

**FREEDOM OF INFORMATION  
DISCLOSURE LOG – Quarter 3  
October-December 2012**

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## 0150/12 Structures

This letter confirms receipt of your request for information under the terms of the Freedom of Information Act 2000, received on the 29<sup>th</sup> September 2012.

This request is refused under Section 23(3) of the Freedom of Information Act – ‘Information available because of publication schemes’

However, in the spirit of the Act please find below the direct link to our Trust Structures Log on our website (please note that the structure log is currently under review), link as below:


<https://www.walsallhealthcare.nhs.uk/about-us/freedom-of-information.aspx>

Please scroll to the bottom of the page and click on the ‘Trust Structures Log’ link. Please note we do not release individual staff email addresses and all staff are contactable by name or job title via our main switchboard (number as above)

## 0151/12

### Disposal of IT Equipment

Q	FOI Query	Informatics Response
1	Does the Trust currently have a contract for IT disposal?	No contract is currently in place. Adhoc arrangements are in place with existing companies.
1b	If so, which company handles the contract?	N/A
1b	When does the contract expire?	No contract is in place, however, Trust is currently preparing tender documentation and will be tendering later in the year.
1c	Is the contract advertised in the European journal or other Purchasing Publication (Buying Solutions – local framework agreements?) – please detail	N/A
1d	Does the contract cost the Trust to dispose of IT – or does the awarded company pay for the material?	Where possible the cost to remove the material is taken from the resell value of the equipment to enable the process to be cost neutral.
1e	If the contractor pays for the removal of IT – what are the typical costs? What is are the last 3 months and 6 months worth of transacted business?	N/A
1f	If the Trust pays for the material to be removed – what is the projected spend over the period of the contract?	There is no contract in place, however, over the last 12 months we have spent £954.19 on IT Disposal.
1g	How many PC’s, Laptops and Servers will the Trust dispose of between now and April 1 2013?	<i>Servers</i> - We have already virtualised our server estate so the number of physical servers will be minimum. <i>Laptops</i> – these are only disposed of when beyond economical repair. Year to date we have disposed of 41. <i>PCs</i> – we have recently purchased 250 PCs to replace existing equipment which will be rolled out between now and end of March 2013.

Q	FOI Query	Informatics Response
2	What involvement does the Trust's Information Technology Services division specifically get involved in the disposal of IT equipment? Is this a piece of work where 'estates' decide how material is disposed of?	IT Services are solely responsible for disposal of IT equipment and decide on how it is disposed of. Estates do not get involved in this process.
3	How is data removed from Servers and PC's prior to end of life?	The hard drive is removed from the server or PC and a magnetic degausser is used to wipe the physically wipe the data from the hard drive. The hard drive is then sent away to be shredded/destroyed.
3a	If a software tool is deployed, which tool is it?	We do not use a software tool.
3b	Does the tool meet CESG and DIPCOG certification?	N/A
3c	Are drives removed and destroyed? If so who removes the drives?	Yes, the hard drives are removed by IT Services.
3d	How long does it take per machine to remove hard drive?	Usually between 1-5 minutes per machine depending on the make/model.
4	4. Does the Trust donate any equipment to charity, good causes or staff? If so, how does the university ensure data protection?	The Trust does not donate equipment.
4a	If the Trust prepares a PC to be donated to charity, good causes or staff - how long does it take to prepare each PC and how does the Trust support any of the donated methods in terms of post donation to support?	N/A
4b	How does the Trust transfer any licenses between the Trust and new owners?	Copies of the licenses are issued to the new owners for them to record on their SAM system.
5	Who has <b>overall responsibility</b> for the disposal of IT equipment within the Trust? Please supply name, telephone and email details (NOT DEPARTMENTAL information but the actual PERSON responsible)	Steve Darkes, Director of Informatics
6	Can the Trust track all assets disposed of should there be breach of data investigation? Is so how would an individual asset be tracked?	All disposed assets have an Asset ID number linked to a serial number to enable tracking. This relates to our asset database which details owner information.
8	At what point during the IT assets lifecycle does the item become a zero cost asset to the Trust? (when does the Trust write the asset off?)	After 5 years.
9	How does the Trust recognise any rebate back from equipment sold?	We receive a credit note from the disposal company to put back into our Budget.
10	How many staff are involved with decommissioning services of legacy IT equipment?	5
11	Is decommissioning a process driven exercise (set standards and procedures)? If so – please supply procedures adhered to and staff training	All staff are trained to follow the procedure and its part of new staff members induction. The procedure is below:  ITPRO-L-019 IT Hardware Disposal.pptx

Q	FOI Query	Informatics Response
12	How old is IT equipment before it is disposed of?	Over 7 years old or when faulty but beyond economic repair.
13	Who is the primary supplier of PC's and Printers to the Trust – by which manufacturer?	Dell for PCs and HP for printers.
15	Is the Trust now more inclined to shred hard drives by a contractor on site or crush? And what are the future plans before 31.03.12 and the next 12 months to destroy Trust hard drives and data?	Hard drives are already made inoperable using the degausser then shredded offsite.

**0152/12**

**Agency Spend**

Please could you furnish me with the spend information for agency locums for April – June 2012 for the following staff:

- Radiographers (Diagnostic inc CT/MRI etc)
- Sonographers
- Radiotherapists (if applicable)
- OT's
- Physiotherapists
- SLT's
- Pharmacists (inc technicians)
- Dieticians
- Podiatrists
- Cardiac Technicians (Echo/Physiologists)

Please can you indicate the split between acute and community services if applicable.

Name	Amount	Acute	Community
Radiographers ( Diagnostic inc CT/MRI etc)	52,627.20	52,627.20	
Sonographers	15,445.74	15,445.74	
Radiotherapists (if applicable)	0.00		
OT's	0.00		
Physiotherapists	2,048.00		2,048.00
SLT's	434.74		434.74
Pharmacists (inc technicians)	68,536.68	68,536.68	
Dieticians	9,593.15	9,593.15	
Podiatrists	0.00		
Cardiac Technicians ( Echo/Physiologists)	3,921.00	3,921.00	
<b>Overall Total</b>	<b>152,606.51</b>	<b>150,123.77</b>	<b>2,482.74</b>

**0153/12**

**FTE healthcare assistant posts**

The total number of FTE healthcare assistant posts in your trust (including vacancies)

The number of FTE nursing posts in your trust (including vacancies) – [see below](#)

The number of FTE healthcare assistant posts on general medical wards in your trust (including vacancies)

The number of FTE nursing posts on general medical wards in your trust (including vacancies) – [see below](#)

What were the (a) nurse and (b) healthcare assistant vacancy levels in each of the last five financial years? – [see below](#)

What has been your spend on (a) agency nurses and (b) agency healthcare assistants in each of the last five financial years? If this information is not available separately, please provide a total figure. – [see below](#)

**PLEASE NOTE: Walsall Healthcare NHS Trust did not form until 01 April 2011 (when Walsall Hospital Trust & Walsall Community Health services merged). Due to this, information from 2007-2010/11 is relating to Walsall Hospitals NHS Trust.**

**Figures based on month 12 of financial year**

The total number of FTE healthcare assistant posts in your trust (including vacancies)

	<b>2007/08</b>	<b>2008/09</b>	<b>2009/10</b>	<b>2010/11</b>	<b>2011/12</b>
	308.07	290.44	289.42	291.07	329.09

The number of FTE nursing posts in your trust (including vacancies)

	<b>2007/08</b>	<b>2008/09</b>	<b>2009/10</b>	<b>2010/11</b>	<b>2011/12</b>
	920.39	862.63	879.71	888.97	1094.56

The number of FTE healthcare assistant posts on general medical wards in your trust (including vacancies)

**Please note that the information from 2007-2010/11 is not available**

	<b>2007/08</b>	<b>2008/09</b>	<b>2009/10</b>	<b>2010/11</b>	<b>2011/12</b>
					53.95

The number of FTE nursing posts on general medical wards in your trust (including vacancies)

**Please note that the information from 2007-2010/11 is not available**

	<b>2007/08</b>	<b>2008/09</b>	<b>2009/10</b>	<b>2010/11</b>	<b>2011/12</b>
					68.01

What were the (a) nurse and (b) healthcare assistant vacancy levels in each of the last five financial years?

	<b>2007/08</b>	<b>2008/09</b>	<b>2009/10</b>	<b>2010/11</b>	<b>2011/12</b>
	819.9	762.1	770.7	711.8	988.9
(a) nurse	100.5	100.6	109.1	177.2	105.7
	246.3	253.2	261.2	257.8	303.9
(b) healthcare assistant	61.8	37.2	28.3	33.2	25.2

What has been your spend on (a) agency nurses and (b) agency healthcare assistants in each of the last five financial years?

If this information is not available separately, please provide a total figure.

	<b>2007/08</b>	<b>2008/09</b>	<b>2009/10</b>	<b>2010/11</b>	<b>2011/12</b>
	£600,655	£516,155	£873,413	£1,400,591	£755,109
(a) nurse	£597,389	£373,466	£474,670	£1,194,759	£595,948

(b) healthcare assistant

£3,266

£142,689

£398,743

£205,832

£159,161



How many days' induction or initial training do healthcare assistants joining your trust receive, before they move onto wards? This figure should not include any training required by law, nor should it include general induction available to any member of staff joining the trust.

**All HCAs are required to attend 5 day induction programme of which 2-3 days are CSW specific.**

After any initial induction or training, how many days' on the job training – when they are super-numerary – do healthcare assistants joining your trust receive?

What other initial training do healthcare assistants joining your trust receive?

**CSW specific study programmes for level 2 and 3 which number 6 and 12 days study respectively.**

After any initial training, how many days' annual training do healthcare assistants in your trust receive? This figure should not include training required by law or other mandatory all-staff training.

**Any specific initial on job training or role specific non Quality Credit Framework training will be requested by individual wards, and in cases such as manual handling will be provided by the Widening Participation Team. All CSW are also required to attend mandatory training sessions as identified in the Trust Training needs analysis document.**

**0154/12**

**Deceased patients with no known next of kin**

My request is for information regarding persons who have died with no known next of kin since 1/7/12 to the date of your reply.

Please include any 'pending' cases that have been passed, or may shortly may shortly pass to the Local Council for further investigation or to Treasury Solicitor (or Duchy of Lancaster/Duchy of Cornwall within their jurisdictions) and any cases where the Deceased died before 1/7/12 but have only recently come to light, for whatever reason. More specifically;

1. full names,
2. dates of birth / ages at death,
3. marital status,
4. maiden surnames of married females,
5. dates of death,
6. last known addresses,
7. estimated value of estates,
8. date(s) when the information was passed (or information that is pending or about to be passed) to the Treasury Solicitor (or Duchy of Lancaster or Cornwall or Q&LTR in Scotland).

**Information is withheld under section 41 of the Freedom of Information Act 2000 exempting release of information provided in confidence.**

Please redirect your request to the Treasury Solicitors Office who may be able to offer assistance:

Treasury Solicitors Office (BV)  
1 Kemble Street  
London  
WC2B 4TS

0155/12

**Agency nurses**

Under the Freedom of Information Act 2000, I request WALSALL HEALTHCARE NHS TRUST to provide me with the following the information. Where possible, please provide answers to the questions below by annual total and monthly breakdown for tax years 2009/10, 2010/11, 2011/12.

If Possible, please also provide the year to date total for 2012/13.

- 1) Total number of directly employed a) Registered General Nurses b) Registered Mental Health Nurses c) Registered Midwives?

**PLEASE NOTE: Walsall Healthcare NHS Trust did not form until 01 April 2011 (when Walsall Hospital Trust & Walsall Primary Care Trust services merged). Due to this, and in line with previous historical FOI requests, information is not available in relation to 2009/10.**

		Registered General Nurses	Registered Mental Health Nurses	Registered Midwives
As at 31 March	2011/12	1018	*0	159
As at 30 September	2012/13	999	*0	159

- 2) How many community and acute shifts were filled by temporary agency staff by the following types of staff a) Registered General Nurse b) Registered Mental Health Nurse c) Registered Midwife?

**There were a total number of 2934 shifts that was filled by temporary agency staff (registered general nurses).**

**\*Registered Mental Health Nurse – We cannot identify how many RMH nurses were filled by agency staff as this information is recorded as registered general nurses.**

**Registered Midwife – the Trust has not had the need to use agency RM staff.**

- 3) What was the total spend on temporary agency staff on each of the following types of staff a) Registered General Nurse b) Registered Mental Health Nurse c) Registered Midwife?

**Nursing & Midwifery Agency Spend 2011-12**

	<b>2011-12</b>
April	56,027
May	58,288
June	61,071
July	23,377
August	17,258
September	10,301
October	6,719
November	5,808
December	11,352
January	25,683
February	76,064
March	220,031
YTD	571,979

**Notes:**

**Figures are for all Registered General Nurses INCLUDING Midwifery  
We Do Not Split It Out Into Nursing & Midwifery as Separate Items**

**0156/12**

**Disabled parking spaces**

<b>FOI Request</b>	<b>Walsall Healthcare NHS Trust - Response</b>
The number of disabled parking spaces available at each hospital site?	<b>172 Disabled spaces</b>
If the Trust has reduced the number of disabled parking spaces available, and if so, by how many?	<b>Increased by 70 spaces not including mother and toddler spaces</b>
If you charge disabled drivers to park, and if so, by how much?	<b>Normal visitor car parking tariffs apply – please see attached</b>

**0157/12**

**Elective Operations for Surgical Specialties**

1. How many elective operations were completed for each specialty during each of the three time periods outlines above.

**See attached**

2. How many elective operating sessions were completed (with an all day session being counted as two, and three session operating days counted as three) for each speciality during each of the three time periods outlined above  
**See attached**
3. Average turnaround time in theatres (time between one patient leaving theatre and the next being in the anaesthetic room/theatre) for each speciality during each of the three time periods outlined above  
**See attached**
4. Total number of elective operations cancelled on the day of admission for both reportable and non reportable reasons for each speciality during each of the three time periods outlined above  
**See attached**
5. Elective theatre DNA percentage for each speciality during each of the three time periods outlined above  
**Please note that the information is not available**
6. How do you measure theatre utilisation (method)  
**See attached**
7. Percentage theatre utilisation for each speciality during each of the three time periods outlined above  
**See attached**
8. Percentage theatre utilisation based on first patient into anaesthetic room versus last patient out of theatre for each speciality during each of the three time periods outlined above  
**Please note that the information is not available**
9. How do you measure theatre late starts  
**See attached**
10. Percentage of elective theatre sessions that started last for each speciality during each of the three time periods outlined above.  
**See attached**
11. Percentage of elective theatre sessions that started 10 minutes or greater after the scheduled start time for each speciality during each of the three time periods outlined above  
**See attached**

### **Information available upon request**

**0158/12**

### **World Cancer Research Fund**

World Cancer Research Fund (WCRF) is conducting a survey on the range of food and drink available in vending machines in English hospitals. Below is a list of questions we are asking all NHS hospital trusts in England to complete as a **Freedom of Information request** to each organisation.

As a charity, WCRF is committed to cancer prevention. We fund cutting-edge scientific research and provide people with the information they need to reduce their cancer risk. Our work focuses on evidence that about a third of the most common cancers could be prevented through eating a healthy diet, being physically active and maintaining a healthy weight. Tackling poor diet and obesity is a key factor in reducing cancer risk, as well as being factors in other life-threatening diseases.

Our purpose is to better understand the situation in England regarding vending machines and the food and drink they provide to staff, patients and visitors. WCRF will collate the responses and publish a report on the foods and drinks currently available in hospital vending machines in England. We will ensure that you receive a copy on publication. The report will be used to inform WCRF's work to improve and increase choices for a healthier diet.

We would be very grateful if you or the relevant member of your staff would take some time to answer the following questions. Please click on the link below and answer as many questions as possible to help us build a complete picture.

<https://www.surveymonkey.com/s/PQMMZN7>

**Avenance have confirmed that they have completed a Survey and will look at healthier options to sell alongside their standard range across all vending products over the next few weeks. If further detail is required I can give email addresses of the Avenance managers.**

**Please note that Avenance contract is held by Walsall Project Co and not Walsall Healthcare NHS Trust therefore please could you contact them direct.**

#### **0159/12 Maternity Unit**

1. Does the NHS trust have a maternity unit? **Yes**
2. If so, how many times has it had to close so far this year (2012)? – **None**
3. On each occasion, please list the a) date of the closure b) how many hours the unit was closed c)the reason d) the numbers of women diverted e) which units/hospitals they were diverted to.- **Not applicable**
4. Please also tell me how many times the maternity unit had to close in 2011? – **Once**
5. Again, for each occasion please list the a) date of the closure b) how many hours the unit was closed c)the reason d) the numbers of women diverted e) which units/hospitals they were diverted to - **4 hours and no patients were diverted**

#### **0160/12**

##### **Still Birth Strategy**

1, Please provide me with details of any strategy, plan, protocol, or performance indicators you have in place to reduce stillbirth rates. If these includes a target rate, please include this

**There is a west midlands regional strategy for 'reducing perinatal mortality rates' which is available from the perinatal institute in Birmingham**

2, Please provide me with protocols or guidance issued to midwives as part of any such plan to reduce stillbirth rates

**All midwives are following NICE and relevant guidance to deliver excellent antenatal care which impacts on the stillbirth rates**

3, Please provide me with your guidelines for carrying out perinatal death reviews

**All perinatal deaths are reviewed monthly in the multidisciplinary Perinatal and Mortality Review Meeting. This meeting is multidisciplinary between the obstetricians / midwives / paediatricians and other relevant invitees as appropriate (i.e sonographers or other staff groups pertinent to the case).**

**0161/12**

### **Female genital mutilation**

Full details of women and/or girls either

a) Referred to the trust suffering the effects of female genital mutilation, or

b) Discovered, during treatment for another condition, to have FGM

in each of the last three years for which figures are available.

I would like the response to include the age of the women/girls involved, the injuries suffered and the action taken by the Trust as a result – e.g. treatment, referral elsewhere, report to the police, etc.

I would also like to know whether the Trust has an official policy on dealing with FGM, whether it collects statistics on the problem, and whether it provides relevant training for staff.

**The Trust does not collect information for referrals or discovery of condition during treatment of girls with FGNM to the maternity service.**

**0162/12**

### **Fertility Services**

1. Could you tell me if any of your hospitals offer fertility services?

**Yes the Trust offers a fertility clinic.**

2. If yes, could you tell me how much each hospital spent on pornographic material at the fertility clinic during the last financial year (2011/2012). Please could you include details of what pornographic material was purchased, which hospital it was for, and how much it cost.

**The Trust does not provide pornographic material as the female patient is given a specimen pot to collect the sample in the privacy of their own home. The sample is then brought to our lab.**

**0163/12**

**Patients treated with biologics**

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**
- **Psoriatic Arthritis** [if split by individual Arthropathy is not possible, please state total for Spondular arthropathies]
- **Psoriasis**
- **Crohn's disease**
- **Ulcerative Colitis**

Total Patients and where possible split by treatment as follows:

- Abatacept [Orencia]
- Adalimumab [Humira]
- Anakinra [Kineret]
- Certolizumab [Cimzia]
- Etanercept [Enbrel]
- Infliximab [Remicade]
- Rituximab [Mabthera]
- Tocilizumab [Ro Actemra]
- Ustekinumab [Stelara]
- Tofacitinib

<b>Number of patients currently being treated</b>	Abatacept	Adalimumab	Anakinra	Certolizumab	Etanercept	Infliximab	Rituximab	Tocilizumab	Ustekinumab	Tofacitinib
Rheumatoid Arthritis	1-5	60	0	12	50	12	18	13	0	0
Ankylosing Spondylitis	0	1-5	0	0	1-5	1-5	0	0	0	0
Psoriatic Arthritis	0	8	0	0	1-5	1-5	0	0	0	0
Psoriasis	0	1-5	0	0	1-5	1-5	0	0	0	0
Crohn's disease	0	17	0	0	0	18	0	0	0	0
Ulcerative Colitis	0	1-5	0	0	0	9	1-5	0	0	0



0164/12

### Patient Transport Services

Trust Name: Walsall Healthcare NHS Trust	NEPTS (Non- Emergency Patient Transport Service)	Bariatric Transport	Out of area NEPTS
Current Provider (1)	Ambuline (Arriva) - <b>provides for all the above</b>		
Data current contract expires (2)	31 <sup>st</sup> January 2013 (Out to tender at present, award anticipated November 2012)		
Length of current contract (3)	Contract commenced 1 <sup>st</sup> July 2006		
Approximate Annual spend / journeys (4)	Circa 36,000 journey's pa		

1. if you do not use a main contracted provider for these services, please specify 'Ad hoc'
2. please specify if you operate an annual rolling SLA rather than a fixed term contract
3. We are only asking for a value to establish the approximate size of the contract. If you deem this to be commercially sensitive, then an approximate number of journeys undertaken per annum is asked for as an alternative indicator.

Finally, if your Trust has any current requirements for assistance with the transfer of Bariatric patients or out of area patient journeys then we would very much welcome the opportunity to demonstrate our ability to deliver a quality experience to both you and your patients.

0165/12

### Details of Sterile Supplies Department

I would be grateful if you could advise me of the contact details of the Manager of your Sterile Supplies Department (CSSD) in order that I can correspond and gain permission to send a short questionnaire by post.

**Please note that we do not release individual staff names and email addresses this is withheld under section 40 (personal information).**

**However, the department address is as follows:**

**Programme Decontamination Manager**

**HSDU Department**

**Walsall Manor Hospital**

**Pleck Road**

**Walsall**

**WS2 9PS**

0166/12

### Request of Policies

We would like to request the following policies:

- Faltered-growth/Failure to thrive
- Tongue tie

- Social services referral process

We follow the PIP (Partners in Paediatrics) guidelines. These can be found at <http://www.partnersinpaediatrics.org.uk/guidelines.htm> (pages 125-126)

I have attached the Trust current The Safeguarding Children Policy, the Tongue tie guidance is currently under review.

**0167/12**

**Structure of HR**

I would like to request a detailed structure of the Human Resources department for the organisation.

Please see attached.

Information available upon request.

**0168/12**

**Apple Hardware Usage**

I would like to request answers to the following questions:

1. How many iPads does the organisation own.
2. How many Apple Mac desktop and Macbook laptops does the organisation own.
3. Does the organisation have an existing Mobile Device Management solution?
4. Does the organisation have an existing Apple Support provider?
5. Who in the organisation is responsible for Apple hardware (full name is possible, job title if name is not available).

Query	WHT Informatics Response
How many iPads does the organisation own.	7
How many Apple Mac desktop and Macbook laptops does the organisation own	2
Does the organisation have an existing Mobile Device Management solution?	Yes
Does the organisation have an existing Apple Support provider?	No
Who in the organisation is responsible for Apple hardware (full name is possible, job title if name is not available).	Assistant Director of IT Services

**0169/12**

**EBITDA**

1. Your Trust's total turnover
2. EBITDA
3. EBITDA expressed as a percentage of turnover

Description	2010/11	2011/12
Annual Turnover (millions)	180.9	227.0
EBITDA (millions)	16.3	18.3
EBITDA as a % of turnover	9%	8%

**0170/12**

**Case Review**

**Information held internally**

**0171/12**

**Maternity Care**

Under the Freedom of Information Act 2000, I am requesting the following information about the provision of maternity services.

My request is:

- 1) How many times did a maternity unit close to admissions in the calendars year 2011 and 2012. (These closures may be recorded as 'suspension of services' within your 'Serious Incident' records.) For each instance when a maternity unit was closed to admissions in 2011 and 2012, please provide:
  - a. the shift on which the closure took place (e.g. night shift),
  - b. the reason(s) given for each closure
  - c. the number of women who had to be redirected as a result of these units closing
  - d. The number of women who were redirected to a unit located outside of your Trust's control.

(As 2012 hasn't ended yet can you provide me with as much information you hold from 2012 as possible)

**2011 – 1**

**2012 – 0**

- 2) What was the midwife position vacancy rate as at 1 May for each of the following calendar years: 2007, 2008, 2009, 2010 and 2012?

2007/08	2008/09	2009/10	2010/11	2011/12
<b>22.86</b>	<b>21.26</b>	<b>22.66</b>	<b>22</b>	<b>19.31</b>

- 3) How many whole-time-equivalent qualified midwives were employed at the Trust as of 1 May 2012?

<u>Headcount</u>	<u>FTE</u>

160

129.47

- 4) If any of your Units have a births-to-midwives ratio greater than 1:28 (either in 2011, or thus far in 2012), can I have information on what plans, if any, are in place to improve this?

**We are involved with the SHA workforce review across the West Midlands to address any deficits. We have had investment in the workforce and there are on-going plans to increase the number of midwives in the Trust.**

- 5) How many women were provided with maternity care by the trust for the calendar years 2007, 2008, 2009 2010, 2011 and 2012? (As 2012 hasn't ended yet can you provide me with as much information you hold from 2012 as possible)

Year End Calendar	Births per calendar year.
31-Dec-07	3683
31-Dec-08	3698
31-Dec-09	3615
31-Dec-10	3714
31-Dec-11	4382
31/12/2012 (to date)	4072

- 6) Of all these women, each year, what was the proportion who were provided with a name and contact details of an 'assigned' midwife for her care by the 13<sup>th</sup> week of their pregnancy? Can I have the proportions for the calendar years 2007, 2008, 2009, 2010, 2011 and 2012 (thus far) please
- 7) How many women out of the total receiving maternity care were considered to be 'low risk', during 2007, 2008, 2009, 2010, 2011 and 2012?

Year End Calendar	Births per calendar year
31-Dec-07	2210
31-Dec-08	2219
31-Dec-09	2169
31-Dec-10	2228
31-Dec-11	2629
31/12/2012 (to date)	2443

- 8) What number of 'low risk' pregnant women, for each of the calendar years 2007, 2008, 2009, 2010, 2011 and 2012, planned to have their births at either
- an alongside or freestanding midwifery unit;
  - a hospital labour ward/obstetric unit,
  - at home;
  - other (please specify if recorded)

Please note: By 'planned' I mean the birth location that the women chose as her preference, perhaps in discussion with her midwife at her booking appointment. As 2012 hasn't ended yet can you provide me with as much information you hold from 2012 as possible.

**Our midwives led unit did not open until April 2012. We have currently delivered 104 babies at the unit so far this year. The birth rate has increased from 3600 in 2008 to 4,300 in 2011. All of these women deliver in the obstetric unit apart from approximately 30 per year that have a home birth.**

- 9) Can you also provide the total number of low risk women who, for year of the calendar years 2007, 2008, 2009, 2010, 2011, 2012, actually gave birth in:
- i. an 'alongside' or 'freestanding' midwifery unit;
  - ii. a hospital labour ward/obstetric unit,
  - iii. at home;
  - iv. other (please specify if recorded)

**As question 8 above. The split is approx 60/40 (low risk/high risk)**

- 10) What plans are in place, if any,
- i. to increase birth location choices for women - **opening of a Midwifery Led Unit (in April 2012)**
  - ii. ensure the choices are actually chosen by women - **Publicity in the local newspapers, DVD, Brochures advertising birth choice discussion and documentation by the midwife that choices have been discussed.**  
(For instance: plans may include the building of new units, making midwife-led locations the default choice for women, extra resources for home births or plans to better inform women of the choices available).
  - iii. Please explain how these plans are to be resourced. - **From the divisional budgets**
- 11) What proportion of women:
- i. Received 1:1 midwife care in established labour during 2007, 2008, 2009, 2010, 2011, 2012. - **All women receive 1-2-1 care in labour at all times**
  - ii. If it's possible, can I have this further broken down into women who had 1:1 care during the day time (i.e. 6am-6pm) and the night time (i.e. 6pm – 6am), or broken down into your shift patterns.
  - iii. Can you provide any information on action plans or proposed measures to increase the capacity to provide 1:1 care in established labour
- 12) Does the unit have a target for the minimum number of contacts between women and midwives/health visitors during the post-natal period? If yes, please provide **There is no target, postnatal visits are conducted according to individual needs of the mother and baby.**
- i. The target
  - ii. The proportion of women whose number of post-natal visits reaches or exceeds this target

**0172/12**

### **Liverpool Care Pathway**

Please supply me with the percentage of target achieved and the monetary amount received by Walsall Manor Hospital in regards to the use of the Liverpool Care Pathway

2009/10 – Walsall Hospitals CQUIN scheme for 2009/10 there was an acute CQUIN scheme for 'Percentage of all hospital cancer deaths who had followed the Liverpool End of Life Care Pathway'. The Trust was measured against a target of 45% and this was achieved in March 2010. The Trust received full payment of £146,661 for this scheme

2010/11 – No CQUIN scheme for Walsall Hospitals NHS Trust  
2011/12 – No CQUIN scheme for Walsall Healthcare NHS Trust  
2012/13 – No CQUIN scheme for Walsall Healthcare NHS Trust

**0173/12**

**Case Review**

**Information held internally**

**0174/12**

**Serious Sleep Symptoms**

In order to assess the scale of current provision, this is a request for information on the patient volume, and the diagnostic composition, of patients referred to the Clinical Measurement Unit during the period 1 April 2011-31 March 2012.

Specifically we would like to know:

How many patients were referred to (and seen by) the Clinical Measurement Unit at Walsall Manor Hospital

Of these patients, how many were diagnosed with a sleep-related breathing disorder

Of those patients who were not diagnosed with a sleep-related breathing disorder, how many were diagnosed with an insomnia (with or without comorbidity)

Of those receiving a diagnosis of insomnia:

- How many were treated in the secondary care service
- How many were referred back to the GP for treatment
- How many were discharged without treatment

This letter confirms receipt of your request for information under the terms of the Freedom of Information Act 2000, received on 1 November 2012.

We have reviewed the information which may be relevant to your request, however it is of a sensitive nature and as such is unable to be released under Exemption 12 of the Freedom of Information Act 2000.

Exemption 12 (Section1) estimates that the cost of complying with the request would exceed the appropriate limit

**0175/12**

**Bed Occupancy**

The average percentage bed occupancy for each of the **hospitals** in your trust for the period 1st January – June 30 2012.

The average percentage bed occupancy for each of the **hospitals** in your trust for the period 1st January – June 30 2011.

**From national returns (the KH03) – the average bed occupancy from:**

**Jan – Jun 2011 in general and acute overnight beds was 92.51%**

**Jan - Jun 2012 in general and acute overnight beds was 87.54%**

**0176/22**

**Individuals Paid Through Companies**

1, Could you tell me how many people work for you but are paid through a company, other than an employment agency, at a cost of more than £58,200 per year?

**We do not pay anyone other than through an employment agency at a cost of more than £58200 per annum**

2, Could you tell me what roles they undertake at your trust?

**We do not pay anyone other than through an employment agency at a cost of more than £58200 per annum**

**0177/12 - November**

**Agency Locum Doctors Spend**

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

1. Total amount the trust spent on agency locum doctors 2011/2012
2. If possible for this information to be broken down per department.

**Walsall Healthcare NHS Trust**

**Locum Doctor's Spend 2011-12**

**Divisional Senior Medical Staff**

	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Totals
	NHS Locum Costs	NHS Locum Costs	NHS Locum Costs	NHS Locum Costs	NHS Locum Costs
Elderly	25,149	59,987	95,406	122,888	303,430
General Medicine	35,663	236,520	397,914	509,280	1,179,377
Trauma & Orthopaedics	57,793	143,636	228,117	312,050	741,596
Oral & Orthodontics	79,419	190,334	271,754	342,060	883,567
General Surgery	94,580	256,443	410,270	519,959	1,281,252
ENT					
Paediatrics	67,845	98,325	156,314	196,021	518,505
Obstetrics & Gynaecology		127,773	279,592	431,304	838,669
Sexual Health	533	10,840	25,863	36,185	73,421
Anaesthetics	331,258	761,873	990,171	1,230,199	3,313,501
Accident & Emergency	181,641	463,435	644,537	822,540	2,112,153

Pathology		33,000	36,394	96,166	165,560
Imaging		2,176	10,134	6,870	19,180
Oncology					
Miscellaneous				7,110	7,110
<b>Total - Acute</b>	<b>873,881</b>	<b>2,384,342</b>	<b>3,546,466</b>	<b>4,632,632</b>	<b>11,437,321</b>

Community Sexual Health					
Community Palliative Care					
Community Paediatrics	9,145	38,589	121,094	202,536	371,364
<b>Total - Community</b>	<b>9,145</b>	<b>38,589</b>	<b>121,094</b>	<b>202,536</b>	<b>371,364</b>

<b>Total Senior Medical Staff</b>	<b>883,026</b>	<b>2,422,931</b>	<b>3,667,560</b>	<b>4,835,168</b>	<b>11,808,685</b>
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#### Divisional Junior Medical Staff

	NHS Locum Costs	NHS Locum Costs	NHS Locum Costs	NHS Locum Costs	NHS Locum Costs
Elderly	51,164	153,371	164,354	255,267	624,156
General Medicine	165,906	333,348	440,779	594,261	1,534,294
Trauma & Orthopaedics	42,007	145,894	330,795	461,046	979,742
Oral & Orthodontics					
General Surgery	17,141	53,964	66,962	75,068	213,135
ENT	39,859	124,701	136,812	150,912	452,284
Paediatrics	52,961	123,002	179,337	291,361	646,661
Obstetrics & Gynaecology	39,536	79,970	228,689	364,818	713,013
Sexual Health	691	2,485	3,214	5,847	12,237
Anaesthetics	75,320	281,980	549,156	836,775	1,743,231
Accident & Emergency	196,413	503,041	733,737	1,026,744	2,459,935
Pathology			16,462	24,693	41,155
Non OMG Medical Staff					
Others					
<b>Total Acute</b>	<b>680,998</b>	<b>1,801,756</b>	<b>2,850,297</b>	<b>4,086,792</b>	<b>9,419,843</b>

Community Intermediate Care			8,070	18,144	26,214
Community Palliative Care			4,594		4,594
<b>Total - Community</b>			<b>12,664</b>	<b>18,144</b>	<b>30,808</b>

<b>Total Junior Medical Staff</b>	<b>680,998</b>	<b>1,801,756</b>	<b>2,862,961</b>	<b>4,104,936</b>	<b>9,450,651</b>
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#### Divisional Grand Total

	NHS Locum Costs	NHS Locum Costs	NHS Locum Costs	NHS Locum Costs	NHS Locum Costs
Elderly	76,313	213,358	259,760	378,155	927,586
General Medicine	201,569	569,868	838,693	1,103,541	2,713,671
Trauma & Orthopaedics	99,800	289,530	558,912	773,096	1,721,338
Oral & Orthodontics	79,419	190,334	271,754	342,060	883,567
General Surgery	111,721	310,407	477,232	595,027	1,494,387



ENT	39,859	124,701	136,812	150,912	452,284
Paediatrics	120,806	221,327	335,651	487,382	1,165,166
Obstetrics & Gynaecology	39,536	207,743	508,281	796,122	1,551,682
Sexual Health	1,224	13,325	29,077	42,032	85,658
Anaesthetics	406,578	1,043,853	1,539,327	2,066,974	5,056,732
Accident & Emergency	378,054	966,476	1,378,274	1,849,284	4,572,088
Pathology		33,000	52,856	120,859	206,715
Imaging		2,176	10,134	6,870	19,180
Non OMG Medical Staff					
Oncology					
Miscellaneous					
Others				7,110	7,110
<b>Total Divisional - Acute</b>	<b>1,554,879</b>	<b>4,186,098</b>	<b>6,396,763</b>	<b>8,719,424</b>	<b>20,857,164</b>

Community Sexual Health			4,594		4,594
Community Palliative Care					
Community Paediatrics	9,145	56,879	121,094	202,536	389,654
Community Intermediate Care			8,070	18,144	26,214
<b>Total - Community</b>	<b>9,145</b>	<b>56,879</b>	<b>133,758</b>	<b>220,680</b>	<b>420,462</b>

<b>Total Divisional Medical Staff</b>	<b>1,564,024</b>	<b>4,242,977</b>	<b>6,530,521</b>	<b>8,940,104</b>	<b>21,277,626</b>
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#### Non-Divisional Seniors & Juniors

	NHS Locum Costs	NHS Locum Costs	NHS Locum Costs	NHS Locum Costs	NHS Locum Costs
Waiting list	34,698	46,574	53,415	140,338	275,025
Complaints	5,732	3,618	3,618	3,618	16,586
Occupational Health					
Medical Director Support					
PGMC					
SIFT		1,386	5,540	8,826	15,752
<b>Total Non-Divisional</b>	<b>40,430</b>	<b>51,578</b>	<b>62,573</b>	<b>152,782</b>	<b>307,363</b>

	NHS Locum Costs	NHS Locum Costs	NHS Locum Costs	NHS Locum Costs	NHS Locum Costs
<b>Total All Medical Staffing</b>	<b>1,604,454</b>	<b>4,294,555</b>	<b>6,593,094</b>	<b>9,092,886</b>	<b>21,584,989</b>

Note: () = an over-spend , + = an under-spend

#### Medical Staffing Agency Costs 2011-12

Divisional Senior Medical Staff	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Yearly

	Totals	Totals	Totals	Totals	Totals
Elderly	5837	16858	-16858		5837
General Medicine	129760	73472	18321	147605	369158
General Surgery		-3068	24883	-12842	8973
ENT					
Anaesthetics					
Accident & Emergency	3409	-1		137201	140609
Imaging				24653	24653
Non OMG	-3068	3068	17920	-20988	-3068
<b>Total</b>	<b>135938</b>	<b>90329</b>	<b>44266</b>	<b>275629</b>	<b>546162</b>

Divisional Junior Medical Staff	Qtr 1 Totals	Qtr 2 Totals	Qtr 3 Totals	Qtr 4 Totals	Yearly Totals
Elderly	1029	2831	31477	63068	98405
General Medicine	104527	62800	61556	60300	289183
Trauma & Orthopaedics	4085	585	33511	19942	58123
General Surgery	76572	18323	12787	67250	174932
ENT		1191	19		1210
Paediatrics	25466	13454	17169	17593	73682
Obstetrics & Gynaecology	6276	936	46481	97892	151585
Anaesthetics	53112	32465	43665	65642	194884
Accident & Emergency	58469	29207	59352	67704	214732
Others					
<b>Total</b>	<b>329536</b>	<b>161792</b>	<b>306017</b>	<b>459391</b>	<b>1256736</b>

Non-Divisional Seniors & Juniors	Qtr 1 Totals	Qtr 2 Totals	Qtr 3 Totals	Qtr 4 Totals	Yearly Totals
Waiting list					
Occupational Health	7040	17325	16900	26119	67384
<b>Total Non-Divisional</b>	<b>7040</b>	<b>17325</b>	<b>16900</b>	<b>26119</b>	<b>67384</b>

	Qtr 1 Totals	Qtr 2 Totals	Qtr 3 Totals	Qtr 4 Totals	Yearly Totals
<b>Total All Medical Staffing</b>	<b>472514</b>	<b>269446</b>	<b>367183</b>	<b>761139</b>	<b>1870282</b>

**0178/12**

**HPV Vaccination Programme**

Under the Freedom of Information Act, would you be so kind as to answer the below questions. Any responses should cover the time period from the initiation of the national HPV vaccination scheme to present. I am specifically looking for information regarding the geographical area covered by Walsall Teaching Primary Care Trust.

1) Do all girls aged 12 -13 get offered the HPV vaccine at school?

**Invitations are sent out from the school class lists and cross referenced with the Trust Care Plus IT system. Girls are invited up to 3 times by letter - 2 through school and the 3<sup>rd</sup> via post to their parents if a completed consent form is not received back. Often this is then followed up by a phone call to parents.**

2) a) for girls accepting, do their GPs get notified of their vaccination?

**Yes – immunisation history is sent out on a weekly basis**

b) for girls offered but not accepting the vaccine, do their GPs get notified of their non-vaccination?

**Report sent at the request of the GP and at the end of each school year information is also uploaded on monthly basis to the Exeter system.**

3)a) Have any schools in the area refused to allow either clinicians or school nurses to administer the HPV vaccine?

**No**

b) If so, which?

**n/a**

c) If the answer to 3a) is yes, what are the reasons provided for this?

**n/a**

d) What is the policy/process for alternative arrangements for any schools that have opted out?

**n/a**

e) Please provide a copy of the official notifications, or record of that notification

**n/a**

4a) Have any schools in the area opted out of the HPV vaccine catch up programme at any point?

**One school has refused to allow us access to deliver any catch up sessions for girls who have missed out due to absence on the scheduled day. They have however agreed the 3 scheduled days for HPV.**

4b) If the answer to 4a) is yes, which?

**The school refusing the catch up sessions is Barr Beacon School.**

**Any girls attending Barr Beacon who miss any one of the 3 scheduled days are invited to attend a clinic to receive outstanding HPV vaccinations if their parents are willing/able to bring them.**

**The school will not allow any catch up sessions as they prefer minimal disruption to the academic calendar.**

**0179/12**

**Patients placed in areas not designed for clinical care**

1. I would like to know on how many occasions this year (2012) patients were placed in areas not designed for clinical care?  
By this I mean trolleys being placed in areas normally used to store linen, equipment or kitchen areas.  
**0**
2. For question 1, if possible for each case please state the number of hours the patient remained in the non-clinical area.  
**0**
3. Please specify the exact nature of the non-clinical area eg storage or kitchen area.  
**0**
4. Please also state whether the patient had access to a call bell, oxygen or what privacy considerations were made.  
**0**
5. Similarly, for 2011 please state on how many occasions patients were placed in areas not designed for clinical care?  
**0**
6. For question 5, if possible for each case please state the number of hours the patient remained in the non-clinical area.  
**N/A**
7. Please specify the exact nature of the non-clinical area eg storage or kitchen area.  
**N/A**
8. Please also state whether the patient had access to a call bell, oxygen or what privacy considerations were made.  
**N/A**

**0180/12**

**A&E Unit**

1. Has the trust closed or reconfigured any of its A&E units over the last two years?  
**No**
2. Is the trust considering close/reconfiguring any A&E units in future? If so please provide details.  
**No**
3. If yes to questions 1 or 2, please state which other hospital services patients will use as alternatives  
**N/A**
4. Has the trust closed/reconfigured any of its maternity units within the last two years?

- Yes**
5. Is the trust considering closing/reconfigure any of its maternity units in future? If so please provide details.  
**Opened Maternity Led Unit March 2012**
6. Has the trust closed any care of the elderly wards in the last two years? If so please state which ones  
**Yes, August 2011 Ward 2**
7. Is the trust considering closing any care of the elderly wards in future? If so please provide details  
**No**
8. Has the trust closed any other wards or departments within the last two years? If so please provide details.  
**No**
9. Is the trust considering closing any other wards or departments in future? If yes please provide details.  
**Considering closing a number of beds**
10. Finally, for questions 6-9 if any of the answers are yes please state how patients will be alternatively cared for eg through virtual wards, care in community, care at home

**Reprovision of services by creation of Swift Ward, Integrated Care Pathways, Care Closer to Home and community based beds**

**0181/12**

**Changing Employment Patterns in the Public Sector Workforce**

I am therefore writing to you to request information on the total number of paid staff, and the total numbers of staff with certain characteristics (including age, gender, race, disability, religious affiliation and sexual orientation) at the beginning of 2010 and in 2012, at your institution. I understand that you should have access to this information in light of the equality monitoring duties of public authorities.

I request the following information:

1. The total number of employees, along with the number of employees (headcount) by ethnicity, gender, disability, age, religious affiliation and sexual orientation in 2012 as per the census categories.

Organisation/Institution:	Walsall Healthcare Trust			
	<b>PLEASE NOTE:</b> Walsall Healthcare NHS Trust did not form until 01 April 2011 (when Walsall Hospital Trust & Walsall Primary Care Trust services merged). Due to this, and in line with previous historical FOI requests, information is not available in relation to 2010.			
			2010	2012
	Total workforce			4064
Gender	Male			699
	Female			3365
Age	16-24			342
	25-44			1982

	45-64		1686
	65+		54
Disability	Disabled		33
Race	White British		3069
	White Irish		23
	Any Other White Background		45
	<b>Or total white if only general data is available</b>		
	White and Black Caribbean		22
	White and Asian		19
	And other mixed background		21
	<b>Or total mixed if only general data is available</b>		
	Indian		433
	Pakistani		119
	Bangladeshi		21
	Chinese		13
	Any other Asian background		67
	<b>Or total Asian/Asian British if only general data is available</b>		
African		42	
Caribbean		124	
Any Other Black/African/Caribbean background		8	
<b>Or total black/African/Caribbean if only general data is available</b>			
Arab			
Other Ethnic Group		38	
<b>Or total other ethnic groups if only general data is available</b>			
Sexual Orientation/Identity	Heterosexual		795
	Lesbian/Gay		12
	Bisexual		3
	Transgender		
	Other		
	Not disclosed		3254
Religious Affiliation	No religion		67
	Christian		537
	Buddhist		4
	Hindu		28
	Jewish		
	Muslim		31
	Sikh		28
	Any other religion		68
	Not disclosed		3301

2. The total number of employees, along with the number of employees (headcount) by ethnicity, gender, disability, age, religious affiliation and sexual orientation at the beginning of 2010 as per the census categories.

**“PLEASE NOTE: Walsall Healthcare NHS Trust did not form until 01 April 2011 (when Walsall Hospital Trust & Walsall Community Health merged). Due to this, and in line with previous historical FOI requests, information is not available in relation to 2010.”**

**0182/12****Pest Control Services**

1. Please can you tell me how many times the hospital has called out pest control services in a) 2012 and b) 2011
  
2. For each occasion please can you provide the following details
  - a) the type of vermin
  - b) the ward/department within the hospital which was affected
  - c) the date of the call
  - d) how the infestation was discovered
  
3. Please also provided details on the amount spent on pest control services in a) 2012 and b) 2011.

<b>Date called out</b>	<b>Reason for call out</b>	<b>Area</b>	<b>How discovered</b>	<b>Cost</b>
02/02/2011	Rats	External grounds	Sighting	contract
31/03/2011	Bites	office	Staff bitten	contract
08/07/2011	Nesting pigeons	External	Sighting	£60 + vat
17/07/2011	Mouse	Ward	Sighting	contract
25/07/2011	Rats	External Grounds	Sighting	contract
23/08/2011	Bites	Ward	Staff bitten	contract
23/08/2012	Fruit fly's	Imaging rest room	Sighting	contract
26/09/2011	Rats	External Grounds	Sighting	contract
03/11/2011	Rats	External Grounds	Sighting	contract
10/11/2011	Silver fish	Ward	Sighting	contract
07/12/2011	Rats	External Grounds	Sighting	contract
29/02/2012	Bites	Health records	Staff bitten	contract
25/04/2012	Rats	External Grounds	Sighting	contract
16/07/2012	Mouse	Pharmacy	Sighting	contract
20/07/2012	Bites	HR & performance	Staff bitten	contract
20/07/2012	Bites	A&E reception	staff bitten	contract
27/07/2012	Rats	External Grounds	Sighting	contract
28/07/2012	Bites	Ward	Staff bitten	contract
01/08/2012	Bites	Discharge team	Staff bitten	contract
09/08/2012	Bites	Ward	Staff bitten	contract
10/08/2012	Rats	External Grounds	Sighting	contract
18/08/2012	Mouse	Hospital street	Sighting	contract
20/08/2012	Mouse	Fracture clinic	Sighting	contract
17/09/2012	Nesting pigeons	External	Sighting	£60 + vat
25/10/2012	Rats	External Grounds	Sighting	contract

0183/12

### Migrate to Windows 7

1. Is the organisation planning to migrate to Windows 7?
2. If no, when did the organisation migrate?
3. What are the timeframes for this project – when is deployment expected to commence?
4. What is the budget and expected spend for this project?
5. Of this budget, how much (if any) has been assigned to testing the compatibility of applications?
6. Of this budget, how much (if any) has been assigned to remediating incompatible applications?
7. Of this budget, how much (if any) has been assigned to discovering and understanding the user environment and usage of applications?
8. What is the split of computer type across the estate (laptop, desktop etc)?
9. Are any third party consultants, companies or partners involved in the migration process?

I would also find the following information useful:

1. A detailed project plan
2. A list of relevant project managers, along with contact details
3. A breakdown of any financial savings expected as a result of the migration.

QUESTION	WALSALL HEALTHCARE NHS TRUST RESPONSE
1. Is the organisation planning to migrate to Windows 7?	Yes
2. If no, when did the organisation migrate?	N/A
3. What are the timeframes for this project – when is deployment expected to commence?	Deployment is on-going
4. What is the budget and expected spend for this project?	No additional funding is available
5. Of this budget, how much (if any) has been assigned to testing the compatibility of applications?	N/A
6. Of this budget, how much (if any) has been assigned to remediating incompatible applications?	N/A
7. Of this budget, how much (if any) has been assigned to discovering and understanding the user environment and usage of applications?	N/A
8. What is the split of computer type across the estate (laptop, desktop etc)?	20/80 this means 20% of estate is Laptops and 80% is desktop.
9. Are any third party consultants, companies or partners involved in the migration process?	No

I would also find the following information useful:

1. A detailed project plan – **No formal project plan exists**
2. A list of relevant project managers, along with contact details – **N/A**
3. A breakdown of any financial savings expected as a result of the migration. – **This data is not available**



**0184/12**

**Private Finance Initiative**

1. Do you have a Private Finance Initiative (PFI) provider?
2. If you do have a PFI provider could you tell me whether or not you were required under the terms of your PFI contract to use a specific contractor to install Christmas decorations last year including a Christmas tree or Christmas trees, festive lighting, tinsel, a Christmas crib, angels, reindeer, Santa, Father Christmas or any other form of decoration that may be legitimately associated with Christmas?
3. If the answer to the above answer is yes could you please tell me how much you were obligated to pay the contractor you were obliged to use under the terms of your PFI contract to install and remove Christmas decorations last year?

<b>QUESTION</b>	<b>WALSALL HEALTHCARE NHS TRUST RESPONSE</b>
1. Do you have a Private Finance Initiative (PFI) provider?	<b>Yes</b>
2. If you do have a PFI provider could you tell me whether or not you were required under the terms of your PFI contract to use a specific contractor to install Christmas decorations last year including a Christmas tree or Christmas trees, festive lighting, tinsel, a Christmas crib, angels, reindeer, Santa, Father Christmas or any other form of decoration that may be legitimately associated with Christmas?	<b>We are not required under the terms of our PFI contract to use a specific contractor to install Christmas decorations</b>
3. If the answer to the above answer is yes could you please tell me how much you were obligated to pay the contractor you were obliged to use under the terms of your PFI contract to install and remove Christmas decorations last year?	<b>N/A</b>

**0185/12**

**FY1 and FY2 Doctors**

How many Foundation Year 1 and 2 doctors your trust employs.

- **The Trust employs 36 Foundation 1 trainees**
- **The Trust employs 37 Foundation 2 trainees**

**0186/12**

**Highest sum paid to clinical staff**

- 1) The highest sum paid by your trust for a continuous shift by one locum, covering clinical care - in 2010/11, 2011/12 and 2012/13 so far.

**2010-2011: £799.60 (8 hours at £ 99.95 per hour for Consultant in Medicine in March 2011)**

**2011-2012: £950.00 (8 hours at £118.75 per hour for Consultant in Radiology in March 2012)**  
**2012-2013: £950.00 (8 hours at £118.75 per hour for Consultant in Radiology in March 2012)**

Please can you disclose the total sum paid by the trust for the shift, including any fees paid to an agency, the type of cover being provided (e.g. A&E consultant) the length of the shift and the month when it took place.

**We are unable to provide a breakdown of fees and charges included as we do not record information**

2) Can you also state the highest sum paid for a continuous shift for each of these categories, again setting out the length of shift, total sum including agency fees, and the month and year it took place:

i) A&E/Emergency doctor

**£1078.50: 14 hours at £77.04 per hour in A&E June 12**

ii) Surgeon

**£ 750: 15 hours at £50 per hour in ENT May 12**

iii) Specialist nursing

**£780.45: 11 hours at £70.95 per hour (this would be a weekend rate) Saturday 10.11.12.**

iv) General nursing

**£632.25: 11 hours at £57.75 per hour (this would be a weekend rate) Saturday 25.8.11.**

**0187/12**

**Health and Wellbeing of Workforce**

**Request 1:** Please confirm or deny if the trust has, in the past three years, developed and implemented a strategy for actively improving the health and wellbeing of its workforce

**Yes – Part of our ‘For One and All’ programme**

***If confirmed:***

**1(a):** Please provide details of the trust’s strategy – **Currently in draft**

**1(b):** Please confirm whether, in developing its strategy, the trust consulted with its staff about the services they wished to see provided – **yes through Colleague Engagement & Experience Group**

**Request 2:** Please confirm or deny if the trust provides occupational health services for its staff – **yes, full OH Services**

***If confirmed:***

**2(a):** Please confirm whether this included access to physiotherapy services

**Does not include in-house physiotherapy services but can refer individuals**

**Request 3:** Please confirm or deny if the trust provides consistent access to early and effective interventions for staff with common musculoskeletal conditions, as defined by The Boorman Review, *NHS Health and Wellbeing*<sup>1</sup> – **yes where this is possible**

**As a service we offer early intervention to staff who either contact (By telephone) or attend the department as a self / Management referral with muscular skeletal issues. We regularly refer staff to the physiotherapy department or seen by our consultant if, an orthopaedic referral is deemed necessary.**

**We also are now taking part in a trial, where managers identify to Occupational Health, when staff are absent from work and a muscular skeletal issue is identified as the catalyst; we then ring the staff member at home to offer support, guidance, referral to physiotherapy and to ascertain, whether an OH follow up appointment is needed.**

***If confirmed:***

**3(a):** Please provide any written details of these interventions (including service specifications or care pathways)

**Please see attached documents. Following this a report is sent to the manager, stating what we have offered and if an official management referral may be needed.**

**Request 4:** Please confirm how much the trust paid out in sick pay in 2009/10, 2010/11, 2011/12 and 2012/13 (to date)

**The estimated sickness cost is based upon a number of cost variables in relation to the length of absence, including estimated sick pay. Whilst this isn't an exact science or a direct representation of sick pay paid out it does give an indication of estimated levels:-**

**0188/12**

**Orphan Drugs**

**DESCRIPTION OF THE INFORMATION REQUESTED:**

For the financial year 2011/12 (or most recent full year available), **and** the financial year 2001/02, please provide the following information:

Of the drugs listed below –

1. How many of these drugs were prescribed
2. In what quantity (number of patients, number of months, etc.) – see below
3. The total cost for each drug – see below

**Please see table attached however, we have withheld the number of months and the rate the drugs were prescribed under Section 43 of the Freedom of Information Act 2000.**

**Exemption 43 states: As disclosure would prejudice the commercial interests of the Trust.**

For the financial year 2011/12 (or most recent full year available), **and** the financial year 2001/02, please provide the following information:

2011-2012 = £15,303,024

**“PLEASE NOTE: Walsall Healthcare NHS Trust did not form until 01 April 2011 (when Walsall Hospital Trust & Walsall Community Health services merged). Due to this, and in line with previous historical FOI requests, information is not available in relation to any period pre 2011/12.”**

*If there is any confusion or difficulty in providing the requested information, or the information requested would exceed the stated limits, please contact me immediately to discuss amendments.*

		Number of Patients	Value
			2011-12
ALDURAZYME	laronidase	0	£0
ARZERRA	ofarumumab	0	£0
ATRIANCE	Nelarabine	0	£0
BRONCHITOL	Mannitol	0	£0
BUSILVEX	Busulfan (intravenous use)	0	£0
CARBAGLU	Carglumic acid	0	£0
CAYSTON	Aztreonam	0	£0
CEPLENE	Histamine dihydrochloride	0	£0
CYSTADANE	Betaine anhydrous	0	£0
DIACOMIT	Stiripentol	0	£0
ELAPRASE	Idursulfase	0	£0
ESBRIET	Pirfenidome	0	£0
EVOLTRA	Clofarabine	0	£0
EXJADE	Deferasirox	0	£0
FABRAZYME	Recombinant human alpha-galactosidase A INN = Agalsidase beta	0	£0
FIRAZYR	Icatibant acetate INN = Icatibant	0	£0
FIRDAPSE	Amifampridine	0	£0
(EX ZANAS)	<b>3,4-diaminopyridine</b>	0	£0
GLIOLAN	5-aminole vulinic acid hydrochloride	0	£0
GLIVEC	Imatinib mesilate	8	£219,516
INCRELEX	Macasermin	0	£0
INOVELON	Rufinamide	0	£0
KALYDECO	Ivacaftror	0	£0
KUVAN	Sapropterin dihydrochloride INN =	0	£0

	Saprtpterin		
LITAK	Cladribine (subcutaneous)	0	£0
LYSODREN	MITOTANE	0	£0
MEPACT	Mifamurtide	0	£0
MOZOBIL	Plerixafor	0	£0
MYOZYME	Recombinant human acide alpha-glucosidase INN = Aiglucosidase alpha	0	£0
NAGLAZYME	N-acetylga-lacto-samine4-sulfatase INN = Galsulfase	0	£0
NEXAVAR	Sorafenib tosylate Sorafenib	0	£0
NPLATE	Romiplostim	0	£0
ORFADIN	Nitisinone	0	£0
PEDEA	Ibuprofen	2	£1,452
PEYONA (EX-NYMUSA)	Caffeine citrate	0	£0
PLENADREN	Hydrocortisone	0	£0
PRIALT	Ziconotide (intraspinal use)	0	£0
REPLAGAL	Agalsidase alpha	0	£0
REVATIO	Sildenafil citrate INN= Sildenafil (Viagra)	0	£0
REVLIMID	Lenalidomide	13	£270,480
RILONACEPT REGENERON (EX- ARCALYST)	Rilonacept	0	£0
SAVENE	Dextrazoxane	0	£0
SIGNIFOR	Pasireotide	0	£0
SIKLOS	Hydrocarbamide	0	£0
SOLARIS	Eculizumab	0	£0
SOMAVERT	Pegvisomant	0	£0
SPRYCEL	Dasatinab	1	£13,427
TASIGNA	Nilotinib	0	£0
TEPADINA	Thiotepa	0	£0

THALIDOMIDE CELGENE	Thalidomide	0	£0
TOBI PODHALER	Tobramycin	0	£0
TORISEL	Temsirolimus	0	£0
TRACLEER	Bosentan monohydrate INN = Bosentan	0	£0
TRISENOX	Arsenic trioxide	0	£0
VENTAVIS	Iloprost	0	£0
VIDAZA	Azacitidine	5	£54,592
VOLIBRIS	Ambrisentan	0	£0
VOTUBIA	Everolimus	0	£0
VPRIV	Velaglucerase alfa	0	£0
VYNDAQEL	Tafamidis	0	£0
WILZIN	Zinc acetate dehydrate	0	£0
XALUPRINE (EX-MERCAP- TOPURINE NOVA)	Mercaptopurine	0	£0
XAGRID	Anagrelide hydrochloride INN = Anagrelide	17	£52,521
VONDELIS	Trabectedin	0	£0
ZAVESCA	Miglustat	0	£0
N-carbamylglutamate		0	£0
For N-acetylglutamate synthetase deficiency			
Sodium phenylbutyrate for ornithine carbomoyltransferase deficiency		0	£0
Ibuprofen and indometacin for patent ductus arteriosus		0	£0
Nitric oxide for pulmonary hypertension		0	£0
Caffeine citrate for apnoea in preterm infants		0	£0

0189/12

**Maternity Unit**

<b>QUESTION</b>	<b>WALSALL HEALTHCARE NHS TRUST RESPONSE</b>
4. Does the hospital have a maternity unit? If no please ignore this FOI request as the questions are irrelevant	<b>Yes</b>
5. How many times in 2012 did women give birth in an area which was not a bed on the maternity ward?	<b>Twice</b>
6. For each occasion in 2) please state the location eg waiting room, stairs, car park, lift	<b>1 x car</b> <b>1 x Gynaecology Ward</b>
7. If possible for each occasion in 2) please provide a reason the woman was not in maternity ward bed.	<b>1) Late presentation to hospital</b> <b>2) Patient left Maternity Ward for refreshments.</b>
8. How many times in 2011 did women give birth in an area which was not a bed on the maternity ward?-	<b>0</b>
9. For each occasion in 5) please state the location eg waiting room, stairs, car park, lift	<b>N/A</b>
10. If possible for each occasion in 5) please provide a reason the woman was not in maternity ward bed.	<b>N/A</b>

0190/12

**Theatre Manager**

I would like to write to the Trust's Theatre Manager/s about possible editorial contributions that may be of interest to our readership.

Would it be possible to let me know who I should write to?

**Theatre Services Delivery Manager**  
**Walsall Healthcare NHS Trust**  
**Management Offices,**  
**Route 109**  
**Moat Road**  
**Walsall WS2 9PS**



0191/12

**Value of items purchased**

Within the last 12 months or last financial year, can you tell me what was the **value** of the items purchased and listed below and who was the **supplier**:

Computers.

Computer consumables.

Computer network systems (cabling and wireless).

General maintenance services.

General cleaning services.

Storage shelving.

External decorators.

Office and general area furniture.

Ready made meals.

Category	Value	Supplier
Computers	£18,667.94	Trust Marque Solutions
Computer Consumables	£9,456.68	Contrac Computer Supplies
Computer network systems (cabling and wireless).	£59,905.97	Lane Business Solutions Allocate Software PLC Americanino Ltd TMR Memory AVA Bellis Jones Hill Blithe Computer Systems Ltd BMS Bookwise Solutions Bressner (UK) Ltd Burnbank Systems Ltd CIMS COACS Computa Center Ltd CSC Computer Sciences Ltd Data Card Ltd Dell Incorporated Foursys Ltd GHG Software Developments Ltd Healthcare Software Systems HMT Systems ICNet Ltd Insight Direct UK Ltd Maplin Electronics Mastek UK Limited McKesson Media Resources Misco Computer Supplies Msoft Esolutions Ltd Proact IT UK Ltd Proband Ltd Softbox Limited Soft cat Ltd

		Sunquest Telehealth Timeware Software Waverly
General Maintenance Services	£2,855.00	Acute Sales Ltd Monika
General Cleaning Services	£37,450.17	ISS Mediclean Ltd W J Hardiman
Storage Shelving	£0.00	
External Decorators	£0.00	
Office and general area furniture	£519.00	Godfrey Syrett Ltd Wagstaff Interiors Group Southern Office Interiors Ltd
Ready Made Meals	£316,400.42	Anglia Crown Ltd The Punjab Kitchen Ltd A F Blakemore & Son Ltd Brake Bros Food Service Ltd Hopwells Limited Jeeva Jyot Simons Resturant

Could you also tell me the names of the person responsible for purchasing the above items?  
 Could you also tell me the names of the managers of the following departments?

**Please note that we do not release individual staff names and email addresses this is withheld under section 40 (personal information).**

IT (information technology)

**Steve Darkes – Director of IT**

Estates and Facilities

**Jayne Tunstall – Chief Operating Officer**

Purchasing (or procurement)

**Shahana Khan – Director of Finance**

**0192/12**

**Pest Control Services**

1. Please can you tell me how many times the hospital has called out pest control services in a) 2012 and b) 2011.
2. For each occasion please can you provide the following details
  - a) the type of vermin
  - b) the ward/department within the hospital which was affected
  - c) the date of the call
  - d) how the infestation was discovered

3. Please also provided details on the amount spent on pest control services in a) 2012 and b) 2011.

Date called out	Reason for call out	Area	How discovered	Cost
02/02/2011	Rats	External grounds	Sighting	contract
31/03/2011	Bites	office	Staff bitten	contract
08/07/2011	Nesting pigeons	External	Sighting	£60 + vat
17/07/2011	Mouse	Ward	Sighting	contract
25/07/2011	Rats	External Grounds	Sighting	contract
23/08/2011	Bites	Ward	Staff bitten	contract
23/08/2012	Fruit fly's	Imaging rest room	Sighting	contract
26/09/2011	Rats	External Grounds	Sighting	contract
03/11/2011	Rats	External Grounds	Sighting	contract
10/11/2011	Silver fish	Ward	Sighting	contract
07/12/2011	Rats	External Grounds	Sighting	contract
29/02/2012	Bites	Health records	Staff bitten	contract
25/04/2012	Rats	External Grounds	Sighting	contract
16/07/2012	Mouse	Pharmacy	Sighting	contract
20/07/2012	Bites	HR & performance	Staff bitten	contract
20/07/2012	Bites	A&E reception	staff bitten	contract
27/07/2012	Rats	External Grounds	Sighting	contract
28/07/2012	Bites	Ward	Staff bitten	contract
01/08/2012	Bites	Discharge team	Staff bitten	contract
09/08/2012	Bites	Ward	Staff bitten	contract
10/08/2012	Rats	External Grounds	Sighting	contract
18/08/2012	Mouse	Hospital street	Sighting	contract
20/08/2012	Mouse	Fracture clinic	Sighting	contract
17/09/2012	Nesting pigeons	External	Sighting	£60 + vat
25/10/2012	Rats	External Grounds	Sighting	contract

### 0193/12

#### Adult and Paediatric Patients receiving Treatment

For the period 1<sup>st</sup> March 2012 to 31<sup>st</sup> October 2012 please supply the total number of adult and paediatric patients, including those whose treatment was initiated before this period, receiving any of the below treatments for each of the mentioned conditions. Please also include any patients in trials in the totals.

Drug	Number of patients diagnosed with Chronic Myeloid Leukaemia being treated with the following drug
Dasatinib	0

Imatinib	9
Nilotinib	1-5
<b>Drug</b>	<b>Number of patients diagnosed with Gastro Intestinal Stromal Tumour (GIST) being treated with the following drug</b>
Dasatinib	0
Imatinib	0
Sunitinib	0
<b>Drug</b>	<b>Number of patients diagnosed with Renal Cell Carcinoma being treated with the following drug</b>
Axitinib	0
Everolimus	1-5
Pazopanib	1-5
Sorefanib	0
Sunitinib	12

**0194/12**

**Rates of shock for A +E**

I am a student at University of Wolverhampton (also work for Walsall Healthcare NHS Trust part time) and was wondering if you could point me in the right direction? I am currently looking for figures relating to the number of persons that suffer from shock (pre-hospital) in the West Midlands and perhaps a breakdown of which type of shock they had developed. After contacting West Midlands Ambulance Service they informed me that you may keep a record of this.

I am aware of the Freedom of Information Act and the rules that apply to it (part of my job) however I was wondering if you point me in the direction of a particular person or department who may hold this information due to time constraints (i.e. approaching deadlines!) on my course.

**FOI: 019412. Shock (Septic, Neurological, Cardiogenic, Anaphylactic.)**

*Septic shock R57.2*  
*Neurological No code*  
*Cardiogenic R57.0*  
*Anaphylactic T78.2, T88.6, T50.9, T63.9, T63.4, T63.6, T63.2, T78.0, T80.5.*  
*Between 01/04/2012 - 31/10/2012.*

Type	Count
Septic	26
Neurological	0
Cardiogenic	9
Anaphylactic	23

**0195/12**  
**A&E Department**

QUESTION	WALSALL HEALTHCARE NHS TRUST RESPONSE
Please can you tell me on how many occasions patients in your A&E department waited 24 hours or longer for treatment in 2012?	<b>0</b>
How many patients have had to wait longer than 12 hours?	<b>0</b>
How many patients have had to wait longer than 18 hours?	<b>0</b>
Please also tell me the longest recorded time a patient waited for treatment in A&E in 2012?	<b>6h 50m</b>
Please can you tell me how many delayed discharges have lasted longer than 28 days in 2012?	<b>17</b>
Please can you tell me the longest time in 2012 a patient's discharge has been delayed for?	<b>77 days</b>
With reference to question 6, can you give the reason why the patient's discharge has been delayed?	<b>'Patient/Family exercising Choice'</b>

**0196/12**  
**Number of Operations**

We are seeking to estimate the real number of operations carried out in the UK each year. The HES data (FCE and number of procedures) are known to be inaccurate. For this reason could you please provide the following information from your own theatre management systems (or best alternate source of data)

Please do not hesitate to contact me if you require clarification.

Details of request:

- 1) How many operations, excluding obstetrics, were performed in your Trust April (1st April 2011 to 31st March 2012)?
- 2) How many obstetric cases were performed in your Trust (1st April 2011 to 31st March 2012)?
- 3) How many operations, excluding obstetric, were performed in your Trust April (1st April 2010 to 31st March 2011)?

- 4) How many obstetric cases were performed in your Trust (1st April 2010 to 31st March 2011)?
- 5) What are your sources for these data (e.g. electronic theatre management system)?

For simplicity and comparison, an operation is a single event of a patient having a procedure within your operating theatres. A patient coming to theatre several times should be counted as multiple operations. Conversely a single patient listed as having multiple operations / procedures at the same time should be counted as a single operation. If you are unable to easily separate these out, please add a comment to your reply rather than delaying your response. It does not matter what form of anaesthesia (or none) the patient received.

Obstetrics would include: Caesarean section, delivery in theatre, post-partum procedures taking place within the operating theatre. In accordance with Data Protection guidance, if the number of obstetric procedures is very small (<10), please feel free to redact those data.

If your Trust has merged recently, it would be helpful to have data which match the HES organisations.

**Walsall Healthcare NHS Trust was established in April 2011, following the integration of Walsall Hospitals NHS Trust and Walsall Community Health. The HES data is the most accurate method of obtaining this information as it is the basis of our commissioning data.**

**0197/12**

### **Road Traffic Accidents**

Has your NHS Trust given the contact details of any patients involved in road traffic accidents (following the patient's consent) with a third party (e.g. claims management companies/personal injury lawyers) in the last 3 years? Please provide the information by year i.e. 2010, 2011 and 2012

**Please refer to the table below**

If so, how many patients' details were passed over to these third parties during this period? Again, can you please breakdown the information by year i.e. 2010, 2011 and 2012?

**Please refer to the table below**

How much money did your NHS trust receive from these third parties for this information, please include the sum of money received to cover any administrative costs involved in giving these contact details to the third parties? Please breakdown the information by year i.e. 2010, 2011 and 2012

**Please refer to the table below**

Can you provide details of the three hospitals, of those you are responsible for, which received the most money from third parties (e.g. claims management companies/personal injury lawyers) in the last 3 years? Please breakdown the information by year i.e. 2010, 2011 and 2012.

**From April 2011 a new integrated organisation was created, Walsall Healthcare NHS Trust which includes the Manor Hospital. Before this date the organization was Walsall Hospital's Trust which again only included the Manor Hospital**

YEAR	REQUESTS *	NOT PAID FOR OR REQUIRED **	TOTAL	AMOUNT
2010	251	39	212	£10600
2011	242	84	158	£ 7900
2012	346	73	273	£13650

\* These requests are from 3<sup>rd</sup> party companies investigating claims. The Trust is unable to identify if the claims were as a result of a road traffic accident as we do not collect this information.

\*\* Under the Trust's Access to Health Records Policy we are unable to charge for some requests

## 0198/12

### Patients with Multiple Sclerosis

In your trust, how many patients with **Multiple Sclerosis** are currently being treated with the following drugs;

- Interferon beta-1a [Avonex or Rebif]
- Interferon beta-1b [Extavia or Lemtrada]
- Glatiramer acetate [Copaxone]
- Natalizumab [Tysabri]
- Fingolimod [Gilenya]
- Dimethyl fumarate [Panaclar or BG-12]

Drug Name	Generic Name	Number of Patients
Interferon beta-1a	[Avonex or Rebif]	Nil
Interferon beta-1b	[Extavia or Lemtrada]	Nil
Glatiramer acetate	[Copaxone]	Nil
Natalizumab	[Tysabri]	Nil
Fingolimod	[Gilenya]	Nil
Dimethyl fumarate	[Panaclar or BG-12]	Nil
TOTAL		Nil

## 0199/12

### Persons dying with no next of kin

Under the Freedom of Information Act 2000 we request the following :

- 1) Since July 2012 please provide names of any deceased persons you have dealt with who have no known kin (or you cannot find kin).
- 2) Date of Death and Date of Birth.
- 3) Last known address.

- 4) When passed to Tsol or Duchy Solicitor (or if pending).
- 5) Value of estate if known (estimated).
- 6) Please respond by email.

**Information is withheld under section 41 of the Freedom of Information Act 2000 exempting release of information provided in confidence.**

**Please redirect your request to the Treasury Solicitors Office who may be able to offer assistance:**

**Treasury Solicitors Office (BV)  
1 Kemble Street  
London  
WC2B 4TS**

**0200/12  
Podiatry Services**

1. Who provides the budget now services are passing from the PCT? **Walsall Healthcare NHS Trust**
  - a. What was the budget for podiatry in the previous year? **£843,811**
  - b. What is the current budget for podiatry?  
**£801,782**
2. How many staff have been lost or will be lost as a result of the change to the budget?

**Clinical Staffing Levels : Podiatry Service**

**2011 / 2012**                      Band 4 – 4.93 whole time equivalent  
    Band 5 – 3 whole time equivalent  
    Band 6 – 7.8 whole time equivalent  
    Band 7 – 3.18 whole time equivalent  
    Band 8 – 0.6 whole time equivalent

**2012 / 2013**                      Band 4 – 0  
    Band 5 – 4 whole time equivalent (1 vacancy)  
    Band 6 – 6.74 whole time equivalent  
    Band 7 – 2.98 whole time equivalent  
    Band 8 – 0.6 whole time equivalent

3. Are there currently any unfilled staff vacancies?
  - a. If not filled what are the reasons
  - b. Will they be filled and when?



**There is one unfilled Band 5 vacancy due to Vacancy Approval being rejected. This has now been approved (23.11.12). Vacant staff member to be in post approximately March 2013.**

4. Are you having staff retention problems due to uncertainty and lack of career prospects arising from the proposed reduction of service?  
**2 Band 5 staff members left the department in March 2012 and August 2012 for external promotion to Band 6 posts. There are reduced career prospects due to cost improvement savings.**
  
5. Are you outsourcing or proposing to outsource services through tendering with qualified external providers?
  - a. If so how will this affect patient care?  
**Patients will have a choice of which provider to have for nail surgery.**
  
6. What are the likely consequences of cuts on existing patients?
  - a. Will some patients cease to get service?  
**Access to the Service will be reduced to only those in priority groups. Low risk and some moderate risk patients will no longer have access. Paediatric patients will also have reduced access and those patients who access our biomechanics service will now be restricted to only those who are at risk.**
  
  - b. Will some patients receive reduced services?  
**Patients will wait longer than they have been accustomed to for their treatment.**
  
  - c. Will there be less capacity for new patients?  
**New patients will wait longer than anticipated due to managing current caseload by current staff allocation.**
  
  - d. Will patients receiving free services be required to fund their services in future?  
**Yes some patients currently receiving a free NHS Service will in future need to fund their own podiatry needs.**
  
  - e. How will these changes be managed and what criteria will be used to prioritise the limited resources?  
**Priority will be given to those patients "At Risk" including rheumatology patients, those diabetics with peripheral vascular disease, immune-suppressed patients, terminally ill patients.**

**0201/12**

**Choose and Book**

Please see below question 7.

The number of complaints you have received about Choose and Book from patients, GPs, the PCT, the acute or foundation Trust or any other stakeholder, broken down for each of the past five years.

## 2012 complaints – 0

2009 = 7

2010 = 4

2011 = 6

## 0202/12

### Polling ranges and slot availability

1. Figures for your average polling range - the number of weeks GPs can book appointments in advance – broken down monthly for each specialty for each of the last three years. If monthly figures are not easily available, please provide them in quarterly or six-monthly instalments instead.

**We cannot break this down quarterly therefore we have shown the ranges over a 3 year period (annually).**

Specialty	2009	2010	2011	2012
Derrmatology	35	49	63	91
Cardiology	35	49	63	91
Surgical	35	49	49	49
Rheumatology	35	49	63	91
Opthamology	35	49	63	91
Diabetes	35	49	49	49
Endocrinology	35	49	49	63
Urology	35	63	77	91
Lipids	35	49	49	63
Renal	35	63	84	91
Ent	35	49	84	91
Elderley care	35	49	49	49
Dental	35	49	77	91
Orthopaedics	35	49	49	63
Gynaecology	35	49	84	91
Paediatrics	35	49	63	91
Paediatric Surgery	35	49	63	91
Paediatric Tao	35	49	63	91
Paediatric Derm	35	49	63	91
Colorectal surg	35	49	63	91
Breast surgery	28	14	14	14
Neurology	35	49	84	91
Respiratory	35	49	63	91
Plastic surgery	35	49	49	63
General Hypertension	35	49	49	49
Breast nurse	35	49	49	63

Adult Hearing services				49
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We are unable to provide a 3 year range for Adult Hearing Services as it is a new service that has only been added.

2. Figures for the average slot availability- the number of appointment slots available on the system for patients/referring GPs to book patients into- broken down monthly for each specialty for each of the last three years. If monthly figures are not easily available, please provide them in quarterly or six-monthly installments instead.

Specialty	Total wkly slots	Total annual slots	Average monthly slots
Dermatology	77	3234	269.5
Cardiology	33	1386	115.5
General surgery	53	2226	185.5
Rheumatology	28	1176	98
Ophthalmology	41	1722	143.5
Diabetes	9	378	31.5
Endocrinology	13	546	45.5
Urology	23	966	80.5
Lipids	4	168	14
Renal	15	630	52.5
ENT	63	2646	220.5
Elderly care	14	588	49
Dental	4	168	14
Orthopaedics	129	5418	451.5
Gynaecology	83	3486	290.5
Paediatrics	43	1806	150.5
Paediatric surgery	9	378	31.5
Paediatric derm	9	378	31.5
Paediatric ENT	20	840	70
Paediatric Tao	4	168	14
Colorectal surgery	37	1554	129.5
Breast surgery	24	1008	84
Neurology	31	1302	108.5
Respiratory	35	1470	122.5
Plastic surgery	7	294	24.5
General hyphert	2	84	7
Breast nurse specialist	1	42	3.5
Adult hearing services	15	630	52.5

**0203/12**

**General Manager Paediatrics**

I am emailing to ask if you could possibly provide me with the names of the clinical director of paediatrics and the general manager of the paediatric unit for the Walsall Healthcare NHS Trust please? Our medical device design and manufacturing company, NuSurgix, produces a venepuncture tray designed for use on paediatric wards and we would like to contact paediatric ward managers to let them know about our product.

We do not have a Clinical Director for Paediatric however; our Medical Director's contact details are as follows:

**Mr Amir Khan**  
**Medical Director**  
**Walsall Healthcare NHS Trust**  
**Manor Hospital**  
**Walsall**  
**West Midlands**  
**WS2 9PS**

**0204/12**

**Case Review**

Information held internally

**0205/12**

**Case Review**

Information held internally

**0206/12**

**Contact Details**

I would like to know the contact name and contact details (i.e. email, phone number) of your HR Manager at Walsall Healthcare NHS Trust so I can send some details over, and contact them. If not do you have a HR manager contact, have you got HR team contact or Recruitment manager contact, could you please let me know.

**Please note that we do not release individual staff names and email addresses this is withheld under section 40 (personal Information).**

**Director of Human Resources**

**Sue Wakeman – [sue.wakeman@walsallhealthcare.nhs.uk](mailto:sue.wakeman@walsallhealthcare.nhs.uk)**

**01922 721172**

0207/12

**Communications Fixed and Mobile**

	<b>Questions</b>	<b>Walsall Healthcare NHS Trust Response</b>
1	Please detail the company who provides mobile communications (phones) to your organisation. The information is sought in this format:	
a)	Name of provider (e.g. Orange, Vodafone etc) and any contractor / reseller / authorised partner / retailer (example carphone warehouse / Premier Telecom)	EE / Orange
2	Please details the number of handsets in use by the organisation, funded by the organisation for staff use (example – 3000 units)	c1350 are for organisational use
3	What brand of handsets are in use (example iPhone 4, Blackberry). Please provide breakdown of each brand (example 1500x Iphone 4, 500x Blackberry Curve, 1000x Nokia Lumia 900)	Basic Nokia (voice) & Basic Blackberry (voice & email)
4	The mobile contract:	
a)	Please provide the annual cost for mobile communications years – 2009-2010, 2010-2011 and 2011-2012	c£190k
b)	Is there a cost for the handsets? – if so what is the cost (A mobile contract can consist of handset cost and calls cost – please detail this breakdown) Example response maybe: the organisation has a contract where the handsets are zero cost but data and calls are paid for – or – handsets were purchased at £50 each plus any calls and data. If handsets were purchased. Please detail cost of handset.	No cost

c)	When does the current contract for mobile phones expire? Please supply contract end date.	Ongoing commercial arrangement
d)	What happens to handsets at the end of the contract?	N/A
e)	If handsets are recycled – please detail which organisation recycles the handsets. (Name of Company)	Reused within organisation
f)	Does the organisation have any handsets to dispose of now?	no
g)	As staff have the ability to access data remotely, what duty of care is taken to ensure at the point of disposal, all data and contacts have been removed from the devices?	N/A
h)	Is there a cost to remove data from the handsets? If so please detail this additional cost.	N/A
i)	Are the handsets wiped or totally destroyed? If their wiped what assurance do you have that all data will have been removed before resale by the contractor? Please detail in full.	N/A
j)	Who is your organisations nominated data controller? Please supply individual's name, telephone number and email address?	Richard Kirby, Chief Executive, <a href="mailto:Richard.kirby@walsallhealthcare.nhs.uk">Richard.kirby@walsallhealthcare.nhs.uk</a> Telephone: 01922 721172
k)	Who has overall responsibility for your organisations mobile contract? Please detail individuals name, telephone number and email address?	Procurement
l)	Please detail any rebate from handset 'scrappage' or recycle the organisation has received from the last 2x contracts.	N/A
5	How many iPads or tablet computers will the organisation buy before 31.03.13	There are currently 18 iPads and 4 Tablet computers currently on order. There are no further requests at this time.
6	How many iPads or table computers will be purchased between 01.04.13 and 31.03.14	Unknown (unless a specific project arises for them).
<b>Land Based Communication</b>		
1	Which company currently provides your land based telephone communications? (e.g. – BT)	Virgin Media Business / BT
2	Are you contracted – if so when does the contract expire?	September 2014
3	Please detail the value of the annual contract – your last 12 months spend?	£140k (approximate costs)

4	Is it the intent of your organisation to move from traditional land based communications to VOIP?	Already are VOIP
5	If you haven't moved to VOIP - when are you scheduled to do this? Please supply date.	See above
	<b>Internet Service Provider</b>	
1	Please detail (name of company) who currently provide your organisation with Internet Service Provision (if different from land based telephone communications provider)	Stoneleigh Consultancy Ltd
2	Are you contracted? If so when does the contract expire?	N/A
3	Please detail the size of communication link to your organisation from the ISP	20Mbps
4	Please detail the value of this annual contract.	£30k

**0208/12**  
**A&E Unit**

1. Please provide me with a breakdown of the numbers and job titles of all the staff that are tasked with being on duty at your hospital to be available to provide patient care at your A&E unit on the shift that covers midnight on December 31, 2012?

**Nursing Staff – 31/12/12**

Sister band 6 x1

Staff Nurse band 5 x5

Clinical support worker band 2 x1

Clinical support worker band 2 x1 (17.30-0100) and x1 (18.30-02.00)

**One consultant on-call, 3 junior doctors doing the following shifts – 4.00pm – 00:00 hours, 18:00 – 02:00 hours, 00:00 hours – 08:00 hours.**

**Five senior doctors doing the following shift – 14:00 – 23:00 hours, 16:00 – 01:00 hours, 18:00 – 02:00 hours, 22:00 – 04:00 hours and 22:00 – 08:00 hours.**

2. How do the staffing numbers and job titles compare to those that were contracted to work on the shift that covered midnight on December 31, 2011?

**Nursing Staff – 31/12/11**

Sister band 6 x 1

Staff nurse band 5 x 5

Clinical support worker band 2 x 1

Clinical support worker band 2 x (17.30-01.00)

Matron x 1 (20.00-03.00)

**One consultant on-call, 2 junior doctors, 20:00 – 08:00 hours, 14:00 – 02:00 hours. Five senior doctors in total, one doctor doing 14:00 – 22:00 hours, two doctors doing 18:00 – 02:00 hours, one doctor doing 18:00 – 06:00 and one doctor doing 22:00 – 08:00 hours.**

3. How do the staffing numbers and job titles compare to those that are routinely contracted to work on the shift that covers a Saturday night/Sunday morning? Please use staff employed for the shift through the night of the 24/25 November 2012 as a comparison.

**Nursing Staff – 24/11/12-25/11/12**

Sister band 6x 1

Staff Nurse x 5

Clinical support worker x1 (17.30-01.00)

**One consultant on-call, two junior doctors – 14:00 – 02:00 hours, 22:00 – 08:00 hours.**

**Three senior doctors – 16:00 – 02:00 hours, 21:30 – 08:30 hours and 22:00 – 04:00 hours.**

4. How do figures for admissions to A&E on New Year's Eve, compare with admissions figures to A&E on an average weekend night? Please provide me with admission figures for New Year's Eve night 2011 and either admission figures for an average weekend night in 2011, or if that is not available then admission figures over the night of the 24/25 November.



**24/25 November 2012 between 8pm and 8am.  
63 Attendances to Accident & Emergency.**

**31 December 2011/ 1 January 2012 between 8pm and 8am.  
80 Attendances to Accident & Emergency.**

**0209/12  
Ophthalmology Services**

Information available upon request.

**0210/12  
Liverpool Care Pathway**

Under the freedom of information act I would like to request the following information for the financial year 2011-12:

1 - a) On how many occasions have patients been placed on the Liverpool Care Pathway?

**On the day of the audit to answer questions 2 and 3, only records for 76 of the previously identified 88 patients were available for review.**

**Out of the 76 sets of notes 13 were incorrectly coded therefore were not on the LCP and a further five excluded for other reasons. One was out of scope of audit, for two patients plan of care was discussed but Liverpool Care Pathway not commenced, and two patients discharged to Nursing Home residence whilst on plan of care.**

**Cohort remaining is data for 58 patients – therefore for 2011 – 2012 there were 58 patients on the LCP.**

b) Please include a breakdown by age of patient using the following age groups: 0-12, 13-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70-79, 80-89, 90-99, 100+

**The figures below are taken directly from the audit and relate to the 58 patients as explained above.**

**0-12 0; 13-19 0 ; 20-29 0; 30-39 0; 40-49 1; 50-59 3; 60-69 14; 70-79 11; 80-89 22; 90-99 7, 100+ 0**

2 - On how many occasions have patients been placed on the Liverpool Care Pathway and then taken off it?

**4 times for this cohort**

3 - On how many occasions have patients been placed on the Liverpool Care Pathway with no record that a full explanation was given to the patient's relative or carer?

**One occasion**

0211/12 – December

**Environmental Standards For Children & Young Persons In Emergency Care Settings Survey  
FOI Request For Information Relating To Manor Hospital A&E Department**

Dear Sir/Madam at Walsall Healthcare NHS Trust,

I would be grateful if you could answer the following questions in relation to your A&E department at **Manor Hospital**. I would like to make this appeal under the Freedom of Information Act 2000.

Your answers will help me to assess the department's adherence to standards set out in the Royal College of Paediatrics & Child Health document "Standards for Children and Young People in Emergency Care Settings" 2012. It will form part of a UK-wide service review.

Please Note:

- Please only answer the questions in relation to the A&E department mentioned above. A separate request will be made for information on other departments within your board/trust.
- All references to 'children' or 'children & young persons' below refer to all those under the age of eighteen. I require the below information even if only those over the age of sixteen are seen. However, if this is the case, please say so in reply to question one.

1. Does your A&E department only see children/young persons above or below a certain age (e.g. only those aged 13 and over, or only those aged 16 and under)?

**No - No age restrictions**

If yes, please give details:

.....

2. Does your A&E department class as a **major** A&E department (i.e. Does it provide a consultant-led 24 hour service with full resuscitation facilities and designated accommodation for the reception of accident and emergency patients)?

**Yes**

3. How many child & young person (defined as those under the age of eighteen) attendances were there at your A&E department during 2011?

**16,486**

4. Is the answer you have given to question 3 approximate or exact?

**The number is exact** (*Please delete as necessary*)

5. Are there specific protocols in place relating to children & young persons' security whilst they attend the department, or are children & young persons' specifically mentioned in existing security protocols?

**No**

If yes, please give details:

.....

6. Is there a specific area/areas provided for both breastfeeding & nappy changing in the A&E department?

**Yes**

7. Is there a safe & hygienic play area provided for children in the A&E department?

**Yes**

8. Does the A&E department possess facilities for full resuscitation & monitoring of high dependency children?

**Yes**

9. Is there a cubicle with a door available to allow private & confidential consultations?

**Yes**

10. How many clinical cubicles/trolley spaces dedicated exclusively to children are available within the A&E department?

**1**

11. Is a specific, quieter waiting area available for children?

**No**

12. Is a specific, quieter treatment area available for children?

**No**

13. If a paediatric treatment area exists, is there a route available from it to the Radiology department that avoids other areas of the A&E department?

**Not applicable - No treatment area**

14. Are age appropriate games, music and/or films available for children?

**No**

15. Are play specialists, or a play specialist service, available at peak times?

**No**

If yes, please give details:

.....

16. Are children routinely surveyed at the end of their visit to the A&E department regarding their satisfaction & possible improvements to the service?

**No**

17. Are parents/carers routinely surveyed at the end of their visit to the A&E department regarding their satisfaction & possible improvements to the service?

**No**

18. Is participation of children, young people, siblings, parents and carers in the process of on-going quality and improvement of services or facilities sought in other ways?

**Yes**

If yes, please give details:

**Post discharge calls made using random selection  
Currently sending letters out to enlist patients and carers including  
Parents of children to be part of Emergency Department patient/carer  
forum**

**0212/12**

**Contrast induced acute kidney injury**

The following questions concern patients undergoing radiological investigations or procedures involving iodinated contrast media (this would involve the departments of radiology, vascular, MAU and renal):

**RA version 1.3 March 2011**

**Guidelines for patients undergoing iodinated contrast procedures.**

**GFR between 60 and 40 mL/min:**

- Consider alternate imaging studies not requiring iodinated contrast material
- Ensure adequate oral hydration
- Minimise contrast volume (use 70 ml instead of 100 ml) and avoid repeat contrast studies within 72 hours, if possible.

**GFR less than 40 mL/min**

- Discuss with radiologist
- Consider alternate imaging studies not requiring iodinated contrast material
- Ensure adequate hydration. Use IV 0.9% Saline 2 ml/kg/hour for 1-3 hours preceding the examination and at 1 ml/kg/h for up to 6 hours after the examination, if patient cannot drink water.
- Hold nephrotoxic drugs for 48 hours prior to administering contrast material.
- Minimise contrast volume (use 70 ml instead of 100 ml) and avoid repeat contrast studies within 72 hours, if possible.

1. Does your institution have specific guidelines/policy for the recognition and management of patients at risk of contrast induced acute kidney injury (CI-AKI) for the following procedures:
  - a. contrast enhanced CT scans  
**The above is the guideline for use of iodinated contrast agents. These are mainly used in CT.**
  - b. angiogram, angioplasty and stenting  
**We no longer perform angiograms, stents.**
  - c. endovascular aneurysm repair (EVAR)  
**We no longer perform EVARs**
2. If available please send the guidelines/policy by email.  
**The relevant part of the guideline is above**
3. When was this guideline last reviewed and/or revised?  
**The guideline was last revised in March 2011**
4. What strategies does your institution use to manage patients at risk of CI-AKI?  
**The main strategy is to maintain hydration before and after the examination. Ideally this should be oral but if necessary intra-venous fluids may be administered.**
5. Do you routinely involve a renal physician in the pre and post procedure management of patients at risk of CI-AKI who are having a contrast enhanced investigation or interventional procedure?  
**We do not routinely involve a renal physician in monitoring of these patients.**
6. Do patients at risk of CI-AKI routinely have post procedure serum urea, creatinine, eGFR and electrolytes measured? If so, at what time post procedure does this happen?  
**Routine checking of post contrast renal function is not normally performed.**

**0213/12**

**Allied Health Professionals / Health Science Professionals**

Please kindly provide me with the following information for the period August 2011– August 2012:

1. The total spend on Agency/Temporary/Locum staff within the following job profiles:

Physiotherapists  
Occupational Therapists  
Dieticians  
Radiographers  
Biomedical Scientists

August 2011 to Aug 2012					
Staff Grouping	Family Health & Diagnostics £	Planned Care £	Unplanned Planned Care £	Community £	Total £
Physiotherapists	1,553	482,260	695,092	1,397,525	2,576,429
Occupational Therapists	0	287,923	496,713		784,636
Dieticians	31,038				31,038
Radiographers	25,230				25,230
Biomedical Scientists	407,992				407,992
<b>TOTAL</b>	<b>465,813</b>	<b>770,183</b>	<b>1,191,805</b>	<b>1,397,525</b>	<b>3,825,326</b>

Please provide the information sorted by supplying agency and directorate/department/team. E.g.

Agency A £50,000

Agency B £10,000

Agency C £7,000

**To supply information by supplier by directorate would require an excessive amount of time and resource, to supply this information we would have to levy a charge.**

2. Please outline details of any current framework or preferred supplier list in place for the supply of agency/locum/temporary AHP/HSS Staff based on the titles above, to your trust along with details on any renewal dates or plans to re-procure the agreements

**Framework currently used by the Trust for these requirements is:**

**Government Procurement Services Framework ref CM/AST/08/4966 Allied Health Health Professionals**

**Expiry date for this Framework is 23/04/13**

**0214/12**

**PFI contractors**

Could you please tell me the level of detail at which the bills from PFI contractors to your Trust are presented (e.g. how much itemisation of the presented costs is done)? For example, as a part of this but not exclusively, I would like to know the largest sum billed for a non-itemised/explained cost.

I believe it is in the public interest for you to release this information. Given the current economic climate taxpayers need to know what pressures our hospitals are under, how they are spending money and if there are any circumstances outside of hospitals' control that force them to spend our taxes in specific ways.

**All invoices that we receive from Project Co regarding the PFI contract are itemized / explained costs.**

**We do not receive any invoices that do not provide explanations of costs.**

**0215/12**

**Trust Contractors & Suppliers**

May I request, under the Freedom of Information Act, a list of the Trust's largest 100 contractors / suppliers (measured by value, but values are not required).

**SUPPLIER NAME**

THE WALSALL HOSPITAL CO PLC  
NHS SUPPLY CHAIN  
WALSALL PRIMARY CARE TRUST  
WALSALL MBC  
ROCHE PRODUCTS LTD  
UNICHEM PLC  
GILEAD SCIENCES LTD  
MEDACS HEALTHCARE SERVICES PLC  
AAH PHARMACEUTICALS LTD  
ROYAL WOLVERHAMPTON NHS TRUST  
NHS BLOOD AND TRANSPLANT  
MEDTRONIC LTD  
COVIDIEN (UK) COMMERCIAL LTD  
SUNLIGHT SERVICE GROUP  
AMBULINE LTD  
ABBOTT LABORATORIES LIMITED  
LISTER INHEALTH  
SOUTHERN ELECTRIC PLC  
HEALTHCARE AT HOME LTD  
PHOENIX HEALTHCARE LTD  
KEYMED (MED & IND EQUIP) LTD  
JANSSEN-CILAG LTD  
ROCHE DIAGNOSTICS LTD  
ABENA UK LTD  
CSC COMPUTER SCIENCES LTD  
PRESCRIPTION PRICING AUTHORITY  
AMGEN LTD  
NOVARTIS PHARM UK LTD  
MEDCO HEALTH SOLUTIONS  
TOTAL GAS & POWER LTD  
DEPUY INTERNATIONAL LTD  
JRI ORTHOPAEDICS LTD  
SANDWELL AND WEST BIRMINGHAM HOSPITALS  
DRC LOCUMS LTD  
MAWDSLEY-BROOKS LTD

ST. JUDE MEDICAL UK LTD  
SRCL LTD  
MOVIANTO UK LTD  
JCJ JEALTHCARE  
GE MEDICAL SYSTEMS  
HOLOGIC UK LTD  
KAROMED LTD  
ANGLIA CROWN LTD  
DELL COMPUTER CORPORATION LTD  
GE CLINIAL SERVICES  
SALARY ADVANCES  
FRESENIUS-KABI LTD  
YOUR WORLD RECRUITMENT LTD  
DUDLEY AND WALSALL MH PARTNERSHIP  
UNIV HOSP BHAM NHS FOUNDATION TRUST  
MCKESSON INF SOLUTIONS UK LTD  
SYNTHESES LTD  
SEDGWICK IGOE & ASSOCIATES  
HEALTH PROTECTION AGENCY  
PENTAX UK LTD  
HEART OF ENGLAND NHS FOUNDATION TRUST  
HUNTLEIGH HEALTHCARE (LUTON) LTD  
PHILIPS MEDICAL SYSTEMS  
OLYMPIAN SECURITY SERVICES LIMITED  
BUSY BEES BENEFITS LTD  
THORNBURY NURSING SERVICES  
FINANCIAL ACCOUNTS SUNDRY BACS  
ELI LILLY & CO LTD  
GRANT THORNTON  
SIEMENS MEDICAL SOLUTIONS DIAGNOSTICS EU  
A C TONKS (ORTHOPAEDICS) LTD  
BRISTOL MYERS SQUIBB PHARM LTD  
MILLS & REEVE  
CDI STORAGE LTD  
SMITH & NEPHEW ENDOSCOPY  
BOSTON SCIENTIFIC LTD UK  
INTERACT MEDICAL  
UNISON WEST MIDLANDS  
JR WOODDISSE & CO LTD  
WEST MIDLANDS AMBULANCE SERVICE  
WALSALL M B C  
UNIVERSITY OF BIRMINGHAM  
BAXTER HEALTHCARE LTD  
BIRMINGHAM COMMUNITY HEALTHCARE NHS TR  
ACCORD HOUSING ASSOCIATION  
KCI MEDICAL LTD  
SOFTBOX LIMITED,  
ORANGE PAYMENT PROCESSING  
PROBRAND LTD  
PULSE - (FORMERLY QUALITY LOCUM SERV LTD  
STRYKER UK LTD  
TOSOH BIOSCIENCE



WALSAVE CREDIT UNION LTD  
ROUTES HEALTHCARE (WEST MIDLANDS)  
ABBVIE LTD  
MAQUET LTD  
BRACCO UK LTD  
FIRST PERSONNEL GROUP PLC  
APPLIED MEDICAL UK LTD  
NUTRICIA LTD  
HEALTHCARE PRODUCT SERVICES  
BIO MERIEUX  
BOC LTD(MANCHESTER)  
PROACT IT UK LTD  
DRAEGER LTD

**0216/12**

**Contact Details**

- 1) The contact details (including email addresses of) the Head of Procurement / Purchasing Officer  
**Shahana Khan – Director of Finance**  
[Shahana.khan@walsallhealthcare.nhs.uk](mailto:Shahana.khan@walsallhealthcare.nhs.uk)  
**01922 721172**
  
- 2) The contact details (including email addresses of) the Director of Estates  
**Jayne Tunstall – Chief Operating Officer**  
[Jayne.tunstall@walsallhealthcare.nhs.uk](mailto:Jayne.tunstall@walsallhealthcare.nhs.uk)  
**01922 721172**
  
- 3) The contact details (including email addresses of) the Director of Facilities  
**Jayne Tunstall – Chief Operating Officer**  
[Jayne.tunstall@walsallhealthcare.nhs.uk](mailto:Jayne.tunstall@walsallhealthcare.nhs.uk)  
**01922 721172**
  
- 4) The contact details (including email addresses of) the Estates Health & Safety Officer  
**Please note that we do not release individual staff names and email addresses this is withheld under section 40 (personal Information).**

**0217/12**

**IM&T Department**

Under the Freedom of Information Act 2000, I would like to request the following information regarding the Information Management & Technology (IM&T) department:

Question	Walsall Healthcare NHS Trust Response
1. An outline of the IM&T department strategy.	Strategy attached
2. The IM&T department structural chart containing names, job titles and contact details.	<p><b>Organogram attached</b> – names of those who appear on the annual report only supplied</p> <p>Contact details for all Informatics staff</p> <p>Walsall Healthcare NHS Trust Informatics Directorate Units 2/4 Eldon Court Eldon Street Walsall WS1 2JP</p> <p>T: 01922 602020</p>
3. The IM&T capital expenditure budget and key projects.	Key projects are outlined in the strategy (attached) Costs are found on page 15-17 of strategy
4. The IM&T recruitment agency spend and budget.	<p>As no date parameters of spend have been stipulated in the request, thus Informatics have assumed this relates to 'as is' at the point of FOI receipt</p> <p>£9.5k per month spend Budget – not a budget account for agency staff, this would come from the generic staffing budget</p>
5. Number of temporary agency supplied staff within the IM&T department.	1 x 2 <sup>nd</sup> Line Engineer 1 x Project/Programme Manager

**0218/12**

**Wound Care Formulary**

(1) A copy of the **Wound Care Formulary** for Walsall Healthcare NHS Trust (Walsall Manor Hospital) **It is currently under review.**

(2) Confirmation of when the Formulary is due for **review** **It is currently under review.**

(3) Confirmation of whether the Formulary is a joint Formulary **shared** with any other primary or secondary care units in the region (eg: other hospitals / community clinics). **It is a joint formulary with the Community.**

**0219/12**

**Rarer Cancers Foundation: Cancer Drugs Fund**

1. Please confirm or deny whether your trust has submitted applications for treatments using the Cancer Drugs Fund between April 2012 and November 2012 inclusive.

2. Please supply details of the number of applications that your trust has submitted for treatments using the Cancer Drugs Fund during each month between April 2012 and November 2012 inclusive, broken down by cancer treatment and indication.
3. Please confirm or deny whether your trust has submitted applications for treatments to be used outside of their licensed indication (off-label) using the Cancer Drugs Fund between April 2012 and November 2012 inclusive.
4. Please provide details of the number of applications for treatments used outside of their licensed indication (off-label) using the Cancer Drugs Fund made by your trust for each month from April 2012 to November 2012 inclusive, broken down by treatment, and by indication.

**Please could you refer to the link below:**

<http://www.westmidlands.nhs.uk/WhatWeDo/WestMidlandsCancerDrugFund.aspx>

**0220/12**

**Acute NHS Trust best practice Faxing**

We are the authors of the Zetafax electronic faxing software for NHS trusts in the UK. By means of a FOI request can I please ask for the details of who is responsible for faxing/fax machines at your Acute NHS Trust...typically it would be a telecoms or IT manager

Steve Darkes

Director of Informatics

01922 602020

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