

**FREEDOM OF INFORMATION  
DISCLOSURE LOG – Quarter 2 2011/2012**

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**079/11  
ICT Spending**

1. What did the Trust spend in 2009/10 and 2010/11 on Clinical IT systems – by these I mean “Clinical 5” systems as defined by the Department of Health <http://www.connectingforhealth.nhs.uk/systemsandservices/infogov/links/informaticsplanning2010-2011.pdf>?

2009/10 - £281,194

2010/11 - £313,231

2. What did the Trust spend in 2009/10 and 2010/11 on each of your Departmental IT systems and if possible please list which departments that spend included?

2009/10 2010/11 £ see table below

IT Spend (£) 2009-10					IT Spend (£) 2010-11			
IT Systems Category	ICT Hardware	Software	ICT Services	Other ICT Costs	ICT Hardware	Software	ICT Services	Other ICT Costs
<b>Departmental Software Systems</b>								
Audiology	5,622				411		1,715	
CMU			5,938				19,807	
Maternity		4,226	5,758			86,779	6,580	
PACS			344,750		35,045	750	345,546	3,748
Pathology		690	116,648		2,429	5,200	113,864	
Pharmacy			19,337				22,375	
Theatres			15,000				10,000	
Finance		967				988	5,356	
Governance			690				1,495	
HSDU			6,685	17	1,018		26,413	
ICU							17,188	
IT Support		696				1,303		
Oncology		667	22,900			1,516	9,134	
Orthodontics						9,142	1,087	
Sexual Health	978		9,914				8,625	
Therapies			2,299			500	6,566	

3. What did the Trust spend in 2009/10 and 2010/11 on Other IT projects above a value of £50k.

2009/10 - £139,356

2010/11 - £190,623

3. Please list which projects that spend included from question 3?

IT Systems Category	IT Spend (£) 2009-10				IT Spend (£) 2010-11			
	ICT Hardware	Software	ICT Services	Other ICT Costs	ICT Hardware	Software	ICT Services	Other ICT Costs
Document Management		20,562	46,200	2,722		2,000	9,285	2,722
E-Rostering, Time & Attendance		59,571	1,558			28,307	25,336	
Unspecified		6,191	2,553			32,477	90,497	

(please continue on additional sheets if required)

5. What was the Trust's total IT spend in 2009/10 and in 2010/11?

Category	ICT Spend (£000) 2009/10	ICT Spend (£000) 2010/11
TOTAL	3,195	2,613

6. What is the Trust's budget for 2011/12?

£203,963,000 (£204m)

7. What is the Trust's ICT budget for 2011/12?

£4778.116

**080/11**

**Mammography units**

Please could you tell me what type of Digital mammography equipment is used within the Trust. I am particularly interested to know if you have the following:

Siemens full field digital novation mammography unit with small field opdima biopsy unit.

Walsall Healthcare NHS Trust does not use the Siemens Full Field Digital Novation Mammography Unit with small field opdima biopsy unit.

If you do not have such equipment

a) What equipment do you currently have and how old is it?

Ge Seno Essential – installed 2010  
Ge Senograph DS – Installed 2010

b) Do you intend to purchase this equipment in the near future?

Walsall Healthcare does not intend to purchase mammography units, including the Siemens Full Field Digital Novation Mammography Unit with small field opdima biopsy unit in the near future.

c) If you are purchasing such equipment but not Siemens, what equipment are you purchasing?

N/A – please see above.

**081/11**

### **Halal / Kosher Meat**

1. What was your total spend for Halal food products for the financial year 2010 - 2011 and what percentage of that spend did the Halal certification body receive?

The trust purchase raw diced Halal chicken from an agreed supplier (agreed with the local Muslim community reps) total spend 2010/11 £2,037 The Trust do not pay the Halal certification body.

2. What was your total spend for Kosher food products for the financial year 2010 – 2011 and what percentage of that spend did the Kosher certification body receive?

Spend zero, no Kosher food requested in 2010/11

3. Do you offer staff, patients, visitors and committee members a choice of Halal and (or) kosher food products within your various dining and eating places if so how is this choice promoted?

Halal choices are available in the restaurant, hospitality menus & on site shop, Promotion is by means of identification on menus, signage & labelling. The onsite shop has a dedicated Halal section. Kosher is not offered but would be purchased for Hospitality pre bookings.

4. Is there an option for people not wishing to eat Halal or Kosher food products, if so how do you promote this?

Halal chicken is only offered on the Multi cultural menu & is identified as Halal, Kosher food would only be offered/purchased on request.

**082/11**

### **Private Patients Income**

I am writing to obtain information about costs and fees associated with the Trust's treatment of overseas patients, since 1997.

Unfortunately data is only available from the year beginning 2006/07

(a) How much has the Trust received from chargeable patients in each year since 1997?

£88,562.94 – this is made up as follows:

2006/07 - £14,394

2007/08 - £41,070

2008/09 - £27,650

2009/10 - £5,711.94

2010/11 – (£263) This credit is the net figure reported within the accounts as the value of credit notes (£4,245) were greater than the total value of invoices (£3,982) raised in year.

(b) How much income due to the Trust from chargeable patients since 1997 has not been collected?

£59,905 (£3,982 of this total is currently outstanding and relates to the final quarter of 2010/11)

### 083/11

#### Mortality Statistics

1. How were mortality statistics recorded in 2008/9
2. How are mortality statistics recorded now

In 2008/9 to date the Trust continues to use the Dr Foster Intelligence system (a nationally renowned tool use by many Trusts in the UK) to ascertain our mortality figures. Patients deaths are recorded on our hospital information system and these are then analysed by Imperial College – London against a defined algorithm (the hospital has no access to this) to give us our monthly mortality rate. The actual number of hospital deaths are not in question.

3. What definition of ‘terminal’ was used in 2008/9
4. What definition of ‘terminal’ is used now

From a coding point of view the definition of terminal was and still is viewed as a person that is suffering from a condition that even with treatment will not be cured and who is also an end of life pathway for this, or for those not on an end of life pathway they have a active DNAR (do not actively resuscitate order) or an advanced directive to that effect in operation during their stay within hospital

5. What was the actual number of deaths recorded:
  - a. inclusive of patients designated as ‘terminal’; and
  - b. exclusive of patients designated as ‘terminal’

The actual answer to number 5 based upon using the Palliative care diagnosis of Z515 as a proxy for “Terminal” is :

5a. Deaths 08/09 including those under palliative care =	1317
5b. Deaths 08/09 excluding those under palliative care =	564

However I have also shown the other figures below by year to give you a little more background because as you know there has been an issue around this coding:

Deaths by Year

	Palliative care ?		TOTAL
	No	Yes	
Year 2005/06	1338	17	1355
Year 2006/07	1469	14	1483
Year 2007/08	1263	66	1329
Year 2008/09	564	753	1317
Year 2009/10	845	337	1182
Year 2010/11	1011	196	1207

6. If there were errors in the recording of deaths, why did these occur?
7. If there were errors in the recording of deaths, what action has been taken to rectify the situation?

I have attached the initial investigation we have undertaken since Professor Jarman cited the Trust during his submission to the Mid Staffordshire Inquiry and believe that this may provide the information that you require. This report was presented to our Public Board meeting in July 2011.

**084/11  
MRSA Bacteraemia**

I would like to make a request under the Freedom of Information Act for the following information, which concerns your trust's policy to screen appropriate patients admitted to hospital for elective procedures for MRSA.

1. To date, please estimate the total number of patients that have been screened since 1 April 2009

(for period 01/04/2009 to 30/06/2011) are  
 25026 – Elective admissions screened within the time period specified.  
 38440 – Non elective admissions screened within the time period specified.

2. The number of patients who have been found to be colonised with MRSA since 1 April 2009



From the data available there have been 84 patients confirmed MRSA positive in these areas since April 2009.

3. The total amount the trust has spent to detect MRSA in patients admitted for elective procedures since 1 April 2009

We are unable to give an exact figure but the approximate cost is £145,000.

**085/11**

### **Domestically Produced Food**

Does Walsall Hospitals NHS Trust have a policy in place for procuring domestically produced food for catering operations within establishments, which is served to patients, staff etc?

Walsall Healthcare NHS Trust does not have a policy in place

If so, please can you provide a brief outline of the policy?

Not applicable

What percentage out of the total food procured was produced in Britain in financial years 2009-2010 and 2010-2011?

We do not have the figures

In total how much was spent on food procurement in financial years 2009-2010 and 2010-2011?

The following amount was spent on food procurement:

2009/10 – £855,845

2010/11 – £839,737

**086/11**

### **Staff Productivity Research**

Could you please provide me with the following Information for each of the last 3 years (I do not mind if data are unaudited):

#	Description	Year Ended March 09	Year Ended March 10	Year Ended March 11
1	Total Trust Income	£161,723,000	£168,577,000	£179,772,000
2	Total Whole Time Equivalent (WTE) Staff Employed	2503.53	2525.77	2572.84
3	Total Employment Costs (Pay, Benefits, Pension, NIC, etc)	£101,018,000	£107,544,000	£111,431,000
4	Average Cost of	£40,350	£42,579	£43,311

	Employment (#3 / #2)			
5	Total Cost of Agency Staff (Bank, Locum, & similar)	£3,166,000	£4,693,000	£4,358,000
6	Equivalent Number of Agency Staff (#5 / #4)	72	92	70
7	Total Headcount Deployed (#2 + #6)	3121	3116	3121
8	Average Income per Capita (#1 / #7)	£51,818	£54,100	£57,601

**087/11**

### IT Systems and Technology

Spreadsheet available upon request.

**088/11**

### Trips Abroad

Training Ref No:	Title	Department	Course	Course Date	Course Location	Course Cost
454 - 06/2007	Specialist Lung Cancer Nurse	Respiratory Care	BTOG Annual Meeting	24th - 26th Jan 2007	Dublin	£200.00
455- 06/2007	Nurse Specialist Medical Services	Respiratory Care	BTOG Annual Meeting	24th - 26th Jan 2007	Dublin	£200.00
539- 06/2007	Nuclear Medicine	Imaging	Annual Conference, ICNC Nuclear Cardiology	29th April 2007 - 2nd May 2007	Prague	£470.00
1232- 08/2009	Medical Engineer	EBME	Force Traid VIP EBME Course	15th - 16th April 2008	France	£50.00
2073- 09/2010	Biomedical Scientist	Histology Department	Benchmark XT Induction Course	26th to 30th Oct 2009	France	£1,862.77
2074- 09/2010	Biomedical Scientist	Histology Department	Benchmark XT Induction Course	26th to 30th Oct 2009	France	£2,375.26
2471- 09/2010	Resuscitation Training Officer	Learning and Development	Resuscitation 2010 European Re Centro De Congressos	2nd - 4th Dec 2010	Portugal	Course Cost: 395.00 (Euro) Flight: £218.70 Accommodation: 232.00 (Euro)

2472-09/2010	Resuscitation Training Officer	Learning and Development	Resuscitation 2010 European Re Centro De Congressos	2nd - 4th Dec 2010	Portugal	Course Cost: 395.00 (Euro) Flight: £218.70 Accommodation: 232.00 (Euro) Meals: 180.05 (Euro)
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089/11

### T & O Prophylaxis

**Trust Name:** Walsall Healthcare NHS Trust

(1) Which antibiotic do you currently use for routine prophylaxis in trauma orthopaedic surgery and please specify dose(s) & time(s) of administration?

Flucloxacillin 2g iv plus Gentamicin 120 – 180 mg iv, 30 minutes to 1 hour before surgery.

(2) Which antibiotic do you currently use for routine prophylaxis in elective orthopaedic surgery and please specify dose(s) & time(s) of administration?

Flucloxacillin 2g iv plus Gentamicin 120 -180mg iv, 30 minutes to 1 hour before surgery

(3) Has there been any change in antibiotic used or regimen used since 2007? If "yes":

a. When?

Yes - 2010

b. Why was it changed?

Some cases of *Clostridium difficile* disease linked to prophylactic cephalosporin usage.

c. What was the previous regimen?

Cefuroxime 750mg intravenous

(4) Which antibiotic do you use if the patient is allergic (anaphylaxis/presumed anaphylaxis) to penicillin and please specify dose(s) & time(s) of administration?

Trauma Orthopaedics:

Teicoplanin 400 -800 mg iv plus Gentamicin 120 -180mg iv, 1 hour to 30 minutes prior to operation.

Elective Orthopaedics:

Teicoplanin 400 -800 mg iv plus Gentamicin 120 -180mg iv, 1 hour to 30 minutes prior to operation.

(5) Please fill the attached table with the appropriate figures:

For the surgical site information we are only able to provide details of surgical site modules undertaken for the 2009 and 2010. Further information would be available from the Health Protection Agency.

### Clostridium Difficile Information

We are currently collating the number of admissions and will send it within 5 days.

<b>Year</b>	<b>Number of Orthopaedic Trauma Admissions</b>	<b>Number of C. Diff Cases in Orthopaedic Trauma Patients</b>	<b>Number of surgical site infections (SSI's) in Orthopaedic Trauma Patients</b>
<b>2004</b>		10	
<b>2005</b>		10	
<b>2006</b>		11	
<b>2007</b>		7	
<b>2008</b>		3	
<b>2009</b>		3	2
<b>2010</b>		5	2
<b>2011</b>		0	
	Number of Elective Orthopaedic Admissions	Number of C. Diff Cases in Elective Orthopaedic Patients	Number of surgical site infections (SSI's) in Elective Orthopaedic Patients
<b>2004</b>		8	
<b>2005</b>		5	
<b>2006</b>		6	
<b>2007</b>		1	
<b>2008</b>		1	
<b>2009</b>		0	3

<b>2010</b>		2	2
<b>2011</b>		0	

(5) Please fill the attached table with the appropriate figures:

**Clostridium Difficile Information**

A count of discharges under the T & O specialty over the period

<b>Year Financial</b>	<b>Digest Detail</b>	<b>Discharges</b>
Year 2004/05	Elective	2161
Year 2004/05	Non Elective	1559
Year 2005/06	Elective	2769
Year 2005/06	Non Elective	1528
Year 2006/07	Elective	3315
Year 2006/07	Non Elective	1655
Year 2007/08	Elective	3662
Year 2007/08	Non Elective	1596
Year 2008/09	Elective	3500
Year 2008/09	Non Elective	1466
Year 2009/10	Elective	3766
Year 2009/10	Non Elective	1477
Year 2010/11	Elective	3664
Year 2010/11	Non Elective	1423

**090/11  
Deceased Patients**

My request is for information regarding persons who have died with no known next of kin, since 1/1/11 to the present day and to include any 'pending' cases that may shortly pass to the Treasury Solicitor and any cases where the Deceased died before 1/1/11 but have still to be passed to the Treasury Solicitor.

Therefore, I would appreciate it if you could send me:

1. the Deceased's date of death
2. the date the matter was passed (or simply if you believe the case will be passed) to the Treasury Solicitor (or Duchy of Lancaster or Cornwall or Q&LTR in Scotland)
3. the area of the Deceased's death expressed as a postcode area (for example ME14)

The Trust is not aware of any claims for patients that have died intestate prior to the 1<sup>st</sup> January 2011 that will be passed or is waiting to be passed to the Treasury Solicitor.

**09111**  
**Bliss Questionnaire**

Questionnaire available upon request

**092/11**  
**Performance**

Freedom of Information Request was withdrawn.

**093/11**  
**Bariatric Equipment**

Please give details of how much money your trust has spent on specialist equipment and furniture for obese patients (including items such as reinforced beds and commodes) in the past five financial years (2006-7, 2007-8, 2008-9, 2009-10 and 2010-11). Please also give details of what the item was and how many of these items were purchased.

In response to this request please see table 1 below. The specialist equipment furniture was purchased during the 2006/07 financial year. The expenditure incurred after this period is primarily of a consumable nature and therefore excluded from the analysis as per the request.

**Table 1**

<b>SPECIALIST EQUIPMENT / FURNITURE</b>	<b>£</b>
CONTOURA 560 BED	6,345
HOIST SLINGS - X LARGE	2,744
HOIST SLINGS - XX LARGE	6,426
COMMDES	1,480
WHEELCHAIRS	2,196
WALKING FRAMES	258
SCALES	1,381
STATIC CHAIR	1,692
RECLINER CHAIR	3,290

THEATRE INSTRUMENTS	<u>9,300</u>
<b>TOTAL</b>	<b><u>35,112</u></b>
<b>BED RENTAL</b>	<b>£</b>
2006/07	39,460
2007/08	44,198
2008/09	17,465
2009/10	42,904
2010/11	<u>17,108</u>
<b>TOTAL</b>	<b><u>161,135</u></b>
<b>TOTAL SPEND TO 2010/11</b>	<b><u>196,247</u></b>

**094/11**

**Email Addresses**

I should be grateful if you can provide the e-mail addresses for any individuals in your organisation in:

1. Personnel/ HR that advise on the following processes/ procedures disciplinary, grievance, harassment, whistle blowing

[Sue.wakeman@walsallhealthcare.nhs.uk](mailto:Sue.wakeman@walsallhealthcare.nhs.uk)

2. Legal that advise on the following processes/ procedures disciplinary, grievance, harassment, whistle blowing

[Sue.wakeman@walsallhealthcare.nhs.uk](mailto:Sue.wakeman@walsallhealthcare.nhs.uk)

3. Audit, any type of governance investigations.

[Dawn.kenny@walsallhealthcare.nhs.uk](mailto:Dawn.kenny@walsallhealthcare.nhs.uk)

**Informatics Response**

**Quotas in General**

Do you apply file or e-mail system quotas at all, in your organisation, or have them applied to you, taking into account national applications and NHS mail?

Partly
n/a
n/a
Corporate email and nhs mail only

If No, please respond as such and state that no one uses NHS mail in your organisation.

If Yes, please answer the questions below regarding file and e-mail systems

If Partly, could you explain which individuals and/or groups, on which servers or systems and why only partly?

**Regarding the use of file server storage:**

Do you apply disk quotas to individual accounts (individuals disk space allocated on file servers)

No
n/a
No
n/a
26 TB of raw storage
10.1 TB of raw storage remaining

If yes, please state what the quota is set to, in Megabytes

Do you apply disk quotas to groups of staff (shared drives)

If yes, please state what the quota is set to in Megabytes

What is the total capacity of disk storage that you have

What capacity of disk storage is available to use currently

**Regarding the use of E-mail systems:**

Do you use NHS mail right across the organisation as your primary e-mail system?

No
n/a
Microsoft Exchange
Yes
2000mb as standard

If yes, how many accounts have a 50Mb mailbox and how many accounts with larger mailboxes and what size are those?

What e-mail system do you use as your primary e-mail system?

Do you apply quotas to mailbox accounts

If yes, please state what the quota is set to in Megabytes



**097/11**  
**Incentives**

Please disclose details of any schemes or projects run by the trust which involve incentivising people to improve their health by giving them vouchers, gifts or entering them into prize draws, or by any other incentive.

[Please see attached appendix 1](#)

This should include – but not be limited to – incentives to help people quit smoking, lose weight, stop using drugs, get vaccinations or take sexual health tests.

[Please see attached appendix 1](#)

Please detail how much each scheme has cost, and how many people have taken part. If it is possible to indicate how successful each scheme has been, eg. with figures for the number of people who have successfully completed the project, please provide this information.

[Please see attached appendix 1](#)

Please give as much detail as possible of the schemes themselves, for example by outlining which stores any vouchers are for, or what the prize in any prize draw would be.

[Please see attached appendix 1](#)

[Information available upon request](#)

**098/11**  
**National Joint Registry**

Please could you confirm how many Hip, Knee and Ankle Primary & Revision Joint Replacement operations were performed at Walsall Manor Hospital during the Financial Year 2010/11?

The trust is supposed to record every relevant operation with details of components on to the NJR website.

This enables us to monitor component performance and notify consultants of all patients in the event of a Medical Device Alert or component failure.

HESOnLine figures indicated 467 operations for 2009/10

For 2010/11 we have received details of just 281 operations.

Year	Total
2010/11	
2010 (04) Apr	51
2010 (05) May	51
2010 (06) Jun	55
2010 (07) Jul	46
2010 (08) Aug	19

2010 (09) Sep	38
2010 (10) Oct	40
2010 (11) Nov	49
2010 (12) Dec	47
2011 (01) Jan	27
2011 (02) Feb	61
2011 (03) Mar	63
<b>Total</b>	<b>547</b>

099/11

### Laparoscopic Surgery

I am currently researching the use of laparoscopic surgery in certain operations. According to Hospital Episode Statistics, the following surgical procedures were carried out in 2010/11.

Walsall Hospitals NHS Trust

F341	Bilateral dissection tonsillectomy	173
H202	Fibreoptic endoscopic cauterisation of lesion of colon	137
H206	Fibreoptic endoscopic resection of lesion of colon NEC	62
H201	Fibreoptic endoscopic snare resection of lesion of colon	109
Q074	Total abdominal hysterectomy NEC	114
J183	Total cholecystectomy NEC	341

Could you please tell me how many of each were carried out laparoscopically?

Walsall Healthcare NHS Trust

**FOI: 099/11 "I am currently researching the use of laparoscopic surgery in certain operations. According to Hospital Episode Statistics, the following surgical procedures were carried out in 2010/11."**

*QryProcedureChecks*

Relevant Laparoscopic procedure codes provided by coding department

Procedure	Description	Number of procedures carried out Laparoscopically
F341	Bilateral dissection tonsillectomy	0
H202	Fibreoptic endoscopic cauterisation of lesion of colon	0

H206	Fibreoptic endoscopic resection of lesion of colon NEC	0
H201	Fibreoptic endoscopic snare resection of lesion of colon	0
Q074	Total abdominal hysterectomy NEC	2
J183	Total cholecystectomy NEC	270

## 0100/11

### X-rays

#### Collection, Transportation and Disposal of Health Care Waste – X Rays

- Contract Renewal Date
- Contract Term
- Contract Value for Full Contract Term (£)
- Annual Tonnages of individual waste streams

We do not have any contracts in place for the collection, transportation and disposal of healthcare waste in the form of x-rays. All x-rays have been electronic since 2007 and archive hard copy films are stored off site. We have not disposed of any in this time, for a variety of reasons. Therefore waste is not collected, transported or disposed of.

## 0101/11

### Expenditure on Maternity Services

1. For the year 2010/11, what was the total expenditure on Maternity Services by your trust?

£9,433,722

2. For the year 2011/12, what is the total forecast expenditure on maternity services by your trust?

£9,617,000 (Forecast)

## 102/11

### Budgets and Expenses

1. In the 2010/2011 financial year what was the budget on ingredients for patients meals provided in the hospital. Please provide this figure as a financial amount on ingredients only (no labour or preparation costs) per patient per day.

Total provision costs for 10/11 = £839,737.

Per Day (based on 365days) = £2,301 per day.

Per Patient (based on 558 patients per day) = £4.12 per patient per day.

2. In the 2010/2011 financial year what was the most expensive restaurant bill claimed on expenses by any of the Trust's executives/ directors? Please state the name and address of the restaurant, how many people were dining, the date of the dinner and the job title of the director/executive who claimed the meal on expenses.

Name and address of restaurant is;

Arbor Lights

127 – 128 Lichfield Street  
Walsall WS1 1SY

Date of dinner was 9 August 2010

Total cost of bill was £125.95

Chief Executive Officer

Unknown how many officials in party

**103/11**

### **Extravasation Incident Information**

Information is available upon request.

**0104/11**

### **Estates and Facilities**

1) How many buildings in the Trust today have an age profile pre 1948? What was this figure ten years ago?

None today – 2 buildings 10 years ago

2) Do you expect any heritage assets (buildings age profile – pre 1948) within the Trust to be candidates for disposal in the next five years?

n/a

3) Has the Trust disposed of any heritage assets (buildings age profile pre 1948) within the last ten years?

Yes

If yes, please note name of building, year disposed, reason for disposal and to whom was the asset passed to in the first instance (i.e. commercial body, Preservation Trust, other public body, private owner).

St Johns block, East wing, demolition of outdated healthcare facilities, passed to PFI partner for disposal

4) Any assets currently surplus to requirements?

1 – Number 68 Ida Road, House.

If yes, brief description of asset. Are any discussions made to Government advisory bodies regarding surplus buildings?

5) For heritage assets within the Trust are their specific maintenance procedures undertaken?

n/a

If yes, what does this involve?

Any further comments on how the Trust address management and possible disposal of heritage assets would be much appreciated.

n/a

### **0105/11**

#### **Doctors Overtime Payment**

Please provide a breakdown of how much has been spent on doctor/consultants overtime payments on a year by year basis between 2005 and 2011.

[Available upon request a breakdown for 2008 – 2011](#)

Please provide a breakdown of these overtime payments per individual doctor/consultant on a year by year basis between 2005 and 2011, including details of the doctor's position/ rank. (NB. We are not requesting any personal details of the employee.)

[Available upon request](#)

Please provide a breakdown of doctor/consultants salary by band between 2005 and 2011

[We moved to a new payroll system in February 2008 and no longer hold the information for 2005 – 2008 as the information has been archived](#)

[Doctors are not paid on Bands therefore please could you clarify the question](#)

Please provide a breakdown of doctor/consultants standard overtime payment rates by band between 2005 and 2011.

[Not paid by bands and overtime rates are relevant to each individual Doctor depending on on-calls, clinical excellence awards therefore cannot generalise by grade/rank](#)

### **106/11**

#### **Patient Experience & Service Improvement**

1. Name & Job Title of Trust director with responsibility for patient experience and/or service improvement:

[Sue Hartley – Director of Nursing](#)

2. Email and phone number for above

[Sue.hartley@walsallhealthcare.nhs.uk](mailto:Sue.hartley@walsallhealthcare.nhs.uk)

Ext 7480

3. Name of supplier of your Trust's patient experience system/tools

Elephant Kiosks

4. Size of above contract

Elephant Kiosks £20,000

5. Start date and duration of above contract

Elephant Kiosks – 3 years 2009,

6. Expected month and year of re-tendering for above contract

Under discussion

7. Name, job title, email and phone number for Trust's Procurement lead

David Smith – Head of Procurement, Ext 6571

[David.smith@walsallhealthcare.nhs.uk](mailto:David.smith@walsallhealthcare.nhs.uk)

#### **0107/11**

#### **Sexually Transmitted Infections**

How many people under 18 have been diagnosed with a sexually transmitted infection in the last three financial years?

Grand total – 356

Could you please tell me the age and sex of each person and the infection they had?

We are unable to provide the figures due to highly sensitive information.

Please see information attached

#### **0108/11**

#### **Trade Unions**

1. The total amount of money paid to all trade unions for financial periods a) 2009-10 and b) 2010-11 broken down by trade union.

	2009/10	2010/11
AMICUS	£2,646.41	£2,615.96
TGWU	£304.20	£263.04
UNISON	£127,141.69	£131,128.55
	<u>£130,092.30</u>	<u>£134,007.55</u>

2. For each trade union for which it applies, please provide the number of Full Time Equivalent (FTE) staff working for the union (this is sometimes called 'Trade Union facility time') in a) 2009-10 and b) 2010-11

Our pay roll does not identify how much time is spent on trade union work by Union Representatives.

**0109/11  
Pressure Sores**

For each hospital in your trust we would like to know:

1. The number of patients who developed pressure sores ('pressure necrosis injuries') in the 12 months between June 2010-June 2011, or the last complete calendar year for which you hold data.

We have based our data on the period April 2010 – March 2011 – there were 157 patients who developed pressure sores whilst at the Trust.

2. The proportion of these pressure sores that were new, and had therefore occurred since admission to hospital.

Of the 157 patients – 131 patients were considered to have newly acquired pressure damage – equating to 83%.

3. A breakdown of the grading for these pressure sores - how many fell into which grade category.

The table illustrates clinical incidents reported for pressure damage developed relating to 131 patients – (it is difficult to ascertain whether there were multiple pressure areas or whether the incident was duplicated on different wards.)

<b>Grade</b>	<b>Number of Incidents</b>
1	36
2	111
3	33
4	1 - 5

4. The number of patients admitted from residential or nursing homes with pressure sores.

We are unable to provide this information as it is not possible to accurately determine where the patients' were admitted from because we do not have a specific field unless it is mentioned in the free text description box.

5. The number of death certificates in this period on which pressure sores were mentioned.

There were between 1 - 5 death certificates mentioning pressure ulcers during April 2010 and March 2011.

**0110/11  
Stolen Drugs**

Description of information sought:

1. In the last three financial years, how many times have drugs been stolen or gone missing from hospitals within the trust? What drugs were they and how much were they worth?

Please provide this information in the form of a chronological table, specifying when drugs were stolen or went missing and how much they were worth. Please also specify if drugs were recovered in each case.

Please see table below.

Please note that we have no evidence of theft, the information in the table is from reported incidents. Given the Trust policy and procedure and the legal nature of controlled drugs there is a preponderance of these items which are checked in line with our policy are subject to twice daily checks.

2. In the last three financial years, have any staff faced disciplinary action after drugs were stolen or went missing from hospitals in the trust?

Please provide details of any disciplinary action taken against staff and if any staff faced criminal charges. Please also specify if any staff were suspended, for how long and how much they were paid during that period. Please provide the job titles of staff, and the dates and details (ie theft or went missing) of the incidents to which the disciplinary action relates. Again, please specify if drugs were recovered in each case.

We can confirm that no record of disciplinary action has taken place as a result of missing/stolen medication. We do however provide training and updates where incidents occur and such action is warranted.

3. In the last three financial years, if and when drugs were stolen or went missing, did this have any impact on patients' health?

If so, please specify if possible, again relating the dates and details of the incidents to each patient mentioned

There was no direct impact on their health.

<b>Time Period</b>	<b>Total</b>
April 2008 – March 2009	1-5
April 2009 – March 2010	5
April 2010 – March 2011	1-5



Time Period	Name of Drug	BNF Cost
April 2008 – March 2009	Zomorph	23p
	Phenoarbitone	4p
April 2009 – March 2010	Fentanyl	£13.21
	Phenoarbitone	4p
	Oxycodone	20p
	Oramorph	£1.35
	Pethidine	53p
April 2010 – March 2011	Oromorph	£1.16
	Latanoprost	£14.32
	Alfentanil	70p

**0111/11  
ISO 27001**

Spreadsheet available upon request

**0112/11  
Funded Nursing Establishment**

What was the funded nursing establishment in your unit, including nursing assistants and non-registered nurses (whole time equivalents) that held the following qualifications as of the 1 June 2011:

Qualifications	Number
Non-registered nurses	National Nursing Examination Board = 3.6wte
NMC registration	23.1wte not including Advanced Neonatal Nurse Practitioners
NMC registration + Qualified in specialised neonatal care (QIS)	19.9 wte not including Advanced Neonatal Nurse Practitioners

**0113/11  
EWTD Opt-out and Locum Use**

Spreadsheets available upon request

**0114/11**  
**Patient Safety**

This is a bit of a long shot, and I realise that publication of these figures are under the jurisdiction of NPSA, but I was wondering whether data on patient safety incidents is available. The Organisation Patient Safety Incident Reports released by NPSA only go back to October 2008 (a April 2008-September 2008 report is available, but only contains reporting rates), and this unfortunately isn't enough "pre-EWTD" data. I have asked NPSA about earlier figures but have yet to hear back from them.

As such, I wanted to know whether the trust would have information on the:

- Number of incidents occurring (based on occurring dataset) – Available upon request
- Rate per 100 admissions (based on occurring dataset) – Available upon request
- Degree of Harm (N and %) – Available upon request

As reported to the NRLS, within the trust on a quarterly basis is possible (if not, then biannually). I'm interested primarily in the period April 2008 – September 2008.

Please note that during the specified period April 2008 – September 2008 there were technical problems with uploading the data to the NRLS system.

**0115/11**  
**Structure Chart**

1) Please supply me with an up-to-date copy of your current structure chart, to include posts which are dedicated to processing subject access requests, freedom of information requests and environmental information requests, to include job title, salary band and Whole/Full Time Equivalent.

Please refer to the following link which is a directs you to the structure log <http://www.walsallhealthcare.nhs.uk/about-us/freedom-of-information.aspx> Please note that the structure is currently in the process of being updated. FOIs and EIR are dealt with by Compliant and Risk Department. SARs requests are dealt by Health Records.

If you do not have a post or posts which are dedicated to processing subject access requests, freedom of information requests and environmental information requests, can you please provide me with an overview of the arrangements you have in place for dealing with these types of requests within your organisation.

2) Over the last two financial years how many Whole/Full Time Equivalent Information specialists has your organisation employed who deal the following and how many do you anticipate employing in 2011/12?

	Number of staff (WTE/FTE)		
	2009/2010	2010/11	2011/12 (anticipated)

Data Protection	1	3	4
Freedom of Information	1	3	4
Information Sharing	1	3	4
EIR Requests	1	3	4
Information Security	1	1	1

**0116/11**

### **Surgical Microscopes**

I am trying to find out which surgical microscopes are currently being used in each of your ENT, maxillofacial and ophthalmic theatres within the trust, how old they are, and whether or not you would be looking to either purchase or replace any over the next six months or so.

The Trust is not looking to replace any microscopes at present.

Information below

Description	Serial No.	Placement	Manufacturer	Model
MICROSCOPE OPERATING	725398	OPHTHALMOLOGY	NIKON	E600
MICROSCOPE	3060306627	EAR, NOSE AND THROAT (ENT)	CARL	PICO/STAND S100
MICROSCOPE	2156	EAR, NOSE AND THROAT (ENT)	DPMEDICAL	M793H/HD230
MICROSCOPE	6627126200	EAR, NOSE AND THROAT (ENT)	CARL	MEDILIVE
MICROSCOPE	6627126199	EAR, NOSE AND THROAT (ENT)	CARL	MEDILIVE
MICROSCOPE	6214403646	CARDIAC INTERVENTION SUITE	CARL	VISU 210/STAND S88

**0117/11**

### **Procurement Director Details**

Under the Freedom of Information Act, please can you provide the name, job title, email address and telephone number of the Procurement Director.

We do not have a Procurement Director however, if you wish to contact the Procurement Department details are as follows:

[walsall.procurement@walsallhealthcare.nhs.uk](mailto:walsall.procurement@walsallhealthcare.nhs.uk)

**0118/11**

### **Venometer Accessories**

I was recently reading an FOI disclosure log from Walsall Hospitals NHS.

(<http://www.walsallhealthcare.nhs.uk/media/101577/disclosure%20log%20q4%202010.pdf>).

The log has the Venometer from Amtec Medical listed. King Medical is manufacturing and selling CE marked Venometer accessories, and are interested in contacting all Venometer users as we can offer them a considerable saving of £300 per gauge ordered on all their strain gauge (product code SG33) purchases. Can you please tell me who is the best person to speak to regarding this matter?

[walsall.procurement@walsallhealthcare.nhs.uk](mailto:walsall.procurement@walsallhealthcare.nhs.uk)

### **0119/11 DIPC Contact Details**

Specifically, I request you to send me the name and e-mail address of the Director of Infection Prevention and Control (DIPC) for your Trust.

The name of the Director of Infection, Prevention & Control (DIPC) is:  
Mr Amir Khan – Medical Director – [amir.khan@walsallhealthcare.nhs.uk](mailto:amir.khan@walsallhealthcare.nhs.uk)

### **0120/11 Redundancy Payments**

- a) Please supply details of how many staff have left Walsall Hospitals NHS Trust with a redundancy payment and then rejoined the NHS, since June 2010  
[1– 5](#)
- b) Please supply the total cost of redundancy payments made to staff who have left since June 2010 up to August 2011  
[The total cost of redundancy payments made to staff who have left since June 2010 up to August 2011 is £619,602.07.](#)
- c) Of the staff made redundant since June 2011 and August 2011, please detail how many of those were of each the following groups: - [see below](#)
- Qualified nursing, midwifery & health visiting staff [1- 5](#)
  - Qualified Midwives
  - Qualified Health Visitors
  - Qualified School Nurses
  - Total Qualified scientific, therapeutic & technical staff - [0](#)

- Qualified Allied Health Professions
- Qualified Therapeutic Radiography Staff
- Qualified Diagnostic Radiography Staff
- Qualified Speech & Language Staff
- Qualified Healthcare Scientists
- Other qualified scientific, therapeutic & technical staff
  
- Support to clinical staff - 6
- Support to doctors & nursing staff - 6
- Support to scientific, therapeutic & technical staff
- Support to ambulance staff
- NHS infrastructure support - 15
- Central functions - 10
- Hotel, property & estates
- Senior managers – 1-5
- Managers

## 0121/11

### Medical Devices

1. What makes / models of ventilators do you have in your paediatrics units?

The model of ventilator used in Paediatric Unit is SLE 5000

1a. How many of each?

5

2. What makes/models of inhalational nitric oxide delivery devices / monitoring devices do you have?

We do not have any models of inhalational nitric oxide delivery devices or monitoring devices.

2a. How many of each?

0

**0122/11**

### **Request for Medical Notes**

If a health record has not been added to within the last 40 days i.e. you haven't had an outpatient's appointment or a stay in hospital the cost is £20.00. If you also require copies of x-rays there is an additional cost of £30.00. If you have had an outpatient's appointment or stay in hospital within the last 40 days there is no fee.

**0123/11**

### **Clinical Audit**

I have composed a survey that I would like to be completed. I have also attached a Word document of the same survey – [Available upon request](#).

Please note that the responses to your questionnaire are for the period 2010 / 2011 at which point Walsall Hospital's Trust and NHS Walsall Community Health were two separate organisations. April 2011 saw the merger of these organisations to form Walsall Healthcare NHS Trust.

**0124/11**

### **Nursing Agency**

If the hospital uses or intends to use the services of Routes Healthcare Nursing Agency.

For your information, Routes Healthcare has the following website:

<http://www.routeshealthcare.com/midlands/>

The Trust has not used the services of Routes Healthcare Nursing Agency and does not have any plans to use them in the near future.

**0125/11**

### **Rheumatology**

Does your trust have guidelines or a protocol or for the usage of biologics (e.g. Adalimumab, Certolizumab, Etanercept, Infliximab, Golimumab, Rituximab, Tocilizumab etc) in the treatment of rheumatoid arthritis?

If yes, please could you send an electronic copy of the protocol [or link to it] or indicate the position of drug treatments within the protocol, e.g. first choice is "drug A", second choice is "drug B" etc

[Attached is the protocol that is currently in use within the organization for anti tnf & RA. There is no first or second drug choice protocol locally, National guidance being followed as described.](#)

Does your trust have guidelines or a protocol or for the usage of biologics in the treatment of psoriatic arthritis?

If yes, please could you send an electronic copy of the protocol [or link to it] or indicate the position of drug treatments within the protocol, e.g. first choice is "drug A", second choice is "drug B" etc

BSR, BHPR & NICE guidance is used with prescribing guidance via BNF 10.1.3 (British National Formulary) There is no first or second drug choice protocol locally, National guidance being followed as described

Does your trust have guidelines or a protocol or for the usage of biologics in the treatment ankylosing spondylitis?  
 If yes, please could you send an electronic copy of the protocol [or link to it] or indicate the position of drug treatments within the protocol, e.g. first choice is “drug A”, second choice is “drug B” etc

BSR, BHPR & NICE guidance is used with prescribing guidance via BNF (British National Formulary) There is no first or second drug choice protocol locally, National guidance being followed as described.

How many patients are currently receiving disease modifying anti-rheumatic drugs (DMARDs), such as Methotrexate, Sulfasalazine, Leflunomide, Azathioprine, Penicillamine, Injectable Gold for the following conditions (total figure is sufficient, please use this table if convenient)

Condition	Total Patients Receiving DMARDs
Rheumatoid arthritis	223
Psoriatic arthritis	1- 5
Ankylosing spondylitis	0

The figure for question 4 account for the period between 12 months 08/10 to 07/11 in groups RA, Psoriatic arthritis or anklosing spondylitis.

**0126/11  
Hospital Meals**

Number of hospital meals that have been thrown away at each of the Trust's hospitals in the past five years – [please see below](#).

I would like to know how many meals each hospital prepares each year, the cost of those meals, and what percentage were thrown away – [please see below](#).

If it's possible I would also like to know specific detail about what the meals were – [Information is not available](#).

Year	Number of Meals	Cost	Meals Wasted	Waste	Provider
2006/7	605,837	669,000	36,350	6%	Internal service
2007/8	548,556	657,707	30,170	5.50%	Internal service
2008/9	554,391	674,974	27,719	5%	Internal service
2009/10	659,190	808,834	39,551	6%	External supplier
2010/11	657,000	839,737	39,420	6%	External supplier

**0127/11**  
**VTE Documentation**

At present, we have the following document from the Trust relating to VTE: Guidelines on Thromboprophylaxis Management in Adult Medical and Surgical Inpatients 2009/12

Could you please confirm whether or not you are still using this document, and if not, could you please provide the following information:

- Patient Care Pathways relating to Venous Thromboembolism (VTE);
- Treatment Protocols relating to Venous Thromboembolism (VTE);
- Clinical Guidelines relating to Venous Thromboembolism (VTE);

We are using the guidelines as published by the DOH 2009/12 which includes the combined risk assessment tool.

- % of patients on anticoagulants with INRs in range of 2.0 to 3.0 within the last 12 months.

**CQUIN Monitoring 2010/11**  
**Medicines Management - Warfarin Prescribing**

**Percentage of patients attending routine monitoring at Outpatient Clinics and prescribed warfarin with INR (International Normalised Ratio) within their target range**

MONTH	PERFORMANCE
Apr-10	not reportable
May-10	49%
Jun-10	not reportable
Jul-10	60%
Aug-10	49%
Sep-10	51%
Oct-10	61%
Nov-10	61%
Dec-10	62%
Jan-11	61%
Feb-11	63%
Mar-11	71%

**0128/11**  
**Translation Services**

How much did Walsall Hospitals spend on providing translation services in each of the following financial years: 1. 2008-09, 2. 2009-10,



### 3. 2010-11

If the cost of providing this information would be disproportionately expensive under the terms of the Freedom of Information Act, please provide information regarding 1. 2009-10 and 2. 2010-11 only, or, if this would still be disproportionately expensive, 2010-11 only.

The Trust spent the following on interpreting services:-

2008/09	-	£50,114.79
2009/10	-	£36,419.84
2010/11	-	£48,645.33

### 0129/11 IT Systems

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

What are your current Healthcare IT systems and from which suppliers.	See attachment entitled 'contractors report'
What are your planned and on-going Healthcare IT system (e.g. EPR/PAS/PACS) Projects.	See attachment: LIVE-PJT-IBRAG
Could you also send me your IM&T organisational chart	See attachment entitled 'organogram red means funded by WHT' Note: the posts in red signify that the staff member is employed by WHT, all other posts are funded and employed by NHS Walsall, but we are a shared service across the Health Economy

### 0130/11 Bed Occupancy Rates

[Spreadsheet available upon request](#)

### 131/11 Car Parking

Parking charges of the Trust hospital – [please see attached](#)

I would like a breakdown of hourly charges Trust hospital – [please see attached](#)

Can you also give me the same information for each of the past five years please? (So I can see how the prices have changed) – [please see attached](#)

When is the next price rise due? Do you know how much this will be?  
There is no planned price increase for the visitor car parks for the near future.

## 0132/11

### Private Patients

Details of any proposals (either agreed or still under consideration) prepared by or for the Trust since July 2010 that are designed to enable the Trust to secure increased levels of private sector income (excluding charitable donations), including any proposals to increase the number of fee-paying (i.e. 'private') patients treated by or at the Trust.

We do not have any proposals (either agreed or still under consideration) prepared by or for the Trust since July 2010 that are designed to enable the Trust to secure increased levels of private sector income (excluding charitable donations), including any proposals to increase the number of fee-paying (i.e. 'private') patients treated by or at the Trust.

This may include (but is not limited to) the following:

- consideration of what types of care or treatment would be more likely to attract fee-paying patients

Not applicable

- consideration of what fees could be charged to fee-paying patients for various forms of care

Not applicable

- consideration of the impact of treating increased numbers of fee-paying patients may have on other Trust services (including any makeweight service reductions or closures)

Not applicable

- plans for increased funding for marketing and public relations to attract private sector income

Not applicable

- details of plans for possible private sector sponsorship or advertising (this excludes charitable donations)

Not applicable

- sale, lease or transfer of Trust assets

Not applicable

**0133/11**  
**CQUIN Data**

The value of all major contracts for 2011/12 placed on you for healthcare services and the names of the commissioners. These will be by PCTs and equivalent commissioners, either individually or via a lead commissioner. I am not seeking data on **every** contract including minor low value ones (this caused some problems last year)

The percentage breakdown of the 1.5% CQUIN value by individual indicator - to enable me to calculate the value of each of these.

Total Financial Value	£2,724,000.00	
Venous Thromboembolism	£450,000.00	16.52%
Patient Experience Community	£100,000.00	3.67%
Patient Experience Acute	£150,000.00	5.51%
Tissue Viability	£354,000.00	13.00%
Medicines Management	£456,000.00	16.74%
Enhanced Recovery Programme	£335,000.00	12.30%
HCAI (Urinary Catheters)	£491,000.00	18.02%
Blood Cultures	£388,000.00	14.24%
	£2,724,000.00	100.00%

**0134/11**  
**Charitable Funds**

I would like information on:

- i) The total value of income presented to the Trust from:
- a) registered charitable organisations
  - b) donations from fundraising events hosted by the Trust
  - c) other money presented to the Trust from members of the public, including families of patients
  - d) other money presented to the Trust from external organisations and businesses, such as corporate sponsors, lottery funding etc

[Available upon request](#)

Can I have this information above for each year for the past three financial years: 08-09, 09-10 and 2010 -11

[Available upon request](#)

- ii) Also, I request this information as a breakdown on a donation by donation basis including where the money has come from, value of each of the donations and any specific designated use.

Available upon request

0135/11

### Private Patients

i) a) How many non-NHS patients and private patients the Trust has treated in the financial years 08-09, 09-10, 2010-2011?

Type Of Patient	Financial Year		
	31/03/2009	31/03/2010	31/03/2011
Private	11	10	15
Non NHS Patients	33	25	35

b) A breakdown of the nationalities of these patients.

We do not have information on nationalities however the table below identifies countries.

Non NHS Patients
Irish Republic
Ireland (NOS)
Norway/Sweden
Belgium/Luxembourg
Holland/Netherlands
France/Monaco
Portugal
Turkey
Germany
West Germany
Hungary
Poland
Malta
India
Pakistan (east)
Australia
New Zealand
Canada
USA
China
Pakistan (west)

Private patients are British citizens.

c) A breakdown of which operations/treatments these were for

Operation/Treatment:

BLOOD TESTING  
CATARACT PROCEDURE ON STARLING UNIT  
CATARACT SURGERY  
CIRCUMCISION  
DAY CASE  
DERMATOLOGY  
DIAGNOSTIC TESTING  
ENDOSCOPY  
ENDOSCOPY BASIC CHARGE ERCP  
FRACTURE CLINIC CONSULTATION  
FULLY INCLUSIVE SURGICAL PACKAGE  
HDU COST - NON-INTENSIVE WARD  
IMAGING  
IMAGING - BONE SCAN  
IMAGING - CT TEST/ABDO/PELVIS  
IMAGING - NM BONE SCAN  
IMAGING - NM RENOGRAM  
IMAGING - TEST: BOTH KNEES  
MINOR OPERATION  
NHS TREATMENT  
NHS TREATMENT - OVERSEAS PATIENT  
NON INTENSIVE WARD  
OPERATING THEATRE CHARGE  
ORTHOPEADIC TREATMENT  
PATHOLOGY  
PP PROCEDURE  
PP TREATMENT  
PRIVATE CONSULTATION  
PRIVATE CONSULTATION WITH MINOR OPERATION  
STROKE REHABILITATION  
TONSILLECTOMY  
USE OF THEATRE  
XRAY

ii)a) How much income has been received by the Trust for non-NHS and privately paying patients during financial years 08-09, 09-10, 2010-2011?

Income Received	2008/09	2009/10	2010/11
Private Patients	£32,585.50	£53,818.55	£51,151.00
Non-NHS (Overseas)	£27,650.00	£5,711.94	£263.00

b) A breakdown of which operations/treatments for this income.  
Below is a summary of the treatments / procedures for Non-NHS and private patients for the years 2008/09, 2009/10 and 2010/11.

Operation/Treatment:

BLOOD TESTING  
CATARACT PROCEDURE ON STARLING UNIT  
CATARACT SURGERY  
CIRCUMCISION  
DAY CASE  
DERMATOLOGY  
DIAGNOSTIC TESTING  
ENDOSCOPY  
ENDOSCOPY BASIC CHARGE ERCP  
FRACTURE CLINIC CONSULTATION  
FULLY INCLUSIVE SURGICAL PACKAGE  
HDU COST - NON-INTENSIVE WARD  
IMAGING  
IMAGING - BONE SCAN  
IMAGING - CT TEST/ABDO/PELVIS  
IMAGING - NM BONE SCAN  
IMAGING - NM RENOGRAM  
IMAGING - TEST: BOTH KNEES  
MINOR OPERATION  
NHS TREATMENT  
NHS TREATMENT - OVERSEAS PATIENT  
NON INTENSIVE WARD  
OPERATING THEATRE CHARGE  
ORTHOPEADIC TREATMENT  
PATHOLOGY  
PP PROCEDURE  
PP TREATMENT  
PRIVATE CONSULTATION  
PRIVATE CONSULTATION WITH MINOR OPERATION  
STROKE REHABILITATION  
TONSILLECTOMY  
USE OF THEATRE  
XRAY

iii) What percentage of revenue is from non-NHS patients at the Trust for the financial years 08-09, 09-10 and 2010-11?  
Percentage calculation includes income from Private patients and Overseas Visitors.

2008/09	2009/10	2010/11	
Percentage of Total Trust Income	0.04%	0.04%	0.03%

**0136/11**  
**Organ Donation**

This request was withdrawn.

**0137/11**  
**Finance Contact Details**

Could I request the details of your Finance Manager - i.e. name, postal address and email address instead for our records.

Details of Finance Director:

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

Shahana Khan  
Director of Finance  
Manor Hospital  
Moat Road  
Walsall  
West Midlands  
WS2 9PS

**0138/11**  
**GP Newspaper**

- 1) How many types of referral form did the PCT have in use in 2009/2010, 2010/11 and in 2011/12 (so far)? - [to be answered by NHS Walsall](#)
- 2) How many times were guidelines for referrals from primary to secondary care revised in 2010/11 and in 2011/12 (so far)? – [Walsall Healthcare does not have this information and NHS Walsall have confirmed that they do not collect this information.](#)
- 3) Does the PCT allow direct referrals between secondary care specialties? When was this policy last reviewed? - [to be answered by NHS Walsall](#)
- 4) Please explain the PCT's policy on patients who do not attend secondary care appointments. Is a new appointment request generated or is a new referral from primary care required? When was this policy last reviewed? - [to be answered by NHS Walsall](#)
- 5) How many patients have been removed from hospital waiting lists before they have attended their appointment in 2010/11 and in 2011/12 (so far)? What is the most common reason this would happen? - [Please see below](#)

2010-2011	
Cancel Reason Text	Count
<a href="#">CANC BY CONS-NFA</a>	15
<a href="#">CANC CLINICIAN/NFA</a>	288

DEPT CANC/NFA	1-5
GP CANC/NFA GIVEN	236
PT CANC/NFA	13
WD CANC/NFA GIVEN	115
GP CANC/NFA GIVEN	26
NO PREP TAKEN-NFA	7
PT CANC/NFA	2034

2011-2012 (To 30/08/2011)	
Cancel Reason Text	Count
CANC CLINICIAN/NFA	84
DEPT CANC/NFA	1-5
GP CANC/NFA GIVEN	53
WD CANC/NFA GIVEN	64
GP CANC/NFA GIVEN	19
NO PREP TAKEN-NFA	1-5
PT CANC/NFA	750

**0139/11**

**VTE Policies**

Questionnaire available upon request

**0140/11**

**Working Time Regulations**

I would like to request details of the expenditure incurred by Acute Trusts in monitoring doctors' compliance with the Working Time Regulations (1998) in the last three financial years, for which information is available (2008-9; 2009-10; 2010-11).

Walsall Healthcare NHS Trust has not incurred any additional cost in monitoring doctors' compliance with the Working Time Regulations (1998) in the last three financial years.

**0141/11**

**Chantrey Vellacott Report**

The information which may be relevant to your request, however it is of a sensitive nature and as such is unable to be released

**0142/11**

**Cost of Translation Services**

How many languages do you translate patient information into as of 1 Sept 2011?

The Trusts translate information into 5 different languages these are Hindi, Punjabi, Urdu, Mirpuri and Bengali. We can also provide translation for Europe and Middle Eastern languages through our agency contacts.



For each of the last 3 financial years (2010/11, 2010/09, 2008/09) how much have you spent on the following

Translation of written information for patients /carers

From our records we are unable to give specific information relating to our expenditure on translation of written information for patients. However, we are able to give you our costing of translation services / interpret fees see attached.

Translation services for patients/carers

Available upon request

Employment of translators

Available upon request

Employment of advocates for non-English speaking people

Available upon request

**0143/11**

### **NHS Recruitment of Staff from Overseas**

1. Over the last 3 financial years (2008/9; 2009/10; 2010/11) please identify the number of overseas recruitment campaigns you have carried out.

The Trust has not undertaken specific recruitment campaigns abroad for medical staff.

2. Over the last 3 financial years (2008/9; 2009/10; 2010/11) what is the number of overseas staff you have recruited during these recruitment campaigns broken down by professional group:

- consultants
- junior doctors
- qualified nurses

Not applicable

3. What countries were these staff recruited from?

Not applicable

4. How much did each professional group cost to recruit (or the total amount if not broken down)?

- consultants
- junior doctors
- qualified nurses
- total amount

Not applicable

5. How much were the direct costs of sending recruitment staff abroad during the recruitment campaigns?

Not applicable

6. How many of the recruited staff from 2010-11, 2009-10, and 2008-09 are still employed in their positions as of 1 Sept 2011?

Not applicable

**0144/11**

**Mid Staffordshire NHS Foundation Trust Public Enquiry**

1. Please confirm the precise date upon which Mr David O'Neill's employment with the Trust ended

Mr O'Neill's termination date with the Trust was 15 March 2009.

2, Please confirm whether anybody from the West Midlands SHA was in any way involved with Mr David O'Neill's appointment at the Trust in January 2009. If they were so involved, could you please confirm who and in what way they were involved with the appointment

There was no involvement from the West Midlands SHA in the appointment of Mr David O'Neill. His appointment was via Finegreen Associates.

**0145/11**

**Discharge of Patients**

1. Please detail the number of patients who have remained in hospital after being classed fit for discharge in the financial years 2010/11, 2009/10 and 2008/09

Year End Financial	Count
31/03/2009	213
31/03/2010	181
31/03/2011	163

2. For the above patients state the reasons why they were allowed to remain in the hospital i.e. No care home place.

ReasonTitle	Year Ending		
	31/03/2009	31/03/2010	31/03/2011
Assessment complete - awaiting funding for nursing placement	27	14	7
Assessment complete - awaiting funding for Nursing/Res. Placement	1-5	1-5	1-5

Assessment complete - awaiting funding for placement	1-5	1-5	0
Assessment complete - awaiting funding for Res. Placement	8	1-5	1-5
Awaiting completion of assessment	35	17	34
Awaiting domicilliary care package to be set up	1-5	50	89
Awaiting domicilliary package to be set up	1-5	6	0
Awaiting elderly mentally ill bed in another trust	0	0	1-5
Awaiting equipment from district nurse services	1-5	0	0
Awaiting Funding	0	1-5	1-5
Awaiting home adaptation/equipment (Social Services O.T.)	1-5	1-5	7
Awaiting nursing home placement (funding authorised)	1-5	17	10
Awaiting opinion of Psychiatrist	1-5	0	0
Awaiting residential care placement (funding authorised)	6	7	1-5
Awaiting residential/nursing home placement (funding authorised)	0	1-5	1-5
Case conference delay	0	1-5	0
Community Psychiatric Nurse - Assessment/service	0	1-5	0
District Nurse - assessment / service	0	1-5	0
Family/carer decision e.g. Chosen placement not available	14	1-5	1-5
Family/carer decision e.g. Dispute re discharge venue	1-5	1-5	1-5
Funding Approved - Awaiting vacancy for bed in Nursing Home	1-5	1-5	0
No appropriate placement available	0	8	1-5
O.T. Home Visit (Delay beyond laid down quality standards)	1-5	0	0
Other Reasons	44	8	0
Patient decision e.g. Dispute re discharge venue	1-5	1-5	0
Patient decision e.g. Chosen placement not available	1-5	1-5	0
Rehousing (L.A responsibility) Mainstream Accommodation	0	1-5	0
Rehousing (L.A. responsibility) Sheltered Accommodation	1-5	0	0
Self funding patient	17	1-5	0
Transfer to NHS non acute hospital / hospice	29	6	0

3. Please detail the amounts in pounds spent on treatment and care for patients who have remained in hospital after being classed fit for discharge in the financial years 2010/11, 2009/10 and 2008/09

We do not keep financial records regarding the cost of treatments for patients fit for discharge who were retained in hospital accommodation therefore cannot provide this information.

4. For the above patients state the areas of the hospital in which they were staying i.e. High Dependency Units

Ward Class	Year Ending		
	31/03/2009	31/03/2010	31/03/2011
Crit Care	1-5	0	1-5
Maternity	0	1-5	0
Medical	212	180	162

5. Please detail any costs in pounds associated with attempts to discharge a patient in the financial years 2010/11, 2009/10 and 2008/09

31/03/2009	31/03/2010	31/03/2011
63900	54300	48900

This is the total cost per year for provision of a bed day for patients identified in question 4.

6. For the above patients state reasons for costs i.e. legal costs

The Trust is unaware of any costs incurred trying to discharge a patient (legal or other).

**0146/11  
Melanoma Patient Pathway Survey**

We would be grateful if you could provide us with answers to the questions applicable to you in the attached survey. The information from the survey will be used to evaluate the consistency and quality of service and care for melanoma patients in the NHS in England. We are particularly interested in levels of adherence to existing melanoma pathways, especially in diagnosis, referral and treatment and in any areas of best practice or excellent care that could be replicated throughout the country in order to improve care for all.

Survey available upon request

**0147/11  
ICT Contracts Relating to Mobile Phones**

1. All ICT Contracts relating to mobiles phones please can you send me:- (All mobiles throughout the Trust)

- a. Supplier(s) Name(s) – [Orange](#)
- b. Contract Value (Please state if value is per annum or total contract value) – [Circa £24k](#)
- c. Duration – [3 year periods](#)
- d. Expiry Date – [Ongoing](#)
- e. Number of Users/Handsets (If available please provide users by supplier) – [Circa 160](#)
- f. Contract Review Date – [N/A](#)
- g. Contact/job title responsible for this contract (from within the NHS trust - Name and job titles) – [Head of Procurement Department](#)

2. All ICT Contracts relating to PBX Maintenance please can you send me: (if the NHS Trust doesn't have a PBX contract please can you send me the maintenance contract for that particular system and please state which system that is if different from PBX. For example VOIP (Voice over Internet Protocol) please see below for definitions.

- a. Supplier(s) Name(s)
- b. Contract Value (Please state if value is per annum or total contract value)
- c. Application(s) running on PBX
- d. Duration
- e. Expiry Date
- f. Number of Users/Extensions
- g. Contract Review Date
- h. Contact/job title responsible for this contract

[The Trust is unable to provide this information as the contract is covered under the PFI Contract which is Walsall Hospitals Company Plc.](#)

**0148/11**

### **Patients Treated with Biologic**

In your Trust please supply the number of patients **currently** being treated with biologics for the following conditions, split by named biologic;

- **Rheumatoid Arthritis**
- **Ankylosing Spondylitis** [if split by individual Arthropathy is not possible, please state total for Spondylarthropathies]
- **Psoriatic Arthritis**
- **Psoriasis**
- **Crohn's disease**

Total Patients and where possible split by Biologic;

Abatacept [Orencia]  
 Adalimumab [Humira]  
 Anakinra [Kineret]  
 Certolizumab [Cimzia]  
 Etanercept [Enbrel]  
 Infliximab [Remicade]

Rituximab [Mabthera]  
Tocilizumab [Ro Actemra]  
Ustekinumab [Stelara]  
Other

**0149/11**

### **Audiology Services**

1. Do you tender out Audiology services (hearing aid fitting) to the private sector?  
[The Trust does not tender out Audiology Services.](#)

2. If so, when will you next be looking for a provider (ie when does your current contract expire)?  
[Not applicable](#)

3. Who is your current provider(s), who is your contact person there and what is their contact number?  
[Not applicable](#)

4. What is the value of your current contract for audiology services?  
[Not applicable](#)

5. Approximately what is your annual volume of hearing-aid fitting patients?  
[Not applicable](#)

6. When you do tender for a new provider, where will this information be?  
[Not applicable](#)

7. Who is responsible for tendering this service (Name, email and contact number)  
[Not applicable](#)

**0150/11**

### **Stryker Trolleys**

Could you please let me know how many Stryker Trolleys are in use in your Trust's Medical and Surgical Assessment Units and also what is the maximum length of time that patients are kept on these trolleys.

[The Trust only uses Huntleigh lifeguard in AMU, GP assessment bay and GP patients are assessed and bedded within 1 hour of being put on the trolley.](#)