response has been fully withheld under section 40(5)(b)(i) of the Freedom of information act 2000.**

**The Trust neither confirms nor denies that it holds the requested information, as the duty in Section 1(1)(a) of the Freedom of Information Act 2000 does not apply by virtue of the following exemption:**

**Section 40(5)(b)(i)**

**where Principle 7 of the Data protection act 1998 will be contravened.**

***For your reference, section 40(5) of the Act provides:***

***(5) The duty to confirm or deny-***

***(a) does not arise in relation to information which is (or if it were held by the public authority would be) exempt information by virtue of subsection (1), and***

***(b) does not arise in relation to other information if or to the extent that either-***

***(i) the giving to a member of the public of the confirmation or denial that would have to be given***

*to comply with section 1(1)(a) would (apart from this Act) contravene any of the data protection principles or section 10 of the [1998 c. 29.] Data Protection Act 1998 or would do so if the exemptions in section 33A(1) of that Act were disregarded, or*  
*(ii) by virtue of any provision of Part IV of the [1998 c. 29.] Data Protection Act 1998 the information is exempt from section 7(1)(a) of that Act (data subject's right to be informed whether personal data being processed).*

**Principle 7 of the data protection act states:**

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In publically releasing the information you have requested, we believe that the Trust's technical measures will be undermined in that such information could aid the unlawful and unauthorized access to personal information held by the Trust.

Normally without such in-depth knowledge of the technical countermeasures in place an unauthorised entity would generally find it significantly harder to breach the safeguards which in itself acts as a deterrent too.

The threat from unauthorised cyber "attacks" is at its highest for many years and in order to prevent and stay ahead of the attackers, it is extremely necessary that any information which could aid them in their plans and subsequently cause the Trust to breach principle 7 of the Data protection act be protected.

Similarly in the spirit of transparency and openness it is in the public interest to disclose the technical measures which are in place to protect the public's information. And also for the public to know where public money has been spent.

But in this instance the duty of security and confidentiality of the personal information of hundreds of thousands of service users outweighs the public interest to disclose. The nature of current threats is such that to either confirm or to deny that we hold specific information can work against maintaining the security and confidentiality of the information from unauthorised breach or access.

Therefore on weighing up competing interests, we find the public interest favours the decision to neither confirm nor deny we hold the information.

**095/17**

**Security Cameras**

The incident surrounding the issues with the cameras involved an internal investigation by Walsall Manor Hospital with many staff sacked and a police investigation. As an organisation you will have kept records of the information used during this investigation and any material / CCTV that was given to the police to aid their investigation.

1) taking into account the information you hold on record of the internal investigation Walsall Manor Hospital completed and information you gave to the police relating to the incident that occurred on the 23rd June 2012, was the CCTV camera that views the A+E corridor / white board / nurses desk operational on that day?

**Answer: A copy of the released CCTV has been located and we can confirm that the following areas are identified on the CCTV:**

**Outside A&E**

**A&E Reception**

**Patient entering West Wing  
View of patient entering reception from cubical area**

2) how many copies of the cctv images from the 23rd June 2012 were made?

**Answer: 3 copies**

3) who were these copies given to?

**Answer: Trust Investigating Officer  
Trust Chief Executive Office  
Trust Governance Lead**

**096/17  
Cyber Attacks**

- 1) Please provide the total financial cost to the trust caused by/associated with the 'cyber attack' of May 2017 (please include any costs including processes changed, eg cost of couriers to send scans to other hospitals, external assistance required, additional staffing, revenue lost)  
**Answer: Our Trust was not affected by the cyber attack and we are unable to estimate the cost of work that was undertaken (for example out of hours conference calls) during this period to ensure the Trust remained safe**
  
- 2) Please provide details of the amount, and nature/rough description, of any cancelled appointments or operations.  
**Answer: Not applicable**

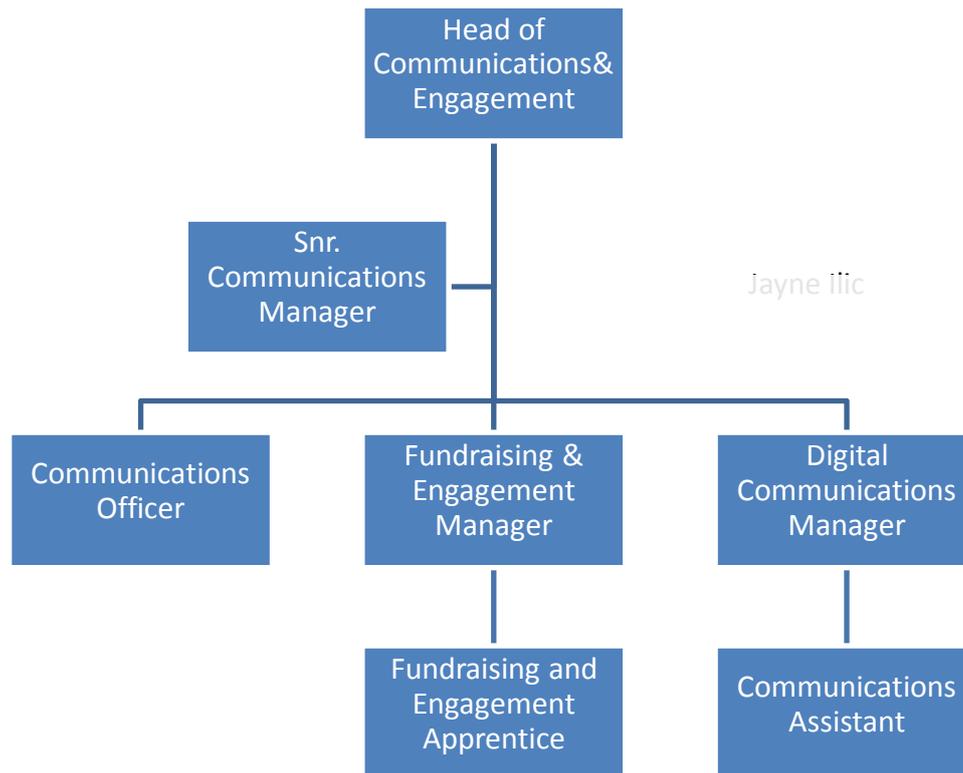
**097/17  
Structure Chart**

In relation to the Freedom of Information Act please can you reply with structure charts for the following departments within your Trust

- **Marketing & Communications Department**

**Answer: Please see below**

# Communications & Engagement Structure – July 2017



099/17

## Ransomware

Please provide the information below by return email:

- 1 What percentage of the Trust's Microsoft Windows machines (servers, PCs, laptops) was affected, locked or otherwise knocked-offline by the WannaCry ransomware attack?  
**Answer: 0 – the Trust was not affected by the attack**
- 2 Please provide the total number of machines affected.  
**Answer: Not applicable**
- 3 Of this total number, how many were Windows XP machines?  
**Answer: Not applicable**
- 4 How long were the affected machines rendered unusable in terms of hours or days?  
**Answer: Not applicable**
- 5 What steps did the Trust take to recover the affected machines?  
**Answer: Not applicable**
- 6 Which applications or services at the Trust were directly affected as a result of the attack?  
**Answer: Not applicable**
- 7 How many times did your Trust pay the ransom demanded by the WannaCry malware to unlock any of the affected machines?  
**Answer: Not applicable**

8 What data was lost from the Trust as a result of the WannaCry attack?

**Answer: Not applicable**

9 Since your WannaCry attack, what new security technologies has the Trust deployed to ensure the future integrity and safety of its Windows IT systems?

**Answer: The Trust neither confirms nor denies that it holds the requested information, as the duty in Section 1(1)(a) of the Freedom of Information Act 2000 does not apply by virtue of the following exemption:**

**Section 40(5)(b)(i) where Principle 7 of the Data protection act 1998 will be contravened. For your reference, section 40(5) of the Act provides:**

**(5) The duty to confirm or deny-**

**(a) does not arise in relation to information which is (or if it were held by the public authority would be) exempt information by virtue of subsection (1), and**

**(b) does not arise in relation to other information if or to the extent that either-**

**(i) the giving to a member of the public of the confirmation or denial that would have to be given to comply with section 1(1)(a) would (apart from this Act) contravene any of the data protection principles or section 10 of the [1998 c. 29.] Data Protection Act 1998 or would do so if the exemptions in section 33A(1) of that Act were disregarded, or**  
**(ii) by virtue of any provision of Part IV of the [1998 c. 29.] Data Protection Act 1998 the information is exempt from section 7(1)(a) of that Act (data subject's right to be informed whether personal data being processed).**

**Principle 7 of the data protection act states:**

**Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.**

**In publically releasing the information you have requested, we believe that the Trust's technical measures will be undermined in that such information could aid the unlawful and unauthorized access to personal information held by the Trust.**

**Normally without such in-depth knowledge of the technical countermeasures in place an unauthorised entity would generally find it significantly harder to breach the safeguards which in itself acts as a deterrent too.**

**The threat from unauthorised cyber "attacks" is at its highest for many years and in order to prevent and stay ahead of the attackers, it is extremely necessary that any information which could aid them in their plans and subsequently cause the Trust to breach principle 7 of the Data protection act be protected.**

**Similarly in the spirit of transparency and openness it is in the public interest to disclose the technical measures which are in place to protect the public's information and also for the public to know where public money has been spent.**

**But in this instance the duty of security and confidentiality of the personal information of hundreds of thousands of service users outweighs the public interest to disclose.**

**The nature of current threats is such that to either confirm or to deny that we hold specific information can work against maintaining the security and confidentiality of the information from unauthorised breach or access.**

**100/17**

**Secondary Care Ophthalmology Provision**

1. Do you currently operate an eye/ophthalmology department?

**Answer: Yes**

2. If yes to 1, do you provide care to patients with maculopathies, AMD or Naevi?  
**Answer: We see patients referred with AMD, Naevi and diabetic maculopathy at Walsall, however no treatment is available here for any of the above. We have no B-scanner so all Naevi patients are referred onto Wolverhampton. Dry AMD can be monitored here and all wet AMD is referred to Wolverhampton. Any treatments for any of the above undertaken at Wolverhampton.**
3. If yes to 2, how many follow-ups are associated with each of these eye diseases (please breakdown by disease)  
**Answer: We would be unable to identify these patients as our clinics are general**
4. If yes to 2, do you operate any community clinics, mobile services, or sub contracted community arrangements for the delivery of follow-up appointments to patients with maculopathies, AMD or Naevi?  
**Answer: No**
5. If yes to point 4, of the follow-ups in point 2, what is the split of follow up activity for each of these site or sub-contracted arrangements or pathway?  
**Answer: Not applicable**

**101/17**

### **Admissions**

Under the Freedom of information Act, I would like you to complete tables of information, specifying for each months since January 2012 and ending December 2016, the number of:  
Emergency admissions under the medical department

Please provide the information in an excel document, in a format of 48 rows with a month for each row, ie:  
2012

Jan Feb Mar Apr May Jun...

etc.

In addition to this table please also provide me with:

A list of each month over the four year period that all hospital beds were filled at any point in that month.

**Answer: Please see below – please also note that we have only included general and acute beds – for example those that an general patient coming in as an emergency could go into – this would not include day case wards, paediatric wards etc.**

**Counts of Emergency admissions by month between 01/04/2013 and 31/03/2017  
and marking months with 'At least 1 day with full occup' derived from bed bureau data  
Data in support of FOI 101/17**

Month	EmAdms	At least 1 day with full occup
2013 (04) Apr	2351	Y
2013 (05) May	2343	Y
2013 (06) Jun	2322	Y
2013 (07) Jul	2372	Y
2013 (08) Aug	2154	Y
2013 (09) Sep	2186	Y
2013 (10) Oct	2380	Y
2013 (11) Nov	2304	Y
2013 (12) Dec	2379	Y
2014 (01) Jan	2307	Y
2014 (02) Feb	2060	Y
2014 (03) Mar	2250	Y
2014 (04) Apr	2225	Y
2014 (05) May	2214	Y
2014 (06) Jun	2250	Y
2014 (07) Jul	2499	Y
2014 (08) Aug	2261	Y
2014 (09) Sep	2403	Y
2014 (10) Oct	2452	Y
2014 (11) Nov	2477	Y
2014 (12) Dec	2642	Y
2015 (01) Jan	2554	Y
2015 (02) Feb	2245	Y
2015 (03) Mar	2524	Y
2015 (04) Apr	2346	Y
2015 (05) May	2516	Y
2015 (06) Jun	2362	Y
2015 (07) Jul	2432	Y
2015 (08) Aug	2329	Y
2015 (09) Sep	2527	Y
2015 (10) Oct	2658	Y
2015 (11) Nov	2628	Y
2015 (12) Dec	2886	Y
2016 (01) Jan	2819	N
2016 (02) Feb	2647	N
2016 (03) Mar	2655	Y
2016 (04) Apr	2559	Y
2016 (05) May	2636	Y
2016 (06) Jun	2556	Y
2016 (07) Jul	2630	Y
2016 (08) Aug	2473	Y

2016 (09) Sep	2650	Y
2016 (10) Oct	2769	Y
2016 (11) Nov	2596	Y
2016 (12) Dec	2666	Y
2017 (01) Jan	2689	Y
2017 (02) Feb	2401	Y
2017 (03) Mar	2720	Y

**102/17**

### **Structure Chart**

In relation to the Freedom of Information Act please can you reply with structure charts for the following departments within your NHS Trust:

- Human Resources Department
- Organisational Development Department
- Learning and Development Department
- Recruitment Department

**Answer: Please use the link below**

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

**103/17**

### **Ransomware Attack**

- (1) Do you deal with computer security in-house or do you use a contractor?

**Answer: In-house**

- (2) If you use a contractor what is the name of the company?

**Answer: Not applicable**

- (3) How much do you pay the contractor?

**Answer: Not applicable**

- (4) Who is your Head of IT or equivalent role who has responsibility for making systems secure

**Answer: Staff details below Director level are withheld under section 40 (Personal Information). The Director responsible is Daren Fradgley, Director of Strategy & Transformation**

- (5) How much is your Head of IT paid?

**Answer: This role is Agenda for Change Band 8C**

- (6) How many devices did you have running:

- a) Windows XP
- b) Windows Vista
- c) Windows 7
- d) Windows 8

**Answer: Answer: The Trust neither confirms nor denies that it holds the requested information, as the duty in Section 1(1)(a) of the Freedom of Information Act 2000 does not apply by virtue of the following exemption:**

Section 40(5)(b)(i) where Principle 7 of the Data protection act 1998 will be contravened. For your reference, section 40(5) of the Act provides:

(5) The duty to confirm or deny-

(a) does not arise in relation to information which is (or if it were held by the public authority would be) exempt information by virtue of subsection (1), and

(b) does not arise in relation to other information if or to the extent that either-

(i) the giving to a member of the public of the confirmation or denial that would have to be given to comply with section 1(1)(a) would (apart from this Act) contravene any of the data protection principles or section 10 of the [1998 c. 29.] Data Protection Act 1998 or would do so if the exemptions in section 33A(1) of that Act were disregarded, or

(ii) by virtue of any provision of Part IV of the [1998 c. 29.] Data Protection Act 1998 the information is exempt from section 7(1)(a) of that Act (data subject's right to be informed whether personal data being processed).

Principle 7 of the data protection act states:

Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.

In publically releasing the information you have requested, we believe that the Trust's technical measures will be undermined in that such information could aid the unlawful and unauthorized access to personal information held by the Trust.

Normally without such in-depth knowledge of the technical countermeasures in place an unauthorised entity would generally find it significantly harder to breach the safeguards which in itself acts as a deterrent too.

The threat from unauthorised cyber "attacks" is at its highest for many years and in order to prevent and stay ahead of the attackers, it is extremely necessary that any information which could aid them in their plans and subsequently cause the Trust to breach principle 7 of the Data protection act be protected.

Similarly in the spirit of transparency and openness it is in the public interest to disclose the technical measures which are in place to protect the public's information and also for the public to know where public money has been spent.

But in this instance the duty of security and confidentiality of the personal information of hundreds of thousands of service users outweighs the public interest to disclose.

The nature of current threats is such that to either confirm or to deny that we hold specific information can work against maintaining the security and confidentiality of the information from unauthorised breach or access.

(6) On which date was the trust informed of the patch for MS-17-010 which protects against the Wannacry exploit?

**Answer: April 2017**

(7) How many of computers running each of the operating systems above were not patched for MS-17-010 which would have protected against Wannacry? Please give a separate answer for each operating system.

**Answer: Please refer to the answer for question 6**

(8) When do you think you will have phased out all unsupported systems?

**Answer: Please refer to the answer for question 6**

(9) How many bed days does the trust estimate have been lost as a result of ransomware attacks in the past three years?

**Answer: 0**

**Please note the Trust was not affected by Wannacry cyber attack**

**104/17**

**Ransomware Attack**

I hereby request under the Freedom of Information Act, the following information from your organisation.

I am sending this on Behalf of Ben Heather from HSJ

1. Did your trust shut down any IT systems in response to the ransomware attack, known as WannaCry, on or after 12 May, 2017?
2. How many computers/servers/devices infected in the ransomware attack, known as WannaCry, on 12 May, 2017?
3. How many planned appointments and/or operations did the trust cancel/postpone/reschedule as a result, either direct or indirect, of the WannaCry ransomware attack?
4. Did you trust put in place any emergency ambulance divers from its emergency department as a result of the Wannacry ransomware attack?
5. How many "serious incidents" occurred at your trust as a result, direct or indirect, of the Wannacry ransomware attack?
6. Was there any other impact on clinical care, for example delays or lack of access to tests?
7. In 14 March, 2017, Microsoft released a patch for computers/servers/devices to remove the specific vulnerability. This was made available to trusts by NHS Digital on 25 April, 2017, and trusts were explicitly informed of this availability on 27 April, 2017. On May 12, 2017, had your trust applied the patch detailed above to all computers/server/devices running a version of Windows to which the patch was applicable?

Any additional information/insights not covered by the below questions about the response to the cyber-attack at your trust would be most welcome.

Please answer your questions in the respective columns of the attached spreadsheet.

**Answer: Please see attached and also note that our Trust was not affected by the attack**

**Information available upon request**

**105/17**

**critical care beds capacity**

I am collecting information on critical care beds capacity in the NHS. I am defining a critical care bed as: "A bed able to provide ongoing care to a Level 2 or Level 3 patient".

Please fill in the answers directly into the attached Excel sheet. Anything that wont go into the sheet, please add as additional answer by email

**Answer: Please note that we have provided our responses below as not all of the columns were available in the spreadsheet and we wanted to ensure our responses were for the correct question**

Question 1: What is the total number of critical care beds (Level 2 and Level 3) per 100,000 of the population your trust serves?

1. If you cover both secondary and tertiary care, please provide your TOTAL bed:population ratio for the whole trust, AND a figure for both types of service

**Answer: We have 13 critical care beds total , all in secondary care (on the assumption that hospital care is secondary care) and in terms of population the closest figure we can find is the 2011 census for Walsall which was an estimated figure of 269323 which would make for  $13/269.323 = .005$**

Question 2: How many critically ill patients were transferred from your hospital to another hospital's critical care unit for non-clinical reasons in 2016-17?

**Answer: 0**

Question 3: How many days in 2016-17 was the occupancy of your critical care beds over 85% at least one point during those 24 hours?

**Answer: 258**

Question 4: How many patients had an elective operation cancelled due to lack of a critical care bed capacity in 2016-17?

**Answer: 7**

Question 5: How many days in 2016-17 was at least one critical care bed closed due to lack of staff for at least part of the day?

**Answer: 0**

**106/17**

**GMC Serious Incident**

Under a freedom of Information Request, please provide full details of all the Agencies and A&E departments to which Dr Waqar has provided his services, (and/or that you are aware of), for the past 5 years.

**Answer: Dr Waqar worked for Walsall Healthcare NHS Trust between 15<sup>th</sup> Feb 2016 and 6<sup>th</sup> November 2016. We are unable to provide information regarding other agencies or Trust's Dr Waqar worked for under section 40(2) personal information.**

**Follow up Questions Received from Requester:**

In view of this information, was Dr Waqar involved in any serious Incidents during this period?

**Answer: We can confirm that Dr Waqar was not involved in any serious incidents during this period.**

**107/17**

**Ransomware Attack**

1. The total amount your trust has spent on upgrading computers following the WannaCry ransomware attack reported on 12th May 2017.
2. The number of computers running Windows XP software still in operation across the hospitals that are within your trust.

**Answer: The Trust neither confirms nor denies that it holds the requested information, as the duty in Section 1(1)(a) of the Freedom of Information Act 2000 does not apply by virtue of the following exemption:**

**Section 40(5)(b)(i) where Principle 7 of the Data protection act 1998 will be contravened.**

**For your reference, section 40(5) of the Act provides:**

**(5) The duty to confirm or deny-**

**(a) does not arise in relation to information which is (or if it were held by the public authority would be) exempt information by virtue of subsection (1), and**

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**(ii) by virtue of any provision of Part IV of the [1998 c. 29.] Data Protection Act 1998 the information is exempt from section 7(1)(a) of that Act (data subject's right to be informed whether personal data being processed).**

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**But in this instance the duty of security and confidentiality of the personal information of hundreds of thousands of service users outweighs the public interest to disclose.**

**The nature of current threats is such that to either confirm or to deny that we hold specific information can work against maintaining the security and confidentiality of the information from unauthorised breach or access.**

**108/17  
Staffing**

I am submitting a Freedom of Information request with the view to obtaining the following information - requested information has been indicated with a numerical point.

1. Over the last 5 years, broken down by year, the total number of hours of work provided to the trust by non-substantive doctors, either via a locum agency or a bank staffing system, and the total cost to the trust of those hours.
2. The above information broken down by staff sourced through agency and those sourced through your bank staffing arrangement.
3. The figures (hours and spend for each of locum and bank) provided in answer to 2. broken down first by specialty and then grade of doctor.
4. The standard hospital hourly rate of pay for each of the specialties and grades listed in answer to 3.
5. The hospital and NHS capped rates for each of the specialties and grades listed in 3. if different to the rate listed in 4.
6. For each category created in response to 3. (i.e bank haematology registrars), the percentage of hours worked at standard rate, above the standard rate, and above the capped rate if different from the standard rate.
7. What penalties, if any, are levied against the trust if it exceeds the 'capped' rate.
8. What penalties were levied against the trust for breaking the cap in each of the years for which data has been provided.
9. If the trust utilises a Bank Partner, what is the cost of said Partner and how does this cost manifest e.g. lump sum, fee per position filled etc.

**Answer: Exemption under section 12 (Cost of compliance exceeds appropriate limit) has been applied to all the above as it would involve a manual review of a large amount number of documents.**

**109/17  
Epilepsy services**

Please complete the enclosed questionnaire.

**Answer: Please see attached**

**Information available upon request**

**110/17  
Hypothermia**

Please could you supply a figure for the number of patients in Intensive Care in your Trust who were offered hypothermia therapy in each of the following financial years:

a) 2015/16  
**Answer: 10**

b) 2016/17  
**Answer: 2**

Of these, please supply a figure for the number of patients who received a) surface cooling b) non-surface (invasive) cooling or c) Targeted Temperature Management (hypothermia therapy) in each year.

**Answer: The figures above are for surface cooling. We do targeted temperature management as well; however, we do not record this in our electronic database.**

**111/17**

### **Reporting Strategy**

**Response going through approval**

**112/17**

### **Number of attacks on staff**

- 1) Please state the number of attacks on staff at each hospital in your trust for each of the financial years (i) 2012-13 (ii) 2013-14 (iii) 2014-15 (iv) 2015-16 (v) 2016-17.

If possible within the FOI cost limit, please provide a breakdown of whether the attacks were verbal or physical AND if they involved someone with mental illness or severe learning difficulties

**Answer: Please see attached**

- 2) How many members of staff received medical treatment after being assaulted on trust premises in each of the following financial years: (i) 2012-13 (ii) 2013-14 (iii) 2014-15 (iv) 2015-16 (v) 2016-17?

**Answer: Please see attached**

- 3) How many times were police called following attacks on staff members at your trust in each of the following financial years: (i) 2012-13 (ii) 2013-14 (iii) 2014-15 (iv) 2015-16 (v) 2016-17?

If possible within the FOI cost limit, please state the hospital, where the most police call outs took place – and provide us with a figure for each of the years above.

**Answer: Please see attached (there is only one hospital within the Trust, the Manor Hospital)**

- 3) How much has your trust spent on security staff (or sub-contractors) in each of the following financial years: (i) 2012-13 (ii) 2013-14 (iii) 2014-15 (iv) 2015-16 (v) 2016-17?

**Answer: circa £400k**

- 4) Do any staff members within your trust (including security guards) currently use body worn video cameras in any form? If possible within the FOI cost limit, please state how many staff are currently using body worn video cameras.

**Answer: No**

**113/17**

### **2016 Waiting times for A&E mental health attendees**

1. For 2016, please give me the breakdown of how many children aged 15 and under attending the hospital's A&E department for mental health related issues, were treated/seen by a doctor within four hours, and how many waited longer than four hours to be treated.

If possible, please give a breakdown of how long those waiting four+ hours were waiting, e.g. six, seven hours etc.

(By treated/seen, I do not mean the initial assessment in triage)

For example: Year total 1,200; 1,000 treated within four hours and 200 treated outside of four hours

2. For 2016, please give me the breakdown of how many children aged 16 and 17, attending the hospital's A&E department for mental health related issues, were treated/seen by a doctor within four hours, and how many waited longer than four hours to be treated.

If possible, please give a breakdown of how long those waiting four+ hours were waiting, e.g. six, seven hours etc.

3. For 2016, please give me the breakdown of how many adults aged 18 and over, attending the hospital's A&E department for mental health related issues, were treated/seen by a doctor within four hours, and how many waited longer than four hours to be treated.

If possible, please give a breakdown of how long those waiting four+ hours were waiting, e.g. six, seven hours etc.

**Answer: Please see below – please also note that columns E and F are a subset of column D**

	Total Attenders	Attenders with Time in Dept less than 4 hours	Attenders with Time in Dept More than 4 hours	Attenders with Time in Dept More than 6 hours	Attenders with Time in Dept More than 8 hours
Age- Under 15	43	34	9	3	1
Age- 16-17	32	20	12	6	4
Age- Over 18	189	90	99	55	37

**114/17**

**Prostate Cancer**

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

**Answer: We can confirm the number of patients that have been treated for prostate cancer but not specifically advanced prostate cancer. 42 patients have been treated within the last 12 months for prostate cancer.**

How many patients with Advanced Prostate Cancer have received ;

- Abiraterone (Zytiga)
- Cabazitaxel (Jevtana)
- Docetaxel (Taxotere)
- Enzalutamide (Xtandi)
- Radium-223 (Xofigo)

Bicalutamide (Casodex)

**Answer: We can confirm the number of patients that have received these drugs for prostate cancer but not specifically advanced prostate cancer. Please see the list below.**

Abiraterone (Zytiga) =9 patients  
Cabazitaxel (Jevtana) =7 patients  
Docetaxel (Taxotere) =23 patients  
Enzalutamide (Xtandi) =13 patients  
Radium-223 (Xofigo) =0 patients  
Bicalutamide (Casodex) =10 patients

**115/17  
USC Referral**

1. What is the trust target time for an urgent suspected cancer (USC) referral for an MRI scan?  
**Answer: 2 weeks from referral to examination**
2. If question 1 does not apply, what is the trust target time for a USC referral to have a diagnostic test/report?  
**Answer: Not applicable**
3. How many of the referrals from questions 1 and 2 have failed to meet these targets in the year 1/4/16 - 1/4/17? If the data is available please may I have the amount who have not met the MRI waiting time? If that data is unavailable may I have the amount that have failed to meet the target time for a USC referral to a diagnostic test/report?  
**Answer: Please see below**

	<b>TOTAL</b>	<b>%</b>
<b>0 - 7 DAYS</b>	1281	38%
<b>8 - 14 DAYS</b>	1277	37%
<b>15 - 21 DAYS</b>	340	10%
<b>22 - 28 DAYS</b>	343	10%
<b>29 - 35 DAYS</b>	108	3%
<b>36 - 42 DAYS</b>	49	1%
<b>PLANNED</b>	19	1%

<b>TOTAL</b>	3417	100%
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4. Is there a financial penalty if either above target is not met? If so what is this penalty?  
**Answer: No**

**116/17  
PFI PPP Safety Audit**

**Response going through approval**

117/17

## Biologics and Severe Asthma treatments

I am writing to you today to request information regarding biologics and Severe Asthma treatments as used by your organisation.

I would like first to define what I mean by Severe Asthma:

“Severe Asthma is Asthma which requires treatment with guidelines suggested medications for GINA steps 4–5 asthma (high dose ICS# and LABA or leukotriene modifier/theophylline) for the previous year or systemic CS for greater than or equal to 50% of the previous year to prevent it from becoming “uncontrolled” or which remains “uncontrolled“ despite this therapy”

(Source – Chung et al (2014), International ERS/ATS guidelines on definition, evaluation and treatment of severe asthma, Eur Respir J 2014; 43: 343–373 | DOI: 10.1183/09031936.00202013)

Using this definition:

- 1.) How many adult severe asthma patients have been seen via both in-patient visits and outpatient clinics in the last 3 months?

**Answer: We can confirm that eight inpatients have been seen with severe asthma within the last three months.**

**Unfortunately, outpatient clinic data is not centrally recorded by patient condition/treatment. Exemption under section 12 (Cost of compliance exceeds appropriate limit) has been applied to this request as this would involve the manual review of all clinics and patient records.**

- 2.) How many adult severe asthma patients have you treated with a biologic in the last 3 months?

**Answer: We can confirm that two patients have been treated with a biologic in the last three months.**

- 3.) Of these patients treated, can you provide which drugs they were treated with, as follows:

- Omalizumab (Xolair) **Answer: Two patients.**
- Mepolizumab (Nucala) **Answer: This is not prescribed at our Trust.**
- Reslizumab (Cinqaero) **Answer: This is not prescribed at our Trust.**

118/17

## Register of Gifts and Hospitality

This is a request under the Freedom of Information Act.

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 use the link below to access the register**

<https://www.walsallhealthcare.nhs.uk/lists-and-registers.aspx>

119/17

**Medicine Data Usage Oncology**

It would be much appreciable if you could provide me the Medicine usage Information according to Freedom of Information act for the below Mentioned ONCOLOGY SEGMENT During the Past 5 years.,2012/13, 2013/14, 2014/15, 2015/16 AND 2016/2017.

The Total quantity used per Annum per Product Per Pack size that would be enough.

It would be much appreciable if you provide the information of the usgae if possible as per the Table at your earliest inconvenience.

S.NO	DRUG INFORMATION		PACK SIZE	TOTAL	YEAR	YEAR	YEAR	YEAR
		STRENGTH	VOLUME	2011/12	12/13	13/14	14/15	16/17
1	EPIRUBICIN INJ ( SOLUTION )	2MG/ML	5 ML	Not stocked	0	0	0	0
			10 ML	Not stocked	0	0	0	0
			25 ML	EPII6092	0	25	118	154
			50 ML	EPII1003	0	96	235	258
			100 ML	Not stocked	0	0	0	0
2	GEMCITABINE ( LYOPHILISATE )	200 MG/ 5 ML	5 ML	GEMI2000	602	355	447	529
		1000 MG/5 ML	5 ML	Not stocked	0	0	0	0
		2000 MG/ 5 ML	5 ML	Not stocked	0	0	0	0
3	IRINOTECAN ( SOLUTION )	20 MG/ ML	2 ML	IRII4001	58	137	140	163
		20 MG/ ML	5 ML	IRII1001	85	130	96	86
		20 MG/ ML	15 ML	IRII1901	80	143	218	244
		20 MG/ ML	25 ML	Not stocked	0	0	0	0
4	TOPOTECAN	1 MG/ML	1 ML	Not stocked	0	0	0	0
		4 MG/ML	4 ML	TOPI4000	1	1	0	0
5	ZOLENDRONIC ACID (SOLUTION)	4 MG / 5 ML	5 ML	ZOLI4001	0	0	0	0
		(0.8 MG / ML ) REF ONLY			0	0	0	0

6	ONDANSETRON INJ ( SOLUTION )	4 MG / 2 ML	2 ML	ONDI4001	2,185	2,379	2,325	2,662
		8 MG / 4 ML	4 ML	ONDI8001	770	733	841	1,020
7	OXALIPLATIN INJ ( SOLUTION )	5 MG / 1 ML	10 ML	OXAI5001	159	394	373	207
		50 MG / 20 ML	20 ML	Not stocked	0	0	0	0
		200 MG / 40 ML	40 ML	Not stocked	0	0	0	0
8	DOXORUBICIN INJ ( SOLUTION )	2 MG / ML	5 ML	DOXI1001	67	56	31	42
			10 ML	Not stocked	0	0	0	0
			25 ML	DOXI5002	192	90	169	155
			50 ML	Not stocked	0	0	0	0
			100 ML	Not stocked	0	0	0	0
9	DOCETAXEL INJ ( SOLUTION )	20 MG / 1 ML	1 ML	DOCI2001	327	469	232	334
		80 MG / 4 ML	4ML	DOCI8001	146	264	110	387
		160 MG / 8 ML	8 ML	DOCI1601	188	204	223	159
10	EXEMESTANE TABLETS	25 MG TABS	30 TABS/ PACK	EXET2502	26	17	17	18

120/17

**Employee social media breaches**

- How many employees have been investigated for social media breaches in the calendar years 2014, 2015 and 2016? Could I have the figures broken down by year please?
- What position do/did they hold?
- Why they were investigated?
- The outcome of the investigation?

**Answer: Please see the table below. This is also provided within a excel spreadsheet as requested.**

Year	Number	Position	Reason for Investigation	Outcome
2014	0	n/a	n/a	n/a
2015	0	n/a	n/a	n/a
2016	1	Doctor	Investigation undertaken locally. Using 'Snapchat' whilst on a ward.	Doctor concerned spoken with directly and advised about acceptable behaviour on hospital property with regard to professionalism and perception.

121/17

**locum spend**

Could you please let me know the locum spend in the Cardiology department in each hospital from January 2016 to May 2017 or your most recent records.

**Answer: The locum spend in Cardiology between Jan 16 and May 17 was £36,873. This was for Locum Consultant.**

If possible could you please also let me know the spend of each individual locum that the department has in each individual hospital by job title and band of locum.

**Answer: The grade was Consultant and there was only one cover Jan to March 16 at a total of £30,216 over 3 months.**

**There was a further Locum used in March 17 costing £6,657.**

122/17

**Contact Details**

Head of Research  
Head of Analysis  
Head of Intelligence  
Head of Performance

If this/these exact job title is not in post at Walsall Healthcare NHS Trust then the closest person to the role who performs statistical or survey analysis would be helpful

**Answer:**

**Research falls under the remit of the Medical Director, Mr Amir Khan – [amir.khan@walsallhealthcare.nhs.uk](mailto:amir.khan@walsallhealthcare.nhs.uk)**

**Performance, intelligence and associated analysis falls under the remit of the Director of Finance and Performance, Mr Russell Caldicott – [russell.caldicott@walsallhealthcare.nhs.uk](mailto:russell.caldicott@walsallhealthcare.nhs.uk)**

123/17

### Corporate Software Information

1. Enterprise Resource Planning Software Solution (ERP) -this is the organisation's main ERP system and may include service support, maintenance and upgrades.  
**Answer: The Trust does not have an ERP**
  
2. Customer Relationship Management (CRM) Solution-this is the organisation's main CRM system and may include service support, maintenance and upgrades. Example of CRM systems the organisation may use could include Microsoft Dynamics, Front Office, Lagan CRM, Firmstep  
**Answer: The Trust does not have an CRM**
  
3. Human Resources (HR) and Payroll Software Solution-this is the organisation's main HR/payroll system and may include service support, maintenance and upgrades. In some cases the HR contract maybe separate to the payroll contract please provide both types of contracts. Example of HR/Payroll systems the organisation may use could include iTrent, Resourcelink  
**Answer: The HR / Payroll system is supplied by IBM and is contracted by the Government**
  
4. The organisation's primary corporate Finance Software Solution-this is the organisation's main finance system and may include service support, maintenance and upgrades. Example of finance systems the organisation may use could include E-Business suite, Agresso (Unit4), eFinancials, Integra, SAP  
**Answer: The current Finance system is Integra, this is hosted by Capita IB Solutions.**

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

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

user/licenses for this contract?

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

6. Annual Spend: What is the annual average spend for each contract?

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

7. Contract Duration: What is the duration of the contract please include any available extensions within the contract.

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

8. Contract Start Date: What is the start date of this contract? Please include month and year of the contract. DD-MM-YY or MM-YY.

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

9. Contract Expiry: What is the expiry date of this contract? Please include month and year of the contract. DD-MM-YY or MM-YY.

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

10. Contract Review Date: What is the review date of this contract?

Please include month and year of the contract. If this cannot be provide please provide me estimates of when the contract is likely to be reviewed. DD-MM-YY or MM-YY.

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

11. Contact Details: I require the full contact details of the

person within the organisation responsible for this particular software contract (name, job title, email, contact number).

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

Category	Supplier	Brand	Description	No. of Users / licences	Annual Spend	Contract Duration	Contract Start Date	Contract Expiry	Contract Review Date	Contact Details
Payroll / HR System	IBM	ESR	Managed Service	35 Citrix licences, 3000 eSeries licences	National Contract - Free	As this is a national contract provided by Government, we recommend you redirect these questions to their Freedom of Information Office via email address; <a href="mailto:foi-team@cabinetoffice.gov.uk">foi-team@cabinetoffice.gov.uk</a> or <a href="mailto:info@crowncommercial.gov.uk">info@crowncommercial.gov.uk</a> . Their switchboard telephone number is 0345 410 2222.				
Finance	Capita IB Solutions	Integra	Managed Service (Includes Purchase Ledger, Procurement, Nominal Ledger, Sales Ledger, Fixed Assets, Catalogue Mgt, reporting)	35 Citrix licences, 3000 eseries licences	£55,000	3 years	01-10-16	30-09-17	July 2017	Staff contact details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Executive Director responsible for this department is Daren Fradgley, Director of Strategy and Transformation. His email address is <a href="mailto:daren.fradgley@walsallhealthcare.nhs.uk">daren.fradgley@walsallhealthcare.nhs.uk</a> and he can be contacted on 01922 721172.

**124/17**

**SPVs in the NHS**

Response going through approval

**125/17**

**Patient experience service**

Under the freedom of information act, I would like to request the following information for all patient experience feedback work and contracts in place within the Trust:

1. Current supplier of patient experience/feedback services  
**Answer: Healthcare Communications**
2. Value of contract  
**Answer: This information is withheld under section 43**
3. Renewal date of current contract  
**Answer: June 2018**
4. Contact details of officer responsible for the contract  
**Answer: Russell Caldicott, Director of Finance, 01922 721172**
5. Details/description of service provided by current supplier  
**Answer: Friends & Family Test surveys via multiple modes**

Where contracts have been renewed in the last 6 months, please can you also provide a short list of suppliers that bid for each contract – **Answer: Not applicable**

**126/17**

**Short Synacthen Test**

Could you please supply the reference range for the Short Synacthen Test from the Endocrinology Dept at Walsall Manor Hospital including their 30 minute incremental rise values and guidance.

Could you please advise if this has changed within the last 10 years and if any changes occurred what the previous reference range was including the 30 minute incremental rise value and guidance

**Answer:**

**The current reference values for the short synacthen test as follows –at least from July 2016 as the biochemistry department had updated the test reference ranges**

**Cortisol at 30 min  $\geq$ 550 nmol/l : adequate response to synacthen.**

**Prior to this time, we were using the below criteria**

**Cortisol at 30 min  $\geq$ 450 nmol/l: adequate response to synacthen,**

### **Follow Up Questions Received from Requester:**

I would appreciate more information in relation my request:-

The reference range for the basal cortisol level and in particular the guidance and interpretation of results in relation to the value of the incremental rise after 30 minutes

**Answer: Regarding the baseline cortisol value - If it is more than 400, this usually rules out adrenal insufficiency.**

**Regarding the increment value at 30 minutes, at least 250-300 increment from the baseline value is a useful indicator that patients may not have adrenal insufficiency but there is no actual protocol for this and this decision has to be made by the performing Consultant.**

**127/17**

### **Serious Incidents**

1. The total number of Serious Incidents (formally referred to as Serious Untoward Incidents – SUIs) recorded by your Trust (accompanied by a list of these recorded incidents – where possible), during the **financial year** of:

a. 2016 – 17

**Answer: 135 (please see attached)**

2. The total number of sites under the management of your Trust during the period above. If your trust has merged or restructured during the period please state the date and the names of the organisations involved.

**Answer: The Trust operates across 2 sites (Acute and Community)**

<b>STEIS Reference</b>	<b>Description of Serious Incident</b>
2016/18935	Apparent/actual/suspected self-inflicted harm meeting SI criteria
2016/17409	Confidential information leak/information governance breach meeting SI criteria
2016/19716	Confidential information leak/information governance breach meeting SI criteria
2016/21163	Confidential information leak/information governance breach meeting SI criteria
2016/11035	Diagnostic incident including delay meeting SI criteria (including failure to act on test results)
2016/11062	Diagnostic incident including delay meeting SI criteria (including failure to act on test results)
2016/20023	Diagnostic incident including delay meeting SI criteria (including failure to act on test results)
2016/22911	Diagnostic incident including delay meeting SI criteria (including failure to act on test results)
2016/28870	Diagnostic incident including delay meeting SI criteria (including failure to act on test results)
2017/3764	Diagnostic incident including delay meeting SI criteria (including failure to act on test results)
2017/4289	Diagnostic incident including delay meeting SI criteria (including failure to act on test results)
2016/10467	HCAI/Infection control incident meeting SI criteria
2016/14334	HCAI/Infection control incident meeting SI criteria
2016/15917	HCAI/Infection control incident meeting SI criteria
2016/18413	HCAI/Infection control incident meeting SI criteria

2016/25451	HCAI/Infection control incident meeting SI criteria
2016/31763	HCAI/Infection control incident meeting SI criteria
2016/32115	HCAI/Infection control incident meeting SI criteria
2016/33373	HCAI/Infection control incident meeting SI criteria
2017/25	HCAI/Infection control incident meeting SI criteria
2017/1483	HCAI/Infection control incident meeting SI criteria
2017/7265	HCAI/Infection control incident meeting SI criteria
2016/9572	Maternity/Obstetric incident meeting SI criteria: baby only (this include foetus, neonate and infant)
2016/16396	Maternity/Obstetric incident meeting SI criteria: baby only (this include foetus, neonate and infant)
2016/23721	Maternity/Obstetric incident meeting SI criteria: baby only (this include foetus, neonate and infant)
2016/27241	Maternity/Obstetric incident meeting SI criteria: baby only (this include foetus, neonate and infant)
2016/30626	Maternity/Obstetric incident meeting SI criteria: baby only (this include foetus, neonate and infant)
2017/1886	Maternity/Obstetric incident meeting SI criteria: baby only (this include foetus, neonate and infant)
2016/13707	Maternity/Obstetric incident meeting SI criteria: mother and baby (this include foetus, neonate and infant)
2016/26733	Maternity/Obstetric incident meeting SI criteria: mother only
2016/29717	Maternity/Obstetric incident meeting SI criteria: mother only
2016/29721	Maternity/Obstetric incident meeting SI criteria: mother only
2016/29654	Operation/treatment given without valid consent
2016/9034	Pressure ulcer meeting SI criteria
2016/9837	Pressure ulcer meeting SI criteria
2016/10033	Pressure ulcer meeting SI criteria
2016/10035	Pressure ulcer meeting SI criteria
2016/11473	Pressure ulcer meeting SI criteria
2016/12090	Pressure ulcer meeting SI criteria
2016/12094	Pressure ulcer meeting SI criteria
2016/12136	Pressure ulcer meeting SI criteria
2016/12296	Pressure ulcer meeting SI criteria
2016/12736	Pressure ulcer meeting SI criteria
2016/13034	Pressure ulcer meeting SI criteria
2016/13687	Pressure ulcer meeting SI criteria
2016/14114	Pressure ulcer meeting SI criteria
2016/14117	Pressure ulcer meeting SI criteria
2016/14118	Pressure ulcer meeting SI criteria
2016/14179	Pressure ulcer meeting SI criteria
2016/14374	Pressure ulcer meeting SI criteria
2016/15559	Pressure ulcer meeting SI criteria
2016/16259	Pressure ulcer meeting SI criteria
2016/16641	Pressure ulcer meeting SI criteria
2016/17016	Pressure ulcer meeting SI criteria

2016/17340	Pressure ulcer meeting SI criteria
2016/17825	Pressure ulcer meeting SI criteria
2016/17986	Pressure ulcer meeting SI criteria
2016/18112	Pressure ulcer meeting SI criteria
2016/18113	Pressure ulcer meeting SI criteria
2016/18685	Pressure ulcer meeting SI criteria
2016/18771	Pressure ulcer meeting SI criteria
2016/20875	Pressure ulcer meeting SI criteria
2016/21989	Pressure ulcer meeting SI criteria
2016/24367	Pressure ulcer meeting SI criteria
2016/26138	Pressure ulcer meeting SI criteria
2016/27042	Pressure ulcer meeting SI criteria
2016/27946	Pressure ulcer meeting SI criteria
2016/28325	Pressure ulcer meeting SI criteria
2016/28860	Pressure ulcer meeting SI criteria
2016/29028	Pressure ulcer meeting SI criteria
2016/29265	Pressure ulcer meeting SI criteria
2016/29622	Pressure ulcer meeting SI criteria
2016/29900	Pressure ulcer meeting SI criteria
2016/30273	Pressure ulcer meeting SI criteria
2016/30428	Pressure ulcer meeting SI criteria
2016/30625	Pressure ulcer meeting SI criteria
2016/30643	Pressure ulcer meeting SI criteria
2016/30807	Pressure ulcer meeting SI criteria
2016/30831	Pressure ulcer meeting SI criteria
2016/31859	Pressure ulcer meeting SI criteria
2016/32704	Pressure ulcer meeting SI criteria
2016/32839	Pressure ulcer meeting SI criteria
2016/33269	Pressure ulcer meeting SI criteria
2017/622	Pressure ulcer meeting SI criteria
2017/1299	Pressure ulcer meeting SI criteria
2017/1730	Pressure ulcer meeting SI criteria
2017/2114	Pressure ulcer meeting SI criteria
2017/2895	Pressure ulcer meeting SI criteria
2017/3232	Pressure ulcer meeting SI criteria
2017/3404	Pressure ulcer meeting SI criteria
2017/3965	Pressure ulcer meeting SI criteria
2017/4650	Pressure ulcer meeting SI criteria
2017/5833	Pressure ulcer meeting SI criteria
2017/6108	Pressure ulcer meeting SI criteria
2017/6113	Pressure ulcer meeting SI criteria
2017/6181	Pressure ulcer meeting SI criteria
2017/6774	Pressure ulcer meeting SI criteria
2016/14850	Screening issues meeting SI criteria
2016/9230	Slips/trips/falls meeting SI criteria

2016/9409	Slips/trips/falls meeting SI criteria
2016/9904	Slips/trips/falls meeting SI criteria
2016/11400	Slips/trips/falls meeting SI criteria
2016/12564	Slips/trips/falls meeting SI criteria
2016/13869	Slips/trips/falls meeting SI criteria
2016/15706	Slips/trips/falls meeting SI criteria
2016/17269	Slips/trips/falls meeting SI criteria
2016/17648	Slips/trips/falls meeting SI criteria
2016/18620	Slips/trips/falls meeting SI criteria
2016/19636	Slips/trips/falls meeting SI criteria
2016/21359	Slips/trips/falls meeting SI criteria
2016/22637	Slips/trips/falls meeting SI criteria
2016/23511	Slips/trips/falls meeting SI criteria
2016/23714	Slips/trips/falls meeting SI criteria
2016/28098	Slips/trips/falls meeting SI criteria
2016/31059	Slips/trips/falls meeting SI criteria
2017/257	Slips/trips/falls meeting SI criteria
2017/1752	Slips/trips/falls meeting SI criteria
2017/6329	Slips/trips/falls meeting SI criteria
2017/7082	Slips/trips/falls meeting SI criteria
2017/7236	Slips/trips/falls meeting SI criteria
2017/7504	Slips/trips/falls meeting SI criteria
2016/25069	Sub-optimal care of the deteriorating patient meeting SI criteria
2016/30252	Sub-optimal care of the deteriorating patient meeting SI criteria
2016/32131	Sub-optimal care of the deteriorating patient meeting SI criteria
2017/1170	Sub-optimal care of the deteriorating patient meeting SI criteria
2017/1432	Sub-optimal care of the deteriorating patient meeting SI criteria
2017/8449	Sub-optimal care of the deteriorating patient meeting SI criteria
2016/13110	Treatment delay meeting SI criteria
2016/24457	Treatment delay meeting SI criteria
2016/26605	Treatment delay meeting SI criteria
2016/32693	Treatment delay meeting SI criteria
2017/6546	Treatment delay meeting SI criteria
Log No	Type of Incident
2016/16010	VTE meeting SI criteria
2016/22863	VTE meeting SI criteria

**128/17**  
**2016 & 2017 budget**

Under the FOI Act please can you let me know your organisations budget for:

2016  
2017

This is the total operating budget for your organisation across all departments etc

**Answer:**

**2016 - £252,869,000**

**2017 - £260,158,000**

**129/17**

### **Resus Trolleys**

What does the Trust use for securing the contents of resus trolleys? For example is a tamper evident seal used, or a lock and key? (If a seal is used, could you provide a brief description of the type used?)

**Answer: Number Seal. Distinctive Medical**

How many of these seals/locking mechanisms are used by the Trust annually?

**Answer: 500 singles**

What is the Trust's annual spend on these?

**Answer: Withheld under section 43, commercial interests**

Where does the Trust order these from? (If they are procured through the NHS Supply Chain what is their product code?)

**Answer: Distinctive Medical Products**

Who is responsible for ordering this product?

**Answer: Distribution**

**130/17**

### **Ransomware**

1. How many computers in your Trust were infected with ransomware in the WannaCry attack in May this year?

**Answer: 0**

2. How many (i) operations and (ii) patient appointments were cancelled as a result of the WannaCry attack?

**Answer: 0**

3. How much money did you pay to enable you to use these computers again following the WannaCry attack?

**Answer: Not applicable**

4. In (i) 2014/15 and (ii) 2015/16 how many times were the Trust hit by ransomware attacks and how much money did the Trust pay to the cyber criminals to release your machines?

**Answer: Our response has been partially withheld under section 40(5)(b)(i) of the Freedom Of Information Act 2000.**

**The Trust neither confirms nor denies that it holds the requested information, as the duty in Section 1(1)(a) of the Freedom of Information Act 2000 does not apply by virtue of the following exemption:**

**Section 40(5)(b)(i) where Principle 7 of the Data protection act 1998 will be contravened.**

***For your reference, section 40(5) of the Act provides:***

(5) The duty to confirm or deny-  
(a) does not arise in relation to information which is (or if it were held by the public authority would be) exempt information by virtue of subsection (1), and  
(b) does not arise in relation to other information if or to the extent that either-  
(i) the giving to a member of the public of the confirmation or denial that would have to be given to comply with section 1(1)(a) would (apart from this Act) contravene any of the data protection principles or section 10 of the [1998 c. 29.] Data Protection Act 1998 or would do so if the exemptions in section 33A(1) of that Act were disregarded, or  
(ii) by virtue of any provision of Part IV of the [1998 c. 29.] Data Protection Act 1998 the information is exempt from section 7(1)(a) of that Act (data subject's right to be informed whether personal data being processed).

*Principle 7 of the data protection act states:  
Appropriate technical and organisational measures shall be taken against unauthorised or unlawful processing of personal data and against accidental loss or destruction of, or damage to, personal data.*

In publically releasing the information you have requested, we believe that the Trust's technical measures will be undermined in that such information could aid the unlawful and unauthorized access to personal information held by the Trust. Normally without such in-depth knowledge of the technical countermeasures in place an unauthorised entity would generally find it significantly harder to breach the safeguards which in itself acts as a deterrent too.

The threat from unauthorised cyber "attacks" is at its highest for many years and in order to prevent and stay ahead of the attackers, it is extremely necessary that any information which could aid them in their plans and subsequently cause the Trust to breach principle 7 of the Data protection act be protected.

Similarly in the spirit of transparency and openness it is in the public interest to disclose the technical measures which are in place to protect the public's information. And also for the public to know where public money has been spent. But in this instance the duty of security and confidentiality of the personal information of hundreds of thousands of service users outweighs the public interest to disclose.

The nature of current threats is such that to either confirm or to deny that we hold specific information can work against maintaining the security and confidentiality of the information from unauthorised breach or access.

Therefore on weighing up competing interests, we find the public interest favours the decision to neither confirm nor deny we hold the information

131/17

Taxis

Response going through approval

132/17

Biologics and biosimilar prescribing

I have a Freedom of Information request regarding biologics and biosimilar prescribing.

Could you please provide me with the numbers of patients treated in the last 12 months [latest 12 months possible] with the following drugs within the dermatology or gastroenterology departments.

**Answer: Please see the completed table as requested below.**

	Dermatology	Gastroenterology
Abatacept (Orencia)	0	0
Adalimumab (Humira)	27	46
Apremilast (Otezla)	2	0
Certolizumab Pegol (Cimzia)	N/A	N/A
Etanercept (Enbrel)	N/A	N/A
Etanercept biosimilar (Benepali)	N/A	N/A
Fumaric Acid Esters	1	N/A
Golimumab (Simponi)	0	3
Infliximab (Remicade)	0	5
Infliximab biosimilar (Inflectra)	0	12
Infliximab biosimilar (Remsima)	0	5
Rituximab (MabThera)	0	0
Secukinumab (Cosentyx)	7	0
Ixekizumab (Taltz)	0	0
Tocilizumab (RoActemra)	0	0
Ustekinumab (Stelara)	14	0
Vedolizumab (Entyvio)	0	18

**133/17**

**Sterile Services and Decontamination Units**

1. How many theatres does your hospital have?

**Answer: 12 plus 1 maternity theatre**

2. How is the Sterile Services and Decontamination Unit in your hospital organised?

- o Own Decontamination Unit
- o Own Decontamination Unit that also provides for other hospitals
- o Supplied by a Decontamination Unit from a different hospital
- o Contracted out

**Answer: Own Decontamination Unit**

3. From which manufacturer do you get your instruments?

- Getinge
- MMM
- Belimed
- BHT
- Steris
- Dawned
- Peacocks
- Medisafe
- Others: \_\_\_\_\_

**Answer: Steris**

4. What kind of transporting system do you use at your hospital?

- Open carts
- Closed carts
- Cart in cart system (e.g. Känguruh-System)
- Others: \_\_\_\_\_

**Answer: Closed carts**

5. What size are the containers you use?

- ISO
- DIN
- SPRI
- Others: \_\_\_\_\_

**Answer: DIN**

6. How many containers are processed (cleaned, sterilized, etc.) in your hospital per year?

**Answer: Approximately 41477**

7. When it comes to your purchasing process in the decontamination sector, do you have a centralized system with a purchasing department or are the individual people allowed to make their orders themselves (up to a certain limit)?

- Centralized system
- Decentralized system

**Answer: Centralised system**

8. Where do you get the information about the products you need from?

- Manufacturer
- Dealer
- Purchasing department
- Internet
- Price list
- NHS Supplier List
- Others: \_\_\_\_\_

**Answer: Purchasing Department**

9. From whom do you buy your products in the end?

- Manufacturer
- Dealer
- Others: \_\_\_\_\_

**Answer: Manufacturer**

10. Last but not least, who is the decision maker when it comes Decontamination and Sterile Services issues (as in buying new products, etc.)?

- o Sterile Services Manager
- o Theatre Manager
- o Head of Procurement
- o Other: \_\_\_\_\_

**Answer: Sterile Services Manager**

11. Is it possible to get the contact details for this person (as in first and surname, phone number and E-Mail address)?

**Answer: Staff contact details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Executive Director responsible for this department is Mr Amir Khan, Medical Director. His email address is [amir.khan@walsallhealthcare.nhs.uk](mailto:amir.khan@walsallhealthcare.nhs.uk) and he can be contacted on 01922 721172.**

**134/17**

**Infection prevention and control**

I am seeking some information about infection prevention and control under the Freedom of Information Act.

1. How many whole time equivalent positions did your trust have for infection prevention and control in

2014/15

2015/16

2016/17

For each post please specify which grade it was.

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

2014-15	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Average Throughout Year
ADMIN & CLERICAL PAY BAND 6	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80
ADMIN & CLERICAL PAY BAND 3	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80
HCA PAY BAND 3	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
NURSE PAY BAND 5	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	1.00	1.00	1.00	-	1.58
NURSE PAY BAND 6	-	-	-	1.00	1.00	1.00	2.00	2.00	3.00	3.00	3.00	3.00	1.58
NURSE PAY BAND 7	1.00	1.00	1.00	1.00	1.00	1.00	1.00	-	-	-	-	-	0.58
NURSE PAY BAND 8A	2.00	2.00	2.00	2.00	2.00	2.00	1.67	2.00	1.67	1.67	1.67	1.67	1.86
NURSE PAY BAND 8B	-	-	-	-	-	-	1.00	1.00	1.00	1.00	1.00	1.00	0.50
<b>Grand Total</b>	<b>7.60</b>	<b>7.60</b>	<b>7.60</b>	<b>8.60</b>	<b>8.60</b>	<b>8.60</b>	<b>10.27</b>	<b>9.60</b>	<b>9.27</b>	<b>9.27</b>	<b>9.27</b>	<b>8.27</b>	<b>8.71</b>

2015-16	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Average Throughout Year
ADMIN & CLERICAL PAY BAND 6	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80
ADMIN & CLERICAL PAY BAND 3	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80
HCA PAY BAND 3	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	2.00	2.00	1.17
NURSE PAY BAND 6	2.00	2.00	2.00	3.00	3.00	3.00	4.69	4.29	2.29	2.69	2.69	2.69	2.86
NURSE PAY BAND 7	1.00	1.00	1.00	1.00	1.00	1.00	-	-	-	-	-	-	0.50
NURSE PAY BAND 8A	1.67	1.67	1.67	1.67	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.22
NURSE PAY BAND 8B	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
<b>Grand Total</b>	<b>8.27</b>	<b>8.27</b>	<b>8.27</b>	<b>9.27</b>	<b>8.60</b>	<b>8.60</b>	<b>9.29</b>	<b>8.89</b>	<b>6.89</b>	<b>7.29</b>	<b>8.29</b>	<b>8.29</b>	<b>8.35</b>

2016-17	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Average Throughout
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														Year
ADMIN & CLERICAL PAY BAND 6	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80
ADMIN & CLERICAL PAY BAND 3	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80
HCA PAY BAND 3	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
NURSE PAY BAND 5												1.00	1.00	0.17
NURSE PAY BAND 6	2.69	1.33	2.57	3.57	3.57	3.57	2.64	3.40	2.40	2.40	2.40	2.40	2.40	2.75
NURSE PAY BAND 7	-	-		-	-	-	0.93	0.93	0.93	1.93	1.93	1.93	1.93	0.72
NURSE PAY BAND 8A	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
NURSING PAY BAND 8C	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00	1.00
<b>Grand Total</b>	<b>8.29</b>	<b>6.93</b>	<b>8.17</b>	<b>9.17</b>	<b>9.17</b>	<b>9.17</b>	<b>9.17</b>	<b>9.93</b>	<b>8.93</b>	<b>9.93</b>	<b>10.93</b>	<b>10.93</b>	<b>10.93</b>	<b>9.23</b>

2. How many programmed activities (or sessions) were there for infection prevention and control in your trust in  
2014/15  
2015/16  
2016/17

For each post please specify which grade/position it was

Programmed activities (also called sessions) describes the blocks of time in which doctors work - ie most doctors work 10 programmed activities or sessions a week.

The FOI was written this way as most infection prevention doctors have another role ( eg they are a clinical microbiologists but carry out 2.5 sessions a week on infection prevention).

It is the total time spent on infection prevention that I am interested in so I asked for the number of programmed activities rather than the number of positions.

Does that make sense? If your trust does not organise the rota in this way could we discuss a way of you sending this info in the way it is recorded? eg hours spent on infection prevention and control a week?

**Answer: This information is not centrally recorded and is undertaken as part of the doctor's daily activities.**

3. What was the budget allocated to infection prevention and control in your trust in  
2014/15

**Answer: £434,806**

2015/16

**Answer: £439,087**

2016/17

**Answer: £426,387**

135/17

**Combustibility of cladding**

Please advise:

1. What cladding has been used in the fabric of the hospital.

**Answer: Eurobond Rockspan Extra 125mm cladding panels**

2. What is the composition of the cladding for each hospital, and the materials of which it is composed. Please indicate if the cladding contains polyethylene or polystyrene.

**Answer: PermaRock Render with mineral wool fibre insulation.  
Tresspa panels with mineral wool fibre insulation.  
Kalzip wall cladding with mineral wool fibre insulation.  
Brickwork cladding.**

3. The manufacturer of the cladding used.

**Answer: As above.**

4. What is the grading of the cladding on BS 476-7 fire testing scale.

**Answer: Rockspan panels have been tested/assessed to BS476 Part 22, for fire resistance and independently approved for reaction to fire by the Loss Prevention Council to LPS1181 and LPS1208 and by Factory Mutual to Standard 4880 for panels with non-combustible cores**

5. Which subcontractor installed the cladding.

**Answer: Skanska/ Envelope Package Contractor Prater Ltd**

6. Please provide a copy of the report on fire safety risks cited by this article:

<http://www.dailymail.co.uk/news/article-3764579/If-fire-patients-wouldn-t-chance-hell-FOUR-new-hospitals-NO-proper-fire-protection-problem-47m-two-years-fix.html>

**Answer: Walsall Healthcare NHS have a programme of works within the hospital site to survey and rectify any fire safety issues identified.**

Please provide any other records about the combustibility and fire risk posed by the cladding

**Answer: Walsall Healthcare NHS have a programme of works within the hospital site to survey and rectify any fire safety issues identified.**

136/17

**Training Fellowships**

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 full names of the doctors, their GMC numbers, start dates of current post, end date for current post and the sub-specialist interest they are being trained in.

Name	GMC Number	Sub-Specialist interest of Fellowship	Start date of Fellowship/Training	End date of Fellowship/Training
Dr First Example	1234567	Medical Retina	01/06/2016	20/03/2017


**Answer:**

**As at the 3 July 2017, the Trust does not employ any post CCT Ophthalmology doctors.**

**137/17**

**Consultancy Metrics**

Response going through approval

**138/17**

**Training Fellowships**

Under the Freedom of Information act, can you please provide me with the following information:

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

Please provide full names of the doctors, their GMC numbers, start dates of current post, end date for current post and the sub-specialist interest they are being trained in.

Name	GMC Number	Sub-Specialist interest of Fellowship	Start date of Fellowship/Training	End date of Fellowship/Training
Dr First Example	1234567	Endoscopy	01/06/2016	20/03/2017

**Answer: There are no Doctors partaking in training fellowships within our Gastroenterology departments**

139/17

## Uscomm BP+

Please tell me if you have bought, stock it and use this product:

<http://www.uscom.com.au/product/bp-plus.html>

It is called Uscomm BP+, previously it was called Pulsecor.

It is used by cardiologists or doctors and consultants who have interest in heart related things.

"BP+ Central Blood Pressure

The BP Plus is a sophisticated device that measures central and peripheral BP, arterial stiffness augmentation index, pulse rate variability using supra systolic oscillometry and performs central and peripheral Pulse Waveform Analysis and has a major application in hypertension research and management ranging from the ICU to home care.

BP+ provides comprehensive non-invasive cardiovascular assessment from an upper arm cuff. BP+ is as easy to use as automatic blood pressure measurement

Central Blood Pressure

Measure aortic systolic and diastolic pressures

Upper Arm Blood Pressure

Accurate, fast BP in 15 seconds a range of upper arm cuffs available

Augmentation Index

Highly sensitive to changes in vascular tone. Vascular age indicator

Rhythm Strip

Visually detect arrhythmias and pulse pressure fluctuations

No PC needed

Press the Start Button to get results in 40 seconds.

Accurate

Validated in the catheter lab to surpass SP10 Built-in peripheral calibration

Repeatable

Strong day-to-day and measure-to-measure repeatability with high ICC

Fast and Comfortable

Complete measurement in 40 seconds! Single inflation by default

Easy to use

As easy as putting on a single upper-arm cuff One-button measurement

Affordable

Advanced cardiovascular assessment is now available in any setting

BP+ uses Welch Allyn Flexiport BP Cuffs - The BP+ is supplied with 3 sizes of upper arm cuff: Small Adult, Adult Long, Large Adult. Other sizes are available on request. Training videos on selecting the

correct size cuff and fitting a cuff is available."

**Answer: We can confirm that the device is not used at the Trust.**

**140/17**

### **Leadership Roles**

As we are updating the database for HSJ Website. Could you please provide us the details for the below Leadership roles.

1. Confirm whether the Executives mentioned in the table are correct in their specific roles.
2. Provide details for the missing ones. In case if the position is vacant please mention so.
3. Please mention as "Don't have the job title" in case the trust doesn't have a specific job role.

Answer:

Please see the table below which we have updated. Please note we have withheld the details for the PA to the Chief Executive and Head of Communications under section 40 personal information (we only release the details of staff at Director Level)

<b>Walsall Healthcare NHS Trust</b>	
Chair	Danielle Oum
Chief Executive	Richard Kirby
PA to chief executive	Withheld
Director of Finance and Performance (Interim Director of Estates Strategic)	Russell Caldicott
Medical Director and Director of Infection Prevention and Control	Amir Khan
Director of Nursing (interim Director of Estates Operational)	Rachel Overfield
Chief Operating Officer	Philip Thomas-Hands
Director of Organisational Development and Human Resources	Louise Ludgrove (interim)
Director of Transformation & Strategy	Daren Fradgley
Trust Secretary And Head of legal service	Linda Storey
Chief information officers/IT director	Mr Steve Darkes
Chief pharmacist	Mr Gary Fletcher
Head of communications and marketing	Withheld
Deputy Director of facilities management	Ms Jane Longden
Lead director for procurement (procurement director)	Russell Caldicott

**141/17**

### **Head of Procurement**

I am wondering if you could please provide me with the contact email address for the person in charge of procurement of consumable supplies.

**Answer: Director of Finance and Performance, Russell Caldicott – [russell.caldicott@walsallhealthcare.nhs.uk](mailto:russell.caldicott@walsallhealthcare.nhs.uk)**

**142/17**

**Gifts and hospitality register**

I would like information on your organisation's gifts and hospitality register (or equivalent).  
I would like a breakdown in the last five years, items which have been logged on your organisation's gifts and hospitality register by staff, detailing:  
Date item was declared  
Description of item  
Reason for the gift/hospitality  
Value  
Whether the item was accepted or declined  
Additionally, does your organisation have a monetary limit on gifts (ie gifts worth under £50 are allowed) and can cash gifts ever permitted?

I would like the information on an excel spreadsheet and via email if possible.

**Answer:**

**This information is available by the using the following link:**

<https://www.walsallhealthcare.nhs.uk/lists-and-registers.aspx>

**143/17**

**Trampoline-related injuries  
Request withdrawn**

**144/17**

**gender neutral toilets**

Please can you tell me if you have any gender neutral toilets in your hospital? If so how many?

**Answer: We have disabled facilities which are gender neutral – approximately 43 on site.**

**145/17**

**Investigation costs**

I am making request for a detailed breakdown of the cost involved into the investigation of the care of my son.

I would like the report to include both paid and outstanding costs into the investigation and reports carried out.

The dates of the investigations are as follow;

Internal investigation as arranged by GP in March/April 2013

**Answer: All internal investigations are conducted as part of staff normal duties and will not have incurred additional cost.**

Internal investigation carried out by JR in December/January 2013-2014

**Answer: All internal investigations are conducted as part of staff normal duties and will not have incurred additional cost.**

External investigation Dr K 2014

**Answer: Our records show that an investigation by this individual did not take place so no cost was incurred.**

External investigation Dr E December/February 2014-2015

**Answer: We have checked our records and can find no invoice in relation to this. It is not uncommon for other Trusts to assist enquiries without incurring a fee.**

External investigation Verita 2016 – 2017.

**Answer: We can confirm the total amount for fees paid to Veritas in relation to this investigation were £53,574 (this excludes expenses and VAT).**

Please also include any cost involved in arranging second opinions into my sons scans in 2013.

**Answer: We have checked our records and can find no invoice in relation to this.**

**146/17**

### **Car Parking**

1. How many car parking sites fall under the remit of the Walsall Healthcare NHS Trust?

**Answer: 3 sites within close proximity**

2. Roughly how many spaces do they provide in total across all sites?

**Answer: 1700**

3. Does the organisation manage their Car Parks directly (go to Q5) or via a Third Party (go to Q4)?

**Answer: Directly**

4. If managed by a Third Party:

**Answer: Not applicable**

- a. Who is the provider

**Answer: Not applicable**

- b. Dates of the contract duration (from/to)?

**Answer: Not applicable**

- c. What is the basis of the contract (build/operate; land lease; management only etc)?

**Answer: Not applicable**

- d. Any pros/cons of this arrangement?

**Answer: Not applicable**

5. How is parking currently controlled, e.g. POF, P&D, Permit, parking officers, barrier control, in/out global counting, bay occupancy?

**Answer: POF, P&D, Permit, parking officers, barrier control**

6. Are you currently able to readily identify any patterns of use of particular zones/bay types/long or short term stays etc and collate this data to address specific problems areas on certain days/time periods?

**Answer: No**

7. What existing customer service focused measures are in place, e.g. information provided at entry points, visual guidance to zones/bays with available spaces, on-site support staff?

**Answer: None**

8. What are the key challenges that the Walsall Healthcare NHS Trust face in regards to the provision of parking for patients/carers/visitors?

**Answer: The number of spaces could be greater**

9. What are the key challenges that the Walsall Healthcare NHS Trust face in regards to the provision of parking for staff?

**Answer: Amount of spaces available**

10. Do you attend any conferences/events that focus on best practice in the management of parking/land use which you would recommend as good networking opportunities?

**Answer: Liaise with other Trusts**

11. Who is the person responsible for Car Parks in your organisation (Name, Title, telephone and direct email) – **Answer: Staff contact details below Director level are withheld under Section 40**

**(Personal Information). We can confirm that the Executive Director responsible for this department is Rachel Overfield, Director of Nursing, email address;**

**[rachel.overfield@walsallhealthcare.nhs.uk](mailto:rachel.overfield@walsallhealthcare.nhs.uk) and telephone number is 01922 721172.**

147/17

## Energy initiatives

- 1) Please state the organisation's carbon reduction target

**Answer: Our Trust does not have a specific target but we do work towards government targets. Exemption under Section 21 (Information available by other means) has been applied to this request. These targets can be found on their website using the following link.**

<https://www.gov.uk>

- 2) Lighting

- a. Has the organisation updated any of its lighting to energy efficient LEDs?

**Answer: Yes**

- b. What % of lighting assets have been upgraded?

**Answer: >1%**

- c. How many bulbs, tubes etc does this represent?

**Answer: This information is not centrally recorded so cannot be provided.**

- d. What date did these upgrades take place?

**Answer: 2017**

- e. What was the total value of the initial investment?

**Answer: This was part of a project of which a breakdown of costs is not available.**

- f. How did you fund the investment? Please include the name of any third party finance providers.

**Answer: As part of a project – Trust capital funds.**

- g. What are the projected annual savings?

- a. Budgeted

**Answer: Please see the answer to h below.**

- b. Actual

**Answer: Please see the answer to h below.**

- h. Over how many years is this project expected to break even?

**Answer: Lighting was updated as part of gamma camera replacement/room upgrade.**

- i. Does the organisation have further plans to upgrade lighting?

**Answer: Yes**

- j. If so, has all the required funding been secured?

**Answer: No, this is being reviewed currently.**

- k. When is the project due to start?

**Answer: This is unknown.**

l. Are there any further plans identified where funding has not yet been secured?

**Answer: Yes**

m. Who at the organisation is accountable for securing the funding and management of these projects (please provide name and job title)?

**Answer: This varies depending upon the division involved.**

3) Other Energy-Saving Initiatives

What other efficiency projects have you engaged with? Please list all current and planned projects and provide the following information:

Project (LEDs, CHP, Energy Management Systems etc.)	Project Start Date	Investment Value (£)	Details (e.g. to reduce carbon emissions and lower energy bills the trusts installed x, y and z...)	How was it funded? (e.g. loan agreement through Salix etc.)	Expected Annual Savings (£)	Payback period (years)	Named person responsible for delivery
<b>LED</b>	<b>Not yet</b>	<b>Not yet</b>	<b>Lower energy bills</b>	<b>Unknown</b>	<b>Not applicable</b>	<b>Not applicable</b>	<b>Not applicable</b>

4) Third Party Providers

Has the organisation engaged with any third party providers, either a company offering energy efficiency financing (Green Investment Bank, Salix Finance etc.) or through energy performance contracts (EPCs) with energy service providers, to fund the organisations energy efficiency initiatives? Please provide the following details for all arrangements, including any already listed in responses to previous questions:

Provider name	Who at the trust signed the contract?	Name of framework used	Contract Start	Contract End	Annual cost to the trust (£)

**Answer: Discussions are currently ongoing.**

**148/17  
Hospital Drugs**

I would like to request answers to the following questions regarding theft of hospital drugs:

- How many allegations of theft of hospital drugs by staff members have been investigated by the Trust in the last three financial years (2014-15, 2015- 2016, 2016-2017)?

**Answer: None**

- Please could you detail the quantity and types drugs alleged to have been taken in these incidents?

**Answer: This is not applicable**

- What is the estimated financial value of drugs taken?

**Answer: This is not applicable**

- Please give details of disciplinary action taken by the Trust in response to these incidents.

**Answer: This is not applicable**

**149/17  
Agency Spending**

Please confirm what your Agency Spend was between 01/01/2017 to 31/03/2017 was, and include.

- Top 10 Agency suppliers, and the value in £'s
- spend per staffing category (Nursing and Care, AHP/HSS, Medical Locums)

**Answer: Please see below**

FOI 149/17

Please confirm what your Agency Spend was between 01/01/2017 to 31/03/2017 was, and include.

- 1• Top 10 Agency suppliers, and the value in £'s

Please note the top 10 below relate to Nursing and all other groups only. It excludes Medical & Dental as the agency used are paid by Tempre. Details of which agencies they use is not recorded.

	Jan 17-Mar 17
	£
<input type="checkbox"/>	
LAST MINUTE HEALTHCARE	219,640
ACTON B	179,197
ID MEDICAL	100,816
MEDICS	69,423
PLAN B HEALTHCARE	62,528
THORNBURY	47,093
MEDACS	43,734
MAYDAY	28,253
TEAM SUPPORT	28,243
KARE PLUS	25,178

- 2• spend per staffing category (Nursing and Care, AHP/HSS, Medical Locums)

Jan-17	Feb-17	Mar-17	Total
--------	--------	--------	-------

Nursing & Midwifery	441,544	420,449	219,578	<b>1,081,571</b>
Medical Staff	272,428	268,602	156,191	<b>697,221</b>
AHP	92,399	55,020	122,120	<b>269,539</b>
PTB	36,391	12,531	20,738	<b>69,660</b>
Other	40,190	27,888	29,830	<b>97,908</b>
<b>Total Agency Spend</b>	<b>882,952</b>	<b>784,490</b>	<b>548,457</b>	<b>2,215,899</b>

**150/17**

### **Agency Spending**

#### **Request going through approval**

**156/17**

### **Oral Mucositis and Barrier Mouthwashes**

1) Please advise the estimated number of patients receiving chemotherapy and radiotherapy at your hospital(s) each year.

**Answer: We can confirm that there were 4682 admissions to our Chemotherapy Unit during 1<sup>st</sup> April 2016 – 31<sup>st</sup> March 2017. This covers 585 different patients, as patients are likely to have multiple admissions for a course of treatment.**

**Our Trust does not provide radiotherapy.**

2) What is the preferred 'barrier' mouthwash product prescribed to patients for oral mucositis treatment and/or prevention?

**Answer: Our Trust does not have a preferred product list for mouthwash on formulary but a range of products available.**

3) Which of the following 'barrier' mouthwash brands, if any, have previously been prescribed in your hospital(s):

- Caphosol **Answer: No**
- Gelclair **Answer: Yes**
- Mucodis **Answer: Yes**

4) What is the estimated annual spend on mouthwash?

**Answer: £2912.62.**

5) What is the estimated annual number of units of mouthwash prescribed annually?

**Answer: Exemption under Section 43 (Commercial Interests) has been applied to this request as this would detail pricing structure.**

6) How much Saline and Difflam mouthwash are prescribed for OM?

**Answer: Our Pharmacy department do not hold any information relating to a particular indication so this cannot be accurately provided.**

7) What are your current prescribing pathways for oral mucositis care?

**Answer: Our Oncology Department use UKONs oral mucositis pathway.**

8) Do you currently prescribe anything for the prevention and/or treatment of the following conditions:

- Vaginal mucositis (Vulvovaginitis)
- Rectal mucositis

- Radiation dermatitis

**Answer: Our Pharmacy department do not hold any information relating to a particular indication so this cannot be accurately provided.**

**157/17  
Maternity Unit**

I am applying under the Freedom of Information Act for the following information about your maternity unit.

Please provide the number of live term infants born in your maternity unit for each of the following years 2012, 2013,2014, 2015,2016,

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

Year	Number of Live Term Infants Born at Walsall Healthcare NHS Trust
2012/13	4679
2013/14	4729
2014/15	4678
2015/16	4876
2016/17	4173

Please provide for the same years the total number of term infants that were stillborn, with the intrauterine death occurring either before or during labour.

**Answer: Please note our records only go back to 2013 for this information. The figures below cover both term still births and perinatal deaths as a breakdown was not recorded.**

2017 2

2016 13

2015 13

2014 6

2013 6

Please provide the 5-minute Apgar score of <6,n ( rate per 10,000) for each year for your unit.

**Answer: 87 Neonates with apgar <7 at 5mins (April 2016- March 2017). Total births 4173. 208 per 10,000.**

Please provide the Hypoxic-Ischaemic Encephalopathy rate (HIE ) for Moderate/severe ( rate per 10,000).

**Answer: Exemption under Section 21 (Information Available by Other Means) has been applied to this request. This is available within a report on the National Perinatal Epidemiology Unit website. A link to the report is provided below.**

<https://www.npeu.ox.ac.uk/downloads/files/mbrance-uk/reports/MBRRACE-UK-PMS%20-Summary-Report-2015%20FINAL.pdf>.

For the year 2016 alone please tell me how many obstetricians and midwives were working for you (please give separate numbers for both professions)

**Answer: Obstetricians – 30, Midwives – 185 (Headcount Effective 31/12/2016)**

**158/17  
Locum Spend**

Could you please let me know the locum agency spend from May 2016 – Present. This refers directly to the cardiology department only, the staff will be Cardiographers, Cardiac Physiologists, Echocardiographers, please note this is not referring to locum doctors or specialists.

These staff will fall under AHP/HSS or healthcare.

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

Year	Amount
2016/17 (from May 2016)	£104,250
2017/18	£39,173
<b>Grand Total</b>	<b>£143,423</b>

**159/17  
Ocriplasmin**

We are trying to understand the cost effectiveness of Ocriplasmin (Jetrea) treatment for vitreo-macular traction.

We would like to obtain data regarding the number of injections performed, and possibly cost, of this treatment in your Trust, should you have ever provided it. The time frame would be 01/01/2016 to 31/05/2017, if possible divided by month, otherwise just a total number will suffice.

**Answer: The Trust does not provide treatments for Vitreo-Macular Traction**

**160/17  
Non Emergency Patient Transfers Services**

Who is your current and previous NEPTS operator (spanning the last 3 years or existing contract- whichever is longer?)

**Answer: West Midlands Ambulance NHS Trust.**

What is the current contract (s) end date (s) and are there any provision for extensions?

**Answer: 31 March 2018 with 2 years extension option.**

Who or which body would the procurement of your future contract be made by?

**Answer: Walsall Healthcare NHS Trust.**

Please provide the name, address, email and telephone number of the person responsible for the commissioning of services and the same for the person responsible for reviewing contract performance.

**Answer: Walsall Clinical Commissioning Group complete this. We recommend you contact their Freedom of Information Office directly for this information. Their Freedom of Information**

office can be contacted via email address; [foi@walsall.nhs.uk](mailto:foi@walsall.nhs.uk) or postal address: Jubilee House, Bloxwich Lane, Walsall, WS2 7JL.

Please provide the current Service Specification's in place across the contract (s).

**Answer: Exemption under Section 43 (Commercial Interests) has been applied to this request.**

How is your current contract operated (in lots or as a whole)? What are the different budgets for these?

**Answer: Operated as a whole.**

What is your forecast spend in the following years (please break this down by service: scheduled patient journeys excl. renal, renal patient journeys, high dependency, secure and staff (if this is not available then please provide the total spend)

2017/18?

2018/19?

2019/20?

**Answer: This is not known.**

Please provide KPI and Penalties measure in place across this contract and the most recent performance review of the same.

**Answer: Exemption under Section 43 (Commercial Interests) has been applied to this request.**

Please provide the current Patient Transport Eligibility policy and what are your provisions for revision to this?

**Answer: Walsall Clinical Commissioning Group define the eligibility for patient transport. We recommend you contact their Freedom of Information Office directly for this information.**

**Their Freedom of Information office can be contacted via email address; [foi@walsall.nhs.uk](mailto:foi@walsall.nhs.uk) or postal address: Jubilee House, Bloxwich Lane, Walsall, WS2 7JL.**

What is your policy on transporting Escorts? Do you currently make payment provisions for this?

**Answer: Escorts are chargeable.**

## 161/17

### Abortion Waiting Times

- The average length of waiting time (in days) for women choosing to have an abortion from and to, including the date of their initial referral appointment to the date of abortion, for NHS-funded **surgical** abortions for 2012, 2013, 2014, 2015, 2016.

- The average length of waiting time (in days) for women choosing to have an abortion from and to, including the date of their initial referral appointment to the date of abortion for NHS-funded **medical** abortions for 2012, 2013, 2014, 2015, 2016.

If you cannot provide this data, I instead request:

- The percentage and number of women having to wait more than 2 weeks for an abortion, from the date of their initial referral appointment/self-referral date to their procedure, in 2012, 2013, 2014, 2015, 2016.

- The percentage and number of women having to wait more than 4 weeks for an abortion, from the date of their initial referral appointment/self-referral date to their procedure, in 2012, 2013, 2014, 2015, 2016.

- The percentage and number of women having to wait more than 6 weeks for an abortion, from the date of their initial referral appointment/self-referral date to their procedure, in 2012, 2013, 2014, 2015, 2016.
- The percentage and number of women having to wait more than 8 weeks for an abortion, from the date of their initial referral appointment/self-referral date to their procedure, in 2012, 2013, 2014, 2015, 2016.
- The percentage and number of women having to wait more than 12 weeks for an abortion, from the date of their initial referral appointment/self-referral date to their procedure, in 2012, 2013, 2014, 2015, 2016.

**Answer:**

**We do not hold this information. However all medical TOP were carried out within 2 weeks of request unless the patient opted for a surgical termination (the patient had to be between 8-12 weeks for this to be carried safely).**

**The Trust stopped carrying out terminations from January 2015.**