

FREEDOM OF INFORMATION

Disclosure Log – Quarter 3 (October-December 2018)

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441.18	November	International Recruitment and Agency Spend
442.18	November	Delayed Discharge Information
443.18	November	Radiology Staff
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445.18	November	Blood grouping analyser
446.18	November	Over £25k spend
447.18	November	Patients, Bed sores etc
448.18	November	Hard and soft Facilities Management, and what the annual contract
449.18	November	Catheter-associated UTI.

450.18	November	Female sanitary products
451.18	November	Rheumatoid Arthritis?
452.18	November	External supplier or party to deliver Endoscopy and/or Gastroenterology services
453.18	November	Cyber security awareness training
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456.18	November	Compliance (DBS) and Reference Checking under the Freedom of Information Act (2000).
457.18	November	full registers covering all interests of, and gifts, hospitality
458.18	November	Gifts and hospitality register
459.18	November	Health Visitors
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461.18	November	Shadow IT and feral systems
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480.18	December	Trust FOI statistics & resources
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492.18	December	Trust policies on charging overseas visitors for NHS services
493.18	December	Compounded bevacizumab
494.18	December	Exemptions from charging for overseas visitors
496.18	December	Cardiac Physiology Department staffing
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354.18

Thumb arthritis

Request for the following information

Question 1

Please could you send us your current policies for treatment (surgical and/or injection) of base of thumb arthritis including any funding criteria.

Answer: There is no trust or departmental policy on injections for thumb arthritis.

Question 2

Please could you send us any older policies including funding criteria for treatment of base of thumb arthritis from 1998 to present day.

Answer: No older policies

Question 3

If not included in the policy what criteria is used to categorise severity of base of thumb arthritis into mild moderate or severe.

Answer: Treatment for this condition is on an individualised basis involving shared decision making between the patient and the surgeon.

355.18

Hernia Mesh implants

Please can I request the following information:

1. How many hernia mesh implant devices have been purchased in each of the following financial years: 2012/13, 2013/14, 2014/15, 2015/16, 2016/17, 2017/18?

Answer:

Dec-13388

13-14 333

14-15 367

15-16 461

16-17 491

17-18 472

2. Please provide the total annual cost of hernia mesh implant devices purchased for those same years requested in question one.

Answer:

Year	Direct	NHSSC	Total
Dec-13	£	94,362.65	£ - £ 94,362.65
13-14	£	160,287.25	£ - £ 160,287.25
14-15	£	161,180.09	£ 13,263.06 £ 174,443.15
15-16	£	151,704.20	£ 22,948.28 £ 174,652.48
16-17	£	131,657.48	£ 25,598.35 £ 157,255.83
17-18	£	180,433.23	£ 15,395.93 £ 195,829.16

3. Please provide the different types of meshes purchased and the name of the manufacturer for those same years requested in question one.

Answer: Please see list of meshes purchased for the last 3 years. Before that we did not hold that information.

Supplier	Description
Medtronic	Parietex Composite Ventral Patc 6cm
Medtronic	PERMACOL 20X30X1.50 X1 PERMACOL MESH 20cmx30cmx1.5mm
Medtronic	PERMACOL 10X10X1.00 X1
Medtronic	PERMACOL 18X28X1.50 X1 PERMACOL MESH 18cmx28cmx1.5mm
Medtronic	PERMACOL 15X20X1.50 X1
Medtronic	PERMACOL 28X40X1.5MM X1
Medtronic	PERMACOL 4X18X1.00 X1
NHS/ Q Medical	Bovine Biologic mesh 10 x 15cm
Medtronic	Patretene Marcroporous Mesh 30+30cm
Medtronic	Patretene Marcroporous Mesh 15+10cm
Medtronic	Patretene Marcroporous Mesh 30+30cm
Medtronic	Patretene Marcroporous Mesh 15+15cm
Medtronic	Patretene Marcroporous Mesh 11+06cm
Medtronic	PARIETEX COMP3DPY 30X20CMNOTHRX1
Medtronic	Intraperitoneal mesh Parietex pcox 25x20cm
Medtronic	PARIETEX COMP3DPY20X15CM NOTHRX1
Medtronic	PARIETEX COMP3DPY15CMCIR NOTHRX1
Medtronic	Hiatal mesh PCO2H1 Parietex composite dual sided polyester mesh for hiatal surgery 8 x 8cm
Medtronic	PARIETEX COMP HIATAL 3D PY 8.5X8CMX1
Bard	PARIETEX COMP3DPY 30X20CMNOTHRX1
Bard	Intraperitoneal mesh Parietex pcox 25x20cm
Medtronic	Surgipro Plug and Patch Medium (2PER BOX)
Medtronic	Surgipro Plug and Patch Larg (2PER BOX)
Medtronic	PARIETEX COMP3DPY20X15CM NOTHRX1
Medtronic	PARIETEX COMP3DPY15CMCIR NOTHRX1
NHS/Medtronic	Fistula repair Permacol collagen paste
Bard	PARIETEX COMP3DPY 30X20CMNOTHRX1

4. Please provide how many patients received which type of mesh in each year requested in question one.

Answer: Please see attached

5. How many hernia operations were carried out in those same years requested in question one?

Answer: Please see attached

6. How many follow up appointments with the implanting surgeon are standard practice for patients who have had a hernia operation, either as a day case or inpatient?

Answer: Please see attached. The low numbers are due to the fact that unless a hernia case is considered complex by the Consultant they are not traditionally followed up in hospital, patients are discharged to the care of their GP with guidance on the EDS regarding care.

356.18**Extra Beds for Winter**

As part of their winter planning, Worcestershire Acute Trust has identified that 200 extra beds will be needed this winter to avoid excessively high occupancy rates. I would therefore like to know:

a) Has the trust made any assessment of how many extra beds it will need to cope with demand this winter (and if so, how many)

Answer: The Trust has reviewed its demand and capacity using data from last year and the previous three years. The winter plan shows the use of an additional ward in periods of high demand.

b) Will the trust be increasing its bed stock as appropriate to meet the increased level of demand

Answer: The Trust has the ability to increase the bed stock by opening an additional ward if demand requires it.

c) If so, has this been costed (please include financial estimates where possible/relevant)

Answer The Winter plan has been costed and will be covered by the winter contingency.

357.18**Suspension of Acute services**

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

1. Between 1/11/2017 and 30/4/2018 have you suspended any acute services because of a shortage of doctors or nurses to staff the service?

Answer: No

If yes:

- a) Which services were suspended?
- b) How many suspensions have there been?
- c) What was the longest period a service was suspended for?

2. Between 30/04/2018 and 1/10/2018 have you suspended any acute services because of a shortage of doctors or nurses to staff the service?

Answer: No

If yes:

- a) Which services were suspended?

- b) How many suspensions have there been?
- c) What was the longest period a service was suspended for?

358.18
MND

Freedom of information request questions

Name of organisation: Walsall Health Care Trust

Motor Neurone Disease (MND) Services

1. What is your NHS organisation's catchment population?

Answer: 290,230

2. Does your organisation provide healthcare services for people diagnosed with MND?

Answer: No

3. If no, where do patients with MND in your catchment population access healthcare services? If your organisation does not provide healthcare services for people diagnosed with MND, please go to question 15.

Answer: Walsall Healthcare Trust does not provide MND services. All patients are referred to the specialist unit at University Hospital Birmingham

4. If yes, what is your NHS organisation's catchment population for MND services (if different to Q1)?

5. How many newly diagnosed patients with MND were referred to the organisation in each of the last three years?

- a. 2017
- b. 2016
- c. 2015

6. What is the total number of patients with MND that are currently receiving healthcare from your organisation?

7. Is your organisation a specialist care centre for MND?

8. In your organisation, where do patients with MND access services e.g. hospital inpatient services, hospital outpatient services, community clinics, domiciliary visits?

9. In your organisation, are patients with MND seen in specialist clinics?

10. If yes,

- a. Where are the MND specialist clinics in your organisation held?
- b. How often are the MND specialist clinics in your organisation held?
- c. How often are patients routinely reviewed in the MND specialist clinics?

MND Healthcare Team

11. Who leads the MND services in your organisation (job title)?
12. In your organisation, which jobs (f.t.e) are specifically funded to provide healthcare for people with MND, e.g. MND clinical lead, MND specialist nurse, MND specialist dietitian?
13. Is there a multidisciplinary team (MDT) that provides care to patients with MND in your organisation?
14. If yes, which professional roles are members of the MDT?

MND Dietetic Services

15. In your organisation how many full time equivalent dietetic posts do you have?
16. Do you have dietetic posts that are specifically funded for MND services ?
17. If yes,
 - a. How many full time equivalent posts do you have?
 - b. What grade are they?
18. If no, which dietitians see patients with MND? Please list all posts including their job title and grade.
19. In your organisation,
 - a. How many new patients with MND were seen by the dietetic service in each of the last three years, and where were they seen?

Year	Hospital inpatient Other (please state)	Hospital outpatient	Domiciliary visit	Community clinic
2017				
2016				
2015				
 - b. How many review contacts for patients with MND were seen by the dietetic service in each of the last three years, and where were they seen?

Year	Hospital inpatient Other (please state)	Hospital outpatient	Domiciliary visit	Community clinic
2017				
2016				
2015				
 - c. How many dietetic patients contacts (new and review) were for oral nutrition support, and how many were for artificial nutrition support, in each of the last three years?

	All healthcare settings		Hospital settings (in-patients and out-patients)	
	Community settings (clinics and domiciliary visits)			
Year	Oral nutrition support	Artificial nutrition support	Oral nutrition support	Artificial nutrition support
2017				
2016				
2015				

Commissioning of MND Nutrition Services

20. Where does the funding come from for services for patients with MND in your locality?

21. Which organisations and departments are involved in each stage of the commissioning process of nutritional services for patients with MND in your locality:

- a. Strategic planning (assessing needs, reviewing service provisions, deciding priorities)
- b. Procuring services (designing services, shaping structure of supply, planning capacity and managing demand)
- c. Delivery of services (which department and where are they located?)
- d. Monitoring and evaluation (supporting patient choice, managing performance, seeking public and patient views)

22. Where does the funding come from for nutritional services for patients with MND (e.g. nutrition and dietetics service) in your locality?

359.18
Accident and Emergency after taking Xanax

Under the Freedom of Information Act 2000, Please tell me how many people have been admitted to Accident and Emergency after taking Xanax for the following periods:

- For each of the periods
- September 2017 to September 2018
 - September 2016 to September 2017
 - September 2015 to September 2016

In each incidence please let me know:

- What was the age of each admission linked to Xanax?
- What the outcome of the treatment was?

Answer: A&E do not code to the degree of drug names, therefore it is not possible to identify patients that have taken Xanax.

360.18

CCTV maintenance and support contract.

The information I require is to do with the organisation's CCTV maintenance and support contract.

Please can you send me the information stated below:

1. Supplier of the contract for CCTV maintenance and support

Answer: Incorporated within the PFI contract

2. How much the Council spend annually with the supplier?

Answer: The Trust's CCTV maintenance is part of a larger contract and costs are not broken down to this level.

3. What is the renewal date of this contract?

Answer: Incorporated within the PFI contract – the Trust is not privy to this contract

4. What is the duration of the contract?

Answer: Incorporated within the PFI contract – the Trust is not privy to this contract

5. What is the review date of this contract? If possible the likely outcome of this review

Answer: Incorporated within the PFI contract

6. The primary brand of the CCTV equipment. I don't require the model just the brand

Answer: PELCO

7. The description of the services provided under this contract. Please state if this contract includes more than just CCTV services

Answer: CCTV and Access Control

8. Contact details of the employee responsible for the contract between the supplier and the organisation. Can you please provide me with their full contact details?

Answer: [Staff details below Director level are withheld under Section 40 \(Personal Information\). We can confirm that the Director responsible for this department is Daren Fradgley, Director of Strategy & Improvement, email address; daren.fradgley@walsallhealthcare.nhs.uk and telephone number is 01922 721172.](#)

361.18
Foi withdrawn

362.18
Syncope

Please can you provide me with the following data for the previous 12 months?

- Syncope admission data where Syncope was the primary diagnosis - code R55X
- The admitting specialty/department
- LOS (length of stay)

Admissions data for the period Oct17 to Sep18

SpecCd	SpecTx	CountOfAdmissions	MinLosDays	MaxLosDays	AveLosDays
100	GENERAL SURGERY	1	0	0	0
300	GENERAL MEDICINE	234	0	52	2
320	CARDIOLOGY	68	0	10	0
326	ACUTE INTERNAL MEDICINE	52	0	67	4
420	PAEDIATRICS	10	0	3	1
430	GERIATRIC MEDICINE	4	1	151	42
	Total	369			

363.18
Prostate Cancer

We would like to understand what specific psychological support is offered to men living with prostate cancer through your organisation. We would therefore be grateful if you could respond to the following questions:

1. How many prostate cancer patients (new and existing) were registered within your Trust/hospitals between 1st April 2017 – 31st March 2018

Answer: 197 confirmed prostate cancers recorded

- a. Of those how many **were offered** specialist psychological support services in the last 12 months (1st April 2017- 31st March 2018)?

Answer: All patients in urology are offered support from specialist psychological support services it's an active part in counselling post diagnosis

- b. Of those how many **were referred** to specialist psychological support services in the last 12 months (1st April 2017- 31st March 2018)

Answer: This information is not collated or obtainable; it's done on patient request at any time during diagnosis, treatment or survivorship.

2. Do you offer psychological support services for families and or carers?

Answer: Yes

- a. If yes, how is this service offered? (e.g. everyone is proactively offered a referral as standard of care, or do families/carers request access to psychological support reactively)

Answer: It's offered to all, referrals made on requests

- b. What proportions of families/carers were referred to psychological support services in the last 12 months (1st April 2017- 31st March 2018)?

Answer: This information is not collated or obtainable; it's done on request at any time during diagnosis, treatment or survivorship.

3. Do men have access to other psychological support services beyond active treatment (i.e. those that are under active surveillance and living beyond cancer)? (Yes or No)

Answer: Yes

4. Who provides other psychological support service for your prostate cancer patients?
choose from below:

Answer: We have a wide variety of supportive services by many agencies that we utilise for patients.

- a. NHS commissioned mental health service (funded by CCG/NHS England or Trust)
- b. National charitable organisation (e.g. Macmillan, Prostate Cancer UK)
- c. Local support group (volunteer-led)
- d. Hospice

364.18

Urothelial Cell Cancer

We are conducting a piece of research into Urothelial Cell Cancer. Under the Freedom of Information Act 2000 we would like to request the information contained in the attached document.

Please see template attached for your completion. Please note the updated time period – July 2018 to September 2018 inclusive.

For the avoidance of doubt, we do not require any information that may identify individual patients, clinicians or pharmacists or that may otherwise be categorised as personal data.

Answer: Attachment available upon request

365.18

Agency locum spend - AHP/HSS - Cardiology

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

I would like you to send me the locum agency spend in the AHP/HSS division of the hospital for Echocardiographers and Cardiac Physiologists. I would like to know the spend from January 2018 - present, also including the amount of locums that this refers to. If it is possible could you please also let me know the name of the manager who signs off the locums in the department.

Please provide the information in the form of an excel spread sheet.

Answer: Attachment available upon request

366.18

Septic Arthritis Guidelines

I am interested in the variation between the guidelines in UK relating to the management of septic arthritis. Please complete the two attached surveys and forward them to this email address.

I would also be very grateful if you would forward to this email address the guidelines your hospital uses for septic arthritis in both paediatrics and adult populations. If you don't currently use a guideline I would also be grateful to know.

Answer: Attachments available upon request

367.18

Usage of certain products

This is a Freedom of Information request regarding usage of certain products in all NHS Trusts, these products are:

- glycopyrronium bromide 1 mg tablets
- glycopyrronium bromide 2 mg tablets
- glycopyrronium bromide 1 mg/5 ml oral solution
- glycopyrronium bromide 5 mg/5 ml oral solution
- sialanar 320 mcg/ ml glycopyrronium (400 mcg/ml glycopyrronium bromide) oral solution
- scopoderm (hyoscine) 1.5 mg patch
- glycopyrronium bromide 200 micrograms/ml ampoule (for injection)

1. How many units* of these products were dispensed quarterly in 2016 - present?

*tablets: units as number of **TABLETS or PACKS**

- if packs, please specify pack size e.g. 14 tablets

*oral solution: units as number of bottles

- please specify bottle size e.g. 60 ml

*patch: units as packs

- please specify pack size e.g. 5 patches

*ampoule: units as number of **AMPOULES or PACKS**

if packs, please specify pack size e.g. pack of 10

**368.18
Waste**

This is a request under the Freedom of Information Act 2000 to ascertain information regarding financial efficiencies relating to healthcare waste management and procurement.

Please could you provide the following information relating to the amount, cost, methods and reporting of the disposal and treatment of municipal, healthcare and clinical waste.

The questions below relate to bagged waste only, including the following:

- Municipal waste, residual (not segregated for recycling);
- Municipal waste, recyclable (segregated by single type or as a comingled recyclable stream);
- Offensive waste;
- Infectious waste streams, orange and yellow categories (not sharps).

Please indicate the total amount of waste (in weight) produced by your organisation:

	Tonnes 2016/2017	Tonnes 2017/2018
Municipal, residual (black bags)		
Municipal, recycling		
Offensive (tiger strips)		
Infectious (orange), suitable for alternative treatment		
Infectious (yellow), requiring incineration		

Answer: Exemption 43 has been applied as the questions in the request are Confidential and commercially sensitive due to the contracts being out to tender.

**369.18
Non-Small Cell Lung Cancer**

We are conducting a piece of research into **Non-Small Cell Lung Cancer**. Under the Freedom of Information Act 2000 we would like to request the information contained in the attached document.

Please see template attached for your completion. Please note the updated time period – **July 2018 to September 2018** inclusive.

Answer:

FOI Request re Non-Small Cell Lung Cancer (NSCLC) Patients

Please provide the following information relating to NSCLC¹ patients treated² by your Trust in the 3 months, **July 2018 to September 2018** inclusive.

If data is not held in a sufficient way within your Trust systems, i.e. if for example you are unable to distinguish between cancer type and/or stage, please indicate accordingly within the tables below.

	Total number treated Stage IIIB/IV NSCLC Patients	If unable to provide number of stage IIIB/IV NSCLC patients treated, please indicate the level at which data has been provided:	
Patients with NSCLC Stage IIIB/IV (Stage 3b/4) ³		Total number NSCLC patients	
		Other (please specify)	
		Data not held/accessible	X

Of the Stage IIIB/IV NSCLC patients, please indicate the number of patients treated by your Trust in the 3 months **July 2018 to September 2018** inclusive, with the following therapies.

	Total number treated Stage IIIB/IV NSCLC Patients	If unable to provide number of stage IIIB/IV NSCLC patients treated, please indicate the level at which data has been provided:	
Docetaxel (mono or combination therapy)		Total number NSCLC patients	2
		Other (please specify)	
		Data not held/accessible	
Atezolizumab (Tecentriq)		Total number NSCLC patients	2
		Other (please specify)	
		Data not held/accessible	
Nivolumab (Opdivo)		Total number NSCLC patients	1
		Other (please specify)	
		Data not held/accessible	

¹ ICD10 C33, C34

² Please indicate the number of patients (excluding clinical trial patients) treated with any active anti-cancer drug treatment.

³ TNM staging for Stage IIIB NSCLC = Any T, N3, M0 or T4, N2, M0; TNM staging for Stage IV NSCLC = Any T, any N, M1
Please include number for both those patients that present at stage III/IV and also those whose cancer has progressed to stage III/IV

Pembrolizumab (Keytruda)		Total number NSCLC patients	8
		Other (please specify)	
		Data not held/accessible	

If your trust does not treat these cancers and you refer your patients to another trust, please state to which trust(s) patients are referred:

370.18
I.T. Software

I would specifically like to request is the following, in electronic format please:

1. What is the current number of staff who use a PC or a laptop within your Trust?

Answer: 4700

2. What are the current Microsoft software licences (server and desktop) that you are using?

Answer: UserCals suite, MS Office, MS Visio, MS Project

3. What is your annual IT spend on Microsoft licences?

Answer: The trust has a mixture of enterprise wide agreements that enables the trust to have a number of free licences. This is all part of a wider IT contract so are therefore unable to break it down to just cost of Microsoft licences.

4. Has your organisation moved, or is planning to move, to the Cloud in the next 12 months?

Answer: No

5. Are you due to undertake a review of your software estate in the next 12 months?

Answer: No

6. What is the name of the decision maker for IT spend in your organisation?

Answer: Daren Fradgley Director of Strategy & Improvement

371.18

Contract Data - Cyber

I am currently embarking on a research project around Cyber Security and was hoping you could provide me with some contract information relating to following information:

a

1. Standard Firewall (Network) - Firewall service protects your corporate Network from unauthorised access and other Internet security threats
2. Anti-virus Software Application - Anti-virus software is a program or set of programs that are designed to prevent, search for, detect, and remove software viruses, and other malicious software like worms, trojans, adware, and more.
3. Microsoft Enterprise Agreement - is a volume licensing package offered by Microsoft.

The information I require is around the procurement side and we do not require any specifics (serial numbers, models, location) that could bring threat/harm to the organisation.

For each of the different types of cyber security services can you please provide me with:

1. Who is the existing supplier for this contract?
2. What does the organisation spend for each of contract?
3. What is the description of the services provided for each contract? Please do not just state firewall.
4. Primary Brand (ONLY APPLIES TO CONTRACT 1&2)
5. What is the expiry date of each contract?
6. What is the start date of each contract?
7. What is the contract duration of contract?
8. The responsible contract officer for each of the contracts above? Full name, job title, contact number and direct email address.

Answer: Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is Daren Fradgley Director of Strategy & Improvement. Email: daren.fradgley@walsallhealthcare.nhs.uk Phone: 01922 721172

9. Number of License (ONLY APPLIES TO CONTRACT 3)

Answer; Exemption 43 has been applied as the questions in the request are confidential and commercially sensitive due to the contracts going out to tender.

372.18 Directors

Under the freedom of information act please could I request the following information:

The name and email address of the following Directors within your Trust:

1. Director of Infection Control Dr Karen Dunderdale.

Karen.dunderdale@walsallhealthcare.nhs.uk

2. Director Effectiveness Matthew Lewis.

Matthew.lewis@walsallhealthcare.nhs.uk

3. Director of Nursing Dr Karen Dunderdale.

Karen.dunderdale@walsallhealthcare.nhs.uk

4. Director of Operations Philip Thomas-Hands.

Philip.thomas-hands@walsallhealthcare.nhs.uk

5. Medical Director Matthew Lewis.

Matthew.lewis@walsallhealthcare.nhs.uk

6.

The name and email address of the following Clinical Directors:

1. Clinical Audit Lead Matthew Lewis.

Matthew.lewis@walsallhealthcare.nhs.uk

2. Service Improvement Lead Daren Fradgley.

Daren.fradgley@walsallhealthcare.nhs.uk

3. Clinical Governance Lead Jenna Davies.
Jenna.davies@walsallhealthcare.nhs.uk
4. Clinical Director Adult Services Najam Rashid.
najam.rashid@walsalhospitals.nhs.uk
5. Clinical Director Children Services Louise Holland.
louise.holland@walsalhospitals.nhs.uk
6. Clinical Director Emergency / Acute Care Najam Rashid.
najam.rashid@walsalhospitals.nhs.uk

373.18

Use of unlicensed medicines

Freedom of Information Act Request

I am writing to make several requests for information regarding your NHS Trust under the Freedom of Information Act:

- 1) Does your Trust have a policy on the use of unlicensed medicines? Please Answer Yes or No. If yes, please provide a copy of the policy and all other relevant documentation

Answer: No

- 2) Does your Trust have a policy or protocol on obtaining informed consent from patients when an unlicensed medicine is used? Please answer Yes or No. If yes, please provide copies of all relevant documentation including copies of template informed consent materials used to consent patients where an unlicensed medicine is to be administered.

Answer: No

- 3) Please state which Board level job role(s) is (are) responsible for patient safety and consenting.
- 4) Does your Trust have, or intend to introduce, a policy that makes compounded bevacizumab routinely available to treat wet age-related macular degeneration? If yes please supply a copy of your policy.

Answer: No – Trust is not commissioned to provide Ophthalmology services

- 5) Does your Trust currently have a wholly NHS owned pharmacy with an aseptic unit for compounding/aliquotting medicines? Please answer Yes or NO. If yes, is this NHS pharmacy the same legal entity as that of your hospital Trust?

Answer; No

- 6) Does your Trust currently host on its premises a privately owned pharmacy with an aseptic unit for compounding/aliquotting medicines? Please answer Yes or NO. If yes, please provide details of the third party provider of your pharmacy services.

Answer: No

- 7) Over the past two years has your Trust, on more than one occasion, used compounded Avastin (bevacizumab) for ophthalmic use? Please answer Yes or No.

Answer: No

If you answered yes to Q5 or Q6:

- 8) Is the pharmacy referred to above in Q5 or Q 6 currently providing, or potentially able to provide, compounded Avastin (bevacizumab) for ophthalmic use? Please answer Yes or No
- 9) Does the pharmacy referred to above in Q5 or Q6 currently hold an MHRA license for the manufacture of specials? Please answer Yes or No

If you answered yes to Q5 or Q6 but no to Q9:

- 10) When was the pharmacy referred to above in answer to Q5 or Q6 last inspected by the CQC?

If you answered no to questions Q5 or Q6 above, but yes to question Q7:

- 11) Please provide information regarding from whom your Trust has or obtained/purchased compounded Avastin (bevacizumab). If you cannot provide the name of any commercial supplier, please provide as much information as possible.

Answer: We do not purchase unlicensed bevacizumab as not commissioned for that service

374.18

Sanitary Products

1. Does your trust provide free female sanitary products (such as sanitary pads and tampons, but excluding maternity sanitary products) to in-patients?

Answer: We use a common sense approach to ensure all female patients would be helped when and if the need arose.

2. Does your trust have a policy covering the provision of female sanitary products (such as sanitary pads and tampons, but excluding maternity sanitary products) to in-patients? If yes, please provide this policy.

Answer: The trust does not have a policy

3. How many premises with inpatient beds are there in your trust, and at how many of these premises are female sanitary products (such as sanitary pads and tampons, but excluding maternity sanitary products) available to purchase on site? For example, in shops or bathroom vending-machines.

Answer: There is a SPAR convenience store on site to purchase these products.

4. How much did your trust spend (£) on female sanitary products (such as sanitary pads and tampons, but excluding maternity sanitary products) in the following financial years:

- **2017/18 Answer: £129.86 EOC018**
- **2016/17 Answer: £217.61 EOC018, EOC023**
- **2015/16 Answer: £210.09 EOC018**
- **2014/15 Answer: £230.77 EOC018**
- **2013/14 Answer: Information not recorded**
- **2012/13 Answer: Information not recorded**

And, where possible, please provide a breakdown of this spending against the products' NHS Supply Chain catalogue codes.

5. How many inpatients beds were there in your trust for each of the following financial years?
 - 2017/18
 - 2016/17
 - 2015/16
 - 2014/15
 - 2013/14
 - 2012/13

Answer: The information is available for all trusts via the link below:

<https://www.england.nhs.uk/statistics/statistical-work-areas/bed-availability-and-occupancy/bed-data-overnight/>

6. Please provide a list of all items that are supplied to in-patients free of charge in your trust, and a list of all items which you advise in-patients to bring with them for an overnight or extended stay.

Answer: We only supply pre-op drinks, and antibacterial wipes to outpatients before surgery. Patients are advised during pre-assessment to bring overnight stay bag. The trust does provide some toiletries etc. in case of an emergency admission.

375.18

Cost of complications

Under the Freedom of Information Act, I am requesting the following information:

(1) Please provide details of the cost of dealing with patients experiencing complications after undergoing the so-called 'Brazilian butt lift' procedure

(2) For comparison, please also the same information for those experiencing complications after undergoing other forms of cosmetic surgery, such as breast surgery, face lifts etc.

Answer: The trust does not perform cosmetic surgery

376.18

Specialist services for children who stammer

We are conducting research into the provision of specialist services for children who stammer in each local authority across the UK as part of our charity's commitment to improving access to effective intervention. Therefore, I would like to make a request under the Freedom of Information Act regarding the clinical provision commissioned in your local authority for children who stammer. provided by your trust.

Could you inform us of whether service provision is available for children who stammer (between ages three and eighteen) within your local authority? This includes information about the structure of the Speech & Language Therapy service commissioned within your local authority and whether there are specialist services available specifically to children who stammer, e.g. dysfluency clinics. Where possible, please include details relating to any specified criteria for accessing this service, i.e. age range, community/clinic based service, exclusion criteria.

Answer: SLT service is available for children across age range stated above. This is an open access service.

All dysfluent children are seen by a generalist SLT in local clinic for initial assessment and transferred to SLT in community clinic for on going support. Community clinic staffs receive post-graduate training in supporting children who stammer (e.g. Michael Palin Centre, Lidcombe).

Advice and strategies are provided to school.

Children who do not respond to therapy are referred on to a specialist SLT for second opinions or for management of more complex cases. Children with highly complex needs are referred to the Michael Palin Centre.

377.18 Patient Level Drug Dataset Specification

Under the freedom of Information Act I would like to request access to the following.

For where data is available, your record-level submissions to NHS England for the Patient Level Drug Dataset Specification (<https://www.england.nhs.uk/wp-content/uploads/2017/09/drugs-taxonomy-mds-2017-18-v4.xlsx>) in the format laid out in the "Drug Example dataset" tab

Please could the files be redacted for the following commercially and/or patient-sensitive columns:

- G – NHS Number
- H – Local Patient Identifier
- I – Personal Birth Date
- J – Postcode of Usual Address
- L – Hospital Provider Spell Number
- M – Outpatient Attendance Identifier
- Z – Supplier Unit Price
- AA – Commissioner Unit Price
- AB – Home delivery charge
- AD – Total Cost

I would like the data since 01/04/2017, split by individual month. Please could you provide the files in either CSV or Excel format

Answer: Spreadsheet available upon request

378.18

Salary Schemes for Employees

I am writing to you under the Freedom of Information Act 2000 to request information on the services the organisation has available with regards to salary loans, salary advances and salary sacrifice schemes for their employees.

Answer:

Salary Loans

1. Does your organisation offer salary loans?
 - a. If so, please state the name of your provider?
 - b. When did the trust go live with this service?
 - c. When does the contract end with your supplier?
 - d. What is the annual cost to the organisation in 17/18?

Answer No

2. Which staffing groups access salary loans i.e. nurses, medics, corporate staff etc?
3. How many employees have signed up to this service? What is the employee split by staffing group? ie. nurses, medics, corporate staff etc.
4. Does your trust offer financial wellbeing advice?
 - a. If so, please state the name of your provider?
 - b. What is the contract start and end dates?
 - c. What is the annual cost to the organisation in 17/18?

Answer: No

Salary Advances

1. Does your organisation offer faster salary payments? i.e. access to salary advances
 - a. If so, please state the name of your provider?
 - b. When did the trust go live with this service?
 - c. When does the contract end with your supplier?
 - d. What is the annual cost to the organisation in 17/18?
2. What payment period is offered? ie. daily advances, weekly advances?
3. Which staffing groups access the salary advances?
4. On average, how many workers access this facility per week and per month?
5. What is the cost to the workers to receive salary advancements?

Answer: No

Salary Sacrifice

6. Does your organisation offer salary sacrifice schemes? **Answer: Yes**
 - a. If so, please state the name of your provider? **Answer: Tusker/Viv Up**

- b. When did the trust go live with this service? **Answer: 22/12/15/November 2014**
 - c. When does the contract end with your supplier? **Answer: Rolling contract**
 - d. What is the annual cost to the organisation in 17/18? **Answer: £0**
7. What type of schemes does the organisation offer? ie. car parking, childcare vouchers, technology etc? **Answer: Car scheme, cycle to work, home electronics, gym membership**
8. Has the organisation seen an improvement in staff retention or engagement because of the utilisation salary sacrifice schemes?
- a. If yes, please provide further detail. **Answer: No tangible changes to retention rates. Colleague engagement identified a demand for salary sacrifice schemes and these have been well received.**

379.18

Endoscope repair & maintenance

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 responses to:

- Who is your current service provider of Flexible Endoscope repair & maintenance?

Answer: Olympus

- How many Flexible endoscopes do you have in your inventory?

Answer: 68

I would like the above information to be provided to me as a reply via email.

380.18

Procurement

I am hoping to obtain the below via a Freedom of Information request. No personal information is required.

1. How many procurement staff work for the organisation in total?

Answer: See below

2. What are their job titles, and how many FTE staff work under those job titles?
E.g. Head of Procurement x 1, Procurement Officer x 2 etc

Answer:

Procurement Team - Effective 30/09/2018	FTE
Apprentice - Business Administration	2
Buyer	3
Category Manager	1
Contract Buyer	1
Contracts Manager	1
Distribution Manager	1
Logistics Assistant	5
Logistics Supervisor	1
Project Co-ordinator Data Analyst	1.6
Purchasing Assistant	1
	17.6

2. Are you a member of a procurement consortium, e.g. NHS Commercial Solutions, LPP, and if so which one?

Answer: Black Country Alliance

3. How much has the organisation spent on recruitment fees to permanent procurement roles in the past 12 months? (This can be an estimated rounded figure, please note this information would usually be provided if the organisation were to tender this requirement)

Answer: £0

4. Do you have any recruitment requirements for procurement staff in the next 3 months that you are aware of, and if so under which job title?

Answer: Currently recruiting a buyer role.

381.18
Adhesion Barriers

Please could you kindly answer the following questions:

1. Does the gynaecology surgical team currently use an adhesion barrier during laparoscopic, hysteroscopy or minimal-access surgery?
2. Do the colorectal surgeons currently use an adhesion barrier during laparoscopic surgery?
3. If an adhesion barrier is currently used by either the gynaecological or colorectal surgeons, could you advise whether one of the following products is in use?

Adept – manufactured by Baxter surgery

Seprafilm – manufactured by Sanofi Biosurgery

Gynecare Interceed – manufactured by Ethicon (Johnson & Johnson)

Hyalobarrier – manufactured by Anika Therapeutics

Answer: The trust does not use an Adhesion barrier

382.18
I.T.

Please confirm the following pieces of information:

- Who is the Trust's current supplier for their Electronic Patient Record?

Answer: Fusion

- What is the contract start and end date for the Electronic Patient Record?

Answer: 2019

- Who is the Trust's current supplier for your Patient Administration System?

Answer: Lorenzo

- What is the contract start and end date for the Patient Administration System?

Answer: 2020

- When are you due to start looking to re-procure your clinical systems?

Answer: 2019

- Who supplies the Trust's integration system?.

Answer: Our IT department has asked if you could clarify which integration system you mean.

- Please supply a copy of the Trusts latest Informatics Strategy



Informatics Strategy
2013-18-V0 8-201306

Answer:

- How regularly does the Trust review their Informatics Strategy?

Answer: Digital strategy review is currently in progress.

- Has the Trust developed a Digital Strategy?

Answer: In progress

- How often does the Trust assess their Clinical Systems?

Answer: Prior to renewal or as/when appropriate to do so.

- Who is the Trust's current Chief Clinical Information Officer?

Answer: Mr Muhammed Javed

- Who is the Trust's current CIO/ IT Director?

Answer: Mark Taylor, Assistant Director IT Services

- Which member of the board is responsible for IT?

Answer: Daren Fradgley, Director of Strategy & Improvement

- Please provide an organisation chart for your IM&T department?



Informatics Org
Structure V0.1 20160

Answer:

- Which member of the Trust is the SRO for the STP engagements?

Answer: Mark Taylor, Assistant Director IT Services

- What proportion of the Trust's IM&T Department is made up of interim staff and permanent staff?

Answer: All IT staff are permanent.

- Is the Trust looking to migrate to the cloud in the next 2 years?

Answer: Storage solutions are being considered this year.

- Are the Trust considering their options of outsourcing their IT Services in the next 3 years?

Answer: No

382.18

I.T.

Please confirm the following pieces of information:

- Who is the Trust's current supplier for their Electronic Patient Record?

Answer: Fusion

- What is the contract start and end date for the Electronic Patient Record?

Answer: 2019

- Who is the Trust's current supplier for your Patient Administration System?

Answer: Lorenzo

- What is the contract start and end date for the Patient Administration System?

Answer: 2020

- When are you due to start looking to re-procure your clinical systems?

Answer: 2019

- Who supplies the Trust's integration system?.

Answer: Our IT department has asked if you could clarify which integration system you mean.

- Please supply a copy of the Trusts latest Informatics Strategy



Informatics Strategy
2013-18-V0 8-201305

Answer:

- How regularly does the Trust review their Informatics Strategy?

Answer: Digital strategy review is currently in progress.

- Has the Trust developed a Digital Strategy?

Answer: In progress

- How often does the Trust assess their Clinical Systems?

Answer: Prior to renewal or as/when appropriate to do so.

- Who is the Trust's current Chief Clinical Information Officer?

Answer: Mr Muhammed Javed

- Who is the Trust's current CIO/ IT Director?

Answer: Mark Taylor, Assistant Director IT Services

- Which member of the board is responsible for IT?

Answer: Daren Fradgley, Director of Strategy & Improvement

- Please provide an organisation chart for your IM&T department?



Informatics Org
Structure V0.1 20160

Answer:

- Which member of the Trust is the SRO for the STP engagements?

Answer: Mark Taylor, Assistant Director IT Services

- What proportion of the Trust's IM&T Department is made up of interim staff and permanent staff?

Answer: All IT staff are permanent.

- Is the Trust looking to migrate to the cloud in the next 2 years?

Answer: Storage solutions are being considered this year.

- Are the Trust considering their options of outsourcing their IT Services in the next 3 years?

Answer: No

383.18

Maternity Visitation

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

1. Does your maternity unit allow partners to stay overnight with new mothers after the birth of their child? (Please answer Yes or No)

Answer: Yes

2. Please provide your trust's visitation policy for its maternity ward (enclosed as a PDF or word document or a link to the policy please)

Answer: We do not currently have a visitation policy for Maternity.

384.18

Loans and returns of hospital equipment

I am sending this request under the Freedom of Information Act.

Please can you tell me:

- 1) Do you have a system for recording loans and returns of
 - a. Crutches
 - b. Wheelchairs
 - c. Other walking aids

Answer: Yes for all 3 above

- 2) If yes, please provide, for each category and for each of the past five financial years:
 - a. How much you spent on the items
 - b. The number of items bought
 - c. The number of items issued to patients
 - d. The number of items returned by patients
 - e. The number of items reused for other patients
 - f. The number of items disposed of, and where available, their destination (e.g. sent to waste firm, donated to care home)

Answer: Please see attached spreadsheet. Available upon request

I would like to take the opportunity to inform the person that has requested the information that the wheelchair service provides not only wheelchairs but equipment to manage a client's posture and pressure, as well as support mobility and function. The numbers stated in the spreadsheet are for all equipment supplied to meet the individual's needs.

We are unable to give specific answers to E (*) & F (*) of question 2 as all equipment returned maybe recycled if, fit for purpose or cannibalised for parts to support other provision. Donations to Red Cross have been made if appropriate and to the regional spinal unit in Oswestry.

We have only been able to locate 4 years of figures due to the computer system now used and how the service was managed previously.

3) Please provide me with a copy of any trust guidelines on the purchase and disposal of crutches, wheelchairs and walking aids.

Answer: We don't have a guideline

Please send me this information in a machine readable format such as a spreadsheet .csv or .xlsx where appropriate.

385.18

Repair & Maintenance of their Flexible Endoscope inventory

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 responses to:

- How much does the Trust spend on the Repair & Maintenance of their Flexible Endoscope inventory?

Please provide the spend per service provider, if multiple are used.

Answer: £130,000 per annum

386.18

E-Referral Service Referrals and E-Referral Service Advice & Guidance

In accordance with the Freedom of Information Act 2000, please would you provide me with the information as set out below:

- Information
 - The volume of ERS Referrals received from GPs
 - The volume of ERS Advice & Guidance requests received from GPs
- Time periods: for each of (i.e. separately):
 - Year to 31 March 2018;
 - 6 months to 30 September 2018 (or shorter period if the full 6 months is not yet available)
 - The most recent calendar month
- Analysis: separate volume figures for each specialty, together with a total for the period.

Answer: Please see attached spreadsheet. (Available upon request). With regards to Advice and Guidance, ERS is not currently being utilised by GP's in Walsall for A&G.

387.18
Services and Payment by Results

I am writing to you today to formally request the following information from your organisation.

2017/18

1. In 2017/18 which services have moved from PbR (Payment by Results Tariff) to variant contracts and what type of contract
 - a. Aligned incentive
 - b. Shared risk
 - c. Capitated fee
 - d. Block type
 - e. Other (please describe)

Answer: In 2017/18 there was a risk sharing agreement in place with NHS Walsall CCG for emergency activity. The CCG did not pay for the first £1.9m of overperformance in Emergency admissions.

2. What is the total value of variant contracts as a proportion of total?

Answer:

PbR	£131,697,658	59.57%
Variant	£89,368,365	40.43%
Total	£221,066,024	100.00%

3. What is the proportion of services in value that have moved to non PbR contract in 2017/18?

Answer: This value has not changed from the 2016/17 contract.

2018/19

4. In 2018/19 which services are being considered for new non PbR contracts and what type of contract
 - a. Aligned incentive
 - b. Shared risk
 - c. Capitated fee
 - d. Block type

Answer; Non-Elective admissions for NHS Walsall CCG in 2018/19 are under a block agreement. This includes patients that are under the Rehabilitation specialty. As Non-Elective admissions are block in 2018/19, the value for the Marginal Rate Emergency Threshold is by default block as well.

e. Other (please describe)

5. What is the total value of variant contracts as a proportion of total?

Answer:

PbR	£132,014,838	58.51%
Variant	£93,597,000	41.49%
Total	£225,611,838	100.00%

6. What is the proportion of services in value that have moved to non PbR contract in 2018/19?

Answer: The Non-Elective contract activity in 2018/19 is priced as PbR activity. Any variance to the plan amount has an adjustment applied to the actual value to bring this back to the planned amount. There is no planned adjustment in the contract so consequently there is no movement between PbR and non-PbR contract values from 2017/18 to 2018/19.

388.18 Diabetes

I write under the Freedom of Information Act to request the following information about diabetes care in your Trust.

1. Does your Trust employ a diabetes inpatient specialist nurse? For clarity, a nurse specialising in diabetes care for inpatients in your hospitals.

Answer: Yes we have four diabetes specialist nurses for inpatient work

2. Does your Trust record the number of days on average that patients with diabetes spend as inpatients in your hospital, and if so, what is this figure for 2018?

Answer: We can identify inpatients that have been coded with diabetes in the admitting episode. Looking at admitting consultant episode there was an average Length Of Stay for diabetes coded patients who were discharged in the period = 3.91 days

3. If you do record the above information (from question 2), how does this compare to the average number of days spent in hospital by patients without diabetes?

Answer: Looking at admitting consultant episodes for patients discharged in the period who did not have diabetes coded in that episode = 2.53 days

4. Does your Trust employ a multidisciplinary foot care team to manage diabetes related amputations and if so, what is the staff mix?

Answer: Yes we do one consultant diabetes plus registrar / 1 vascular consultant/ links to orthopaedics/ 3 podiatrists. One MDFT clinic per week, 7 other clinics diabetic foot medically supported per week

389.18

Accommodation Provision

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

- Do you provide an accommodation service to employees & new starters?

Answer: Yes

- If answer is yes to Q1 - please provide how many rooms you have available to staff:

Answer: 105 rooms total in Art Court. 37 rooms total in Wilbraham Road

- How much do you charge per night for short lets, and how much per month for longer lets?
- **Answer: We do not rent per night.**
- **Per month charges**
- **£500.00 Deposit (cash in advance).**
- **A single room in a 3 bedded apartment = £447.00**
- **A single room in a 4 bedded apartment =£389.00**
- **Rents are all inclusive of all utility bills and service charges. All apartments have been pre-wired for BT; Sky and Sky Plus. The tenant(s) will be responsible for connection. The television licence will be the tenant's responsibility. Car**

parking is available on a limited basis at an additional fee which is currently set at £5.00 per week, which equates to £21.67 per month over the year.

- Council Tax - this is payable by the tenants and is rated by Walsall Council. Occupiers should make their own enquiries to Walsall Council. Discounts are available for single occupancy or if this is not your main dwelling. It should be noted that students do not pay council tax
- Do you have any packages in place for new starters to the organisation in regards to accommodation? If so, please provide details

Answer: None available

- Do you work in partnership with other organisations to provide an accommodation service? I.e. Housing association

Answer: Accord Housing

- How much is your annual spend on Trust owned accommodation services? For 16/17, 17/18, 18/19

Answer: This question needs some clarity. If you supply what spend you are referring too we will supply the answer. E.g. Income, utility bills, maintenance etc.

390.18 Transplants

Please can I request the following information under the Freedom of Information Act.

1 Please tell me for each of the FINANCIAL years a) 2013/14 b) 2014/15 c) 2015/16 d) 2016/17 e) 2017/18 how many private transplant operations have been carried out at one of your hospitals where the patient receiving the organ was not a British citizen.

2 For each operation, please tell me a) the cost of the operation b) the country where the patient was from c) which organ was being transplanted

Answer: The Trust does not complete transplant operations.

391.18 Electronic Health Records (EHR) systems holding patient clinical records

Inidus are interested to understand the IT applications that Walsall Healthcare NHS Trust are using to manage the clinical records of patients across all departments and specialities listed below my signature. Our request is limited to systems holding patient clinical records as an electronic health record (EHR), and excludes systems such as Patient Administration Systems (PAS), Portals, and other back office corporate systems that are not used by clinicians to handle patient clinical records..

I anticipate that this list of IT applications should be available as part of the Trust's compliance with GDPR.

For each system, please list both the system name and the manufacturer or vendor. Where there is an in-house IT application, please provide contact details for the person responsible for this application.

To simplify the process we have provided an excel spreadsheet which you can download from inidus.com/foi.xlsx and would ask that you provide the requested information via a completed copy of this spreadsheet.

Answer: Please see attached. Available upon request

392.18

Purchase Cards

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

1. Please provide statements for all purchase cards, 'p-cards', or any other credit or debit cards paid out using public funds, used by or for executive directors for the two years April 2016 – March 2017, and April 2017 – March 2018. Please ensure information is provided for the two separate years. I am also requesting receipts for these expenses.
2. Please also provide details of all spending by executive directors using their own money which is then then claimed back from public funds for the two years April 2016 – March 2017, and April 2017 – March 2018. Please ensure information is provided for the two separate years. I am also requesting receipts for these expenses.
3. Please also provide details of all spending on behalf of that individual, by the trust, for the two years April 2016 – March 2017, and April 2017 – March 2018. Please ensure information is provided for the two separate years. I am also requesting receipts for these expenses.

Answer: Please see attached spreadsheet. Available upon request. For Question 2 we can identify directors' travel for 17/18 but not for 16/17 as the information is not recorded. We have applied exemption 12; cost of compliance exceeds the appropriate limit for supply of statements and receipts. Due to having to manually sort through paper documents.

393.18

Car park charges

I am writing to you regarding the issue of car parking charges at hospitals in your remit.

Paid parking for visitors and patients at hospitals seems outrageous. The sick and the vulnerable are disproportionately hit by hospital parking fees. This clear injustice is backed up by several major national charities. CLIC Sargent found that some families are spending £50 a week on parking when their child is having treatment.

I am therefore contacting every NHS Trust in the country to gain a greater understanding of this practice. I request for you to respond to this freedom of information (FOI) request.

I would like to know from you:

1. Do hospitals in your area charge patients/visitors to park in their own car park?

Answer: Yes

2. If so, how much do they charge?

Answer:

Tariff	Current Charge
up to 1 hour	£2.80
up to 2 hours	£3.80
up to 3 hours	£4.30
up to 5 hours	£4.80
up to 24 hours	£5.30

3. Do the hospitals operate their car park under a PFI contract?

Answer: No

394.18

Dental X-ray provision

Please can you answer the following questions regarding the Dental X-Ray equipment used within the Trust?

1. Please can you provide the following information for each piece of **Dental X-Ray equipment within the Trust or associated sites?** (Please complete the attached spreadsheet)

- a. Manufacturer
- b. Model
- c. Location - Hospital Name or Site Name
- d. Department equipment is primarily used in
- 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. Available upon request

2. Please can you provide the following information for each **Cone Beam CT Imaging equipment within the Trust or associated sites?** (Please complete the attached spreadsheet)

- a. Manufacturer
- b. Model
- c. Location – Hospital Name or Site Name
- d. Department equipment is primarily used in
- 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: The trust does not have a Cone beam CT scanner

395.18

Organisation's gifts and hospitality register

Under the Freedom of Information Act, I am requesting information on your organisation's gifts and hospitality register (or equivalent).

I would like a breakdown for the last two years (eg. April 2016 to March 2018, or calendar years if appropriate to your organisation), items which have been logged on your organisation's gifts and hospitality register by staff.

I request the following details:

- Date item was declared
- Description of item
- Reason for the gift/hospitality
- Value
- Whether the item was accepted or declined
- Role of staff member the gift was received by, e.g. nurse, Agenda for Change band 5 or above, or doctor, foundation year 1 and above.

Answer: Attached 2016/17. Available upon request No data available for April 2017/18.

Additionally, does your organisation have a monetary limit on gifts (ie gifts worth under £50 are allowed) and can cash gifts ever be permitted?

Answer: Gifts of cash and vouchers to individuals should always be declined.

- **Extract from Policy**
- **Gifts valued at over £50 should be treated with caution and only be accepted on behalf of Walsall Healthcare NHS Trust not in a personal capacity. These should be declared by staff.**
- **Modest gifts accepted under a value of £50 do not need to be declared.**
- **A common sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).**
- **Multiple gifts from the same source over a 12 month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.**

396.18
Opel 4

I am requesting the following information under the Freedom of Information Act:

1. How many days has your trust been on Opel 4 (formerly Black Alert) in the last 12 months (September 2017 – September 2018)? Can you please state the dates you were on Opel 4?

Answer: Please see below the dates that the Trust escalated to EMS level 4 from 01/09/2017 until 31/08/2018. Due to the nature of our records providing an accurate length of time we stayed at level 4 on any given incidence is unavailable. We have two mandatory escalation times; specified by the EMS system that we use; one in the morning (between 7.30am and 9.30am) and one in the afternoon (between 2.30pm and 4.30pm) and these points are generally the only time the levels are monitored. Additional escalations (situations where we had to update outside of mandatory times) have been used in rare situations where the Chief Operating Officer deemed the situation within the trust warranted us to rise to a level 4, but they are more difficult to pin point exactly and can only be narrowed down to either Morning or Afternoon.

Furthermore as the office isn't staffed; from an administrative standpoint; overnight, durations of level 4 periods aren't accurate as the first available check is 07.30am and the trust could have conceivably de-escalated earlier than this point.

- **02/01/2018 – Escalated between 07.30 and 09.30 – de-escalated by 14.30 on 03/01/2018**
- **03/01/2018 – Escalated in the afternoon (additional escalation) – de-escalated at 14.30 on 04/01/2018**
- **11/01/2018 – Escalated in the morning (additional escalation) – de-escalated by 14.30 on 11/01/2018**
- **11/01/2018 – Escalated in the afternoon (additional escalation) – de-escalated by 07.30 on 12/01/2018**
- **16/01/2018 – Escalated between 07.30 and 09.30 – de-escalated by 14.30 on 16/01/2018**
- **22/01/2018 – Escalated in the morning (additional escalation) – de-escalated by 07.30 on 23/01/2018**
- **12/02/2018 – Escalated in the afternoon (additional escalation) – de-escalated by 07.30 on 13/02/2018**
- **19/02/2018 – Escalated between 07.30 and 09.30 – de-escalated by 14.30 on 19/02/2018**
- **20/02/2018 – Escalated in the morning (additional escalation) – de-escalated by 14.30 on 20/02/2018**
- **05/03/2018 – Escalated in the morning (additional escalation) – de-escalated by 07.30 on 07/03/2018**
- **21/03/2018 – Escalated between 14.30 and 16.30 – de-escalated by 14.30 on 22/03/2018**
- **26/03/2018 – Escalated in the afternoon (additional escalation) – de-escalated by 07.30 on 27/03/2018**

- **27/03/2018 – Escalated between 14.30 and 16.30 – de-escalated by 07.30 on 28/03/2018**

As shown above there are 13 instances we escalated to level 4, but this doesn't equate to 13 full days.

2. What was the longest period your trust was on Opel 4/**Black Alert** in the last five years (up to September 2018)? Can you please state the start and finish dates?

Answer: Unfortunately records of when the trust escalated to level 4 have only been kept by the administrative staff in the bed bureau office since January 2016, since this date the longest conceivable amount of time we have been on Level 4 would be between the morning of 5th March 2018 and the morning of 7th March (highlighted above), where we potentially were at level 4 for almost two days, however as explained previously we could have conceivably de-escalated during the night on 5th or 6th and it wouldn't have been monitored until 7.30am the following day.

397.18 Cancer

In the past 3 months, how many mNSCLC patients were treated with:

Afatinib	Answer: 1
Atezolizumab	Answer: 4
Becacizumab	Answer: 0
Ceritinib	Answer: 0
Crizotinib	Answer: 2
Erlotinib	Answer: 0
Gefitinib	Answer: 0
Nitendaninb	Answer: 2
Nivolumab	Answer: 3
Pembrolizumab	Answer: 18
Pemetrexed	Answer: 5
Ramucirumab	Answer: 0

398.18 GDPR

I understand that you are required to respond to my request within the 20 working days after you receive this letter. Answers will be anonymised upon receipt.

1. Do you plan on investing in technology specifically to comply with GDPR in the next 12 months?
 - Yes

- No
 - Answer: No**
2. Have you implemented information security network(s)? Have those networks been updated to take account of GDPR?
- Yes
 - No
 - Answer: Yes**
3. Nearly six months after GDPR has come into effect, have you completed an assessment and validation with all third-party organisations you work with regarding GDPR compliance?
- Yes
 - No
 - Answer: NO**
4. Do you monitor the compliance of all the third-party organisations you work against your information security?
- Yes
 - No
 - Answer: No**
5. Under the new rules, have you completed an audit to identify all files or databases that include personally identifiable information (PII) within your organisation?
- Yes
 - No
 - Answer: Yes**
6. Have the employees in your organisation received training on data protection and other relevant law?
- Yes
 - No
 - Answer: Yes**

399.18
Agency Locum Doctor Supply

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

1. What percentage fill rates (doctors) were reached between January 2017 and present?

Answer: Please see attached. Available upon request

2. Does your organisation use a Direct Engagement scheme? If so, who provides it and when does their contract expire?

Answer: Liaison. Expires 31/01/2020

3. What percentage of bookings are made outside of the DE model (non-DE)?

Answer; None

4. Do you outsource any of the following services to external companies:
 - Provision of Residential Medical Officers
 - Gastroenterology/Endoscopy
 - Dermatology
 - Radiology

Answer: No

4. Do you use agencies for national and international permanent doctor and/or nursing recruitment? If so, do you employ nurses from the Philippines?

Answer:
Doctors: No
Nurses from Philippines Yes

400.18
Agency Recruitment Doctors

I would like to request the following information under the freedom of information act:

1. How many doctors have been booked outside of IR35 since April 2017?

Answer: None

2. What is your yearly trust spend on agency locum doctors via framework agencies, broken down into grade and specialty? From (October 2017 to October 2018) –

Answer: We can provide figures for Agency locum doctors. But unable to provide figures via framework agency or broken down in to grade/speciality.

3. What is your yearly trust spend on agency locum doctors via OFF-framework agencies, broken down into grade and specialty? (October 2017 to October 2018)

Answer: We can provide figures for Agency locum doctors. But unable to provide figures via off framework agency or broken down in to grade/speciality.

4. What is your average total charge rate for a locum consultant doctor?

Answer: £100 internal bank £120 external agency

5. Who is the current highest paid locum Consultant, what is the hourly rate and in what specialty do they practice?

Answer: £146.05, Dermatology

6. Please can you outline your spend per agency, broken down by grade and specialty of doctor over the past 12 months? –

Answer: We don't hold this level of detail in the ledger

401.18

Allocation of transgender patients on wards

Hello. Would you please answer the following questions under the Freedom of Information Act 2014 applicable to all hospitals, clinics etc across all trusts/authorities:

* When accommodating patients who identify as transgender on wards that are segregated according to sex do you allocate them by their biological birth/sex or their preferred/expressed gender? To be clear, if a patient/service user who identifies as a transgender woman asks to be placed on a women's ward would you comply even if they had not taken any medical steps towards gender reassignment and retained their male genitalia or would you house them on a men's ward ?

Answer: Preferred or expressed gender

* Do you have an official policy with regard to where transgender patients are accommodated where sex/segregation is a factor?

Answer: Currently in development

* How many transgender patients have you accommodated on wards according to their preferred/expressed gender rather than their biological sex for the 12 months up to the last month for which records are available?

Answer: This data is not collected

* Have there been any complaints from other patients/service users where that has occurred about that policy/decision?

Answer: No

* Have there been any complaints about the behaviour of patients who identify as transgender where they have been accommodated on wards in alignment with their transgender identity rather than their biological/birth sex?

Answer: No

* Have there been any negative/adverse incidents involving patients who identify as transgender that have affected other patients/service users, been reported/recorded in any official/formal capacity or required action/intervention outside of normal care?

Answer: No

402.18

How your trust's laboratories train its student/trainee Biomedical scientists in Point of Care Testing (POCT)

FOI request

For **each** pathology discipline in your Trust/Health Board (i.e. Microbiology, Haematology, Blood transfusion, Biochemistry, Histopathology etc...);

1. On average how many trainee Biomedical scientist/university biomedical science placement students do you have a year?

Answer: 1-3 per discipline

2. What types of evidence are used by your students/trainees to meet the HCPC Standards of proficiency for biomedical scientists for standards 14.26 and 14.16 in the certificate of competence i.e. reflective sheet, essay, competency etc...?

Answer: Reflective statements, witness statements, competency assessments, trust induction, case study, degree, presentation and educational meetings

3. Approximately how many hours of teaching/training is dedicated to Point of Care Testing (POCT)/ Near patient testing (NPT) for each student/trainee?

Answer: University workshop – 3 hrs

4. What types of teaching/training do you give these students/trainees in Point of Care Testing (POCT) i.e. seminars, practical training etc...?

Answer: Trainee BMS staff are rotated on POCT and complete a competency which is written and observational.

5. Do your students/trainees get a secondment/rotation into a POCT section and if so, for how long?

Answer: Trainee BMS staff would get at least 2 months on POCT; however this can vary from individual to individual or as required by the department.

**403.18
Orthoptic Department**

Dear Walsall Healthcare NHS Trust,

- 1) During 2017/18 financial year what is your total number of new patient and follow up episodes within the Orthoptic Department?

Answer:

Financial Year	New	Follow up	Total
Year 2017/18	1193	5181	6374

- 2) Please advise of your Orthoptic Department Structure, please indicate bands and WTE's

Answer:

Band 8 – 1 wte

Band 7 – 1.42 wte orthoptist + 0.446 wte optometrist

**Band 6 – 2.25 wte orthoptist + 0.046 wte band 6 working toward
 Band 7 optometrist
 Band 3 – 0.8 wte orthoptic technician
 Band 2 – 1.18 wte admin & clerical**

3) Does your Orthoptic Department carry out any of the below specialist clinics? Yes or no and who carries out these clinics?

- a) Low Vision **Answer: Yes band 7 & 6 orthoptist**
- b) Literacy Difficulties **Answer: Yes band 6 orthoptist**
- c) Stroke **Answer: No**
- d) Paediatric Contact Lens **Answer: No**
- e) Adult Contact Lens **Answer: Yes band 7 optometrist**
- f) General Adult **Answer: Orthoptics? Yes-band 6-8**
- g) General Paediatric **Answer: Orthoptics? Yes band 6-8**

4) What is the allocated orthoptic appointment slot time for new and follow up appointments for the following clinics (in minutes)?

- a) Low Vision **Answer; 45 mins**
- b) Literacy Difficulties **Answer: 60 mins new / 30 mins follow up**
- c) Stroke **Answer: N/A**
- d) Paediatric Contact Lens **Answer: N/A**
- e) Adult Contact Lens **Answer: 75 mins**
- f) General Adult **Answer: 45 mins**
- g) General Paediatric **Answer: 30 mins**

5) Please can you provide the tariff your receive for the below subspecialities, new and follow up, please indicate if multi-disciplined (excluding market force factors)?

- a) Low Vision
- b) Literacy Difficulties
- c) Stroke
- d) Paediatric Contact Lens
- e) Adult Contact Lens
- f) General Adult
- g) General Paediatric

Answer: The answer below is relevant to questions a-g

	Non-Consultant Led First Attendance - Single Professional	Non-Consultant Led First Attendance - Multi Professional	Non-Consultant Led Follow Up Attendance - Single Professional	Non-Consultant Led Follow Up Attendance - Multi Professional
655 - Orthoptics	£55.58	£55.58	£55.58	£55.58

6) Do you employ Optometrists who carry out refraction in your paediatric doctor led clinics?

Answer: Yes

7) Do you have a clinical pathway for patients to be refracted within high street opticians? Yes or No

Answer: No

a) If yes, what is the clinical criteria?

8) If you refract the patient do high street opticians invoice you via the Hospital Eye Services Prescription Scheme? Yes or No

Answer: Yes

a) If yes, do you claim this money back from Clinical Commissioning Groups or NHS England or part of tariff?

Answer: Part of tariff

9) What is your first line of treatment for occlusion? Eg Atropine/patching?

Answer: Patches

10) As part of your tariff do you provide any of the following aids/equipment?

- | | |
|--|--|
| a) Prisms | Answer: Yes |
| b) Planos | Answer: Yes |
| c) Reusable occlusion patches (Fabric) | Answer; Yes |
| d) Daily occlusion Patches (Sticky) | Answer: Yes |
| e) Magnifier x 2 | Answer: Yes |
| f) LED Magnifier x 3 | Answer: Yes |
| g) LED Magnifier x 4 and above | Answer: Yes |
| h) Pocket Magnifiers x 3.5 | Answer: Yes |
| i) Lanyards for pocket Magnifier | Answer: No – included with product |
| j) Other Magnifiers please list | Answer: illuminated / non-illuminated |
| / paediatric / hand free / hand held | |
| k) TV Glasses | Answer: Yes |
| l) UV filter glasses | Answer: No |
| m) Hobby Magnifiers | Answer: Yes |
| n) Replacement for broken Magnifiers | Answer: Yes |
| o) Tinted glasses for visual stress | Answer: No – referred on to |
| behavioural optometrist | |
| p) Replacement for broken tinted glasses for visual stress | Answer: No |
| q) Any other | |

11) Do patients pay or financially contribute for any of the following aids/equipment?

- | | |
|--|-------------------|
| a) Prisms | Answer: No |
| b) Planos | Answer: No |
| c) Reusable occlusion patches (Fabric) | Answer: No |
| d) Daily occlusion Patches (Sticky) | Answer: No |
| e) Magnifier x 2 | Answer: No |
| f) LED Magnifier x 3 | Answer: No |

- g) LED Magnifier x 4 and above **Answer: No**
- h) Pocket Magnifiers x 3.5 **Answer: No**
- i) Lanyards for pocket Magnifier **Answer: No**
- j) Other Magnifiers please list **illuminated / non-illuminated / paediatric / hand free / hand held**

- k) TV Glasses **Answer: No**
- l) UV filter glasses **Answer: N/A**
- m) Hobby Magnifiers **Answer: No**
- n) Replacement for broken Magnifiers **Answer: No**
- o) Tinted glasses for visual stress **Answer: N/A**
- p) Replacement for broken tinted glasses for visual stress **Answer: N/A**
- q) Any other

12) Do you provide any of the following aids/equipment on a patient loan scheme?

- a) Prisms **Answer: No**
- b) Planos **Answer; No**
- c) Reusable occlusion patches (Fabric) **Answer: No**
- d) Daily occlusion Patches (Sticky) **Answer: No**
- e) Magnifier x 2 **Answer: Yes**
- f) LED Magnifier x 3 **Answer: Yes**
- g) LED Magnifier x 4 and above **Answer: Yes**
- h) Pocket Magnifiers x 3.5 **Answer: Yes**
- i) Lanyards for pocket Magnifier **Answer: No**
- j) Other Magnifiers please list **Answer: illuminated / non-illuminated / paediatric / hand free / hand held**

- k) TV Glasses **Answer: Yes**
- l) UV filter glasses **Answer: N/A**
- m) Hobby Magnifiers **Answer: Yes**
- n) Replacement for broken Magnifiers **Answer: Yes**
- o) Tinted glasses for visual stress **Answer: N/A**
- p) Replacement for broken tinted glasses for visual stress **Answer: N/A**
- q) Any other **Answer: N/A**

Low vision

13) What is your clinical referral criteria for your low vision service eg vision 6/12 or worse?

Answer: Lack of vision impacting on quality of life. Literacy Difficulties

14) Do you provide colorimetry assessment as part of your literacy difficulties service?

Answer: No – referred onto behavioural optometrist

**404.18
Audited Accounts (Annual Accounts)**

Please send me a copy of the audited accounts for the year 2017-2018.

Answer: Exemption under Section 22 (Information Intended for Future Publication) has been applied to this request.

Please note that our 2018/19 Annual Report is due to be published on our Trust website by the end of July 2018 and will be accessible via the following link.

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

Please send me the name of the main Moorfield Avenue NHS hospital and Great Ormond Street NHS Hospital please and hospital fee for a male circumcision operation on me and name of the consultant who do such operation and their outpatient fee before the operation please.

Answer: Exemption under Section 21 (Information available by other means) has been applied to this part of your request. We recommend that you contact the hospitals Freedom of Information Office directly for this information. They can be contacted via email address; Telephone or postal address:

Great Ormond Street Hospital

Moorfield Eye Unit

Great Ormond St,

St Ann's Hospital

London

Tottenham

WC1N 3JH

London

Email: foiteam@gosh.nhs.uk

N15 3TH

Telephone: 02072533411

Please let me know hospital fees for a male circumcision operation and the names of the consultant and their outpatient fees

Answer: We hereby issue a refusal notice under Section 14 exemption (Repeat Request).

405.18**Amputations from infections**

Please could you provide me with the number of patients at your trust that underwent an amputation due to an infection?

Could you please provide the information broken down by month for 2018?

Answer:

Number of patients that underwent an amputation due to infection in 2018

Month	Count
Jan-18	0
Feb-18	1
Mar-18	0
Apr-18	0
May18	0
Jun-18	0
Jul-18	1
Aug18	0
Sep-18	1
Oct-18	0
Total	3

406.18**Interpreting & Translation**

Under FOI legislation, could you please provide me with financial information relating to the following services:

- costs of face to face interpreting services
- costs of telephone interpreting services
- costs of written translation services

Answer:

15/16 = £101,481

16/17 = £254,726

17/18 = £110,723

I would appreciate it if you could provide us with the above information for the last financial year, the current year and budget for next year?

Answer: We have a baseline budget of £115, 992

I would also appreciate if you could please provide me with the following information:

The annual cost for each of the services

Answer: We do not hold the data in the format that would enable us to break the costs down the different services, as this is not required for operational purposes.

Whether interpreting hourly fee is inclusive of travel or plus costs?

Answer: Yes. Inclusive

3. How much is the cost per hour?

Answer: Exception 43 is applied due to a confidentiality clause in the contract.

4. Breakdown of the most popular languages used over these periods

The top 10 languages are

Punjabi

Bengali

Polish

Urdu

Romanian

Slovak

Czech

Gujarati

Hungarian

Kurdish - Sorani

5. Details of your current provider(s) (company name, date contract was awarded)

Answer: The provider is in-house and Word360 Limited

6. Spend per language service provider (LSP)

Answer: We do not hold the data in the format that would enable us to break the costs down

7. When are your current language service contracts with your LSPs due to end?

Answer: November 2022

8. Where do you advertise your face to face interpreting and translation contracts?

Answer: OJEU tenders

9. Name, addresses and contact point(s) for your Procurement

Answer: Procurement
Telephone: [01922 721172](tel:01922721172)
procurement@walsallhealthcare.nhs.uk

Department responsible for awarding Interpreting and Translation contracts.

Answer: Procurement services

407.18 **Costs within EEA**

I would be grateful if you could provide answers to the following:

1. How much does it cost in pounds sterling to recruit one doctor from an EEA country, as of October 2018?

Answer: £0 we use NHS jobs which is a free service.

2. How much does it cost in pounds sterling to recruit one nurse from an EEA country, as of October 2018?

Answer: £0 we use NHS jobs which is a free service.

3. How much did it cost in pounds sterling to recruit one doctor from an EEA country in October 2015?

Answer: £0 we use NHS jobs which is a free service.

4. How much did it cost in pounds sterling to recruit one nurse from an EEA country in October 2015?

Answer: £0 we use NHS jobs which is a free service.

5. How much of Walsall Healthcare NHS Trust's overall budget is dedicated to recruitment?

Answer: This information is not recorded.

6. How much did Walsall Healthcare NHS Trust spend on medicines from the EEA in 2015?

Answer: This information is not recorded.

7. How much is Walsall Healthcare NHS Trust projecting to spend on medicines from the EEA in 2018?

Answer: This information is not recorded.

8. What percentage of medication came from the EEA in 2015?

Answer: This information is not recorded.

9. What percentage of medication came from the EEA in 2018?

Answer: This information is not recorded.

408.18 Key People

Hello,

I have a freedom of information request, which I have attached a file that has been made so will be quick and simple to fill out.

Answer: Please see attached. Available upon request.

409.18
Asset Valuation Services

This is a request made under the Freedom of Information Act 2000 to ascertain information regarding your Trusts Valuation Service. As such could you disclose full details of the following please ;-

1. When was the Trust's last asset valuation carried out?

Answer: 1st April 2017

2. Can you confirm which company carried the valuation out?

Answer: GVA Grimley

3. What was the value of the Trust's assets at the last valuation date?

Answer: £122,999,674.21

4. What was the gross internal area of the Trust assets which formed part of the last valuation?

Answer: £337,993

5. When is the Trust's next asset valuation due?

Answer: Between 3 to 5 year

410.18

Ursodeoxycholic Acid Capsules

I am writing to request access to the below information under the Freedom of Information Act 2000:

Information request – 1

Has the pharmacy of your hospital (since 1st Nov 2017) prescribed any Ursodeoxycholic Acid Capsules?

Answer: Yes

Information request – 2

If the answer is 'yes' to request 1, could you send me details of the number of capsules and brand(s) dispensed in the 12 month period (1st Nov 2017 to 31st Oct 2018).

Answer: 2,477 capsules – generic brand

411.18

Radiology

Under the freedom of information act please could you answer the following questions regarding your **Radiology** department:

1. Does your Trust Outsource Radiology Reporting (Diagnosis)?, if yes which Reporting Houses do they use?

Answer: Exemption under section 43 (Commercial Interests) has been applied as we are in the process of procuring a provider.

2. In the last financial year what % of Radiology Reporting (Diagnosis) has been outsourced to companies such as 4ways, Medica, Everlight and Telemedicine

Answer: Exemption under section 43 (Commercial Interests) has been applied as we are in the process of procuring a provider.

3. What was the total spend in the last financial year for the outsourcing of Radiology Reporting (Diagnosis).

Answer: Exemption under section 43 (Commercial Interests) has been applied as we are in the process of procuring a provider.

4. Has the Trust previously used the Health Trust Europe (HTE) Framework to purchase services within the Trust.

Answer: Yes

**412.18
Recruitment**

Can you please answer the following question;

1. Please state the trust total spend on general nursing staff in 2017?

Answer: £71,841k

2. Please state the trust total spend on general nursing staff from 01/01/2018 to 30/09/2018?

Answer: £56,320k

3. Please state the trust spend for temporary agency general nursing staff in 2017? –

Answer: £9,059k

4. Please state the trust spend for temporary agency general nursing staff from 01/01/2018 to 30/09/2018?

Answer: £8,405k

5. Please state the trust total spend for international nursing recruitment for 2017?

Answer: £0

6. Please state the trusts total spend for international nursing recruitment from 01/01/2018 to 30/09/2018?

Answer: £73.8k

7. Do the trust engage with any recruitment agencies for the recruitment of international nurses? –

Answer: Yes

8. If yes, please state the names of these recruitment agencies? –

Answer: Answer: Alliance, Healthperm

9. Do the trust use off framework agencies for the supply of temporary general nurses?

Answer: Yes

10. How many hours were worked by temporary general nursing agency staff in 2017?

Answer: 109,266 hours – figure taken from each monthly report compiled during this date range

11. How many hours were worked by temporary general nursing agency staff between 01/01/2018 to 30/09/2018?

Answer: 97,096 hours - figure taken from each monthly report compiled during this date range

12. How many permanent general nurses left the trust in 2017?

70 Nurses left the trust in 2017.

13. How many permanent general nurses left the trust between 01/01/2018 to 30/09/2018?

113 Nurses left the trust between 01/01/2018 and 30/09/2018.

14. Please breakdown the trust spend on temporary agency doctors for the following disciplines in 2017;

- a. Emergency Doctors – **Answer: £1,748k**
- b. Radiology Doctors – **Answer: £75k**
- c. Paediatric Doctors - **Answer: £616k**
- d. Orthopaedic Doctors – **Answer: £92k**
- e. Psychiatric Doctors – **Answer: N/A**
- f.

15. Please breakdown the trust spend on temporary agency doctors for the following disciplines between 01/01/2018 to 30/09/2018;

- a. Emergency Doctors **Answer: £1,083k**
- b. Radiology Doctors **Answer: £138k**
- c. Paediatric Doctors **Answer: £323k**
- d. Orthopaedic Doctors **Answer: £81k**
- e. Psychiatric Doctors **Answer: N/A**
- f.

16. Please state the trust total spend for international doctors recruitment for 2017?

Answer: £0

17. Please state the trusts total spend for international doctors recruitment from 01/01/2018 to 30/09/2018?

Answer: £0

18. Do the trust engage with any recruitment agencies for the recruitment of international doctors? –

Answer: No

19. If yes, please state the names of these recruitment agencies? –

Answer:

20. Do the trust use off framework agencies for the supply of temporary doctors?

Answer: No

21. How many hours of agency doctors were supplied to the trust in 2017? -

Answer: 51104

22. How many hours of agency doctors were supplied to the trust between 01/01/2018 to 30/09/2018?

Answer: 31666

414.18

I.T. Budgets

Breakdown of your total annual IT budget for the last 3 financial years.

Please break this down as follows:

FY 15-16

FY 16-17

FY 17-18

Answer:

FY 15-16 £4,667,079

FY 16-17 £3,881,011

FY 17-18 £4,557,176

415.18

Formularies and Committees

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

- 1) We understand the ~~CCG~~Trust has representation on the following medicines management / prescribing / formulary committees:
 - Walsall Formulary Management Group (FMG)
 - Walsall Joint Medicines Management Committee (JMMC)

Please confirm if this is correct.

Answer: Yes

- 2) Does the ~~CCG~~/Trust have representation on any other medicines management / prescribing / formulary committees? If so, please advise which.

Answer: Trust Medicines Management Committee

- 3) We have the following formularies listed as used by the CCG/Trust:

Answer: Joint Walsall Formulary

Please confirm if this is correct and if not, please provide a link/copy of relevant formularies.

Answer: Yes

- 4) Are any of the above formularies dominant when making prescribing decisions or does this depend on therapy area?

Answer: N/A

416.18 School nurses employed by the trust since 2010

Please could you disclose the number of school nursing staff employed by the trust for each calendar year from January 2010 to the date of this request.

Alternatively, please could you provide the number of school nursing staff employed for each academic year from September 2010 to the date of this request.

School nursing staff can include nurse consultants, modern matrons, nurse managers, qualified school nurses and first and second level nurses.

Answer:

	FTE
31.12.2010	4.91
31.12.2011	6.26
31.12.2012	7.27
31.12.2013	7.85
31.12.2014	11.14
31.12.2015	13.26
31.12.2016	11.78
31.12.2017	10.61

**417.18
ESR/Coding**

1. Does your Trust have a fully or partially implemented Electronic Patient Record (EPR)?

If we don't have one system we can call our EPR, this is made up of multiple systems, see below:

Answer:

System type	Name	Supplier
PAS	Lorenzo	DXC
Clinical Portal(pulls clinical data from various systems so it can be accessed across the organisation)	Fusion	Orion (Concerto)
Maternity Record	Badgernet	Clevemed
Chemotherapy system	ChemoCare	CIS
Imaging System	CRIS	Healthcare Software solutions
Imaging System	PACS	GE Healthcare
Sexual health System	Lilie	6pm Solutions
Digital dictation system	Editscript/ Emon	Nuance
Theatre System	Ormis	DXC
Pharmacy	Ascribe	Ascribe Ltd
Requesting System	Sunquest ICE	Sunquest information systems
Observations	Vital Pac	Vital Pac
Orthodontic System	Dolphin	Dolphin Imaging
Therapy System	Infoflex	CIMS
Cancer Register	Somerset	NHS Somerset Health Informatics Service

2. What is the name and supplier of the EPR?

Answer: see above

3. For inpatient / daycase activity does the EPR have an 'auto clinical coding' function i.e. can clinical codes (ICD-10 / OPCS) be automatically assigned / suggested without manual intervention by a clinical coder?

Answer: No

If yes:

4. Is the auto-coding based solely on structured clinical information or is free-text analysed in addition?

Answer: N/A

5. If free-text is used how is this analysed to predict clinical codes?

Answer: N/A

6. If based on structured clinical information which clinical classification / terminology is used to record the clinical information (e.g. SNOMED CT / ICD-10 / OPCS / local codes)?

Answer: ICD-10/OPCS

7. Does the Trust utilise the auto-coding function in any way?

Answer: No

8. If yes then which specialties is it used for?

Answer: N/A

9. Is all auto-coding validated by trained clinical coders?

Answer: N/A

10. Has the auto-coding improved the Trust's clinical coding audit results / accuracy levels?

Answer: N/A

11. Has the auto-coding improved the depth of coding in anyway?

Answer: N/A

12. If the auto-coding function is not used what are the reasons for not using this function.

Answer: We have a centralised Clinical Coding department

418.18

Delirium protocols

To Whom it may concern,

I am conducting a project for my MsC in advanced nursing practice which involves looking at Delirium protocols from various NHS trusts.

Therefore under the freedom of information act please could you send me a copy of your protocol/guidelines for the treatment of delirium in adults, either via email or post.

Answer: Please see attached. Available upon request.

419.18

VAT Advisory Services

I am researching financial efficiencies of the public sector. Please provide the following information under the FOI act.

- 1) Does the organisation use an external provider for VAT advisory services? If so please state the name of the organisation used (E.g. Liaison, CRS, Berthold Bauer, KPMG)?

Answer: VAT Liaison

- 2) Please state the contract start and end date?

Answer: 24/2/2017. Ongoing contract

- 3) Please state the name of the finance system used?

Answer: Integra

- 4) If the Trust has an external AP provider please state the name of the organisation used (E.g. SBS, Serco)

Answer: N/A

- 5) Please state the total number of Accounts Payable invoices processed / posted by the organisation in the last financial year?

Answer: 58,513

- 6) What was the value of adjustments identified by your external VAT advisor for each the following:

- Contracted out Services Underclaims **Answer: £26,406.42**
- Capital Underclaims **Answer: £689.30**
- Contracted out Services Overclaims **Answer: £55,710.70**
- Input Tax recovery **Answer: £4,760.19**
- Reverse Charge/ Acquisition tax adjustments **Answer: £58,138.07**
- Output Tax adjustments **Answer: £0.00**

- 6) Did the organisation use an external provider to re-review VAT adjustments in the last financial year and if so state the name of the company used?

Answer: No

- 7) Please state the total amount of additional VAT identified by this provider split into underclaims and overclaims?

Answer: N/A

420.18

Number of patients discharged from hospital at night

I am writing to you under the Freedom of Information Act. I wish to request information about the number of patients discharged from hospital in the night.

Specifically, I would like information on:

1. From 2010/11 to 2017/18: annual figures for the number of patients discharged from hospital between 11pm and 6am.
2. For the year 2017/18, please provide an age breakdown of such patients. This should be with age brackets of 0-14, 15-64, 65-74, 75-84, 85 and over, if possible.

I would prefer to receive this information in an Excel spreadsheet.

Answer: 'Due to a small number of entries (proportionately compared to the whole) which have been recorded with erroneous times but would significantly distort the output.'

421.18

How many DNR requests are rejected?

I would like to find out the following:

How many DNR orders were overturned between the years 2007-2012 that led to the attempted resuscitation of a patient (whether that was successful or not)?

Answer: This information is not recorded.

How many DNR orders were overturned between the years 2012-2017 that led to the attempted resuscitation of a patient (whether that was successful or not)?

Answer: This information is not recorded.

How does your Trust receive DNR Orders from patients?

Answer: Patients complete the form with a clinician. The patient keeps the original. A copy is held in the office & an audit copy is held by the hospital.

422.18

Nurses death in service

Please answer the following questions under the terms of the Freedom of Information Act.

In 2012, a cross-government strategy was put together around preventing suicide. <https://www.gov.uk/government/publications/suicide-prevention-third-annual-report> This report identified that doctors and nurses had a 'particularly high' suicide risk compared to other occupational groups [see page 9]. *I am interested only in data relating to nurses/nursing staff. For the purposes of this FOI, I define this to relate to those who hold a registered nursing qualification with the Nursing and Midwifery Council who are on Agenda for Change band 5 or upwards.*

1) Please state the number of deaths in service [ie: during employment, but not necessarily on the premises or during working hours] of nursing staff employed by your organisation since 2012.

Answer: There have been 5 accounts of deaths in service within the Nursing and Midwifery Registered staff group since 01/01/2012.

2) (i) Please state how many of the total deaths were recorded, known or otherwise suspected to be suicide?

Answer: Whilst we record 'death in service' as a reason for leaving in ESR, we do not record the cause of death.

(ii) Please state what the different categories of cause of death were recorded as, for the purposes of the organisation's own reporting and recording. For example; cancer, heart failure, suicide etc.

Answer: As above

3) Please include copies of any 'death in service' procedure or policy the organisation uses.

Answer: There are no formal procedures written up – local procedure is that line manager informs their appropriate Director and Exec Director, next of kin wrote to expressing condolences, line manager liaises with relevant dept to process appropriate forms, payroll etc and with next of kin.

4) Please describe if there is any work in progress to address mental health needs or suicide risk among your nursing workforce, or alternatively where there have been suicides whether there have been any changes in workplace practices as a result

Answer: No direct changes in workplace practices. As a Trust though we offer support via Occ Health in respect to mental health – resilience training for managers and staff, mindfulness training for all, psychology support / counselling via OH, external access to Listening Centre and other third party organisations such as for addiction. Debriefing available to staff resulting from stressful / upsetting incident – (Supporting Staff Policy). We currently have a Mental Health First Aider with plans to roll out further training for Mental Health First Aiders.

**423.18
Brexit**

To the Trust Freedom of Information Officer,

Please provide the following information under the Freedom of Information Act

1. Please state whether your trust has established a committee or other body with explicit responsibility for planning for Brexit (please state “yes” or “no”)

Answer: No

2. Please list:

- a. the dates that this body met between 1st April 2018 and 7th November 2018
- b. the members of this body and their job titles

Answer: N/A

3. Please supply:

- c. The minutes of all meetings held by this body between 1st April 2018 and 7th November 2018
- c. Any extracts from minutes of Trust board meetings held between 1st April 2018 and 7th November 2018 that relate to Brexit

Answer: No

4. Please supply any current risk assessment for the Trust related to Brexit

Answer: N/A

5. Please supply any correspondence on Brexit between the Trust and NHS England

Answer: N/A

**424.18
AHP/HSS spend**

I'm emailing you today as I wish to make a Freedom of Information request. If you could please read the below and provide me with that information it would be much appreciated.

1. Please could you confirm the names of the top 8 locum agencies you have the most spend with within AHP/HSS there at the trust from the financial year 2017 – 2018

Answer:

MAXXIMA LTD 2 (LABMED)

RIG MEDICAL RECRUIT LTD

PULSE

MEDICS PRO LTD

YOUR WORLD HEALTHCARE

TTM HEALTHCARE

GLOBE LOCUMS LIMITED

SANCTUARY PERSONNEL LIMITED

2. Please could you state the utilisation rate for each agency that has been achieved?
This should amount to the total value of AHP locum spend supplied by each agency during the 2017 -2018 financial year as a percentage of total AHP locum spend in the same period.

Answer:

MAXXIMA LTD 2 (LABMED)	32%
RIG MEDICAL RECRUIT LTD	18%
PULSE	12%
MEDICS PRO LTD	11%
YOUR WORLD HEALTHCARE	9%

TTM HEALTHCARE	7%
GLOBE LOCUMS LIMITED	6%
SANCTUARY PERSONNEL LIMITED	5%

3) Please can you break down your total spend on AHP/HSS agency staff during the financial year 2017 – 2018 for the specialisms below?

- Radiographers
- Sonographers

(Please combine Radiographers and Sonographers if it's not possible to separate them!)

- Clinical Physiologists
- Audiologists
- Speech Therapists
- Physiotherapists
- Dietetics
- Occupational Therapists
- Podiatrists
- Biomedical Scientists
- Pharmacists
 - Mortuary Technician
 - Sterile Services Technician

Answer:

Combined PTB & Pams Agency

Radiographers	£181,543
Sonographers	£46,723

Clinical Physiologists	£74,491
Audiologists	£0
Speech Therapists	£0
Physiotherapists	£188,121
Dietetics	£78,880
Occupational Therapists	£21,319
Podiatrists	£82,015
Biomedical Scientists	£13,583
Pharmacists	£0
Mortuary Technician	£0
Sterile Services Technician	£0
Total	£686,675

**425.18
CCG LES for Prolia**

Please see the below our Freedom of Information request for the Walsall Healthcare NHS Trust:

Question 1

Does your CCG have a 'Local Enhanced Service' (LES) or 'Near Patient Testing' scheme in place with primary care providers for the monitoring or prescribing of Prolia (denosumab) for the treatment of osteoporosis in postmenopausal women or men at increased risk of fractures?

Answer: There is no scheme in place

Question 2

If answer is 'yes' to question 1, please could you provide the pricing arrangement (including cost and time schedule) for Prolia prescribing and Prolia monitoring and any further details of the scheme, for example if Prolia is anticipated to remain within the scheme for the forthcoming year.

Answer: N/A

Question 3

Does your CCG have a 'Local Enhanced Service' (LES) or 'Near Patient Testing' scheme in place with primary care providers for the monitoring or prescribing of any other osteoporosis therapies. Please could you provide the pricing arrangement (including cost and time schedule) for the prescribing and monitoring of the therapy and any further details of the scheme.

Answer: Some GPs prescribe medication for osteoporosis (not prolia) and arrange bloods on the recommendation of the Osteoporosis service (community and acute). No separate financial scheme in place

426.18

Trust Zoledronic acid coding

Please see the below our Freedom of Information request for the Walsall Healthcare NHS Trust:

Question 1

What is the OPCS code in your Trust for the delivery of Zoledronic acid 5 mg for the treatment of osteoporosis in post-menopausal women and adult men at increased risk of fracture?

Answer; X29.2

Question 2

What is the corresponding HRG code that would relate to the OPCS code from Information request 1 for the outpatient delivery of Zoledronic acid 5 mg for the treatment of osteoporosis in post-menopausal women and adult men at increased risk of fracture in your Trust?

HRGs based on having no further information about the patient other than that in the FOI request

Post menopausal osteoporosis=

Over 18 years = HD24H

Under 18 years = PH34

Unable to provide a HRG for a male patient as we can't code to "increased risk of fracture" without further information.

Question 3

What is the OPCS code in your Trust for the delivery of Zoledronic acid 4 mg for the prevention of skeletal related events in adult patients with advanced malignancies involving bone or tumour-induced hypercalcaemia?

Answer: X29.2

Question 4

What is the corresponding HRG code that would relate to the OPCS code from Information request 3 for the outpatient delivery of Zoledronic acid 4 mg for patients with advanced malignancies involving bone in your Trust?

Answer: HRGs based on having no further information about the patient other than that in the FOI request

Over 18 years =

HD40H

Under 18 years=

PM44 PM43

427.18

Radiology and Ultrasound diagnostic imaging equipment

I am writing to request data under the Freedom of Information Act 2000 for all the Radiology and Ultrasound equipment at the hospitals within your Trust.

For support, I have attached an excel document which sets out the information that I would like to gather. I would be grateful if you could populate the attachment and provide with your response. Hopefully this will make the process easier for the person collating and providing the information. A summary of the information requested in the excel attachment is shown below:

1. For each individual Radiology and Ultrasound diagnostic imaging system within the Trust:
 - a. Site Location (Hospital Name)
 - b. Manufacturer Name
 - c. Model Name
 - d. Whether the equipment has been Purchased / Leased / MES
 - e. Age of equipment (years)
 - f. Current Service provider name
 - g. Current Service contract end date
 - h. Current Service contract type:

- i. i. Preventative Maintenance
- j. ii. Fully Comprehensive
- i. Service cost per annum
- j. Planned replacement date

Where complete data is not possible, please provide as much of the available data as possible. An email response is preferable – if this is not acceptable please let me know and I will provide an address.

Answer: Please see attached spreadsheet. We have applied Exemption 43 to Question 9 Service cost per annum. This information is commercially sensitive with the other information supplied. Spreadsheet available upon request.

428.18 Endoscopy

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 a response to the following question. I would like the information to be provided to me as a reply via email.

- When does the existing maintenance contract(s) expire for the Trust's flexible endoscope inventory?
 - i.e. please provide the expiry date for any contract(s) that cover the maintenance and repair of the Trust's flexible endoscope inventory.

Answer: 2021

429.18 Contact details

Where possible, could I please request the Names, telephone numbers(direct dial), and email address' for the following positions at the trust;

Head of Procurement:

Answer: Staff details below Director Level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is; Russell Caldicott, email: russell.caldicott@walsallhealthcare.nhs.uk and telephone number is 01922 721172.

Director of Nursing/Head of Nursing

Answer: Karen Dunderdale, email; Karen.dunderdale@walsallhealthcare.nhs.uk and telephone number 01922 721172.

Head of Recruitment

Answer: Staff details below Director Level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is; Catherine Griffiths, email: catherine.griffiths@walsallhealthcare.nhs.uk and telephone number is 01922 721172.

Head of Human Resources

Answer: Staff details below Director Level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is; Catherine Griffiths, email: catherine.griffiths@walsallhealthcare.nhs.uk and telephone number is 01922 721172.

Head of International Recruitment

Answer: Staff details below Director Level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is; Catherine Griffiths, email: catherine.griffiths@walsallhealthcare.nhs.uk and telephone number is 01922 721172.

Matron Nurse

Answer: Staff details below Director Level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is Karen Dunderdale; email karen.dunderdale@walsallhealthcare.nhs.uk; and telephone number is 01922 721172.

Chief Executive Officer

Answer: Richard Beeken

Email: Richard.beeken@walsallhealthcare.nhs.uk and telephone number: 01922 721172.

Chief Operating Officer

Answer: Philip Thomas-Hands. Email: philip.thomas-hands@walsallhealthcare.nhs.uk. and telephone number 01922 721172.

430.18
Cancer

Within your health trust how many patients are currently [within the past 3 months] being treated with the following treatments for Metastatic Renal Cell Carcinoma;

If you do not treat, where do you refer these patients ?

Axinitib

Cabozantinib **Answer: 1**

Everolimus **Answer: 1**

Levantinib + Everolimus

Nivolumab **Answer: 4**

Nivolumab + Ipilimumab

Pazopanib **Answer: 2**

Sunitinib **Answer: 2**

Temsirolimus

Tivozanib

Other active systemic anti-cancer therapy

Palliative care only

Within your health trust how many patients are currently [within the past 3 months] being treated with the following treatments for metastatic colorectal cancer [mCRC];

If you do not treat, where do you refer these patients ?

Cetuximab **Answer: 1**

Aflibercept

Bevacizumab

Panitumumab **Answer: 1**

Nivolumab **Answer: 2**

Ramucirumab

Regorafenib

5FU only

CAPRI

CAPOX **Answer: 14**

5FU and FOLFI **Answer: 2**

5FU and FOLFOX **Answer: 4**

Oxaliplatin -

Irinotecan **Answer: 2**

Tegafur Uracil + 5FU

Other

431.18

Women treated for fibroids

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

A. Please list going back as far as possible all Years as dated, with Ages and no personal data of all women treated for fibroids under the trust remit on a POST menopausal basis to date. Please say if which treatment such as embrolisation was applied

e.g. 2012 (fibroid intervention females) age 72 , age 65 , age 79 , age 50 etc. year on year

Answer:

13/14 - 70

14/15 - 55

15/16 - 62

16/17 - 50

17/18 - 52

The age range of these patients is 32 to 81. We do not have a code that specifically identifies post-menopausal so these figures will be both non-menopausal and menopausal women.

B. Please avail any guidance on any related treatment such as safety; such as how the application of procedures such as embrolisation have improved by which statistics etc. on persons have changed. Safety has improved over time. Safety has proved less of a problem than supposed etc. Embrolisation is overtaken by a new procedure etc.

Answer: All patients are referred to Heartlands NHS Trust

432.18

Organisation Structure.

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

Please may I request a copy of the organisations structure for the Programme Management Office (within the PMO and Performance Delivery Team) as it stands as of the 1st November 2018. Also including a breakdown of the number of vacancies within the team.

Answer: The structure is under review and not available as consultation with staff is outstanding. There are no vacancies, while the review is under way.

433.18

Pathology reconfiguration.

I understand that you are one of five NHS acute Trusts in The Black Country who plan to build a major extension to the pathology lab on the Wolverhampton Hospital site, whilst retaining some urgent testing at the hospital sites. Please provide the following information:

- The amount of capital investment required to build and equip the new laboratory

Answer: £9M approved capital funding for an extension to an existing laboratory

- When construction work will commence on this laboratory

Answer: Construction will commence in December 2018 with site setup.

- A list of alternative options considered

Answer: Build options considered are a north extension and a southern extension to the existing pathology services building. The southern extension was identified as the preferred option due to logistics.

The clinical teams evaluated a long list of options, which included:

- A complete new build
- An extension to RWT
- A distributed model.

The preferred model, for clinical, operational and financial was the extension to the Hub.

- A summary of consultation with patients and GPs affected

Answer: The clinical model has no impact on patients directly, other than an improvement in the turnaround of tests.

GPs from the relevant CCGs have been involved in the planning and approval of the agreed operating model, and remain part of the project governance, as

part of a Clinical Reference Group, where any proposed changes have to be supported/approved.

- Any assessment of the impact on the time from blood being taken from a patient to results being available to doctors. The average travel time must be longer and the average time must increase.

Answer: The operating model has inpatient and outpatient work remaining at current laboratories. Part of the project plan includes an assessment of logistics. The starting point was that there should be no deterioration in turnaround times for tests. By reviewing the current transport times, we aim to build on the service, and will be working with practices to improve the transport services to better serve community phlebotomy clinics.

We are also implementing a single Laboratory Information Management System, LIMS, to enable clinicians across the network to access results, wherever the request was made

- Any lessons learned from other NHS hub labs, such as the ones in East Anglia which are considered to have failed.

Answer; Common LIMS, equipment platform and logistics reviews were not part of other networks and were deemed as crucial for our planning. We also reviewed the service in a successful network, SW London. Clinical teams visited to understand their opinions, and lessons learnt

- Whether a model was considered which distributed different specialist tests across different sites, and maintained high volume blood science testing at all hospital sites. There is emerging evidence that this provides a lower cost and more resilient model, without the need to invest in building a new laboratory.

Answer: Blood Sciences are maintained at all sites to provide in-patient and some outpatient work.

434.18 Brexit's effect on staffing

1. How many clinical staff at Walsall Healthcare NHS trust are not UK citizens?

Answer: 329

2. How many clinical staff at Walsall Healthcare NHS trust are EU citizens?

Answer: 66

3. How many staff in total at Walsall Healthcare NHS trust are not UK citizens?

Answer: 387

4. How many staff in total at Walsall Healthcare NHS trust are EU citizens?

Answer: 79

5. How many clinical staff does Walsall Healthcare NHS trust have?

Answer: 2745

6. How many staff in total does Walsall Healthcare NHS trust have?

Answer: 4315

435.18

Orthoptic Work Experience

1. How many applications for Orthoptic work experience did your Trust receive in
a) Sept 2016 - Sept 2017

Answer: 0 applications

- b) Sept 2017 - Sept 2018

Answer: 0 Applications

2. How many applications resulted in a work experience placement?

Answer: 0

3. What is the minimum age for work experience in Orthoptics?

Answer: We don't offer work experience in the orthoptics

4. Do applicants for work experience in Orthoptics require a Disclosure and Barring Service (DBS) check?

Answer: We don't offer work experience in the orthoptics

5. What paperwork are applicants required to complete?

Answer: They can complete a request from our website.

6. Are applicants required to complete an induction?

Answer: Yes if they get a placement

436.18

Agency Spend on Staff

Please can you outline your agency spend into each 52 weeks or 12 months for the year 2018 (I understand the year has not finished yet so up to OCTOBER 2018) would be sufficient.

How many agencies did your trust use in the year of 2018?

Answer; There have been a total of 24 nursing agencies setup and able to supply to the Trust during 2018.

How much was spent on agency nurses in 2018?

Answer: Jan 18 to Sept 18 - £3,492k

On December 25th 2017, how many shifts went nursing shifts went unfilled?

Answer: There are 56 shifts (equating to 435 hours) present on the booking system as outstanding shifts for this date.

What is the highest hourly rate paid to a locum agency in 2018 and what what band was this nurse i.e band 5 general.

Answer: Thornbury Nursing – Critical Care Nurse on a Bank Holiday of £148.66 per hour.

Please list the names of agencies that we used in year 2018 and list the total amount of spend for each used.

Answer:

**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
Medical Professional Personnel
MedicsPro
Medsol Healthcare
Meridian
MSI Recruitment
Plan B Healthcare
Pulse Healthcare**

**Swiis
Team 24
Team Support Healthcare
Thornbury Nursing
Yourworld**

Our systems do not drill down to nurse spend only. This would take a manual trawl which would far exceed the time limit.

What is the total number of different nurse locums did the trust use in 2018.

Answer: We are unable to provide this figure as our booking system does not have the facility to provide the number of different nurses used.

What was the highest hourly rate paid to an agency for a nurse in 2018 - Please state what agency this was and what band they were.

Answer: Thornbury Nursing – Critical Care Nurse on a Bank Holiday of £148.66 per hour.

Of all agencies used, were any off framework? If so, what are the agencies called?

Answer: Thornbury Nursing

Who is the head of procurement at your Trust who approves agency use?

Answer: Staff details below Director Level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is; Russell Caldicott

Who approves above-cap and/or off-framework usage?

Answer: Above cap shifts are approved by the Chief Operating Officer or Director on call if out of hours. Off-framework shifts are approved by the Chief Executive or Director on call if out of hours.

Who are your tier 1 and tier 2 agencies?

Answer:

Tier 1:

**247 Nursing
Acton Banks
Arcadia Recruitment
Day Webster
Evergood Associates
Firstpoint Healthcare
HCL Nursing
ID Medical
Medacs Healthcare
Medbank Healthcare**

Medical Professional Personnel

MedicsPro

Medsol Healthcare

Meridian

MSI Recruitment

Pulse Healthcare

Swiis

Team Support Healthcare

Tier 2:

Last Minute Healthcare

Mayday Healthcare

Plan B Healthcare

Team 24

Yourworld

Our systems do not drill down to nurse spend only. This would take a manual trawl which would far exceed the time limit.

437.18

Software Management System for Endoscopy department

I'm contacting you because I have the following question for your Endoscopy department:

What software system is your Endoscopy department using (for planning of operations in terms of patient and staff availability) ?

Answer: Patients are booked on Lorenzo. We do not use software in relation to staffing

Endoscopies are reported on Endosoft.

438.18

Agency payments

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

1. Please provide the 10 largest individual agency payments for core hours your trust has authorised above the agency worker price caps set by NHS Improvement for each of the following medical grades for (a) 2017-18 and (b) 2018-19 (to date).
 - Foundation Year 1

- Foundation Year 2
- Registrar ST1-2
- Registrar ST3
- Speciality staff/staff grade
- Associate specialist
- Consultant

Please provide the figures excluding VAT, as a rate per hour, what the cap was at that particular point in time, the month it was paid and the type of shift being filled.

Answer: Please see attached spreadsheet. If any grades are missing it means there are no entries

2. Please provide the 10 largest individual agency payments for unsocial hours your trust has authorised above the agency worker price caps set by NHS Improvement for each of the following medical grades for (a) 2017-18 and (b) 2018-19 (to date).

- Foundation Year 1
- Foundation Year 2
- Registrar ST1-2
- Registrar ST3
- Speciality staff/staff grade
- Associate specialist
- Consultant

Please provide the figures excluding VAT, as a rate per hour, what the cap was at that particular point in time, the month it was paid and the type of shift being filled.

Answer: Please see attached spreadsheet. If any grades are missing it means there are no entries. Spreadsheets available upon request.

Please note: When I ask for agency payments, I am after the definition used by NHS Improvement in chapter five of this document:

https://improvement.nhs.uk/documents/2827/Agency_rules_-_2018_final_draft.pdf

It classes a payment as the fee paid to the agency worker plus any associated costs, agency finder fees, travel costs etc...

439.18

Case withdrawn

440.18

Car Parking Contract

Subject to the Freedom of Information Act, I would like to request the following information in the relation to the Trust and associated hospitals.

Do you currently manage your car parking in-house or do you contract to a third party?

Answer: In House

If you do employ a parking operator to manage your parking services, who is your current parking provider?

Answer: N/A

What date is your current contract due for renewal / re-tender?

Answer: N/A

441.18

International Recruitment and Agency Spend

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

If it is not possible to provide the information requested due to the information exceeding the cost of compliance limits identified in Section 12, please provide advice and assistance, under the Section 16 obligations of the Act, as to how I can refine my request.

In the last 12 months, how many visa applications did the hospital process for medical staff? Please break down into specialties where possible (e.g. medicine, surgery, anaesthetics etc.)

Answer:

Area	Number of CoS
Acute Medicine	3
Anaesthetics	6
Cardiology	1
Elderly Care	1

Emergency Dept	1
General Medicine	1
General Surgery	2
ENT	2
Paediatrics	3

If this information is not readily available could you tell me how many were processed for medicine only?

How many permanent vacancies in medicines has the trust had unfilled in the last 12 months?

Answer:

- **1 Gastro Consultant**
- **1 Respiratory Consultant**
- **1 Cardiology Consultant**

From these vacancies how many were SHO's? (this includes FY1, FY2, ST1, ST2, CT1, CT2, StR Lower, Clinical fellow, Trust grade, RMO)

All vacancies are Consultants

From these vacancies how many were Specialty Doctors? (Staff Grade)

Answer: 0

From these vacancies how many were Consultants?

Answer: 3

How many permanent vacancies do you currently have in medicine?

Answer: 8

In the last 12 months through which agencies have you recruited doctors across any speciality on either a permanent or fixed term contract?

Answer; None

Which agencies were successful in recruiting doctors from overseas for the trust on any type of contract?

Answer: None

Across all grades what number of medical agency locum staff did the trust employ across the dates 31/03/2018 to 31/06/2018?

Answer: 871

How much did the trust spend on medical agency locum staff over the 2017/2018 financial year?

Answer: Medical Agency spend 2017/18 - £2,306k

Does the trust utilize a medical recruitment framework for international doctors?

Answer: None

Who is the dedicated contact in your organisation who liaises with agencies for the purposes of international medical recruitment?

Answer: None

Please provide names and contact details for the following posts within the trust:

- Medical Director **Answer: Dr Matthew Lewis.**
email matthew.lewis@walsallhealthcare.nhs.uk Phone: 01922 721172
- All Clinical Directors within Mental Health. **Answer: No mental health services**
- Head of HR **Answer: Catherine Griffiths** email:
catherine.griffiths@walsallhealthcare.nhs.uk
- Head of Medical Staffing **Answer: Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is Dr Matthew Lewis.** email matthew.lewis@walsallhealthcare.nhs.uk and telephone number is 01922 721172.

- Head of Procurement **Answer: Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is Russell Caldicott.** email russell.caldicott@walsallhealthcare.nhs.uk and telephone number is 01922 721172.

442.18

Delayed Discharge Information

Please find the request below:

1) How many delayed discharges from inpatient wards were recorded by your trust during the following date ranges (please break down the data into the date ranges specified below):

- 1st November 2017 to October 31st 2018 – **Answer: 1307 patients**
- 1st November 2016 to October 31st 2017 – **Answer: 716 patients**

· 1st November 2015 to October 31st 2016 – **Answer: 616 patients**

2) What was the total amount of time spent by delayed discharge patients in hospital wards managed by your trust between patients being ready for transfer and the patients being fully discharged from hospital during the following date ranges (please break down the data into the date ranges specified below. Please use whichever time measurement is used by default by your trust):

· 1st November 2017 to October 31st 2018 – **Answer: 5419 days delayed**

· 1st November 2016 to October 31st 2017 – **Answer: 3639 days delayed**

· 1st November 2015 to October 31st 2016 – **Answer: 3422 days delayed**

3) What is the average cost per day to your trust of a patient staying in hospital to your trust, excluding costs specific to their medical condition (i.e. the basic cost of providing a bed, food and care but excluding condition specific drugs, care or medical procedures)

Answer: £301.72

4) Does your trust currently have a plan in place to reduce the delayed discharge of patients in the future?

Answer: Since November 2017 an Integrated Care Service (ICS) has been developed which is a fully integrated team of health and social care staff. There is a hospital team which focuses on moving patients to temporary beds and onto temporary care packages so the full assessment can be completed outside of hospital. In addition, voluntary services are being accessed for befriending and support outside of hospital. Completion of continuing healthcare assessments (DSTs) are also completed where possible outside of hospital. The ICS team are also working to provide a 7 day service which will be operational from January 2019.

443.18

Radiology Staff

Please could you provide me with the following information under the freedom of information act

1. The name and email address of the Trust PACS manager
2. The name and email address of the Trust Radiology Manager
3. The name and email address of the Trust Radiology Service Manager
5. The name and email address of the Trust Head of Imaging
6. The name and email address of the Radiology IT Manager

All of the above are below Director level

They all work within the division of WCCSS, and the **Divisional Director of Womens and Childrens Clinical Support Services** is **Dr Louise Holland** -

louise.holland@walsallhospitals.nhs.uk

4. The name and email address of the Trust RIS Manager
Associate Director of IT Mark Taylor - Mark.Taylor@walsallhealthcare.nhs.uk

Associate Director of IT Mark Taylor - Mark.Taylor@walsallhealthcare.nhs.uk

Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for the staff are listed above.

**444.18
Visa for EU staff**

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

Can you tell me how many staff from EU countries you currently employ?

Answer: 79

Can you tell me how many visas the trust has purchased for EU-born staff in the past six months?

Answer: 0

Can you tell me how much the trust has spent in total on Visas for EU staff in the past six months?

Answer: £0

**445.18
Blood grouping analyser**

We are currently evaluating a new blood grouping analyser in our Trust and would benefit from some feedback from other blood transfusion laboratories. Please could you process this FOI request and pass it on to the appropriate staff?

Question 1: Does your Trust have a blood transfusion service?

Answer: Yes

If yes, please answer the following questions about your blood group analysers :

Question 2: Who is the analyser manufacturer

Answer: Bio-Rad

Question 3: What is the make and model type of analyser?

Answer: Bio-Rad IH1000

Question 4: What percentage of false positive results do you see with this analyser for blood grouping and antibody screening? (Only include false positives caused by external contaminants or analyser failures)

Answer: 0 %

Question 5: How many group and screen samples do you test per year?

Answer: 30,000

Question 6: Do you provide electronic issue of red cells?

Answer: No

Question 7: Do you provide automated crossmatching using your analysers?

Answer: No

Question 8: Do you have an agreed blood ordering schedule?

Answer: Yes

446.18

Accessing over £25k spend

I am struggling to access your spending information regarding transactions over £25,000 on your website. Please can you rectify this issue as soon as possible or provide me with your data.

Answer: Please use the link below to access:

<https://www.walsallhealthcare.nhs.uk/about-us/how-we-are-run/our-expenditure/>

447.18

Patients, Bed sores etc.

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

Please send me:

1. The total number of patients cared for during 12 months between 01/11/2016 and 01/11/2017

Emergency (Non-elective activity) for the period 01/11/2016 – 31/10/2017 (Calendar)

Answer: 31532

Day Case (Elective General & Acute FFCE's) for the period 01/11/2016 – 31/10/2017 (Calendar)

Answer: 24361

Elective ('ordinary' General & Acute FFCE's) for the period 01/11/2016 – 31/10/2017 (Calendar)

Answer: 3442

Datasource- The MAR return submitted via SDCS/Unify for the relevant date periods.

448.18

Hard and soft Facilities Management

To Whom it may concern,

I hope this email finds you well.

Please would you be able to tell me which providers you use for your hard and soft Facilities Management, and what the annual contract values are, and how long is left on the contracts?

Answer:

Hard Facilities Management Services are provided by our PFI Partner Skanska Facilities Services

The PFI Contract costs. This information is commercially sensitive and is therefore exempt from disclosure under section 43(2) of the Freedom of Information Act 2000. Releasing this information is likely to prejudice the commercial interests of the Trust and the provider. The Trust has taken the decision to withhold the information as it contains specific details about our contractual arrangements with the provider.

Soft FM is provided in house

449.18

Catheter-associated UTI

1. What is the average length of time per patient to assist with a CAUTI? (Catheter-associated UTI)

Answer: Please note, we have used the length of stay for admission with a primary diagnosis of CAUTI only because secondary coding will give spurious results for Length of stay.

TotLOS	ADMs	AvgLOS
166	9	18.44 Days

2a. How many **nosocomial** CAUTIs were there in your trust last year?

Answer: 0

2b. What is your position on the safety thermometer for CAUTI?

Answer: Data is available on the national website: www.safetythermometer.nhs.uk

3. What 3 main actions have the trust deployed or is planning to deploy to reduce nosocomial CAUTIs?

Answer: N/A

4. What is the impact on increased length of stay for an average patient in your trust with a CAUTI – how many days on average?

Answer: N/A

5. What is the increased per patient cost of a nosocomial CAUTI? (e.g. extended hospital stay, nursing time, drug treatment, bed blocking etc.)

Answer: N/A

450.18

Female sanitary products

I am writing to you under the Freedom of Information Act 2000 to request the following information concerning the trust's income and expenditure.

For the 2017-18 financial year, please provide:

1. Income raised from the sale of female sanitary products on the NHS trusts' sites – in vending machines, retail outlets or in any other instance whereby revenue is raised for/by the trust through the sale of female sanitary products

Answer: Nil

2. The price of each sanitary product that is made available for purchase across the trust's sites. Please provide a description of the brand and type of product, size of the pack or unit value and where the product is on sale (shop, bathroom vending machine etc). If the price of the product has fluctuated over the course of the financial year, please provide the standard retail price when it was not subject to any kind of

promotion. This figure should be the price at which the product has been retailed for the most substantial period of time during the year. (I.e. if the product has retailed at x price for three months and y price for six months, please provide y.

Answer: The Trust does not sell sanitary products.

3. Total expenditure by the trust on sanitary products for the use of patients, whether in-patients or out-patients.

Answer: £9,537.14

4. Volume of sanitary products purchased by the trust for the use of patients, broken down by type of product – tampon, pads, etc.

Answer: Tampons – 960 Pads – 156,628

5. Confirmation of whether the trust has any policy(s) or formal approach in place concerning the provision of sanitary products to patients and how patients can obtain these products free of charge when under the care of the trust.

Answer: No policy in place

6. If such a policy or formal approach exists, please provide a copy of any such documentation that confirms the policy and informs staff and patients about it.

Answer: N/A

451.18

Rheumatoid Arthritis

1. Within your trust how many patients do you have diagnosed with Rheumatoid Arthritis?

Answer: The number of distinct patients that have had a Rheumatoid Arthritis diagnosis in either an inpatient or outpatient setting (Below)

Type	RheumatoidArthritisPatients
Total Patients	2658

The total below shows the number of patients diagnosed where the patient was being treated for Rheumatoid Arthritis

Type	RheumatoidArthritisPatients
Total Patients	442

2. How many Rheumatoid Arthritis patients have had an IFR [Individual Funding Request] put in for them to have an advanced treatment (i.e. biologic or JAK inhibitor) in the past 12 months?

Answer: None

3. How many patients do you have diagnosed with **moderate** Rheumatoid Arthritis? [moderate is defined within the guidelines as patients with a DAS score of between 3.2 and 5.1]

Answer: This information is not recorded

4. How many **moderate** Rheumatoid Arthritis patients have had an IFR [Individual Funding Request] put in for them to have an advanced treatment (i.e. biologic or JAK inhibitor) in the past 12 months?

Answer: None

5. How many **moderate** Rheumatoid Arthritis patients have been granted an IFR request for an advanced treatment (i.e. biologic or JAK inhibitor) in the past 12 months?

Answer: None

6. If possible, please state the number of patients and the name of an advanced treatment (i.e. biologic or JAK inhibitor) provided

Answer: None

452.18

Endoscopy and/or Gastroenterology

Please kindly provide the following information under the Freedom of Information Act and the Code of Practice on Openness in the NHS.

1). Has the Trust utilised an external supplier or party to deliver Endoscopy and/or Gastroenterology services/activity on behalf of the Trust for the below periods?

PERIOD	YES	NO
April 2018 – September 2018		x

2). Please list the suppliers utilised for Endoscopy and/or Gastroenterologist services/activity within the Trust and break down the amount(s) spent with each supplier over the following periods;

	Amount paid (£) to Supplier(s) during below periods
--	---

Supplier(s) Name	Apr-2018	May-2018	Jun-2018	Jul-2018	Aug-2018	Sep-2018
Example LTD	0	0	£1000	£2000	£3000	£1000

453.18
Cyber security awareness training

Dear Walsall Healthcare NHS Trust,

Do you conduct cyber security awareness training with your office-based employees / those with access to a PC on how to spot phishing emails?

Answer: No

Do you conduct simulated phishing campaigns with your employees to raise awareness and measure susceptibility of clicking on a malicious link?

Answer: Yes

If yes, were these training measures in place before the WannaCry ransomware attack of May 2017?

Answer: Yes, these were in place before the WannaCry attack

If no, are you planning to conduct security awareness training before the end of 2018?

Yes

No

Answer: N/A

What percentage of your IT / Training budget is allocated to staff training for cyber security awareness?

Answer: 0-5%

What percentage of your budget is currently spent on office refreshment such as tea and coffee?

Answer: 0-5%

What percentage of your budget is currently spent on office stationary?

Answer:0-5%

454.18
Missed elective day surgery appointments

Can you please tell me how many patients have missed elective day surgery appointments in the last three years (2016, 2017 and 2018 to date) due to failing to turn up without notice?

Answer:

YearCalendar	DNAs	£
Year 2016	994	£ 773,501.57
Year 2017	1063	£ 817,138.73
Year 2018	1118	£ 862,223.96

Can you also tell me what quantifiable costs were incurred by the trust as a result of the patient failing to attend their scheduled appointment?

Answer: See above

If possible, I would also like to know the type of surgery involved (eg, skin biopsies, cataracts, etc) in these cases?

Answer: We are unable to provide a breakdown as requested above as the information is not captured within our systems.

456.18

Compliance (DBS) and Reference Checking under the Freedom of Information Act (2000).

Please could you answer the following questions relating to Compliance (DBS) and Reference Checking under the Freedom of Information Act (2000).

1. Does your organisation have a central repository for data relating to reference checking and DBS?

Answer: ESR, Capita and Trac

2. Is the compliance (DBS) and reference checking process within the organisation automated or manual?

Answer: Both

3. What compliance (DBS) and reference checks are conducted on the below staffing groups:

- a) Nursing and Midwifery **Answer: Enhanced and last 3 years of employment/educational history**
- b) Medical and dental – **Answer: Enhanced and last 3 years of employment/educational history**

c) Non-Medical Non-Clinical – **Answer: Standard or No DBS and last 3 years of employment/educational history**

4. What is the average time for the organisation to get a return on a DBS compliance check and references in 17/18? –

Answer: 2 weeks

5. How many compliance (DBS) checks are conducted, on average each month in 17/18?

Answer: 20

6. How many staff on average, are involved in compliance and reference checking process in 17/18?

Answer: 9 staff conduct DBS checks and 6 staff request references

7. How many hours per month, on average are spent on compliance (DBS) and reference checking in 17/18?

Answer: 10

8. Does your organisation currently have a third-party provider for compliance (DBS) and reference checking?

a) If yes, please list the supplier(s)

Answer: Capita and Trac

b) What were the costs associated with compliance (DBS) and reference checking to the organisation in 2017/18?

Answer: DBS contains a £3.50 admin fee per DBS. No cost for references

c) Contract Start Date **Answer: 01/03/2017**

d) Contract End Date **Answer: renewed yearly**

e) Did you use a framework to procure their services?

Answer: They are on the G-Cloud 10 framework

f) If yes, what framework did you procure them through? –

Answer: They are on the G-Cloud 10 framework

457.18

Full registers covering all interests of, and gifts, hospitality

I am making a request under the Freedom of Information Act, with two separate elements.

1. Please provide me with your full registers covering all interests of, and gifts, hospitality, or sponsorship received by, staff members, or employees of your organisation, or your organisation, from January 1, 2014 to the present day.

This may be one register, list, or document, or it may be split into a number of different registers covering different aspects of the above – regardless of how you store this information, please provide any and all registers covering that time period.

For the avoidance of doubt, I am interested in the registers which would include information including – but not limited to:

- The sponsorship of educational or other organisational activities, which take place on your organisation's premises or under the auspices of your organisation, whether in the form of fully/partly funding activities, providing resources such as refreshments or venues, or other forms of support.
- The sponsorship of individuals or groups, employed by or affiliated to your organisation, perhaps in terms of fully/partly covering travel costs, admission fees, or other costs to attend conferences, education, training, or any other form of support.
- Sponsorship of individuals to gain recognised qualifications – e.g. a grant to support a PHD.
- Any paid work undertaken by your staff members or employees for third parties, or any other interests relating to your staff members or employees and third parties.
- Any gifts or hospitality provided to individuals or the organisation.
- Any awards provided to members of the staff or employees which are accompanied by a financial reward, resources, the covering of travel costs, or other 'prize' with monetary value.
- And, if held, details of all sponsorship, funding or other support for research, studies, or trials carried out by your organisation, or by individuals at your organisation.

If you do not hold information covering all of these areas please send me only those from the areas you do hold information on.

Please note that I am not looking for just your most recent registers, but those which cover the entire period back to January 1 2014. This may mean sending me a number of different registers or other documents.

I am aware you publish some of this material online, but data from this far back and covering all these areas are not available on your website. There is therefore no argument that this material is already in the public domain.

Please note that I would expect each item on each register to include all standard information usually published on such records, such as the date or dates, the individual/team/event at your organisation it was provided to, the approximate or exact value, the reason for accepting, the organisation or individual providing the gift/hospitality/sponsorship/etc, their reason for providing it or what they received in return, and so on. I am not requesting more personal information than is usually disclosed on these records, or for additional information to be added.

Where your organisation has been formed by the separation/merger of other organisations, please provide the documentation relating to your organisation from the date it was formed, and for the previous organisations going back to January 1, 2014.

If it is easier to provide the information from the financial year 2013/14 to the present day, please feel free to do this instead.

Please provide this data in whichever digital format it is currently stored in/is most convenient for you.

If this email address relates to more than one NHS organisation please process this as a separate request for each organisation that you cover.

2. Please provide me with a full list of all external events held on your organisation's premises/ under your organisation's auspices since January 1, 2014, along with the name of the external organiser of the event, and any sponsors of that event.

If the second question is not possible within the resource limits of FOI, please carry out only question 1.

Answer: Attached 2014/15, 2015/16, 2016/17. No data available for 2017/18

Spreadsheets available upon request

458.18

Organisation's gifts and hospitality register

Under the Freedom of Information Act 2000, I'm writing to request a copy of your organisation's gifts and hospitality register.

I would like a breakdown for all staff for the full financial years of 2016 / 2017 and 2017 / 2018. If the trust was founded after these records began, please provide data from the trusts that merged to form the current trust.

Please include:

- Role / title of staff member gift / hospitality offered to
- Date offered
- The item type (e.g. travel expenses, conference ticket, flowers), and details / description (e.g. date / location of conference, type of training)
- The reason for the gift / hospitality
- The value of the item
- Name of the individual or company providing the gift / hospitality
- Whether the item was accepted or declined

Answer: No data available for April 2017/18.

Date item was declared	Role of staff member the gift	Description of item	Reason for the gift/hospitality	Value	Whether the item was accepted or declined
02/05/2016	Above band 5	Lunch	Teaching Session	£300	Accepted
02/05/2016	Above band 5	Lunch	Teaching Session	£300	Accepted
30/06/2016	Executive	Dinner	Conference	£50.00	Accepted

**459.18
Health Visitors**

Under the Freedom of Information Act I seek the following information:

- 1) a) Please state the number of full time health visitor positions (full time equivalent) within your trust at 26.11.18, or the nearest possible data collection day.

Answer: 54.72 FTE

- b) Please state the number of full time health visitor positions that are vacant and being covered by agency or temporary staff members (full time equivalent) within your trust at 26.11.18, or the nearest possible data collection day.

Answer: Zero

- c) Please state the number of full time health visitor positions that are vacant and not being covered by agency or temporary staff members (full time equivalent) within your trust at 26.11.18, or the nearest possible data collection day.

Answer: 6.28 FTE.

**NB: 2.20 FTE HVs recruited September 2018 to commence beginning of January 2019
Leaving vacancy of 4.08 FTE**

2)

- a) Please state the average caseload of all health visitors (including agency or temporary staff) within your trust at 26.11.18, or the nearest possible data collection day.

Answer: 350 per WTE

- b) If you have a distinction within your recording system between senior and junior health visitors, please provide the average caseload for each level of seniority, if you are able to do so within the cost limit.

Answer: There is no distinction between a junior or senior health visitor. All Health Visitors once fully qualified are allocated a workload and not a case load. Walsall

Health Visiting service work corporately. Junior Health Visitors (those qualified under 2 years) are offered monthly safeguarding supervision and a preceptor.

- 2) Please state the five highest caseloads for individual health visitors within your trust at 26.11.18, or the nearest possible data collection day. If possible within the cost limit, please also provide the seniority of these health visitors.

Answer: There is a limit of no more than 6 child protection cases per health visitor (if full time) and no more than 15 to 20 cases that require targeted provision. This is based on days and hours worked as work is allocated pro rata. This is monitored and recorded weekly. Universal cases are the responsibility of the whole team although the same health visitor where possible will see the client at the antenatal contact, new birth visit (up to 14 days and the 6 week review).

- 4) Please state the number of visits by health visitors to

- a) children
b) adults

that were delayed or cancelled in each of the last three financial years, and the current financial year to 21.11.18.

Answer:

DNA Figures

YearFinancial	Adult	Children	Grand Total
2015/16	412	4623	5035
2016/17	491	4496	4987
2017/18	506	3829	4335
2018/19	397	3032	3429
Grand Total	1806	15980	17786

Cancellation Figures

YearFinancial	Adult	Children	Grand Total
2015/16	63	488	551
2016/17	43	328	371
2017/18	49	353	402
2018/19	12	181	193
Grand Total	167	1350	1517

5) Please state in days the five longest delays to health visitor visits to

- a) children
- b) adults

in each of the last three financial years, and the current financial year to 21.11.18.

Answer: This information is not recorded

If possible within the cost limit set out under the FOI act, please also provide a response to the below questions. If you can only provide an answer to the above questions within cost, please disregard this section.

6) Please state the number of health visitors (full time equivalent) that were placed on long term sick leave, defined as completing a sick leave period of 28 calendar days or more, due to mental health issues in each of the last three financial years, and the current financial year to 26.11.18. Please ascribe each period of leave to the year it began, if a period crossed between two years.

Answer: Due to low numbers we have shown a range to ensure the individuals are not identified.

Financial Year	Count of Health visitors on LTS due to Mental Health Issues (FTE 1-5)
2015/16	1-5
2016/17	1-5
2017/18	1-5
01/04/2018 - /26/11/2018	1-5

7) Please state the number of patients that died while under health visitor care in each of the last three financial years, and the current financial year to 26.11.18.

Answer:

Financial Year	Count of Deaths
2015/16	2
2016/17	1

460.18

Non-stunned meat

I am seeking the following information in electronic form:

1. Do any of the meat products provided by your authority come from animals which were not stunned prior to slaughter?

Answer: Yes

2. If so, which hospitals, clinics, medical facilities or other areas of your service provide these non-stunned meat products?

Answer: Walsall Manor NHS Trust Hospital , Walsall.

3. If so, which types of meat are non-stunned?

Answer: Chicken

4. If so, are all such meat products clearly labelled as 'non-stunned' meat?

Answer: No. They are labelled as HALAL

461.18

Shadow IT and feral systems

Under the provisions of the FOI Act we request answers to the following questions:

Does your Trust have a policy relating to shadow IT and feral systems? If yes, can you provide a copy of that policy?

Answer: No

Has your Trust carried out a recent audit of shadow IT and feral systems?

Answer: Not specifically. Currently under review.

If Yes, can we have a copy of that audit? If No, will you provide an estimate of the number of such systems in your Trust?

Answer: Currently under review

If you are unable to identify ALL shadow IT and feral systems, will you explain how you intend to meet your obligations under GDPR?

Answer: This is currently under review and actions will be taken following the review

Do you have a picture of how many feral systems adhere to NHS national data standards?

Answer: No

Are shadow systems currently covered under your trust's Cyber Security policies and IG Toolkit?

Answer: Yes however there is not a specific link to shadow systems

Note – If in answering any question you believe that the answers would breach section 35 please provide that information you are able to.

462.18

Supplier and Functionality

Dear Walsall Healthcare NHS Trust

I am writing to make a request under the Freedom of Information act. Please find attached a request for information regarding your organisations use of rostering software and its functionality.

Answer: Please see attached. Spreadsheet available upon request

463.18**Stabbing in the Buttocks**

This request is trying to find out how many people are being stabbed in the buttocks and whether this is a growing trend/problem.

- How many people have you treated for a stabbing in the buttocks in each of the last three years? (i.e. 2016, 17 and 18)

Answer:

Year	Buttock Stabbings
Year 2016	2
Year 2017	1
Year 2018	2

- Of the total number of people treated for all stabbings, what proportion do buttock stabbings account for? Please provide raw numbers and percentages for each of the last three years (i.e. 2016 10 buttock stabbings out of 100 total stabbings 10% ; 2017, 2018 etc.)

Answer:

Year	Buttock Stabbings	Total Stabbings	Percentage
Year 2016	2	39	5.13
Year 2017	1	41	2.44
Year 2018	2	44	4.55

- How many people stabbed in the buttock were treated with a colostomy bag?

Answer: In the last three years there was no inpatient episodes identified where a patient had a diagnosis of buttock stabbing that underwent a colostomy procedure.

**464.18
Rota Gaps**

This request is trying to find out about rota gaps in emergency medicine and is going out to many trusts.

- 1) Please state the number of occasions in the last three financial years and the current financial year to date where a doctor shift in your accident and emergency departments was left unfilled.

Answer: We have applied exemption 12; cost of compliance exceeds the appropriate limit . Due to having to manually sort through the Rota sheets.

- 2) Please state the number of complaints made by doctors at your accident and emergency departments due to having to fill rota shift absences in each of the last three financial years, and the current year to date. Please provide a copy of the text of each complaint.

Answer: No complaints either written or informal have been received from medics (Junior or Senior) regarding covering vacancies in the A&E department.

- 3) Please state the number of occasions that rota shift gaps in your accident and emergency departments have been filled by agency workers in each of the last three financial years and the current financial year to date. Please state the cost of this to your trust in each of these years.

Answer: We have applied exemption 12; cost of compliance exceeds the appropriate limit . Due to having to manually sort through the Rota sheets.

- 4) Please state the number of occasions that rota shift gaps in your accident and emergency departments have been filled by staff working additional shifts in each of the last three financial years and the current financial year to date. Please state the cost of this to your trust in each of these years.

Answer: We have applied exemption 12; cost of compliance exceeds the appropriate limit . Due to having to manually sort through the Rota sheets.

**465.18
Biologics and Biosimilar prescribing**

“Could you please provide me with the following numbers of patients treated in the last 12 months (latest 12 months possible) with the following drugs” :

Answer:

Number of patients treated	Rheumatoid Arthritis	Ankylosing Spondylitis	Psoriatic Arthritis	Psoriasis	Crohns Disease	Ulcerative Cloitis

TOTAL	224	59	59	81	127	43
Abatacept (Orencia)	12	0	1	0	0	0
Adalimumab (Biosimilar)	0	0	0	0	0	0
Adalimumab (Humira)	45	11	16	22	59	22
Apremilast (Otezla)	2	0	2	8	0	0
Baricitinib (Olumiant)	1	0	0	0	0	0
Brodalumab (Kyntheum)	0	0	0	2	0	0
Certolizumab (Cimzia)	0	0	0	0	0	0
Dimethyl Fumarate (Skilarence)	0	0	0	0	0	0
Etanercept (Enbrel)	39	9	4	4	0	0
Etanercept Biosimilar (Benepali or Erelzi)	41	12	10	5	0	0
Golimumab (Simponi)	5	19	12	0	1	1
Guselkumab (Tremfya)	0	0	0	0	0	0
Infliximab (Remicade)	2	1	2	0	3	1
Infliximab Biosimilar (Inflectra, Remsima or Flixabi)	3	2	2	0	21	8
Ixekizumab (Taltz)	0	0	0	2	0	0
Rituximab (Mabthera)	6	0	0	0	0	0
Rituximab Biosimilar (Rixathon or	22	0	0	0	0	0

Truxima)						
Sarilumab (Kevzara)	0	0	0	0	0	0
Secukinumab (Cosentyx)	1	4	4	10	0	0
Tildrakizumab (Ilumetri)	0	0	0	0	0	0
Tocilizumab (Ro Actemra)	45	0	0	0	0	0
Tofacitinib (Xeljanz)	0	0	0	0	0	0
Ustekinumab (Stelara)	0	1	6	28	14	1
Vedolizumab (Entyvio)	0	0	0	0	29	10

**466.18
Venous Leg Ulcers**

I am writing on behalf of Derek Thomas MP, chair of the Venous and Vascular All-Party Parliamentary Group to submit a request for information under the terms of the Freedom of Information Act 2000.

- a) Do you have a formal patient pathway for the management of venous leg ulcers?

Answer: Yes

- b) Do you have a multi-disciplinary team for the management of venous leg ulcers? If so can you list who is involved in that team?

A. Answer: Leg ulcer management is undertaken by many different multi-disciplinary teams including:

Vascular CNSs and Surgeons, Ward Staff, Dermatology team, TVNs, District Nurses, Practice Nurses, patients, their families and carers.

- c) For patients with chronic leg ulcers can you state who would generally be the lead clinician on their care?

Answer: The lead clinician would depend on where the patient is located.

If at home the community staff would take charge (each area has clinical sisters). If an inpatient the ward staff under guidance from Vascular or Tissue Viability.

- d) Do you have a lead clinician for venous conditions? If so, please provide a name, job title, postal address, email address and telephone number. This information would only be used for limited communications from the All-Party Parliamentary Group in the furtherance of its policy aim to improve venous care across the country.

**Answer: Mr Zahid Khan Consultant Surgeon. Phone: 01922 721172
Email: zahid.khan@walsallhealthcare.nhs.uk Address: Walsall Manor NHS Trust Hospital, Moat Road Walsall WS2 9PS**

- e) How many patients with chronic venous leg ulcers did you treat in i) 2012/13, ii) 2013/14, iii) 2014/15, iv) 2015/16, v) 2016/17, vi) 2017/18

Answer: We don't code leg ulcers in isolation and can identify only inpatients where leg ulcers were part of the primary diagnosis (although the codes don't necessarily indicate that the ulcers are chronic just that they have them on admission). Patients treated in other settings could not be separated out from other patients via diagnostic coding. So the figures below will not include patients seen / treated in other settings

- f) How many patients with chronic leg ulcers did you refer to vascular or a venous surgeon in i) 2012/13, ii) 2013/14, iii) 2014/15, iv) 2015/16, v) 2016/17, vi) 2017/18

Answer: The patients we can identify with ulcers are already inpatients, so they would (generally) be put under a surgeon if surgical intervention was required at point of admission

How many surgical procedures related to venous leg ulcers has your trust performed in i) 2012/13, ii) 2013/14, iii) 2014/15, iv) 2015/16, v) 2016/17, vi) 2017/18

Answer: The table below shows of those inpatient spells identified in e) how many had a procedure.

Year	Spells	With Procedure
Year 2012/13	11	7
Year 2013/14	15	5

Year 2014/15	12	6
Year 2015/16	10	5
Year 2016/17	15	6
Year 2017/18	17	11

467.18

Director contact details

Please can I have an email address to contact the following at Walsall NHS:

Richard Beeken richard.beeken@walsallhealthcare.nhs.uk

Matthew Lewis matthew.lewis@walsallhealthcare.nhs.uk

Karen Dunderdale karen.dunderdale@walsallhealthcare.nhs.uk

Daren Fradgley daren.fradgley@walsallhealthcare.nhs.uk

Catherine Griffiths catherine.griffiths@walsallhealthcare.nhs.uk

Jenna Davies jenna.davies@walsallhealthcare.nhs.uk

468.18

Use of pitolisant

I would be grateful if you could please provide a response within the timeframe specified by the Freedom of Information Act 2000.

- Is pitolisant (Wakix) an approved therapy on the trust formulary for patients with narcolepsy?

Answer: No

- If yes, has pitolisant (Wakix), been used in the last 12 months for an adult patient? If so, in how many patients has it been used?

Answer: N/A

- Is pitolisant therapy reimbursed?

Answer: N/A

- If yes, by whom?

Answer: N/A

469.18

Waste

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

I require this information as it forms part of my research into the financial and environmental impact of healthcare waste as part of my Masters degree in Economic Evaluation in Healthcare (MSc).

Could you please either complete the online form <https://www.webmerge.me/capture/11583/jqqinb> or alternatively complete and return the attached spreadsheet at your earliest convenience.

I have also included a PDF version, should my online form or spreadsheet not be compatible with your systems.

If you have any queries please don't hesitate to contact me via email and I will be very happy to clarify what I am asking for and discuss the request, my details are outlined below.

Answer: Exemption 43 has been applied as the questions in the request are Confidential and commercially sensitive due to the contracts being out to tender.

**470.18
Medical Directors**

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

I would like to know:

- 1) The names and tenures of each medical director at the trust since the start of 2010
- 2) What specialism they were/are
- 3) Whether they were an internal or external appointment

Answer:

Name of the Trust	Names of medical directors <u>Since 2010</u>	Tenure of Medical director	Specialism they were/are	They were/are an internal or external appointment
Walsall Healthcare	Mr Michael Browne appointed 2001 until 30.09.2010	9 years	Gynaecology	Internal
NHS Trust				
Walsall Healthcare	Mr Amir Khan appointed 01.10.2010 until 19.10.2018	8 years	General Surgery	Internal
NHS Trust				

**471.18
Eating disorder statistics**

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

I would like to know:

- 1) How many admissions of children (under 18's) presenting with eating disorders your trust has recorded in the past five years.
- 2) I would like to know how many of these children treated were male/female/transgender.
- 3) Please present all this information simply and clearly and break it down by year. Please provide as much detail as possible about the nature of their illness (I understand that some children may present with multiple illnesses). I would like this information broken down by type of eating disorder eg bulimia, anorexia etc. For example:

2013:

- XXX male children. 55% anorexia, 45% bulimia
- XXX female children 450 anorexia, 150 bulimia
- XXX transgender children

Answer:

Walsall Healthcare NHS Trust							
<u>Counts of eating disorder diagnoses coded against patients aged under 18 discharged over the past 5 financial years during an inpatient stay</u>							
<u>NOTE:if a single patient stay has more than 1 such diagnosis coded, the stay will count against EACH such diagnosis the table below.</u>							
FOI 47118							
Our Ref:7478							
Row Labels	Year 2013/14	Year 2014/15	Year 2015/16	Year 2016/17	Year 2017/18		
Female							
Anorexia nervosa	0	1	1		1		
Bulimia nervosa	0	0	0	0	3		
Eating disorder, unspecified	0	2	2	2	8		
Eating disorders : Anorexia nervosa	1	0	0	0	0		
Eating disorders : Bulimia nervosa	1	0	0	0	0		
Eating disorders : Eating disorder unspecified	4	0	0	0	0		
Eating disorders : Other eating disorders	2	0	0	0	0		
Pica of infancy and childhood	0	0	0	0	1		
Male							
Pica of infancy and childhood	0	0	0	1	0		

Grand Total	8	3	3	3	13		
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Walsall Healthcare NHS Trust							
<u>Counts of eating disorder diagnoses coded against patients aged under 18 discharged over the past 5 calendar years during an inpatient stay</u>							
<u>NOTE:if a single patient stay has more than 1 such diagnosis coded, the stay will count against EACH such diagnosis the table below.</u>							
FOI 47118							
Our Ref:7478							
Row Labels	Year 2013	Year 2014	Year 2015	Year 2016	Year 2017		
Female	6	3	3	4	10		
Anorexia nervosa	0	0	1	1	1		
Bulimia nervosa	0	0	0	0	3		
Eating disorder, unspecified	0	1	2	3	5		
Eating disorders : Anorexia nervosa	1	0	0	0	0		
Eating disorders : Bulimia nervosa	0	1	0	0	0		
Eating disorders : Eating disorder unspecified	3	1	0	0	0		
Eating disorders : Other eating disorders	2	0	0	0	0		
Pica of infancy and childhood	0	0	0	0	1		
Male				1			
Pica of infancy and childhood	0	0	0	1	0		
Grand Total	6	3	3	5	10		

472.18
Hospital facilities

I am writing to you under the Freedom of Information Act 2000 to request the following information from Walsall Healthcare NHS Trust.

Please fill in the information requested in the attached spreadsheet, for every hospital within your Trust.

Please note the spreadsheet has three separate tabs, relating to operating theatres, endoscopy suites and central sterilisation service departments (CSSD) respectively. Please ensure to fill in the details requested in each tab.

Answer: Please see attached. Spreadsheet available upon request

473.18
Acanthamoeba Keratitis

I am submitting a Freedom Of Information request as detailed below.

Please can you supply information relating to the following:

- How many cases of acanthamoeba keratitis (AK) have been diagnosed within your trust over the past five years?

Answer: No patients have been diagnosed over the past five years?

474.18
Cost improvement plan

I would like to request information about the trust's saving mentioned below :

- Cost Improvement Plan % (2018-19 and 2017-18)

Answer: % of Expenditure Budget 2017/18 was 4.3% and 2018/19 is 5.9%

- Cost Improvement Plan Total (2018-19 and 2017-18)

Answer: Total Plan for 2017/18 was £11m and 2018/19 is £15.5m

**475.18
Cancer**

1. Within your health trust how many metastatic breast cancer patients are currently [within the past 6 months] being treated, with any therapy, surgery or palliative care.

Answer: 2

2. Within your health trust how many breast cancer patients are currently [within the past 6 months] being treated for bone metastases with the following treatments;

disodium pamidronate (Aredia)	Answer: 0
ibandronic acid or ibandronate (Bondronat)	Answer: 0
sodium clodronate (Bonefos, Clasteon, Loron)	Answer: 0
zoledronic acid or zoledronate (Zometa)	Answer: 0
denosumab (Xgeva)	Answer: 25

3. Within your health trust how many breast cancer patients are currently [within the past 6 months] being treated with adjuvant therapy with the following treatments;

disodium pamidronate (Aredia)	Answer: 0
ibandronic acid or ibandronate (Bondronat)	Answer:0
sodium clodronate (Bonefos, Clasteon, Loron)	Answer:0
zoledronic acid or zoledronate (Zometa)	Answer:0

4. Within your health trust how many metastatic lung cancer patients are currently [within the past 6 months] being treated with any therapy, surgery or palliative care.

Answer:10

5. Within your health trust how many lung cancer patients are currently [within the past 6 months] being treated for bone metastases with the following treatments;

disodium pamidronate (Aredia)	Answer: 0
ibandronic acid or ibandronate (Bondronat)	Answer: 0
sodium clodronate (Bonefos, Clasteon, Loron)	Answer: 0
zoledronic acid or zoledronate (Zometa)	Answer: 0
denosumab (Xgeva)	Answer: 4

6. Within your health trust how many metastatic renal cell cancer patients are currently [within the past 6 months] being treated with any therapy, surgery or palliative care.

Answer: 1

7. Within your health trust how many renal cell carcinoma [RCC] patients are currently [within the past 6 months] being treated for bone metastases with the following treatments;

disodium pamidronate (Aredia) -	Answer: 0
ibandronic acid or ibandronate (Bondronat)	Answer: 0
sodium clodronate (Bonefos, Clasteon, Loron)	Answer: 0
zoledronic acid or zoledronate (Zometa)	Answer: 0
denosumab (Xgeva)	Answer: 0

476.18

Neurophysiology

As a Freedom of Information request please could you provide the following information where possible (if you are unable to provide the information, please provide a valid justification):

How many tests were performed by your Neurophysiology Department in the last financial year (2017/18)?

Answer: 1384 Total Investigations

Of these tests,

* How many were outpatient EEGs?**Answer: 328**

* How many were inpatient EEGs?**Answer: 118**

* How many were Consultant led EMG/NCS?**Answer: 13**

* How many were Physiologist led NCS?**Answer: 925**

* Of the Physiologist led NCS, how many were

o Seen in a CTS screening clinic?**Answer: 925 (our NCS clinics are all CTS/Ulnar screening inclusive for every patient)**

o Seen in a Ulnar screening clinic?**Answer: as above**

o Seen in a PN screening clinic?**Answer: None**

Apart from routine outpatient EEGs, inpatient EEGs, Consultant EMG/NCS, Physiologist-led NCS (i.e. CTS/Ulnar/PN screening), what other services does your Neurophysiology department provide?

Answer: None

o Please provide the number of tests carried out under these additional services (i.e. evoked potentials - 200 performed in 2017/2018, intraoperative spinal monitoring - 10 performed in 2017/2018, video telemetry – 100 performed in 2017/2018 etc.)

Answer: N/A

Does your Neurophysiology Department perform Clinical Physiologist led EMG?

Answer: No

How many patients are seen in a typical outpatient Consultant-led EMG/NCS clinic?

Answer: None

o How much time is allocated to a single slot for EMG/NCS?

Answer: N/A

How many patients are seen in a typical outpatient physiologist-led NCS clinic (i.e. CTS, Ulnar, PN screen)?

Answer: 6

o How much time is allocated to a single slot for physiologist NCS?

Answer: 40 Mins

Please could you give a breakdown of staffing in your Neurophysiology Department, i.e. how many Consultant Neurophysiologists work in the department, how many are Band 2, 3, 4, 5, 6, 7, 8a, 8b, 8c, 8d, 9 working in the department, as well as their role (i.e. Clinical Physiologist, HCA, administrative staff) and:

Please could you outline the role of the Clinical Physiologist for each Band? For example:

o Band 5 Clinical Physiologist – performs routine EEG, inpatient EEG, sleep deprived EEG independently. Performs CTS screen under supervision.

o Band 7 Clinical Physiologist – performs routine EEG, inpatient EEG, sleep deprived EEG independently. Performs CTS/Ulnar/PN screen independently. Reports CTS/Ulnar independently. PN reports countersigned by Consultant.

Answer: No Consultant Neurophysiologists

- **1 x Band 8a Clinical Service Manager**

Performs all IP/OP Neurophysiologist investigations independently and provides Factual reports for all EEG investigations, and provides Independent Reports for all NCS investigations which are then peer proof read by band 6 physiologist before sending out

- **1 x Band 6**

Performs all IP/OP Neurophysiologist investigations independently and provides Factual reports for all EEG investigations, and provides Independent Reports for all NCS investigations which are then peer proof read by band 8a Neurophysiology manager before sending out

Investigations performed independently by both the above clinical Physiologists:

- **Carpal Tunnel screening/Ulnar screening clinics**
- **OP Routine awake EEG's on paediatric and adults**
- **OP Sleep-deprived/Melatonin EEG on paediatric and adults**

- **Inpatient awake and Chloral sleep Portable EEG recordings on paediatric and adults**

Abbreviations

EEG = Electroencephalography

EMG = Electromyography

NCS = Nerve Conduction Studies

CTS = Carpal Tunnel Syndrome

PN = Peripheral Neuropathy

HCA = Health Care Assistant

477.18

General Surgery

Could you tell me who the clinical lead for general surgery is please?

Answer: Mr Salman Mirza

478.18

Patient Safety

I am writing to you under the Freedom of Information Act 2000 to request the following information from Walsall Healthcare NHS Trust.

Please could I enquire as to what system your Trust uses to record clinical and non-clinical incidents that occur within the Trust?

Specifically, I would like to know the following:

1. Does your Trust use an electronic system to record and manage clinical and non-clinical incidents including patient safety incidents?

Answer: Yes.

2. If yes to question 1, what is the name of the system you use to record and manage clinical and non-clinical incidents within the Trust?

Answer: Ulysses (Safeguard)

3. In relation to the system named in question 2, do you use the system for any other functions other than the reporting and management of incidents?

Answer: Yes.

4. If yes to question 3, could you please detail what additional functions the system is used for (i.e complaints management and risk management)?

Answer:

**Risk Registers
Customer Services (including Complaints)
Volunteering
Litigation
Inquests
CAS Alerts
Safeguarding (Adult & Child)**

5. Could you please provide the cost of the system named in question 2 for the last financial year (2017/18)?

Answer: £5,129.21 (exc. VAT)

6. If possible, could you please provide the cost of the system named in question 2 for the last 5 financial years?

Answer:

2014/15	£4,295.11 (exc. VAT)
2015/16	£4,834.78 (exc. VAT)
2016/17	£4,979.82 (exc. VAT)
2017/18	£5,129.21 (exc. VAT)
2018/19	£5,926.84 (exc. VAT)

479.18

Psoriatic Arthritis and Ankylosing Spondylitis

I am writing to request information under the Freedom of Information Act 2000 in relation to Psoriatic Arthritis and Ankylosing Arthritis

The questions are:

1. How many new patients have been diagnosed with Psoriatic arthritis in the last 12 months and how many in each hospital within the trust

Answer: This information is not recorded as Diagnosis are not coded

2. How many of the newly diagnosed patients with Psoriatic arthritis patients are treated with biologic therapy (disease modifying therapy) to include numbers for:

- adalimumab
- apremilast
- certolizumab
- etanercept
- golimumab
- infliximab
- secukinumab
- ustekinumab
- ixekizumab
- tofacitinib

Answer: Newly diagnosed patients would not meet the NICE guidance for psoriatic arthritis. Biologics only appropriate if failure on DMARD therapy

3. Are clinics held specifically for Psoriatic Arthritis, if so, how many and at which hospitals within the trust?

Answer: No specific clinics held for psoriatic arthritis in the Trust

4. How many new patients have been diagnosed with Ankylosing spondylitis in the last 12 months and how many in each hospital within the trust?

Answer: This information is not recorded as Diagnosis are not coded

5. How many of the newly diagnosed patients with Ankylosing Spondylitis arthritis are treated with biologic therapy (disease modifying therapy) to include numbers for:

- Etanercept
- Infliximab
- Adalimumab
- Golimumab
- Certolizumab
- Secukinumab

Answer: Newly diagnosed patients would not meet the NICE guidance for psoriatic arthritis. Biologics only appropriate if failure on DMARD therapy

6. Are clinics held specifically for Ankylosing spondylitis if so how many and at which hospitals

Answer: We do not have dedicated Ankylosing spondylitis clinics though we aim to see most patients on a Wednesday morning.

480.18

Trust FOI statistics & resources

Please could you send me the following details:

FOI MONTHLY STATS

1. How many FOI requests were received by your Trust each month between 1 April 2018 and 30 November 2018?

Answer: 469

2. How many FOI requests were responded to by your Trust over the 20 working day Information Commissioner's Office limit each month between 1 April 2018 and 30 November 2018?

Answer: 243

FOI TRUST RESOURCE

3. How many staff does your Trust employ to coordinate FOI responses, and what are the normal working hours (e.g. Full time, 0.5wte/18 hours per week)

Answer: 1 Part time 22.5 Hours per week

4. What software solution does your Trust use to manage and log the FOI requests process? (e.g. MS Outlook, MS Excel spreadsheets, MS Access databases, Ulysses Request for Information Module, DropPane, Datix, paper register)

Answer: MS Outlook, Microsoft Word, Microsoft Excel

5. Is the software used for managing FOI requests the same as that used by your Trust's Subject Access request team?

Answer: Yes

TRUST RESOURCES

6. What is your Trust's annual overall budget for the current financial year 2018/2019?

Answer: £250,112,000

7. How many staff overall are employed by your Trust?

Answer: 4312 (at 18/12/2018)

8. Approximately how many patients come within your Trust's catchment area?

Answer: The trust does not hold this information and would refer you to the historical censuses for the Walsall area.

FOI TRAINING

9. Have your FOI coordination staff attended externally provided training courses on Freedom of Information? If so, could you list the provider?

Answer: No

10. Have you run FOI awareness campaigns within your Trust to raise knowledge of legal requirements, and change attitudes? For instance, has your Trust invited a speaker from the ICO to give a talk on FOI or Data Protection, and was this an effective approach?

Answer: Yes

481.18

Autism waiting time

May I request the following information for FOI, please:

1. What is your current autism waiting time (average, shortest, longest) referral to diagnosis for children?

Answer: See below

2. Can you break this down to referral to first appointment and give the waiting time (average, shortest, longest)?

Answer: Question 1 and 2 answered together: The trusts system do not capture current autism waiting times. As a guide: For some children this means that a diagnosis is agreed upon within a short period of time, around 6 months. For other children dependent on age or presentation a much longer period of time is appropriate to ensure their needs are fully understood. This may be over a period of months or even years. Priority is meeting the child's needs and gathering a full picture of the child over time.

3. How many children are awaiting diagnosis currently? Please can you break down the number of children with a booked future appointment and those waiting without an appointment?

Answer: It is difficult to provide a specific number. There are children waiting to be seen in our MDT groups but not all of these children will go on to receive a diagnosis, we also have children who go through other routes due to the nature of how Autism Spectrum can present. All children waiting for a specific pre-school group are provided with a service until the specific group place is offered.

In regards to the MDT groups, there are currently 18 patients on the waiting list for the 'Feel Good Friday' group and there are 25 patients on the waiting list for the 'Starting Out Group'.

The groups are 6 weeks long with a review at the end to go through the report. However, not every child will get a diagnosis of Autism Spectrum.

Children could be waiting up to one year from referral to first appointment at group.

4. Can you provide a copy of the diagnosis pathway, please?

Answer: Attached are the protocol for Autism Spectrum diagnosis in Walsall and the revised draft pathway for pre-school assessment and diagnosis, this will be signed off at the end of January 2019.

The 5-19 pathway is currently being revised but will be available in draft form by Easter.

Attachments available upon request

482.18 CT Mapping questionnaire

The information you provide will be used in part to help support an NIHR grant application for multi-centre research to evaluate the role of complementary therapies within maternity services with a view to improving the experience of women during pregnancy and childbirth.

The survey will take less than 10 minutes to complete and is attached.

Some of the information may need collecting from a Specialist Midwife/Consultant Midwife within your hospital.

We would be very grateful if you could complete this survey on behalf of your NHS Trust.

Answer:

NHS MATERNITY COMPLEMENTARY THERAPY MAPPING

Dear Colleague,

We are currently planning to undertake a study to identify the effectiveness of the use of 'complementary therapies' (CTs) including aromatherapy and reflexology to promote spontaneous labour and reduce postdates induction of labour in low risk women. We would be very grateful if you could spend 10 minutes completing this questionnaire.

This questionnaire is being sent to all NHS Trusts who offer maternity services.

The information you provide will be used in part to help support an NIHR grant application for multi-centre research to evaluate the role of complementary therapies within maternity services with a view to improving the experience of women during pregnancy and childbirth.

Many thanks in anticipation of your help,

Kind regards



Birmingham Women's & Children's NHS Trust / University of Birmingham

Sam Todd
Homebirth Team
Lead

Dr Sara Webb
Specialist Midwife/ Research
Fellow

Dr Maria T. Clark
Lecturer in Adult Nursing/
Honorary Health Visitor

Dr Katie Morris
Senior Clinical Lecturer/
Consultant Maternal Fetal
Medicine

Please provide the name and city of the unit that you work in

NHS Trust name: Walsall Healthcare NHS Trust

City: Walsall

Complementary Therapies

1. How many births are there per annum at the unit where you work?

Response

Less than 1000

1001-2000

2001-3000

3001-4000 – Based on 2017/2018 Births

4001-5000

5001-6000

6001-7000

7001-8000

8001-9000

9001-10000
10000+

2. What is your annual % of women undergoing induction of labour for postdates pregnancy rate?

Response:)

Less than 2%

2-5%

5-7%

7-10%

>10%

3. Does your Trust have a Clinical Lead or Service Lead for the use of complementary therapies?

Response

Yes

No

Don't know

If Yes

Name of clinical lead or service lead

Job Title

4. What care pathway does your Trust use for women with postdates pregnancy?

Response

Local Trust guideline

No specific Trust guideline but follow RCOG green top guideline

None

Don't know

5. If your trust has a complementary therapy service or clinic what provision is made for women with postdates pregnancy?

Response (please select all that apply)

Reflexology treatment

Aromatherapy treatment

Acupuncture treatment

Osteopathy

Homeopathy

Massage

Healing

Bowen Technique

Emmett Technique

Combination treatment (if so please state combination)

No complementary therapy service

Other

6. If your Trust offers a complementary therapy treatment for women with postdates pregnancy, on average how many weeks gestation is the treatment offered?

Response

<40 weeks

40+1 weeks- 41 weeks

41+1 weeks- 42 weeks

Open appointment/woman's choice

Whenever the service is available

Not applicable (no complementary therapy service)

7. Please select from the list below those professionals who are qualified as complementary therapists and routinely involved in the provision of complementary therapy services in the unit where you work (please select all that apply)

Response

Gynaecologist

Midwife

Obstetrician

Nurse

Doula

Complementary therapy volunteers

Other (please specify)

Don't know

8. Who refers women to this complementary therapy service (please select all that apply)?

Response:

A midwife on the antenatal clinic

A midwife on the antenatal ward

A community midwife

An obstetrician

A doula

Complementary therapy volunteers

Other (please specify below)

9. Is routine membrane sweeping offered to women during a complementary therapy treatment?

Response

Yes

No

10. Following a complementary therapy treatment for postdates pregnancy, on estimate how many women still require an induction of labour?

Response

Less than 10%

11%-20%

21%-30%

31%-40% (This information is based on a sample of 52 women)

41%-50%

51%+

Don't know

11. If complementary therapies are used to support induction of labour, do you collect data about the effectiveness of the treatments or service?

Yes

No

Don't know

Not Applicable

12. If a multi-centre research study is funded regarding interventions to improve service provision and reduce postdates induction of labour using complementary therapies, might you be interested in participating or contributing?

Response:

Yes

No

If Yes, please provide the following details

Name: **Louise Holland Divisional Director Women's & Children's Clinical Support Services**

Contact details (Telephone/email): **01922 721172 – email louise.holland@walsallhealthcare.nhs.uk**

Institution: **Walsall Healthcare NHS Trust**

Address for correspondence: **Manor Hospital, Moat Road, Walsall, WS2 9PS**

Thank you for completing this questionnaire

483.18

Sleep Apnoea testing

1. Number of GP referrals into hospitals for Sleep Apnoea testing for the most recent 12 months of data

Answer: GPs cannot request Sleep apnoea testing, If they suspect a patient has sleep apnoea they have to refer to a consultant who makes the request to us along with any other test they feel necessary

2. Number of GP referrals into hospitals for 24 hour ECG for the most recent 12 months of data

Answer: Total = 301 This is for the actual GP 24hr ECG's done and not necessarily for the number of referrals that CMU has received

484.18

Children sectioned under the Mental Health Act 1983

I'm emailing regarding an FOI request for which I believe you'll have the data available.

Please provide me with:

A) The number of children sectioned under the Mental Health Act 1983 for the financial years 2016/17 and 2017/18.

B) The age ranges and gender of the children sectioned under the Mental Health Act 1983 for the financial year 2017/18.

C) The age and gender of the youngest girl and youngest boy sectioned under the Mental Health Act 1983 in the financial year 2017/18.

Answer: We are unable to provide an exact number due to the low number of children involved.

A	The number of children sectioned under the Mental Health act 1983	
2016/17	1-5	
2017/18	1-5	

B	The age ranges of girls sectioned under the Mental Health Act 1983. For 2017/18	The age ranges of boys sectioned under the Mental Health Act 1983. For 2017/18
0-4		
5-10		
11-13		
14-17	1-5	
C	The age and gender of the youngest girl and youngest boy sectioned under the Mental Health Act 1983 in the financial year 2017/18.	Due to the low number of cases case we cannot confirm the age range of the individuals

**485.18
Capital Bids**

I am making a request for information held by your organisation under the freedom of information act.

Please provide me with following:

- A list of bids made by the trust to access STP capital funding (provided by the Department of Health and Social Care) in waves 1,2,3 and 4. Please include all bids sent to the STP – in other words, those that were accepted by the STP and formed part of the STP’s bid to the DHSC and those that were not accepted by the STP and did not form part of the STP’s bid to the DHSC.
- Please state the individual amount for each bid and brief description of what the bid was for i.e. community hub
- For each bid please say whether this was successful.
- If successful, please state the amount of capital allocated.

If you can please fill out the information in the attached spreadsheet and return.

Answer:

Name of trust	Brief description of bid	Amount asked for	Please state if this bid was made for Wave 1,2,3 or 4	Was bid successful Y/N	If successful please state the amount allocated
Walsall Healthcare Trust	Increase usage of the community mobile solution	£300k	1	TBC	£300k
Walsall Healthcare Trust	Outline business case for new ED Department	£36m	4	Y	£36M

**486.18
Trust Software**

Please would you consider the following free of information request.

I would like to be provided with a list of all computer software operated by the trust. Please include software that is installed “on premise”, and software that is accessed via the cloud.

Answer:

System Name	Accessed via Cloud
Badgernet	Yes
Blood Tracking Management System (software name is Blood Track)	No
Bookwise (Oncology)	No
Bookwise(communitiy)	No
CardiacRehab	No
ChemoCare	No
Cohort	No
CRIS	No
Dolphin	No
Graphnet	No
ICNet	No
INFOFlex	No
Lilie	No
Lorenzo	No
Medicode	No
Mobius/Nexus	No

Nuance Digital Dictation(Description)	No
OPAS	No
Ormis	No
PACS	No
Pathology folding space document management	No
Pharmacy Ascribe	No
Practice Navigator	No
PTS (Prescription Tracking System)	No
RFID	No
Scriptswitch	No
Somerset	No
Sunquest ICE	No
Total Mobile	No
Vital Pac	No
Walsall A&E - Folding Space Document scanner viewer and storage	No
Walsall Referrals & Oncology - Folding Space Document scanner viewer and storage	No
Walsall Payroll Folding Space Document Scanning and Retrieval	No
Winpath (BTS/BT) (CliniSys)	No
Winscribe	No

487.18

Data Access

I write to make a freedom of information request under the Freedom of Information Act 2000 (the Act).

The questions below are designed to help me and my organisation better understand the scale and scope of requests for information sharing arrangements being made of individual NHS trusts and their constituent hospitals by research organisations and businesses over the duration of the past 3 financial years.

Specifically, I would like to ask your NHS trust about any requests to use or access data for commercial or research purposes of which, it is/has been a controller, joint controller or controller in common, in the financial years 2015-16, 2016-17 and 2017-18 as follows:

- the number of requests made in each of the financial years 2015-16, 2016-17 and 2017-18;

Answer:

2015-16 8 Requests received

2016-17 4 Requests received

2017-18 5 Requests received

- the percentage of requests that have been accepted, rejected or held pending in each of the financial years 2015-16, 2016-17 and 2017-18;

Answer:

2015-16 12.5% rejected 87.5% Accepted

2016-17 100% Accepted

2017-18 100% Accepted

- a breakdown of the form, size and sector type of the entities that made the requests in each of the financial years 2015-16, 2016-17 and 2017-18; and

Answer: This information is not recorded

- a breakdown of the form, size and sector type of the entities whose requests were successful in each of the financial years 2015-16, 2016-17 and 2017-18; and

Answer: This information is not recorded

- a percentage of those successful requests which resulted in the trust, or its constituent hospitals, entering into a commercial or financial relationship with the requestor or its affiliates in each of the financial years 2015-16, 2016-17 and 2017-18.

Answer: This information is not recorded

- Notwithstanding the above, can the trust confirm whether it, or one of its constituent hospitals, has entered into a commercial or financial relationship with any of the following entities as a result of the requests made in each of the financial years 2015-16, 2016-17 and 2017-18? Google; DeepMind; Sensyne Health; Benevolent AI; Orion Health; IBM;

Answer: This information is not available.

- can the trust supply a copy of the trust's intellectual policy document/s, if any covering the period 2015-present?

Answer: No policy document

488.18
Flu vaccine

FREEDOM OF INFORMATION ACT REQUEST

- 1) How many of your staff are entitled to the free flu vaccine for winter 2018/19?

Answer: 4500

- 2) How many of these are employed in frontline patient-facing roles?

Answer: 3209 as of 31/11/2018 (fluctuating ESR monthly baseline)

- 3) How many of your staff have received the 2018/19 flu vaccine as of 14-12-18?

Answer: 2596

- 4) How many of your frontline patient-facing staff have received the 2018/19 flu vaccine as of 14-12-18?

Answer: As of 14/12/2018 at total of **2432** (which equates to 75.79% uptake against 3209 November baseline figure, therefore un-validated)

- 5) How many of your staff have been removed from frontline duties because they have not had the vaccine?

Answer: None recorded within Human Resources

489.18
Trust Integration Engine monitoring and support

I am unable to find published responses for the following questions about Trust Integration Engine monitoring and support.

Most of this information is likely to be provided by the IT department within your organisation

- a. Is the Trust using the Rhapsody Integration Engine (IE) as its main IE?

Answer: Yes

- b. What other Trust Integration Engines are in use at your organisation – please list all

Answer: No others

- c. Is the Trust using an external organisation to provide 24/7 interface monitoring /support for its Trust IE environment.

Answer: Yes for escalations, normal support is done by infrastructure and dev teams

- d. If yes to question c, what company is providing this service

Answer: Orion Health

- e. What is the renewal date of the current monitoring /support contract per Trust IE listed?

Answer: 01/07/19

- f. What is the annual price paid for each in the existing contract period?

Answer: £45K

- g. What is the name or position of the decision-maker for the contract renewal

Answer: Frank Botfield Associate Director I.T.

490/18

Stockpiled Medication for Brexit

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

Has your NHS Foundation Trust stockpiled any medication to prepare for a Brexit 'no-deal'?

Answer: No

If yes, which types of medication have been stockpiled?

Answer: N/A

If yes, how many weeks worth of medication has been stockpiled?

Answer: N/A

491.18

Adult Hearing Services (December 2018)

Please find a FoI request attached.

Please note we have broken up questions so that

- they are easier to answer, to save you time
- we minimise the need to ask follow-up/clarification questions
- involve short answers, to save you time

Answer: Please see attached. Questionnaire available upon request

Please note comments below:

I have not been able to provide data for the following questions:

3a) this data is not recorded on our patient management system at present

3b) this data is not recorded on our patient management system at present

We do record the devices (hearing aids) fitted on Practice Navigator (our audiology patient management system), but this figure would include not only fittings, but repairs, lost aids, replacements and reassessments.

We also do not record bilateral or unilateral fittings.

4a) we do not record a diagnosis of type of hearing loss as this is not usually known

4b) this data is not recorded on our patient management system at present

4c) this data is not recorded on our patient management system at present

5d) We do not use these codes in the trust

5f) As above. If you could give more detail of the codes we could look again.

492.18

Trust policies on charging overseas visitors for NHS services

This is a request for information made pursuant to section 1 of the Freedom of Information Act 2000.

This request seeks information about decisions made under the National Health Service (Charges to Overseas Visitors) Regulations 2015 (the '2015 Regulations'), amended most recently by the National Health Service (Charges to Overseas Visitors) (Amendment) Regulations 2017. The Department of Health and Social Care has published national

guidance on the implementation of the same entitled “Guidance on implementing the overseas visitor charging regulations” (May 2018).

Trust policies on charging overseas visitors for NHS services

1. Please provide information as to whether the Trust has issued or adopted any local policies, instructions or guidance, published or unpublished, concerning the application of NHS Overseas Visitors Regulations 2015 (as amended) and/or the application of the national guidance from the DOHSC as described above.
 - a. If so, please provide a copy of the same.
 - b. If not, please confirm that no such policies, instructions or guidance are held.

Information specific to maternity services

2. Please provide information as to whether the Trust has issued or adopted any local policies, instructions or guidance to those providing maternity services within the Trust concerning the operation of Regulation 9 (f) (i) – (iv) of the NHS Overseas Visitors Charging Regulations, namely the exemption for “*services provided for the treatment of a condition caused by (i) torture; (ii) female genital mutilation; (iii) domestic violence; or (iv) sexual violence, provided that the overseas visitor has not travelled to the United Kingdom for the purpose of seeking that treatment*”.
 - a. If so, please provide a copy of the same.
 - b. If not, please confirm that no such policies, instructions or guidance are held.

Answer: The maternity services does not have specific guidance but the Trust wide policy covers the exemptions that would apply in maternity

3. We further request a copy of any standard pro forma used at the woman’s first ante natal booking appointment with maternity services.

Answer: We use an electronic system to record all our patient records including antenatal appointments. As you can see below, a screen shot has been taken of the first screen which indicates on the right hand side the additional proformas’ we complete. Can you confirm exactly what you would like us to send?

Antenatal Assessment

MRS, TEST PATIENT (NHS: NOT RECORDED | Hospital Number: 2132121)

02 Jan 99 (Current Age: 20) | ADDRESS NOT ENTERED
 22.07 (LPH) | Booked: | EDD: | Current Gest: EDD | Babies on scan: 1 | Booking BH: | (Blood Group):

Admin Data

Date and Time Antenatal Assessment Started: 25 Jan 19 at 12:28 EDD?

Reason for Assessment: Antenatal Booking

User carrying out antenatal assessment: Use current user...

Is user carrying out the assessment:

Location:

Others present at assessment:

Consent for Procedures: Yes No N/A

Information Sharing:

Can the Trust/Board contact you for audit purposes: Yes No N/A

Spent time in a healthcare facility overseas in the last twelve months: Yes No

Additional Notes on Arrival:

On Leaving

Date and Time Antenatal Assessment Ended: at

Booking Events

- Portal Pre-booking
- Demographic Details
- GP Details
- Additional Professional
- Dates and Gestations
- Scans Offered
- Import Previous Pregnancies
- Add a previous pregnancy
- Health History
- Routine Enquiry
- Social Issues
- Social Assessment
- Confidential Details
- Vaccinations
- Observations
- Microbiological Tests and Results
- Booking Bloods
- 1st Trimester Screening
- Risk Assessment
- Antenatal Management Plan
- Specialist Review
- VTE Risk Assessment
- MRSA/CPE Risk Assessment
- Pre-eclampsia Risk Assessment
- PPH Prevention Assessment
- Care Plan
- Topics Discussed During
- Conversations in Pregnancy

4. Within maternity services provided by the Trust, for the years 2016 - 2017 (separately) what was the percentage of women attending their booking appointments at:

a. 10 weeks gestational age and over (total):

Answer:

- **2016/17 = 26 This information is only captured by financial year**

And of those:

b. 10 weeks +1 day – 12 weeks +6 days:

Answer:

- **2016/17 = 7 This information is only captured by financial year**

c. 13-20 weeks:

Answer:

- **2016/17 = 11 This information is only captured by financial year**

d. Over 20 week:

Answer:

- **2016/17 = 8 This information is only captured by financial year**

5. For the same period what percentage of the above women at 4 (a) - (d) were subject to charges for NHS maternity services? Our response:

Answer:

2016: 1

2017:1

- e. For the same period what percentage of the women at 4 (a) were deemed to be a 'high risk' pregnancy in accordance with NICE guidelines? =

Answer:

- **2016/17 = Intermediate =16 & Intensive =1 This information is only captured by financial year**

493.18

Compounded bevacizumab

Freedom of Information Act Request

I am writing to make a request for information under the Freedom of Information Act.

- 1) Does your Trust have, or intend to introduce, a policy that makes compounded bevacizumab routinely available to treat wet age-related macular degeneration?

Answer: The Trust does not have and has no plan to introduce a Policy making compounded bevacizumab routinely available to treat wet age-related macular degeneration

If yes please supply a copy of your policy.

Answer: N/A

494.18

Exemptions from charging for overseas visitors

Please provide the following information:

Exemptions from charging for overseas visitors

1. For the years 2016 and 2017 (separately) the number of individuals who were deemed exempt from charges for NHS services (including those who were deemed exempt at a later point pursuant to Regulation 6A of the 2015 Regulations) provided pursuant to:
 - a. Regulation 9 (f) of the 2015 Regulations in total
 - b. Regulation 9 (f) (i) (torture)
 - c. Regulation 9 (f) (ii) (female genital mutilation)
 - d. Regulation 9 (f) (iii) (domestic violence)
 - e. Regulation 9 (f) (iv) (sexual violence)
2. For the years 2016 and 2017 (separately) the number of individuals deemed exempt from charges pursuant to:
 - a. Regulation 10 (2) of the 2015 Regulations in total
 - b. Regulation 10 (2) (a) (IHS paid)
 - c. Regulation 10 (2) (b) (an exemption from the IHS applies)
 - d. Regulation 10 (2) (c) (a reduction or waiver from the IHS applies)
 - e. Regulation 10 (2) (d) (a partial refund of the IHS has been made)
3. For the years 2016 and 2017 (separately) the number of individuals deemed exempt from charges pursuant to 10 (2) of the 2015 Regulations for whom the relevant period is:
 - a. As defined under Regulation 10 (1) (a) (the period of leave granted)
 - b. As defined under Regulation 10 (1) (b) (extension of leave provisions)
4. For the years 2016 and 2017 (separately) the number of individuals deemed exempt (including those who were deemed exempt at a later point pursuant to Regulation 6 of the 2015 Regulations) from charges pursuant to:
 - a. Regulation 15 of the 2015 Regulations in total
 - b. Regulation 15 (a) and (aa) (those granted asylum and humanitarian protection and their dependents)
 - c. Regulation 15 (b) and (ba) (those who have applied for asylum or humanitarian protection and their dependents)
 - d. Regulation 15 (c) (those supported under s.95 Immigration and Asylum Act 1999)

- e. Regulation 15 (d) (i) (those supported under s.4 (2) Immigration and Asylum Act 1999)
 - f. Regulation 15 (d) (iii) (those supported under Part 1 of the Care Act)
 - g. Regulation 15 (e) (a child looked after by the local authority)
5. For the years 2016 and 2017 (separately) the number of individuals deemed exempt from charges pursuant to Regulation 16 (1) of the 2015 Regulations in total (please include those who were deemed exempt at a later point pursuant to Regulation 6).

Answer: This information is not recorded.

NHS Debts for charges for overseas visitors

6. For the years 2016 and 2017 (separately) the number of invoices for NHS debts for overseas visitors' charges which have been written off for accounting purposes.

Answer: There have not been any overseas debt write- offs for either years.

7. For the years 2016 and 2017 (separately) what was the total sum of the debt for overseas visitors' charges that was written off for accounting purposes for each year within the Trust (at the rate charged to the Trust, that is, 75%)?

Answer: There have not been any overseas debt write- offs for either years

8. Of the debts written off for accounting purposes at question 6 above, what was the average debt?

Answer: N/A

496.18

Cardiac Physiology Department staffing

This is a Freedom of Information request. Please can you respond to the following questions:

1- Do you currently have in place any form of recruitment and retention premium or any other form of incentive for Cardiac Physiologists (or similar AHPs working within the Cardiology Department)?

Answer: No

2- Please confirm the headcount of your Cardiac Physiology Department, split by NHS Agenda for Change Pay Bands

Answer:

Headcount of 4 band 5 Cardiac Physiologist

Headcount of 4, Band 6 Cardiac Physiologist

Headcount of 5, Band 7 Cardiac Physiologist

Headcount of 3, Band 8 Head of Cardiac Physiology

3- Please can you confirm the professional reporting lines for Cardiac Physiologists within your organisation.

Answer: The Head of Cardiac Physiology reports into the Divisional Director of Operations for Womens, Childrens Clinical Support Services

4- Does your organisation have any other forms of recruitment and retention premiums or incentives for attracting other staff groups? This could include 'golden handshakes' or other salary uplifts/incentives?

Answer: None currently – previously a recruitment premium for experienced qualified nursing within specific areas

497.18

Missed targets & Fines

Please could you provide me with the following information:

1) What is the name of:

a) your trust

Answer: Walsall Healthcare NHS Trust

b) the hospitals run by your trust

Answer: N/A

2) What is the longest time (in days) one patient has remained in a bed at your trust due to delays in transfer of care (DTC) from October 2016 to October 2018?

Answer: 237 days

3) What was the age of the patient (from question 2) and the reason for delay?

Answer: Age 75-85 due to safeguarding concerns.

We have provided an age range as it is pertaining to one individual and more information would therefore identify them.

4) How much money has your trust been fined or had withdrawn/withheld for not meeting the percentage target for A&E waiting time (4 hours) in the following

financial years: (If possible please breakdown by quarters, if not just give the whole sum for that period)

Answer: a) 2017/2018 £797k b) so far 2018 (30th Nov 2018) £0

5) How much money has your trust been fined or had withdrawn/withheld for not meeting the percentage target for referral to treatment time of 18 weeks for patients in the following financial years: (If possible please breakdown by quarters, if not just give the whole sum for that period)

Answer: a) 2017/2018 £5,412k b) so far 2018 (30th Nov 2018)£0

6) How much money has your trust been fined or had withdrawn/withheld for not meeting the 15 minute target of handing over a patient from an ambulance to your hospital in the following financial years: (If possible please breakdown by quarters, if not just give the whole sum for that period)

Answer: a) 2017/2018 £578k b) so far 2018 (30th Nov 2018) £176k