

FREEDOM OF INFORMATION

Disclosure Log – Quarter 3 (January-March 2014)

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0349/13

Cancelled operations

I would like the 'total' number across all treatment functions/specialties, where an operation was cancelled because there were no beds available. Not just the total of the treatment functions/specialties that I stated in my original request.

If it is not possible to provide the following information by quarter, please provide this information by full financial year.

If it not possible to provide the information by the treatment functions set out below, please provide the total numbers.

Answer: Please see the table below. This data is based on the submission to the Department of Health as part of the quarterly monitoring of cancelled operations data set. Please note that the quarters are run by financial year (quarter 1-April to June, quarter 2-July to September, quarter 3-October to November and quarter 4-January to March)

Quarterly Period	Total number across all treatment functions/specialties (no beds available)
2008/09 Quarter 1	35
2008/09 Quarter 2	45
2008/09 Quarter 3	59
2008/09 Quarter 4	31
2009/10 Quarter 1	2
2009/10 Quarter 2	10
2009/10 Quarter 3	32
2009/10 Quarter 4	56
2010/11 Quarter 1	35
2010/11 Quarter 2	30
2010/11 Quarter 3	10
2010/11 Quarter 4	26
2011/12 Quarter 1	12
2011/12 Quarter 2	1
2011/12 Quarter 3	3
2011/12 Quarter 4	18
2012/13 Quarter 1	13
2012/13 Quarter 2	12
2012/13 Quarter 3	37
2012/13 Quarter 4	59

0350/13

Departments within the Hospital, Glutaraldehyde for Sterilisation Purposes and Staff Sickness

- 1) The total number of units/departments in hospitals covered by the Trust.

Answer: As at 31 December 2013, there were 74 clinically based units/department at Walsall Hospital.

- 2) The number of units/departments in the Trust that as of December 2013 currently use glutaraldehyde for sterilisation purposes.

Answer: Unit/departments within our organisation do not use glutaraldehyde for sterilisation purposes.

- 3) The number of units/departments in the Trust where glutaraldehyde has been used for sterilisation purposes in the last five years.

Answer: Glutaraldehyde has not been used within our organisation during the last five years.

- 4) The total number of NHS staff working within the Trust for the last five years (please provide each year separately).

Answer: Walsall Healthcare NHS Trust did not form until 01 April 2011 (when Walsall Hospital Trust & Walsall Primary Care Trust services merged). Due to this, information is not available in relation to periods prior to this.

Trust Substantive Employees	Headcount	Full-Time Equivalent
As at 31 December 2013	4202	3591.86
As at 31 December 2012	4011	3607.33
As at 31 December 2011	4128	3611.21

- 5) The total number of NHS staff who have taken one or more days sick leave due to respiratory or pulmonary problems per year for the last five years (please provide each year separately).

Answer: Walsall Healthcare NHS Trust did not form until 01 April 2011 (when Walsall Hospital Trust & Walsall Primary Care Trust services merged). Due to this, information is not available in relation to periods prior to this.

Number of Substantive Trust Employees absent for 1 day or more due to respiratory or pulmonary problems	Headcount	Full-Time Equivalent
Jan to Dec 2013	249	213.71
Jan to Dec 2012	222	187.87
Apr to Dec 2011	106	91.71

0351/13

Maternity Services

1. If you have a maternity unit within your trust please state (a) how many births were carried out there in the 2012/13 financial year and (b) how many complaints were lodged relating to maternity over the same time period? This should include all complaints about ante-natal, obstetric, midwifery and maternity care.

Answer for 1a: There were 4653 babies recorded as newborn admissions within the Trust during this time period.

Answer for 1b: There were 16 complaints recorded during this time period relating to our Maternity Services.

2. Please provide me with a summary of the nature of all of these complaints with a brief one-sentence summary of what was key issue of the complaint was.

Answer: Please see the table below

Date Received	Category Type	Category
Jun 2012	Attitude	AT09 - Other Staff - Rude
July 2012	Information	INFO4 - Information - general/
July 2012	Clinical Care/assessment/treat	CL03 - Treatment/care/supervision
Sept 2012	Clinical Care/assessment/treat	CL03 - Treatment/care/supervision
Oct 2012	Consent	CON01 - Failure to gain information
Jan 2013	Clinical Care/assessment/treat	CL03 - Treatment/care/supervision
Jan 2013	Clinical Care/assessment/treat	CL03 - Treatment/care/supervision
Feb 2013	Clinical Care/assessment/treat	CL10 - Treatment – suitability
Feb 2013	Clinical Care/assessment/treat	CL03 - Treatment/care/supervision
Feb 2013	Clinical Care/assessment/treat	CL03 - Treatment/care/supervision
Feb 2013	Appointments	AP04 - Appointment - query/advice
Mar 2013	Clinical Care/assessment/treat	CL03 - Treatment/care/supervision
Mar 2013	Attitude	AT08 - Doctor - Lack Of Empathy
Mar 2013	Clinical Care/assessment/treat	CL10 - Treatment - suitability
Mar 2013	Clinical Care/assessment/treat	CL03 - Treatment/care/supervision
Mar 2013	Staffing	ST08 - Staff attitude

0352/13

Product Expenditure

Under the freedom of information act, please can you tell me your annual expenditure (most recent complete financial year) on products under the following categories.

I would just like to see total expenditure for each of these categories rather than a detailed breakdown by product.

Please also include whether the expenditure includes / excludes VAT.

Urine Meters
Pacemakers
Implantable Cardiac Defibrillators
Breast Implants

Spinal & Cranial Implants
 Orthopaedic Cement
 Coronary stents
 Diagnostic or interventional vascular catheters
 Introducers - vascular catheter
 Guidewires Cardiology
 Drug-Eluting Stents
 Bare-Metal Stents
 Peripheral stent
 Vascular coil
 Vascular filter
 Cardiac ablation catheter
 Biliary stent
 Vascular imaging snare

Answer: Please see the table below. Unfortunately, we have been unable to identify some products on the list as we do not break these items down into these categories. It is possible that the narrative may be different to our records as well. This information covers the period 1st April 2012 to 31st March 2013.

Our Trust does not undertake any vascular surgery so the products relating to this area are not applicable to our organisation.

Unfortunately, the only stents we record as separate items are biliary stents so we cannot provide figures for drug-eluting, bare-metal or peripheral stents separately.

Our Trust commenced breast implant procedures in October 2013 so for the 2012-13 financial year, this is not applicable to our organisation.

Product	2012/13 (£) Expenditure incl VAT
Urine Meters	39,918
Pacemakers	1,222,425
Implantable Cardiac Defibrillators	455,000
Breast Implants	n/a
Spinal & Cranial Implants	3,222
Orthopaedic Cement	29,881
Coronary stents	22,698
Diagnostic or interventional vascular catheters	138,443
Introducers - vascular catheter	n/a
Guidewires Cardiology	12,937
Drug-Eluting Stents	-
Bare-Metal Stents	-
Peripheral stent	-
Vascular coil	n/a
Vascular filter	n/a
Cardiac ablation catheter	-
Biliary stent	11,338
Vascular imaging snare	n/a

**0353/13
Dog Bites**

I would like to request details in relation to ICD 10 code "W54 bitten or stuck by dog".
More specifically, I would like to know:

1. How many patients were admitted to your trust and/or diagnosed with an ICD diagnosis code of E906 in the calendar year 2013 so far?

Answer: For the calendar year 01/01/2013 – 31/12/2013 there were 12 patients admitted with this code in a diagnosis position at our Trust.

2. For each case, could you please provide a brief description of the treatment carried out on patients diagnosed with this code?

3. Could you also provide the age of each patient?

Answer: Please see the table below.

Age	Procedure Number01.	Procedure Number02.	Procedure Number03.	Procedure Number04.
20	SUTURE OF SKIN OF OTHER SITE. PRIMARY SUTURE OF SKIN	EXPLORATION OF OTHER SKIN OF OTHER SITE. DEBRIDEMENT OF SKIN	SKIN OF OTHER SITE. SKIN OF LEG	LATERALITY OF OPERATION. LEFT SIDED OPERATION
24	EXPLORATION OF OTHER SKIN OF OTHER SITE. DEBRIDEMENT OF SKIN	SKIN OF OTHER SITE. SKIN OF LEG	SKIN OF OTHER SITE. SKIN OF HAND	LATERALITY OF OPERATION. LEFT SIDED OPERATION
37	EXPLORATION OF OTHER SKIN OF OTHER SITE. TOILET OF SKIN	SKIN OF OTHER SITE. SKIN OF FINGER	LATERALITY OF OPERATION. RIGHT SIDED OPERATION	N/A
39	SUTURE OF SKIN OF HEAD OR NECK. PRIMARY SUTURE OF SKIN OF HEAD OR NECK	SKIN OF OTHER PART OF HEAD OR NECK. SKIN OF NECK	N/A	N/A
40	OTHER DRAINAGE OF PERITONEAL CAVITY. DRAINAGE OF ASCITES	N/A	N/A	N/A
44	EXPLORATION OF OTHER SKIN OF OTHER SITE. DEBRIDEMENT OF SKIN	SKIN OF OTHER SITE. SKIN OF HAND	LATERALITY OF OPERATION. RIGHT SIDED OPERATION	SKIN OF OTHER SITE. SKIN OF ARM

Age	Procedure Number01.	Procedure Number02.	Procedure Number03.	Procedure Number04.
49	EXPLORATION OF OTHER SKIN OF OTHER SITE. DEBRIDEMENT OF SKIN	EXPLORATION OF OTHER SKIN OF OTHER SITE. TOILET OF SKIN	SKIN OF OTHER SITE. SKIN OF SPECIFIED SITE NEC	LATERALITY OF OPERATION. RIGHT SIDED OPERATION
52	EXPLORATION OF OTHER SKIN OF OTHER SITE. DEBRIDEMENT OF SKIN	SKIN OF OTHER SITE. SKIN OF ARM	LATERALITY OF OPERATION. RIGHT SIDED OPERATION	N/A
54	Diagnosis code match but no procedures recorded as being required/undertaken			
64	Diagnosis code match but no procedures recorded as being required/undertaken			
70	Diagnosis code match but no procedures recorded as being required/undertaken			
81	PROSTHETIC REPLACEMENT OF HEAD OF FEMUR USING CEMENT. PRIMARY PROSTHETIC REPLACEMENT OF HEAD OF FEMUR USING CEMENT	LATERALITY OF OPERATION. LEFT SIDED OPERATION	N/A	N/A

0354/13

Nursing & Midwifery Recruitment

1. Has your organisation recruited nursing and midwifery staff from outside the UK during the 2012/13 and 2013/14 financial years?

Answer: We can confirm that our organisation has not recruited any nursing or midwifery staff from outside the UK during this time period.

2. If yes, why?

Answer: This question is not applicable to our organisation.

3. If you have recruited nursing staff from overseas, please provide the following for the 2012-13 and 2013-14 financial years:
 - a. The total number of overseas nurses recruited
 - b. A breakdown of overseas nurses recruited by country – 10 from Portugal, and so on
 - c. For the 2012-13 nurses, I would like to know how many are still in post.

Answer: This question is not applicable to our organisation.

4. Has any of your organisation's staff attended recruitment events outside the UK in 2012-13 and 2013-14?

If so, please provide:

- a. Location and duration of event
- b. Number of staff who attended, length of trip and any associated costs incurred for travel accommodation and meals.

Answer: We can confirm that none of our staff have attended any recruitment events outside the UK during this time period.

5. Has your organisation used a recruitment company or partner to conduct this recruitment of nurses outside the UK, or was it conducted directly by your organisation?

If you have used a recruitment agency or partner, please provide:

- a. The name of the recruitment company or partner used
- b. A breakdown of the recruitment fees charged to/paid by your organisation to the company or partner used.
- c. Please confirm the number of nurses hired for employment by the trust through a recruitment company or partner

Answer: We can confirm that our organisation has not used a recruitment company or partner to conduct any recruitment of Nurses outside the UK.

6. Are you planning to recruit nursing and midwifery staff from outside the UK in the future? If yes, does this include looking to recruit from Romania and/or Bulgaria?

Answer: We can confirm that our organisation is not planning on recruiting nursing and midwifery staff from outside the UK in the future at the moment.

0355/13

Melanoma

- 1) How many new Stage 3 and 4 melanoma patients were seen by the Trust in:
 - a. 2008
 - b. 2009
 - c. 2010
 - d. 2011
 - e. 2012
 - f. 2013
- 2) What is the name of the Specialist Skin Cancer Multi-Disciplinary Team (SSMDT) for the Trust?
- 3) Are all Stage 3 and 4 melanoma patients discussed in the SSMDT?
- 4) If not all, what percentage of stage 3 and 4 melanoma patients were discussed in the SSMDT in the following years?
 - a. 2008
 - b. 2009
 - c. 2010
 - d. 2011
 - e. 2012
 - f. 2013
- 5) How many stage 3 and 4 melanoma patients were offered participation in a clinical trial in the following years?
 - a. 2008
 - b. 2009
 - c. 2010
 - d. 2011

- e. 2012
- f. 2013

- 6) How many stage 3 and 4 melanoma patients entered a clinical trial in the following years?
- a. 2008
 - b. 2009
 - c. 2010
 - d. 2011
 - e. 2012
 - f. 2013
- 7) How many stage 3 and 4 melanoma patients entered a clinical trial of a drug in the following years?
- a. 2008
 - b. 2009
 - c. 2010
 - d. 2011
 - e. 2012
 - f. 2013
- 8) How many clinical trials of drugs recruited stage 3 and 4 melanoma patients at the SSMDT in the following years?
- a. 2008
 - b. 2009
 - c. 2010
 - d. 2011
 - e. 2012
 - f. 2013
- 9) How many other clinical trials (e.g. imaging, surgery, tissue collection/analysis) recruited stage 3 and 4 melanoma patients at the SSMDT in the following years?
- a. 2008
 - b. 2009
 - c. 2010
 - d. 2011
 - e. 2012
 - f. 2013
- 10) If no suitable clinical trials were available locally, how many stage 3 and 4 melanoma patients were referred to other SSMDTs for a clinical trial in the following years?
- a. 2008
 - b. 2009
 - c. 2010
 - d. 2011
 - e. 2012
 - f. 2013
- 11) Rank the most common obstacles to clinical trial entry for stage 3 and 4 melanoma patients at your SSMDT:
- (a) Patient wish not to enter clinical trial
 - (b) No locally available clinical trial
 - (c) Failure to meet eligibility criteria for trial

Answer: As a Trust we do not treat or discuss patients with stage III or stage IV melanoma. All patients are referred to our local Specialist Skin Multi-Disciplinary Team at University Hospital Birmingham NHS Foundation Trust.

Our organisation is not involved in any clinical trials for melanoma. Recruitment for clinical trials and all clinical trials are undertaken at the University Hospital.

We recommend that you contact the University Hospital directly for information on how many patients with stage III/IV melanoma originate from our Trust.

**0356/13
Drug and Alcohol Admissions**

This request was closed.

**0357/13
Patients moved between Beds**

Please provide data on the number of patients moved between beds between the hours of 11pm and 6am. Please provide this data by calendar year for the past five years.

Please provide data on the number of patients who were moved between beds more than once between 11pm and 6am. Please also provide the highest number of times any one patient was moved between 11pm and 6am. Please provide this data by calendar year for the past five year.

Please send this information by email in Excel spreadsheet format.

Answer: Clarification on this request was sought from the requester. It was confirmed that the request relates to patients who are moved two or more times in one night (during the hours of 11pm-6am).

Please note that these figures are related to ward transfers instead of bed transfers. This is because information on bed moves is not available.

Please see the attachment – available upon request

**0358/13
Current Framework(s)/Contract(s) for washroom hygiene services**

I would be most grateful if you would provide me, under the Freedom of Information Act, details in respect of any current framework agreement(s)/contract(s) that relate to washroom hygiene services or mat rental services within the Trust:

- Suppliers who applied for inclusion on each framework/contract and were successful & not successful at the PQQ & ITT stages.

Answer: We recommend you contact the owners of the frameworks directly for this question (for example; Buying Solutions, NHS Supply Chain, the various Procurement Hubs CPC and HTE, etc. They arrange suppliers on the framework and carry out the tender process.

- Contract values of each framework/contract (& any sub lots), year to date
- Start date & duration of framework

Answer: Please see the table below

Supplier	Description of Contract	Contract Value (£)
MXC : Cleaning Services Building and Equipment	Barrier matting 2 weekly exchange . To cover the period from 1/4/13	1,255.80

	to 31/3/14	
MXC : Cleaning Services Building and Equipment	Hand Dryer rental . To cover the period from 1/4/13 to 31/3/14	170.88
MXC : Cleaning Services Building and Equipment	Feminine hygiene 3 weekly exchange for 202 units . To cover the period from 1/4/13 to 31/3/14	4,692.48

- Is there an extension clause in the framework(s)/contract(s) and, if so, the duration of the extension?

Answer: We recommend you contact the owners of the frameworks directly for this question (for example; Buying Solutions, NHS Supply Chain, the various Procurement Hubs CPC and HTE, etc. They arrange suppliers on the framework, carry out the tender process and prepare agreements.

- Has a decision been made yet on whether the framework(s)/contract(s) are being either extended or renewed?

Answer: At the moment, our organisation is planning to renew the contracts at the end of March 2014.

0359/14

Knife/Sharp Instrument Wounds

I would be really grateful if you could possibly help me by providing figures on how many knife/sharp instrument wounds are dealt with at Walsall Manor Hospital during 2013, if this is something that is recorded?

It would be helpful to know how many fatalities were recorded for the same period due to knife/sharp instrument injury

Answer: During the period 01/01/2013 to 31/12/2013, we can confirm that 9 patients were treated for a knife/stab/sharp instrument wound/injury at Walsall Manor Hospital.

All suspicious fatalities including knife or sharp instrument injuries/wounds are transferred to Sandwell Forensic Centre. Our hospital mortuary is not informed if this situation occurs so unfortunately, we do not hold this information.

Following initial checks of our systems, it appears that there have been no fatalities at our hospital during this time period. We would however, recommend you contact the Coroner's Office directly for confirmation of this information. The address for the Coroner's office is; Smethwick Council House, High Street, Smethwick, West Midlands, B66 3NT. They will be able to provide you with the number of fatalities that have been transferred from our hospital.

0360/14

Losses and Special Payments

Please could you answer the following Fol request:

In the calendar year 2013 how much was money was paid out by the trust in the form of 'losses and special payments'? (I am aware that the loss may have occurred many years earlier but I am interested in items which were paid in 2013, irrespective of when the loss took place.)

Answer: The total losses and special payments paid by the Trust for the period of January 2013 to December 2013 was £120019.07. This amount is only for payments made and excludes bad debts and stock written off.

Please detail the three largest single amounts within this total, giving a cost for each loss, a brief description of the claim, and the reason for the loss.

In each of the three cases, please specify whether the person to whom the money was paid was a staff member, a patient, or someone visiting a patient.

In cases involving a patient or someone visiting a patient, please specify the nationality of the patient and whether they were a UK resident.

Answer: The three largest single amounts during this time period are detailed below;

Loss Value	Brief Description	Receiver (Patient/Staff Member/Visitor)
£10600	Slip, trip/fall	Staff Member
£10000	With regards to being attacked	Staff Member
£7800	Slip, trip/fall	Staff Member

0361/14

Multiple Sclerosis Drug Treatments

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 Betaferon]
- . Glatiramer acetate [Copaxone]
- . Natalizumab [Tysabri]
- . Fingolimod [Gilenya]
- . Alemtuzumab [Lemtrada]
- . Dimethyl fumarate [Tecfidera]
- . Teriflunomide [Aubagio]
- . Other

If possible please complete the following table

Answer: Please see the completed column in the table below.

Drug Name	Brand Name	Number of Patients
Interferon beta-1a	Avonex	22
Interferon beta-1a	Rebif	20
Interferon beta-1b	Extavia	0
Interferon beta-1b	Betaferon	5
Glatiramer acetate	Copaxone	17
Natalizumab	Tysabri	0
Fingolimod	Gilenya	0
Alemtuzumab	Lemtrada	0
Dimethyl fumarate	Tecfidera	0

Teriflunomide	Aubagio	0
Other		1
TOTAL		65

0362/14

Fixed Telephony, Broadband and WAN Contract Information

Freedom of Information Request- Fixed Telephony, Broadband and WAN Contract Information

If there is more than one supplier for each of the contract information I am requesting below please can you split each contract individually and not combined. Please also separate the expiry data and spend and number of lines for each supplier. An example of this can be viewed at the bottom of this request.

Contract 1

1. **Current Fixed Line (Voice Circuits) Provider-** Supplier's name
2. **Fixed Line- Contract Renewal Date-** please provide day, month and year (month and year is also acceptable). If this is a rolling contract please provide me with the rolling date of the contract. If there is more than one supplier please split the renewal dates up into however many suppliers
3. **Fixed Line- Contract Duration-** the number of years the contract is for each supplier.
4. **Type of Lines-** PSN, Analogue, SIP
5. **Number of Lines-** Please can you split the number of lines per each supplier? SIP trunks, PSN Lines, Analogue Lines

Contract 2

6. **Minutes/Landline Provider-** Supplier's name (Fixed Voice not Mobiles)
7. **Minutes/Landline Contract Renewal Date-** please provide day, month and year (month and year is also acceptable). If this is a rolling contract please provide me with the rolling date of the contract.
8. **Minutes Landline Monthly Spend-** Monthly average spend. An estimate or average is acceptable.
9. **Minute's Landlines Contract Duration:** the number of years the contract is with the supplier.
10. **Number of Extensions-** Please state the number of telephone extensions the organisation currently has. An estimate or average is acceptable.

Contract 3

11. **Fixed Broadband Provider-** Supplier's name

12. **Fixed Broadband Renewal Date-** please provide day, month and year (month and year is also acceptable). If this is a rolling contract please provide me with the rolling date of the contract. If there is more than one supplier please split the renewal dates up into however many suppliers
13. **Fixed Broadband Annual Average Spend-** Annual average spend. An estimate or average is acceptable.
14. **VOIP/PBX Installation Date of the organisation's primary telephone system:** - please provide day, month and year (month and year is also acceptable).

Contract 4

15. WAN Provider- please provide me with the main supplier(s)

16. **WAN Contract Renewal Date-** please provide day, month and year (month and year is also acceptable). If this is a rolling contract please provide me with the rolling date of the contract. If there is more than one supplier please split the renewal dates up into however many suppliers
17. **WAN Annual Average Spend-** Annual average spend. An estimate or average is acceptable.
18. **Internal Contact:** please can you send me there full contact details including contact number and email and job title.

IMPORTANT

If there is more than one supplier for some of the types of contracts information please can you split each of the contracts for each supplier that provide that service/support. For example Fixed Lines BT, Virgin Media Business

EXAMPLE Supplier	Renewal Date	Contract Duration	Number of Lines
VMB	01/06/2013	1	100
BT	01/09/2013	3	600

If there is more than one contract please can you send me the main contracts?

If your organisation has a managed services contract which includes all or two out of three of the services stated above please state which of these is included with the contract. It would also be for me to if there are any other service support areas that are included within these contracts.

Managed Service Contract

- Contract Title

- Supplier's Name
- Services Included (Contract Description)
- Total Contract Value
- Duration
- Contract Expiry Date- please provide day, month and year (month and year is also acceptable)
- Contract Date- please provide day, month and year (month and year is also acceptable)
- Number of Extensions
- Number of Lines
- Minutes Landline Monthly Average Spend
- Type of Lines
- Fixed Broadband Average Annual Spend
- WAN Average Annual Spend
- Internal Contact: please can you send me there full contact details including contact number and email and job title.

If there is more than one supplier for each contract please can you separate the contract dates and spend for each supplier. Also if no information can be provided for each of the key data types please explain why there is no information.

Answer: Please see the table below.

Please can you send me the following contract information with regards to the organisation's Fixed Telephony, Broadband and WAN Contract Information		
Contract 1.	1. Current Fixed Line (Voice Circuits) Provider- Supplier's name	Virgin Media BT
	2. Fixed Line- Contract Renewal Date- please provide day, month and year (month and year is also acceptable). If this is a rolling contract please provide me with the rolling date of the contract. If there is more than one supplier please split the renewal dates up into however many suppliers	Rolling Contracts September 2014
	3. Fixed Line- Contract Duration- the number of years the contract is for each supplier.	Annual
	4. Type of Lines- PSN, Analogue, SIP	Virgin Media – ISDN BT – ISDN /Analogue
	5. Number of Lines- Please can you split the number of lines per each supplier? SIP trunks, PSN Lines, Analogue Lines	Virgin Media – 400 Channels ISDN BT – 90 Channels ISDN/60 PSTN lines
Contract 2	6. Minutes/Landline Provider- Supplier's name (Fixed Voice not Mobiles)	All as above
	7. Minutes/Landline Contract Renewal Date- please provide day, month and year (month and year is also acceptable). If this is a rolling contract please provide me with the rolling date of the contract.	All as above
	8. Minutes Landline Monthly Spend- Monthly average spend. An estimate or average is acceptable.	All as above
	9. Minute's Landlines Contract Duration: the number of years the contract is with the supplier.	All as above
	10. Number of Extensions- Please state the number of telephone extensions the organisation currently has. An estimate or average is acceptable.	1700
Contract 3	11. Fixed Broadband Provider- Supplier's name	BT Infinity
	12. Fixed Broadband Renewal Date- please provide day, month and year (month and year is also acceptable). If this is a rolling contract please provide me with the rolling date of the contract. If there is more than one supplier please split the renewal dates up into however many suppliers	December 2015
	13. Fixed Broadband Annual Average Spend- Annual average spend. An estimate or average is acceptable.	£600/Annum
	14. VOIP/PBX Installation Date of the organisation's primary telephone system: - please provide day, month and year (month and year is also acceptable).	June 2004

Contract 4	15. WAN Provider- please provide me with the main supplier(s)	BT N3
	16. WAN Contract Renewal Date- please provide day, month and year (month and year is also acceptable). If this is a rolling contract please provide me with the rolling date of the contract. If there is more than one supplier please split the renewal dates up into however many suppliers	March 2014
	17. WAN Annual Average Spend- Annual average spend. An estimate or average is acceptable.	£250,000
	18. Contact: please can you send me there full contact details including contact number and email and job title.	Voice and Data Services Manager, Informatics Department, Manor Hospital, Moat Rd, Walsall, WS2 9PS Tel: 01922 721172

Managed Service Contract (Data only)

- Contract Title : Answer: BT N3 for Health
- Supplier's Name Answer: BT N3
- Services Included (Contract Description) Answer: Wide Area Network services
- Total Contract Value Answer: £1.8m
- Duration Answer: 5 years
- Contract Expiry Date- please provide day, month and year (month and year is also acceptable) Answer: December 2013
- Contract Date- please provide day, month and year (month and year is also acceptable) Answer: December 2013
- Number of Extensions Answer: None
- Number of Lines Answer: None

- **Minutes Landline Monthly Average Spend Answer: None**
- **Type of Lines Answer: Data MPLS**
- **Fixed Broadband Average Annual Spend Answer: N/A**
- **WAN Average Annual Spend Answer: £260**
- **Internal Contact: please can you send me there full contact details including contact number and email and job title.**

**Answer: Voice and Data Services Manager,
Informatics Department,
Manor Hospital,
Moat Rd,
Walsall,
WS2 9PS
Tel: 01922 721172**

0363/14

Provision and Quality of Hospital Food

FREEDOM OF INFORMATION ACT REQUEST

1. For the most recent three financial years (10/11), (11/12) and (12/13) please state what the cost of providing food to patients was at your trust per patient per day?

Answer: Please see the table below.

Year	Cost (£) per patient per day
2010-11	£8.65
2011-12	£10.14
2012-13	£9.50

2. If you have a figure please state what percentage of food in the most recent financial year (12/13) was returned untouched by patients?

Answer: Unfortunately, our organisation does not record any information relating to returned meals that are untouched by patients.

3. If you have an outside caterer that is responsible for supplying food to the Trust, please state the name of the company and how much it was paid by the Trust in (12/13)? Also state what level of involvement these outside caterers have? For example do they just provide the hospital with ready meals that are then distributed by Trust staff or are the caterers responsible for providing and serving the food?

Answer: Our Trust service is a combination of brought in chilled and frozen items as well as fresh products produced in house. Food assembly and service to patients is provided by an in house team. Our main suppliers are NHS Supplies (dry goods) and Anglia Crown (chilled multi portion ready meals).

The total spend on food and beverages by our organisation for 2013 was £740,073.

4. In the 2013 calendar year please state how many complaints you logged from patients, or their relatives or friends, or hospital staff where either the primary concern, or a secondary concern related to the provision and/or quality of the patient food?

Answer: During 2013, there were two informal concerns raised by patients in relation to the provision and/or quality of hospital food. There were no formal complaints raised.

5. In relation to Q.4, which month saw you have the most complaints about food and how many complaints were logged?

Answer: The two informal concerns detailed in question 4 were in separate months of the year. One in June 2013, the other in July 2013.

6. For the month identified by Q.5 (if more than one month has the same number of complaints then take the most recent month) please provide me with redacted copies of the complaints so to not breach S.40 of the Freedom of Information Act, but include the name of the hospital involved. If the original correspondence has been destroyed then please provide me with a detailed (two sentence) summary explaining the specific nature of the complaint, including the name of the hospital.

Answer: The two informal concerns detailed in question 4 related to the quality of hospital food.

Date Received	Category	Details Of Concern
June 2013	FO05 - Food - quality	<p>Complainant called with issues regarding the standard of food in the hospital (inpatient)</p> <p>The complainant says that her care was brilliant but the food was revolting and inedible.</p> <p>Wants to speak to someone regarding this.</p>
July 2013	FO05 - Food - quality	<p>The vegetables are slush and inedible the potatoes obviously dried and mashed and the main meat etc very processed the portions if you wish to eat them tiny. I know that with a bit of forethought they could improve this and if they had a menu option they could also save money as there would be less waste.</p>

7. In the last financial year (12/13) has the Trust paid compensation to a patient or their family following a complaint about the provision/quality of hospital food? If so how much was paid and why was it paid? Have any complaints about hospital food been referred to the NHSLA.

Answer: There were no formal complaints raised in relation to the provision/quality of hospital food during the 2012-2013 financial year. We can confirm that our Trust has not paid any compensation relating to patient food and neither has such a claim been processed by the NHSLA.

**0364/14
Endoscopy**

Could you please provide by return email, all information pertaining to:

Current waiting list times for Endoscopy procedures in line with Jag guidelines

Answer: Please see the list of waiting times below:

Colonoscopy	3 weeks
Gastroscopy	5 weeks
Flexible sigmoidoscopy Consultant list	5 weeks
Flexible sigmoidoscopy Nurse list	5 weeks
Bronchoscopy	1 week
Endoscopic retrograde cholangio-pancreatography (ERCP)	4 days

Number of endoscopy sessions run weekly and how many theatres available

Answer: Our organisation currently has three procedures rooms (theatres) available. The maximum number of endoscopy sessions that can be run on a weekly basis at our organisation is 26. This figure takes into account that one of our consultants is required to cover the Gastro ward each week rotationally doing one week in every six. In some circumstances, it is necessary to cancel sessions due to annual leave, study leave or professional leave; where possible these sessions are back filled but this is dependent upon Endoscopist availability.

Current Substantive and Locum Staffing levels for both Doctor, Nurses and non Clinical Staff

Clarification obtained from requester. Please provide details of all staffing levels within the Endoscopy service only. So how many jobs are filled substantively, how many are locums agency jobs or bank locums.

Answer: Please note that doctors to undertake or are linked to Endoscopy procedures are not labeled/allocated to the Endoscopy function within our information systems. Unfortunately, due to this, we cannot provide figures for doctors. Our systems do not hold any information on agency or bank staff who work as part of the Endoscopy function.

The table below is dated 31 December 2013.

Role	In post on 31 December 2013 (FTE)
Nursing Staff	10.56
Support to Nursing Staff	2.43
Non-Clinical	2.00

Do you use temporary staff

Answer: Yes.

If so, Spend on Locums in the last 12 Months

Answer: Please see the table below for the calendar year 2013.

Category	Spend (£)
Bank	50,700
Agency	7,526
Total	58,226

Staffing agencies used in 12 month and average cost per procedure/hour

Answer: A staffing agency was used for nine shifts during the 2013 calendar year. The agencies used were Team Support, Nursing Personnel, Robin Recruitment, KKare Plus and Thornbury. The cost per hour varies from agency to agency ie. From £25.00 per hour to £42.00 per hour. Unfortunately, we are unable to provide a cost per procedure.

What measure are taken to ensure quality of staff employed on a Locum/Temporary basis

Answer: The majority of the agencies used are through the Health Trust Europe Framework and are monitored through the Framework.

0365/14

Female Patients Admitted for Assault by Sharp Object

Please provide, for the financial years 2003/4 to 2012/13 the number of finished admission episodes for females admitted for assault by sharp object (Cause Code: X99). Please break this down for age (if possible into the following age brackets: U18, 18-24, & 24 and over)

Answer: Please see the table below.

Number of females admitted for assault by sharp object (cause code: X99) by age.

YearFinancial	Under18	18-23	Over24	Grand Total
Year 2003/04	0	1	1	2
Year 2004/05	0	0	3	3
Year 2005/06	1	1	0	2
Year 2006/07	1	0	1	2
Year 2007/08	0	1	1	2
Year 2008/09	1	0	2	3
Year 2009/10	0	0	0	0
Year 2010/11	0	0	0	0
Year 2011/12	2	0	1	3
Year 2012/13	0	0	1	1
Grand Total	5	3	10	18

0366/14**Female Patients Admitted for Assault by Firearm Discharge**

Please provide, for the financial years 2003/4 to 2012/13 the number of finished admission episodes for females admitted for assault by firearm discharge (Cause Codes: X93, X94 and X95). Please break this down for age (if possible into the following age brackets: U18, 18-24, & 24 and over)

Answer: We can confirm that there were no females admitted for assault by firearm discharge at Walsall Manor Hospital during the time period.

0367/14**Training for Staff on How to Spot the Signs of Gang Association/Involvement**

1. Is training available for staff on how to spot the signs that a person is associated with / involved in a gang? If so, how many members of staff have taken the training, in absolute and percentage terms?

Answer: Unfortunately, no training in relation to this subject is currently provided to our staff.

0368/14**Children Treated for Poisoning**

I wish to know the following:

1) How many children have been treated by hospitals within your trust over the last three years who are suspected of having been poisoned by their parents. Please go from January 1st 2011 to the present day.

I am not interested in any personal details, just the figures.

2) If possible, please state which substance they have been poisoned with or are suspected of having been poisoned with, eg cocaine.

3) if possible, please state the age of the child.

4) If possible, please state what action was taken, eg social services contacted

5) If you think this request may take too long, please just state the number of times your trust has contacted social services after a child has been admitted to hospital and the parents are suspected of having poisoned their child.

Answer: Unfortunately, we do not code on our system whether parents are suspected of poisoning the child or whether the poisoning is accidental or intentional. We also do not code specific substances separately.

In the spirit of the Act, we are able to provide the numbers and ages of all children who have been treated for poisoning at Walsall Manor Hospital from 1st January 2011 to 31 December 2013. The table below covers children treated for poisoning with all recorded; drugs, medicaments, biological substances as well as for the toxic effects of substances which are chiefly non-medicinally sourced.

Age of Child	Calendar Year			Totals
	2011	2012	2013	
0	1	2	0	3
1	10	8	0	18
2	7	6	5	18
3	7	2	3	12
4	2	2	0	4
5	2	0	0	2
6	1	0	0	1
7	2	1	0	3
8	1	0	1	2
9	1	0	1	2
10	0	0	1	1
11	0	1	3	4
12	2	1	4	7
13	4	8	6	18
14	10	17	16	43
15	20	21	15	56
16	17	15	21	53
17	32	17	22	71
Totals	119	101	98	
Grand Total=636				

0369/14

Atopic Dermatitis Drug Treatments

In your trust, during the last 12 month period (latest measureable period where possible), please supply the following information:

For patients [and within age groups if possible] with moderate or severe Atopic Dermatitis treated with the following:

Drug	Total patients	Adults aged 18+	patients aged 12-17	patients aged under 12
Prednisolone				
Azothiaprine				
Ciclosporin				
Methotrexate				
Myophenate				
Topical steroid				
Tacrolimus				
Pimecrolimus				

Answer: Requester confirmed that the drug treatment within the request related to Myophenolate.

Please see the table below.

Unfortunately, our Trust does not code outpatients with this condition so we are not able to incorporate these patient figures into the table.

Drug	Total patients	Adults aged 18+	patients aged 12-17	patients aged under 12
Prednisolone				
Azothiaprine				
Ciclosporin				
Methotrexate				
Myophenolate				
Topical steroid	1			1
Tacrolimus				
Pimecrolimus				

0370/14

Maternity Services

Under the Freedom of Information Act 2000 I am asking you to please supply me with the following information:

1. How many maternity wards under your management have facilities for partners to stay overnight with the mother at the hospital during and/or after the birth of their child?

Answer: Our organisation has a Delivery Suite with nine delivery rooms where partners can stay 24 hours of the day 7 days a week. In addition, we have two antenatal/postnatal wards with 12 side rooms on each ward where partners can stay overnight. Both wards have 20 beds.

2. What proportion of maternity wards under your management have facilities for partners to stay overnight with the mother at the hospital during and/or after the birth of their child?

Answer: There are 40 beds within the two wards. 16 of these beds have shared facilities so are not appropriate for partners to stay overnight. However, the remaining 24 side rooms are available if partners wish to stay overnight.

3. How many maternity services under your management have flexible visiting times for partners to visit the mother after birth?

Answer: All of our maternity wards have flexible visiting hours.

4. What proportion of maternity services under your management have flexible visiting times for partners to visit the mother after birth?

Answer: Please see the answer to question 3 above.

5. How many expectant fathers attended NHS-run or NHS-commissioned antenatal classes at hospitals, healthcare centres or through health visitors under your management in 2013 (or for the last year for which records are available)?

Answer: All classes are externally commissioned by the National Childbirth Trust (NCT). Unfortunately, our organisation does not hold this information. We would recommend you redirect this question to the NCT directly.

6. What proportion of expectant fathers attended NHS-run or NHS-commissioned antenatal classes at hospitals, healthcare centres or through health visitors under your management in 2013 (or for the last for which year records are available)?

Answer: Please see the answer to question 5 above.

0371/14

Hospital Chapel/Prayer Room Vandalism

This is a request under the Freedom of Information Act.

Please could you provide me with the following information:

Data concerning vandalism to religious/spiritual rooms and buildings in the hospital (e.g hospital chapels and prayer rooms) from January 2009 to as recently as possible.

Please include a breakdown of the damage caused and the cost incurred, as well as the time period during which incidents occurred.

Please also include any reports submitted by hospital staff and, where possible, data concerning assaults, intimidation or threatening behaviour towards hospital chaplains and other hospital staff employed in a spiritual or religious role.

Answer: We can confirm that there have been no reports of vandalism to any of our religious/spiritual rooms within our hospital during this time period. There have also not been any incidents reported in relation to hospital chaplaincy staff being assaulted, intimidated or threatened during this time period.

0372/14

Numbers of A&E Attendances Relating to Alcohol

In the past 12 months how many persons have been brought by ambulance from the Cannock district for drink related injuries /illnesses on a Friday and Saturday evening

Answer: We can confirm that 13 patients from the Cannock district have been brought to Walsall Manor Hospital, in the past 12 months, for drink related injuries/illnesses on a Friday and Saturday evening.

In the past 12 months how many persons have attended A&E by their own means from the Cannock district area for drink related injuries /illnesses on a Friday and Saturday evening.

Answer: We can confirm that 1 patient from the Cannock district has presented to Walsall Manor Hospital A&E, via their own transport, in the past 12 months for drink related injuries/illnesses on a Friday and Saturday evening.

0373/13

Annual Accounts

For the purposes of an academic research project, I kindly request the following pieces of information about your Trust:

Annual Accounts for the year(s): 2002/03, 2003/04, 2004/05, 2005/06, 2006/07, 2007/08, 2008/09.

Documents attached as requested – available upon request.

0374/14

Delayed transfers of Care

I would like to submit the following request under the Freedom of Information Act (2000):

For the financial years 2010/11, 2011/12 and 2012/13 please state:

- a) The gross cost to the Trust because of delayed transfers of care (before taking into account reimbursements from local authorities)

And;

- b) The gross cost to the Trust because of delayed transfers of care where Social Care was responsible for the delay (before taking into account reimbursements from local authorities)

- c) The total sum received from local authorities in reimbursements for delayed transfers of care

Please provide the information requested in an Excel spreadsheet.

Answer: Please find attached the information as requested – available upon request.

0375/13

Storage of Stillbirths/Fetal Remains

I am writing under the Freedom of Information Act to request records of stillborn and fetal remains held in storage by the Trust for more than a month, (ie. 32 days and over).

“More specifically, as of today's date, please provide a list of all stillborn children or fetal remains (or parts thereof), stored by the hospital for more than a month (for example, but not limited to, stillborn children, miscarried fetuses, aborted fetuses, etc). For each case in the list, please state the type of remains and any non-confidential information about them such as male/female and weeks' gestation, how long each has been stored for, and the reason for storage.

An example of an answer (but do not be limited by this) would be:

- Stillborn boy, 27 weeks gestation, stored for three months and four days, awaiting collection by family
- Brain of stillborn girl, 29 weeks gestation, stored for one year and four months, awaiting examination
- Miscarried fetus, 22 weeks gestation, stored for five months and 12 days, misplaced records and unable to trace parents
- ...and so on”

Response:

The Trust can confirm that for the timeline specified, we hold 86 foetal remains / products of conception.

The details we hold and the gestation period for each of the remains are as follows:

- 53 were as a result of miscarriages
- 30 were as a result of terminations (unwanted pregnancies x 28 and terminations due to foetal abnormality x 2)
- 3 were ectopic pregnancies

The year that they were received in the mortuary are as follows:

- 2010 (2)
- 2011 (2)
- 2012 (30)
- 2013 (52)

The gestation of the foetal remains / products of conception are detailed below:

Gestation	Quantity Held	Type
5 weeks	4	1 MC 3 ETOP
6 weeks	8	2 MC 5 ETOP 1 EP
7 weeks	9	6 MC 3 ETOP
8 weeks	13	7 MC 5 ETOP 1 EP
9 weeks	9	8 MC 1 ETOP
10 weeks	6	4 MC 1 ETOP 1 EP
11 weeks	10	8 MC 2 LTOP
12 weeks	12	11 MC 1 LTOP
13 weeks	1	1 LTOP
15 weeks	3	2 LTOP 1 MC
16 weeks	4	2 LTOP 2 MC
17 weeks	2	1 MC 1 LTOP
18 weeks	2	1 MC 1 LTOP
20 weeks	2	1 MC 1 LTOP (Products of Conception) Funeral already held for Foetus with family
21 weeks	1	1 MC
TOTAL	86	53 MC 19 ETOP 11 LTOP 3 EP

Key: MC = Miscarriages ETOP = Early Termination up to 11 weeks 6 days LTOP = Late Termination from 12 weeks upto 23 weeks 6 days EP = Ectopic Pregnancy
The reasons for storage are due to:

2 waiting for Family to contact for arrangements to be made
Others are due to a delay in the arrangements to sensitively dispose of the remains via the crematorium.

0376/13

Photocopiers and Printers

Please could you provide the following information in relation to Photocopiers, Multi-Functional Devices and Desktop Printers:

1. Current Contract details, including contract end date
2. Companies awarded
3. Length of contract/s
4. Annual spend
5. Details on how these were procured - Framework (if so which one)/OJEU (provide OJEU Notice number)/local quote if under EU threshold.

Answer:

The details below relate to photocopiers and multi-functional devices.

Question 1 - The Trust utilises a GPS Framework – RM1599 Multifunction Devices and Services, Managed Print Services and Print Audit Services. The contract start and end date is March 2012 to February 2015.

Question 2 - Xerox (UK) Ltd is the company awarded the contract.

Question 3 - The length of the contract is March 2012 to February 2015.

Question 4 - The annual cost of this contract is £142,890.46.

Question 5 - GPS Framework – RM1599 Multifunction Devices and Services, Managed Print Services and Print Audit Services 06/03/12 – 28/02/15

The details below relate to desktop printers.

Question 1 - The Trust utilises GPS Frameworks – RM1692 IT Hardware and Solutions (end date 05/07/14) and RM721 Commoditised Hardware and Software (end date 28/02/14) and RM781 Office Supplies (end date 07/01/15).

Question 2 - The following companies are used against the above frameworks:

**Insight
Misco
Probrand
QC Supplies**

Question 3 - As per framework dates: RM1692 IT Hardware and Solutions (05/07/12 to 05/07/14) and RM721 Commoditised Hardware and Software (end date 02/03/10 to 28/02/14) and RM781 Office Supplies (08/01/10 to 07/01/15)

Question 4 - The annual cost of this contract is £40,506.55 (£37,544.82 against stated frameworks and £2,961.73 local quotations)

Question 5 - The Trust utilises GPS Frameworks – RM1692 IT Hardware and Solutions (end date 05/07/14) and RM721 Commoditised Hardware and Software (end date 28/02/14) and RM781 Office Supplies (end date 07/01/15)

0377/13

Audited Accounts, circumcisions, knee replacements, CT brain scans and Consultant Psychiatrists

1. Please send copies of your audited accounts for year end 2012-2013 and year end 2013-2014

Answer: We wrote to you on the 3rd December 2013 and attached a copy of our organisation's latest annual account report for the financial year 2012-13 with the letter. We explained in our letter, that as we are currently in the financial year for 2013-14, the report will not be available until March 2014. The financial year runs 1st April to 31st March. We did however attach a copy of our 2014-15 plan with the letter.

2. Please provide the names of the auditors and fees to do such hospital yearly accounts

Answer: Grant Thornton UK LLP are the auditors of our accounts and their audit fees for 2013-14 are £100,000.

3. Please let me know the hospital fixed price fees for a circumcision operation and stay of 1 night in hospital

Answer: Our organisation's chargeable fee to private patients is £200 if the operation is performed under local anaesthetic and £500 if performed under general anaesthetic. A cost per night will not apply in this case.

4. Please provide the names of Consultant Urological Surgeons

Answer: Please see the list below. These surgeons are currently employed by Walsall Healthcare NHS Trust.

**Mr S Ganta, Consultant Urologist
Mr S R Koneru, Consultant Urologist
Mr S Mirza, Locum Consultant Urologist**

- 4a. Please provide their outpatient fees before the operation

Answer: The Trust is not involved in transactions between Surgeons and their private patients. The fees charged by Surgeons for private outpatient consultants are a matter for the surgeon and his patient.

5. Please confirm the hospital fixed price fees for both knee joint replacements

Answer: Walsall Manor Hospital does very little private inpatient work. On the occasions when it is carried out, the price charged would vary according to the length of the operation, the length of patient stay and the particular cost of the prostheses used. Our organisation does not have a fixed price.

6. Please provide the names of the Consultant Orthopaedic Surgeons

Answer: Please see the list below. These surgeons are currently employed by Walsall Healthcare NHS Trust.

**Mr G Alo, Clinical Director and Consultant Orthopaedic Surgeon
Mr S Goswami, Consultant Orthopaedic Surgeon
Mr W Goude, Consultant Orthopaedic Surgeon
Mr J Iqbal, Consultant Orthopaedic Surgeon
Mr M Jiggins, Consultant Orthopaedic Surgeon**

**Mr R Kundra, Consultant Orthopaedic Surgeon
Mr T Sadique, Consultant Orthopaedic Surgeon
Mr G Selzer, Consultant Orthopaedic Surgeon
Mr M Shah, Consultant Orthopaedic Surgeon
Mr Phillips, Honorary Orthopaedic Paediatric Surgeon
Mr R Vadivelu, Honorary Orthopaedic Paediatric Surgeon**

6a. Please provide their outpatient fees.

Answer: Please see the answer to 4a above.

7. Please provide the names of the Consultant Psychiatrists who can treat depression

Answer: We do not employ any Consultant Psychiatrists within our organisation. We would recommend that you redirect your request to Dudley & Walsall Mental Health Trust, Freedom of Information Office, 47-49 Kings Street, Dudley, West Midlands, DY2 8PS or email foi@dwmh.nhs.uk

7a. Please provide their fees

Answer: As we do not employ any Consultant Psychiatrists we are not able to answer this question. We would recommend that you redirect your request to Dudley & Walsall Mental Health Trust, Freedom of Information Office, 47-49 Kings Street, Dudley, West Midlands, DY2 8PS or email foi@dwmh.nhs.uk

8. Please provide the fee for a hospital CT scan of the brain

Answer: Our organisation's chargeable fee to private patients for a CT brain scan would be approximately £160 without contrast and £200 with contrast.

9. Please provide the names and addresses of main NHS hospitals in cities of Blackpool, Leyland, Preston and Edinburgh.

Answer: Please note that we have conducted searches on the internet for this information and hope that it is accurate.

**Blackpool Victoria Hospital
Freedom of Information Officer
Home 5
Blackpool Fylde and Wyre Hospitals NHS Foundation Trust
Whinney Heys Road
Blackpool
FY3 8NR**

**Chorley & South Ribble Hospital
Preston Road
Chorley
Lancashire
PR7 1PP**

**Royal Preston Hospital
Sharoe Green Lane
Fulwood
Preston
Lancashire
PR2 9HT**

**Central Freedom of Information Office
Lothian NHS Board
Waverley Gate**

0378/13

Bariatric Patients

I would like to request the following information on bariatric patients in NHS hospitals. I would like to find out:

-How many bariatric patients have been admitted to your hospital/hospitals this year

Answer: During 01 January 2013 and 31 December 2013, 128 bariatric patients were admitted to our hospital.

-How many injuries have resulted from accidents/incidents involving bariatric patients

Answer: Unfortunately, there is not a facility to record incidents involving bariatric patients on our incident reporting system. It is not possible to provide incident figures on these patients accurately as it cannot be broken down.

-How many injuries from accidents have happened indirectly relating to a patient being obese

Answer: Unfortunately, there is not a facility to record incidents involving bariatric patients on our incident reporting system. It is not possible to provide incident figures on these patients accurately as it cannot be broken down. Our Health & Safety Department do not recall any incidents of this nature since 2011 although this cannot be confirmed.

-How many injuries from accidents have happened directly relating to a patient being obese

Answer: Unfortunately, there is not a facility to record incidents involving bariatric patients on our incident reporting system. It is not possible to provide incident figures on these patients accurately as it cannot be broken down. Our Health & Safety Department do not recall any incidents of this nature since 2011 although this cannot be confirmed.

-How much money has been spent on provision and/or training for staff to deal with bariatric patients

Answer: Our organisation provides internal manual handling educational sessions for staff which cover all patients. We unfortunately do not provide any specialist training specifically for bariatric patients. Unfortunately, as we do not provide this specialist training we are not able to confirm the spend for this question.

-How much money has been spent directly relating to patients being obese

-How much money has been spent indirectly relating to patients being obese

Answer: Please see the tables below.

Financial Year		Expenditure for Bariatric Operations Performed
11/12	Actual	£2,010,643
12/13	Actual	£730,254
13/14	Forecast	£593,703

These figures show all patients treated with a diagnostic code of obesity. Please note that this diagnostic code may not be the primary or even contributory factor in the admission. The costs below exclude the bariatric operations costs above.

Financial Year		Costs of treating
11/12	Actual	£ 3,290,028
12/13	Actual	£ 2,951,598
13/14	Forecast	£ 2,032,450

-Do you have any special schemes to help the treatment of bariatric patients, such as Peterborough Hospital's bariatric suit? (See link for reference: <http://www.bbc.co.uk/news/uk-england-cambridgeshire-25552320>)

Answer: Unfortunately, our organisation does not have any specialist schemes or treatments for bariatric patients.

0379/13

Losses and Special Payments

In your financial accounts for the financial year 2012/2013 did you have a section for “losses and special payments” ?

Answer: Yes, there was a section within the report covering this.

1. If so how much money was accounted for in the 2012/2013 financial year as being “losses and special payments”? (Please note I am aware that the loss may have occurred many years earlier but I am interested in items which were accounted for in the last financial year, irrespective or when the loss took place.)

Answer: We can confirm that the gross cost of losses & special payments accounted for within the 2012/2013 accounts was £120614.66. The net cost was £67380.82.

Please detail the three largest single amounts within this total and giving a cost for each loss and a brief description of the claim and the reason for the loss.

Answer: The three largest single amounts are listed below and brief description is also detailed.

£12000 for damages with regards to a slip/trip/fall
£5550 for costs with regards to a slip/trip/fall
£5300 for costs with regards to a slip/trip/fall

2. What was the total paid on claims for property lost by patients and how much related to (i) Dentures, (ii) Spectacles, (iii) Jewellery and (iv)Hearing Aids?

Answer: The total amount of claims by patients for lost property during for the financial year 2012-13 was; £4519.01

£1062 of this related to Dentures
£1075.61 of this related to Spectacles
£400 of this related to Jewellery
£1695 of this related to Hearing Aids

**0380/13
Defibrillators**

Please can you complete the attached form.

Answer: Please see the table below.

Hospital Name: Walsall Manor Hospital

Please specify which defibrillators you use.

Manufacturer	Brand/Model	Quantity	How many are manual ALS devices	How many are AED's
Medtronic	Lifepak 20	71	0	71
	Firstsave	1	1	0
Philips	9300e	36	36	0

How many devices are over 5 yrs old? Please specify details below:

Manufacturer	Brand/Model	Quantity	How many are manual ALS devices	How many are AED's
Medtronic	Lifepak 20	41		41

How many devices are under 5 yrs old? Please specify manufacturer name, brand/model, quantity and if they are manual or AED devices:

Manufacturer	Brand/Model	Quantity	How many are manual ALD devices	How many are AED's
Medtronic	Lifepak 20	30		30

When are you planning on replacing the devices that are over 5 yrs old?

Answer: Still current so no plan to replace.

4a. Please detail in the table below which ones you are planning to replace:

Manufacturer	Brand/Model	Quantity	How many are manual ALD devices	How many are AED's
Not applicable				
Not applicable				

0381/13

Number of A&E admissions for people with injuries caused by animals

I'm seeking information about the numbers of people admitted to Accident and Emergency departments with injuries caused by animals.

I would like the information for the past three years up to the time this request is answered.

If possible, could the numbers of people be broken down by year, also showing the following:

- The name of the Accident and Emergency department.
- The species of animal which caused the injury.

Answer: Unfortunately, our A&E department do not record these types of injuries/wounds on our systems. It is not possible to provide accurate information in relation to this.

0382/13

Assessing and Bidding for NHS Tenders

Under the Freedom of Information Act 2000, I would be grateful if you could provide me with the following information:

1. Please provide details of expenditure (or a reasonable estimate) on assessing and bidding for NHS tenders in 2011/12, 2012/13 and 2013/14 to date and an estimate of total expenditure for 2013/14.

Expenditure on assessing and bidding for NHS tenders	2011/12	2012/13	2013/14 to date	2013/14 estimate
Staff costs				
External advice (including legal advice)				
Expenses				

Answer: Unfortunately, our organisation does not track the cost on assessing and bidding for NHS tenders. It would not be possible to accurately estimate this cost as no record is kept on assessing and bidding.

2. Please also state how many staff (FTE) currently work on NHS service tenders.

Answer: We can confirm that we do not employ any full time staff to work on NHS service tenders. This is completed as and when required by staff within the Procurement Department.

0383/13

Children who Intentionally Self-Harm

Please provide me with the following information under the Freedom of Information Act:

- 1) Please tell me how many children (aged 0-17) were either treated in A&E or admitted to hospital as an in-patient for intentional self-harm in each of the following years:

- a) 2013
- b) 2012
- c) 2011
- d) 2010
- e) 2009
- f) 2008
- g) 2007
- h) 2006
- i) 2005
- j) 2004

Answer: Please see the tables below.

Table to show children treated in A&E for intentional self-harm.

Total Children (Aged 0-17 years)	Calendar Year
169	2004
180	2005
174	2006
164	2007
151	2008
152	2009
121	2010
126	2011
175	2012
156	2013

Table to show children admitted to hospital as an in-patient for intentional self-harm.

Total Children (Aged 0-17 years)	Calendar Year
98	2004
99	2005
93	2006
83	2007
59	2008
87	2009
97	2010
92	2011
115	2012
100	2013

2) For each case, please tell me the sex of the child, the age of the child and a brief description of the injury, e.g. cutting or bruising. Please provide this information in the following table format. I've given an example answer for one of the years.

2013

	<u>Sex</u>	<u>Age</u>	<u>Injury</u>
Patient 1	Female	8	Bruising
Patient 2	Male	16	Suffocation attempt
Patient 3	Female	15	Cutting
Patient 4	Female	15	Poisoning
Patient 5	Female	9	Head banging

Answer: Please see the table below.

Table to show children treated in A&E for intentional self-harm.

Numbers of Children Treated (Aged 0-17)	Gender	Age	Description	Calendar Year
1	MALE	14	NOT YET DIAGNOSED	2004
2	FEMALE	17	POISONING	2004
1	MALE	17	POISONING	2004
1	MALE	10	SOFT TISSUE INJ-RIGHT KNEE	2004
1	MALE	12	POISONING	2004
1	FEMALE	13	NULL	2004
10	FEMALE	13	POISONING	2004
1	FEMALE	15	HYPERVENTILATION	2004
4	MALE	15	POISONING	2004
5	FEMALE	16	NULL	2004
8	FEMALE	16	POISONING	2004
2	FEMALE	17	NOT YET DIAGNOSED	2004
1	MALE	17	# CLOSED-LEFT HAND	2004
1	FEMALE	12	POISONING	2004
20	FEMALE	15	POISONING	2004
9	FEMALE	15	POISONING	2004
1	MALE	15	LACERATION-LEFT WRIST	2004
1	MALE	16	CONTUSION-RIGHT HAND	2004
1	MALE	16	POISONING	2004
2	MALE	17	DIAGNOSIS NOT CLASSIFIABLE	2004
1	FEMALE	14	ABRASION-ABDOMEN	2004
3	MALE	14	POISONING	2004
6	MALE	14	POISONING	2004
1	FEMALE	15	POISONING	2004
1	MALE	17	LACERATION-RIGHT FOREARM	2004
2	MALE	17	POISONING	2004
4	MALE	17	POISONING	2004
1	FEMALE	13	POISONING	2004
4	FEMALE	13	POISONING	2004
1	FEMALE	14	NULL	2004
1	FEMALE	15	LACERATION-BOTH FOREARMS	2004
1	FEMALE	16	SOFT TISSUE INJ-CHEST	2004
6	FEMALE	17	NULL	2004
14	FEMALE	17	POISONING	2004
1	MALE	12	POISONING	2004
1	MALE	13	NOT YET DIAGNOSED	2004
1	MALE	14	N.A.D	2004
5	MALE	15	POISONING	2004
3	FEMALE	16	POISONING	2004
1	FEMALE	17	PSYCHIATRIC CND-OTHER	2004
1	MALE	17	HEAD INJURY	2004

1	MALE	17	SOFT TISSUE INJ-RIGHT HAND	2004
1	MALE	12	# CLOSED-RIGHT HAND	2004
4	MALE	13	POISONING	2004
1	FEMALE	14	GASTRITIS	2004
5	MALE	16	POISONING	2004
7	MALE	16	POISONING	2004
1	FEMALE	17	LACERATION-LEFT FOREARM	2004
1	FEMALE	11	POISONING	2004
8	FEMALE	14	POISONING	2004
2	FEMALE	14	POISONING	2004
2	MALE	14	NULL	2004
1	MALE	15	FOREIGN BODY-ANO-RECTAL	2004
1	MALE	16	DIAGNOSIS NOT CLASSIFIABLE	2004
1	MALE	16	HAEMATOMA-RIGHT HAND	2004
1	MALE	17	LACERATION-LEFT HAND	2004
1	FEMALE	14	POISONING	2005
1	MALE	14	POISONING	2005
2	MALE	14	POISONING	2005
15	FEMALE	15	POISONING	2005
5	FEMALE	15	POISONING	2005
1	MALE	15	NOT YET DIAGNOSED	2005
1	MALE	16	HEAD INJURY	2005
3	FEMALE	12	POISONING	2005
2	FEMALE	12	POISONING	2005
1	FEMALE	13	DIAGNOSIS NOT CLASSIFIABLE	2005
1	FEMALE	15	POISONING	2005
1	MALE	15	LACERATION-LEFT WRIST	2005
2	FEMALE	16	NULL	2005
1	FEMALE	16	DIAGNOSIS NOT CLASSIFIABLE	2005
1	MALE	16	POISONING	2005
7	MALE	17	POISONING	2005
5	MALE	17	POISONING	2005
2	FEMALE	13	POISONING	2005
1	FEMALE	16	POISONING	2005
9	FEMALE	16	POISONING	2005
2	MALE	16	NULL	2005
8	MALE	16	POISONING	2005
2	FEMALE	17	NULL	2005
1	MALE	17	SOFT TISSUE INJ-RIGHT HAND	2005
1	MALE	6	GAST.CNDS-VOMITING	2005
1	FEMALE	11	DIAGNOSIS NOT CLASSIFIABLE	2005
1	FEMALE	11	POISONING	2005
2	FEMALE	14	HEAD INJURY	2005
7	FEMALE	14	POISONING	2005
1	FEMALE	15	ABRASION-RIGHT LOWER LEG	2005
6	MALE	15	POISONING	2005
1	FEMALE	16	LACERATION-RIGHT WRIST	2005
1	MALE	16	DIAGNOSIS NOT CLASSIFIABLE	2005

23	FEMALE	17	POISONING	2005
1	MALE	10	DIAGNOSIS NOT CLASSIFIABLE	2005
1	FEMALE	12	NULL	2005
1	FEMALE	14	CONTUSION-RIGHT CHEEK	2005
1	MALE	14	LACERATION-LEFT HAND	2005
1	FEMALE	15	NULL	2005
1	FEMALE	16	HEAD INJURY	2005
1	MALE	17	CONTUSION-RIGHT HAND	2005
1	FEMALE	12	NOT YET DIAGNOSED	2005
1	FEMALE	14	LACERATION-LEFT FOREARM	2005
1	MALE	14	LACERATION-LEFT MIDDLE FINGER	2005
1	FEMALE	16	N.A.D	2005
1	MALE	17	NULL	2005
1	FEMALE	8	NOT YET DIAGNOSED	2005
1	MALE	11	# CLOSED-LEFT HAND	2005
3	FEMALE	13	POISONING	2005
3	FEMALE	14	NOT YET DIAGNOSED	2005
1	MALE	14	NOT YET DIAGNOSED	2005
2	MALE	15	DIAGNOSIS NOT CLASSIFIABLE	2005
15	FEMALE	16	POISONING	2005
4	MALE	16	POISONING	2005
1	FEMALE	17	LACERATION-LEFT FOREARM	2005
1	FEMALE	17	NOT YET DIAGNOSED	2005
3	MALE	17	NOT YET DIAGNOSED	2005
1	FEMALE	13	POISONING	2005
6	FEMALE	14	POISONING	2005
2	MALE	15	POISONING	2005
1	MALE	15	SOFT TISSUE INJ-LEFT FOOT	2005
1	MALE	16	LACERATION-LEFT HAND	2005
2	FEMALE	17	POISONING	2005
1	MALE	17	LACERATION-LEFT FOREARM	2005
1	MALE	11	NOT YET DIAGNOSED	2006
8	FEMALE	17	POISONING	2006
1	MALE	17	NOT YET DIAGNOSED	2006
1	MALE	17	POISONING	2006
5	FEMALE	14	POISONING	2006
1	MALE	14	# CLOSED-RIGHT HAND	2006
5	MALE	14	POISONING	2006
1	FEMALE	15	NOT YET DIAGNOSED	2006
1	FEMALE	16	HEAD INJURY	2006
4	MALE	17	POISONING	2006
1	FEMALE	2	NOT YET DIAGNOSED	2006
1	MALE	12	PSYCHIATRIC CND-OTHER	2006
1	FEMALE	14	# CLOSED-RIGHT WRIST	2006
3	FEMALE	16	DIAGNOSIS NOT CLASSIFIABLE	2006
1	FEMALE	12	ENT.CND-OTHER	2006
6	FEMALE	13	POISONING	2006
1	FEMALE	13	POISONING	2006

1	MALE	13	NULL	2006
2	FEMALE	14	NOT YET DIAGNOSED	2006
1	MALE	14	SOFT TISSUE INJ-RIGHT HAND	2006
3	MALE	15	POISONING	2006
2	MALE	15	POISONING	2006
18	FEMALE	16	POISONING	2006
4	FEMALE	16	POISONING	2006
2	MALE	16	NOT YET DIAGNOSED	2006
3	FEMALE	17	NOT YET DIAGNOSED	2006
2	FEMALE	13	NOT YET DIAGNOSED	2006
1	FEMALE	14	NULL	2006
1	FEMALE	14	DIAGNOSIS NOT CLASSIFIABLE	2006
2	FEMALE	17	NULL	2006
5	FEMALE	17	DIAGNOSIS NOT CLASSIFIABLE	2006
15	FEMALE	17	POISONING	2006
1	FEMALE	11	POISONING	2006
8	FEMALE	14	POISONING	2006
1	MALE	14	POISONING	2006
1	MALE	15	NOT YET DIAGNOSED	2006
1	MALE	16	ABRASION-HEAD	2006
1	MALE	16	DIAGNOSIS NOT CLASSIFIABLE	2006
1	FEMALE	17	LACERATION-BOTH WRISTS	2006
6	MALE	17	POISONING	2006
3	FEMALE	12	POISONING	2006
1	FEMALE	12	POISONING	2006
1	MALE	12	NOT YET DIAGNOSED	2006
1	FEMALE	13	LACERATION-EAR	2006
2	FEMALE	14	LACERATION-LEFT FOREARM	2006
1	FEMALE	14	LACERATION-RIGHT FOREARM	2006
1	FEMALE	14	SPRAIN-RIGHT HAND	2006
1	MALE	14	# CLOSED-LEFT HAND	2006
12	FEMALE	15	POISONING	2006
3	FEMALE	15	POISONING	2006
1	FEMALE	16	PSYCHIATRIC CND- ANXIETY/AGITATION	2006
5	MALE	16	POISONING	2006
3	MALE	16	POISONING	2006
2	MALE	17	DIAGNOSIS NOT CLASSIFIABLE	2006
1	FEMALE	9	POISONING	2006
3	FEMALE	13	NULL	2006
1	FEMALE	14	SOFT TISSUE INJ-RIGHT HAND	2006
1	FEMALE	15	DIAGNOSIS NOT CLASSIFIABLE	2006
5	FEMALE	16	NULL	2006
1	MALE	16	PSYCHIATRIC CND-OTHER	2006
1	MALE	17	SPRAIN-RIGHT HAND	2006
9	FEMALE	14	POISONING	2007
7	FEMALE	14	POISONING	2007
2	FEMALE	15	NOT YET DIAGNOSED	2007
1	MALE	15	GAST.CNDS-OTHER	2007

1	FEMALE	16	LACERATION-LEFT INDEX FINGER	2007
2	MALE	16	POISONING	2007
1	FEMALE	17	LACERATION-LEFT FOREARM	2007
12	FEMALE	17	POISONING	2007
8	FEMALE	17	POISONING	2007
1	FEMALE	12	DIAGNOSIS NOT CLASSIFIABLE	2007
1	FEMALE	15	DIAGNOSIS NOT CLASSIFIABLE	2007
2	MALE	16	POISONING	2007
1	MALE	17	LACERATION-BOTH FOREARMS	2007
1	MALE	9	PSYCHIATRIC CND-OTHER	2007
3	FEMALE	14	DIAGNOSIS NOT CLASSIFIABLE	2007
8	FEMALE	15	POISONING	2007
1	FEMALE	15	SOCIAL PROBLEM	2007
5	MALE	15	POISONING	2007
1	FEMALE	16	LACERATION-LEFT EYE	2007
1	FEMALE	16	NOT YET DIAGNOSED	2007
5	MALE	16	NOT YET DIAGNOSED	2007
3	MALE	17	DIAGNOSIS NOT CLASSIFIABLE	2007
6	FEMALE	13	POISONING	2007
1	MALE	13	# CLOSED-RIGHT HAND	2007
2	FEMALE	15	POISONING	2007
5	FEMALE	16	POISONING	2007
1	MALE	16	LACERATION-LEFT FOREARM	2007
2	FEMALE	17	NULL	2007
7	FEMALE	17	DIAGNOSIS NOT CLASSIFIABLE	2007
1	FEMALE	17	LACERATION-LEFT UPPER ARM	2007
6	MALE	17	POISONING	2007
1	MALE	11	CONTUSION-FACE	2007
1	FEMALE	15	PSYCHIATRIC CND-OTHER	2007
6	FEMALE	16	DIAGNOSIS NOT CLASSIFIABLE	2007
1	MALE	16	POISONING	2007
1	MALE	17	FOREIGN BODY-INHALATION OF	2007
1	MALE	17	POISONING-OTHER	2007
1	MALE	13	NULL	2007
1	FEMALE	14	NOT YET DIAGNOSED	2007
1	MALE	14	# CLOSED-RIGHT HAND	2007
1	MALE	14	SOFT TISSUE INJ-RIGHT HAND	2007
1	MALE	15	ABRASION-BOTH ANKLES	2007
2	MALE	15	NOT YET DIAGNOSED	2007
1	FEMALE	17	NOT YET DIAGNOSED	2007
1	FEMALE	17	POISONING	2007
2	MALE	17	SOFT TISSUE INJ-RIGHT HAND	2007
1	MALE	1	DIAGNOSIS NOT CLASSIFIABLE	2007
2	FEMALE	12	POISONING	2007
5	FEMALE	15	POISONING	2007
1	MALE	15	# CLOSED-RIGHT HAND	2007
1	FEMALE	16	PSYCHIATRIC CND-OTHER	2007
1	MALE	11	POISONING	2007

4	FEMALE	13	POISONING	2007
1	MALE	14	POISONING	2007
1	MALE	15	DIAGNOSIS NOT CLASSIFIABLE	2007
1	FEMALE	16	FOREIGN BODY-INGESTION OF	2007
11	FEMALE	16	POISONING	2007
1	MALE	16	POISONING	2007
5	MALE	17	POISONING	2007
1	MALE	14	NOT YET DIAGNOSED	2008
1	FEMALE	15	LACERATION-LEFT FOREARM	2008
1	MALE	15	DIAGNOSIS NOT CLASSIFIABLE	2008
1	FEMALE	17	FOREIGN BODY-LEFT ELBOW	2008
1	FEMALE	17	LACERATION-ARM	2008
1	MALE	17	NOT YET DIAGNOSED	2008
1	MALE	17	POISONING-CONTROLLED DRUGS	2008
1	MALE	4	HEAD INJURY	2008
1	MALE	12	POISONING	2008
6	FEMALE	13	POISONING	2008
1	FEMALE	14	SOFT TISSUE INJ-RIGHT HAND	2008
1	MALE	15	POISONING	2008
1	FEMALE	16	NULL	2008
15	FEMALE	16	POISONING	2008
1	MALE	17	CARD.CNDS-CARDIAC ARREST	2008
1	MALE	10	DIAGNOSIS NOT CLASSIFIABLE	2008
1	MALE	13	POISONING	2008
2	FEMALE	14	PSYCHIATRIC CND-OTHER	2008
7	MALE	16	POISONING	2008
6	MALE	16	POISONING	2008
1	FEMALE	17	LACERATION-LEFT FOREARM	2008
1	FEMALE	17	POISONING	2008
2	MALE	17	NULL	2008
1	FEMALE	9	UROL.CNDS-U.T.I.	2008
6	FEMALE	14	POISONING	2008
5	FEMALE	14	POISONING	2008
1	MALE	14	NULL	2008
1	FEMALE	15	NOT YET DIAGNOSED	2008
1	FEMALE	16	LACERATION-ARM	2008
4	FEMALE	17	POISONING	2008
1	FEMALE	14	NULL	2008
1	FEMALE	14	DIAGNOSIS NOT CLASSIFIABLE	2008
1	FEMALE	16	LACERATION-FACE	2008
2	FEMALE	16	NOT YET DIAGNOSED	2008
1	FEMALE	16	POISONING	2008
1	FEMALE	16	SOFT TISSUE INJ-RIGHT WRIST	2008
2	FEMALE	17	NULL	2008
7	FEMALE	17	DIAGNOSIS NOT CLASSIFIABLE	2008
1	FEMALE	17	LACERATION-LEFT FOOT	2008
11	FEMALE	17	POISONING	2008
1	MALE	10	NOT YET DIAGNOSED	2008

1	MALE	12	POISONING	2008
1	MALE	13	SOFT TISSUE INJ-RIGHT WRIST	2008
1	MALE	15	POISONING	2008
1	MALE	15	POISONING	2008
1	FEMALE	16	LACERATION-LEFT FOREARM	2008
3	FEMALE	16	POISONING	2008
1	MALE	16	NULL	2008
3	MALE	16	NOT YET DIAGNOSED	2008
1	FEMALE	17	LACERATION-RIGHT THIGH	2008
1	MALE	0	SOCIAL PROBLEM	2008
1	MALE	3	FOREIGN BODY-INGESTION OF	2008
1	MALE	9	NOT YET DIAGNOSED	2008
1	FEMALE	12	POISONING	2008
2	FEMALE	12	POISONING	2008
1	FEMALE	14	ABRASION-RIGHT FOREARM	2008
6	FEMALE	15	POISONING	2008
6	FEMALE	15	POISONING	2008
1	FEMALE	16	DIAGNOSIS NOT CLASSIFIABLE	2008
1	MALE	16	POISONING	2008
3	MALE	17	DIAGNOSIS NOT CLASSIFIABLE	2008
1	MALE	3	DIAGNOSIS NOT CLASSIFIABLE	2008
1	MALE	14	POISONING	2008
1	MALE	14	POISONING	2008
5	MALE	17	POISONING	2008
3	MALE	17	POISONING	2008
1	FEMALE	11	OPHTHALMIC CND-CONJ.RIGHT EYE	2009
2	FEMALE	14	DIAGNOSIS NOT CLASSIFIABLE	2009
1	FEMALE	16	HEAD INJURY	2009
1	FEMALE	16	PSYCHIATRIC CND-OTHER	2009
1	FEMALE	16	SOFT TISSUE INJ-RIGHT HAND	2009
1	FEMALE	17	DIAGNOSIS NOT CLASSIFIABLE	2009
2	MALE	17	LACERATION-BOTH WRISTS	2009
1	MALE	17	POISONING-CONTROLLED DRUGS	2009
1	MALE	14	N.A.D	2009
1	FEMALE	15	NOT YET DIAGNOSED	2009
1	MALE	15	LACERATION-LEFT FOREARM	2009
1	FEMALE	16	LACERATION-ARM	2009
1	FEMALE	17	LACERATION-LEFT WRIST	2009
1	FEMALE	17	SOFT TISSUE INJ-BACK	2009
1	MALE	17	SOFT TISSUE INJ-RIGHT ANKLE	2009
1	FEMALE	13	POISONING	2009
1	FEMALE	14	PSYCHIATRIC CND-OTHER	2009
1	MALE	15	# CLOSED-RIGHT CLAVICLE	2009
1	FEMALE	16	POISONING-CONTROLLED DRUGS	2009
5	FEMALE	16	POISONING-OTHER/ALCHOHOL	2009
2	MALE	16	# CLOSED-RIGHT HAND	2009
1	MALE	16	POISONING-DRUGS	2009
1	FEMALE	17	NULL	2009

1	MALE	17	POISONING	2009
1	MALE	17	SOFT TISSUE INJ-RIGHT HAND	2009
1	FEMALE	2	DIAGNOSIS NOT CLASSIFIABLE	2009
1	MALE	12	POISONING	2009
1	FEMALE	13	NOT YET DIAGNOSED	2009
5	FEMALE	14	POISONING	2009
4	MALE	15	POISONING	2009
2	MALE	16	DIAGNOSIS NOT CLASSIFIABLE	2009
10	FEMALE	17	POISONING	2009
1	FEMALE	1	DIAGNOSIS NOT CLASSIFIABLE	2009
1	MALE	4	ENT.CND-OTHER	2009
1	FEMALE	7	DIAGNOSIS NOT CLASSIFIABLE	2009
1	FEMALE	14	POISONING	2009
1	MALE	14	POISONING	2009
3	MALE	14	POISONING	2009
1	FEMALE	15	CELLULITIS-FOREARM	2009
8	FEMALE	15	POISONING	2009
2	FEMALE	15	POISONING	2009
2	MALE	15	NOT YET DIAGNOSED	2009
1	FEMALE	16	ALLERGY-OTHER	2009
1	FEMALE	16	UROL.CNDS-U.T.I.	2009
1	MALE	16	SOFT TISSUE INJ-RIGHT HAND	2009
1	FEMALE	17	JOINT INJ-RIGHT WRIST	2009
1	FEMALE	12	POISONING-DRUGS	2009
1	FEMALE	13	DIAGNOSIS NOT CLASSIFIABLE	2009
1	FEMALE	14	SOFT TISSUE INJ-RIGHT HAND	2009
1	MALE	14	DIAGNOSIS NOT CLASSIFIABLE	2009
4	FEMALE	16	DIAGNOSIS NOT CLASSIFIABLE	2009
1	MALE	16	POISONING	2009
1	MALE	16	PSYCHIATRIC CND-OTHER	2009
3	MALE	17	DIAGNOSIS NOT CLASSIFIABLE	2009
4	MALE	17	POISONING	2009
5	MALE	17	POISONING	2009
5	FEMALE	13	POISONING	2009
2	MALE	13	POISONING	2009
1	FEMALE	15	DIAGNOSIS NOT CLASSIFIABLE	2009
1	FEMALE	15	N.A.D	2009
18	FEMALE	16	POISONING	2009
2	MALE	16	POISONING	2009
2	FEMALE	17	LACERATION-LEFT FOREARM	2009
2	FEMALE	17	NOT YET DIAGNOSED	2009
1	MALE	17	MUSC PAIN-CHEST	2009
1	MALE	17	NOT YET DIAGNOSED	2009
1	FEMALE	11	POISONING	2009
1	MALE	12	POISONING	2009
4	FEMALE	14	POISONING	2009
2	MALE	15	POISONING	2009
1	FEMALE	16	LACERATION-LEFT WRIST	2009

3	FEMALE	17	POISONING	2009
1	MALE	17	# CLOSED-RIGHT HAND	2009
1	MALE	17	LACERATION-NECK	2009
2	FEMALE	13	NOT YET DIAGNOSED	2010
1	MALE	13	# CLOSED-RIGHT HAND	2010
1	FEMALE	15	N.A.D	2010
3	FEMALE	16	NOT YET DIAGNOSED	2010
1	FEMALE	17	NULL	2010
2	FEMALE	17	DIAGNOSIS NOT CLASSIFIABLE	2010
2	MALE	17	PSYCHIATRIC CND-OTHER	2010
1	FEMALE	5	NULL	2010
1	MALE	12	LACERATION-ARM	2010
1	MALE	14	# CLOSED-NOSE	2010
1	MALE	14	COLLAPSE	2010
2	MALE	14	POISONING	2010
12	FEMALE	15	POISONING	2010
1	MALE	15	NOT YET DIAGNOSED	2010
3	MALE	16	DIAGNOSIS NOT CLASSIFIABLE	2010
1	FEMALE	17	PSYCHIATRIC CND- ANXIETY/AGITATION	2010
1	MALE	17	# CLOSED-NOSE	2010
8	MALE	17	POISONING	2010
1	MALE	12	# CLOSED-RIGHT HAND	2010
1	FEMALE	15	POISONING	2010
1	FEMALE	16	DIAGNOSIS NOT CLASSIFIABLE	2010
1	MALE	16	NOT YET DIAGNOSED	2010
1	MALE	16	POISONING	2010
4	FEMALE	13	POISONING	2010
1	MALE	14	FOREIGN BODY-RIGHT FOOT	2010
1	MALE	15	POISONING	2010
1	MALE	15	POISONING	2010
1	FEMALE	16	POISONING	2010
1	MALE	16	TENDON INJ-RIGHT HAND	2010
12	FEMALE	17	POISONING	2010
9	FEMALE	14	POISONING	2010
1	FEMALE	16	PSYCHIATRIC CND-OTHER	2010
1	MALE	16	COLLAPSE	2010
1	FEMALE	17	# CLOSED-BOTH FEET	2010
1	FEMALE	17	FOREIGN BODY-LEFT FOREARM	2010
1	FEMALE	17	POISONING	2010
1	MALE	17	POISONING	2010
1	FEMALE	13	SOFT TISSUE INJ-RIGHT RING FINGER	2010
2	FEMALE	14	LACERATION-LEFT WRIST	2010
1	MALE	14	# CLOSED-RIGHT HAND	2010
1	MALE	14	POISONING	2010
1	FEMALE	15	NULL	2010
2	FEMALE	15	NOT YET DIAGNOSED	2010
1	MALE	15	PSYCHIATRIC CND-OTHER	2010

1	FEMALE	16	GAST.CNDS-OTHER	2010
1	MALE	16	HEAD INJURY	2010
1	FEMALE	17	POISONING	2010
1	MALE	17	POISONING	2010
1	FEMALE	9	HEAD INJURY	2010
1	FEMALE	13	POISONING	2010
1	MALE	13	POISONING	2010
1	FEMALE	14	LACERATION-LEFT FOREARM	2010
4	FEMALE	15	POISONING	2010
5	FEMALE	16	POISONING	2010
2	MALE	16	POISONING	2010
3	MALE	16	POISONING	2010
1	MALE	17	N.A.D	2010
1	FEMALE	10	POISONING	2010
1	FEMALE	15	DIAGNOSIS NOT CLASSIFIABLE	2010
1	MALE	16	# CLOSED-RIGHT HAND	2010
1	FEMALE	17	PSYCHIATRIC CND-OTHER	2010
1	FEMALE	12	LACERATION-LEFT FOREARM	2011
1	MALE	14	POISONING-DRUGS	2011
1	FEMALE	15	LACERATION-LEFT FOREARM	2011
2	FEMALE	15	POISONING	2011
1	FEMALE	17	MUSC PAIN-RIGHT HIP	2011
3	MALE	17	POISONING	2011
1	FEMALE	13	SOFT TISSUE INJ-RIGHT HAND	2011
2	FEMALE	16	SOFT TISSUE INJ-RIGHT HAND	2011
2	FEMALE	17	POISONING	2011
1	FEMALE	17	SOFT TISSUE INJ-RIGHT KNEE	2011
2	MALE	17	# CLOSED-RIGHT HAND	2011
1	MALE	17	BURN(THERMAL)-ARM	2011
1	MALE	17	LACERATION-LEFT FOREARM	2011
2	FEMALE	15	DIAGNOSIS NOT CLASSIFIABLE	2011
1	FEMALE	16	POISONING	2011
1	MALE	16	# CLOSED-RIGHT HAND	2011
1	MALE	16	CONTUSION-RIGHT HAND	2011
1	MALE	16	POISONING	2011
1	FEMALE	17	# CLOSED-RIGHT HAND	2011
1	FEMALE	17	LACERATION-LEFT FOREARM	2011
1	FEMALE	17	NOT YET DIAGNOSED	2011
2	FEMALE	13	POISONING-DRUGS	2011
1	MALE	13	POISONING	2011
1	MALE	14	DIAGNOSIS NOT CLASSIFIABLE	2011
1	FEMALE	15	# CLOSED-MOUTH,JAW,TEETH	2011
1	FEMALE	15	PSYCHIATRIC CND-OTHER	2011
8	FEMALE	16	POISONING	2011
1	MALE	16	SOFT TISSUE INJ-RIGHT HAND	2011
1	MALE	17	DIAGNOSIS NOT CLASSIFIABLE	2011
9	MALE	17	POISONING	2011
1	FEMALE	3	NOT YET DIAGNOSED	2011

1	MALE	7	SOFT TISSUE INJ-RIGHT HAND	2011
1	FEMALE	12	POISONING	2011
1	FEMALE	14	DIAGNOSIS NOT CLASSIFIABLE	2011
2	FEMALE	14	SOFT TISSUE INJ-RIGHT HAND	2011
1	FEMALE	15	ABRASION-BOTH HANDS	2011
1	FEMALE	15	SOCIAL PROBLEM	2011
1	FEMALE	17	ABRASION-NECK	2011
2	FEMALE	17	SOFT TISSUE INJ-RIGHT HAND	2011
1	MALE	17	LACERATION-LEFT WRIST	2011
11	FEMALE	15	POISONING	2011
2	MALE	15	POISONING	2011
1	MALE	15	POISONING	2011
4	FEMALE	16	LACERATION-LEFT FOREARM	2011
3	FEMALE	16	PSYCHIATRIC CND-OTHER	2011
2	MALE	16	DIAGNOSIS NOT CLASSIFIABLE	2011
1	MALE	17	LACERATION-MULTIPLE SITES	2011
1	FEMALE	13	SOFT TISSUE INJ-LEFT FOOT	2011
1	FEMALE	14	LACERATION-RIGHT LOWER LEG	2011
8	FEMALE	14	POISONING	2011
1	MALE	15	POISONING	2011
2	MALE	16	POISONING	2011
15	FEMALE	17	POISONING	2011
1	MALE	17	LACERATION-BOTH FOREARMS	2011
1	FEMALE	13	DIAGNOSIS NOT CLASSIFIABLE	2011
1	MALE	13	LACERATION-BOTH HANDS	2011
1	FEMALE	15	POISONING	2011
1	MALE	15	# CLOSED-LEFT HAND	2011
1	MALE	15	# CLOSED-RIGHT HAND	2011
1	FEMALE	16	NULL	2011
1	FEMALE	16	LACERATION-ABDOMEN	2011
1	MALE	17	CARD.CNDS-OTHER	2011
1	MALE	2	HEAD INJURY	2012
1	MALE	11	POISONING	2012
1	FEMALE	14	LACERATION-BOTH FOREARMS	2012
10	FEMALE	14	POISONING	2012
1	FEMALE	15	GYNAE.CND-OTHER	2012
1	FEMALE	15	LACERATION-LEFT FOREARM	2012
2	FEMALE	15	LACERATION-LEFT WRIST	2012
1	FEMALE	15	LACERATION-MULTIPLE SITES	2012
1	FEMALE	15	SOFT TISSUE INJ	2012
2	FEMALE	15	SOFT TISSUE INJ-RIGHT HAND	2012
1	MALE	15	# CLOSED-LEFT HAND	2012
6	FEMALE	17	POISONING	2012
1	FEMALE	17	PSYCHIATRIC CND-DEPRESSION	2012
4	MALE	17	POISONING	2012
1	MALE	12	SOFT TISSUE INJ-RIGHT HAND	2012
1	MALE	14	NOT YET DIAGNOSED	2012
1	FEMALE	15	NOT YET DIAGNOSED	2012

1	FEMALE	16	LACERATION-BOTH WRISTS	2012
1	MALE	16	PSYCHIATRIC CND-DEPRESSION	2012
2	FEMALE	17	POISONING	2012
1	MALE	17	# CLOSED-RIGHT HAND	2012
1	MALE	17	LACERATION-LEFT FOREARM	2012
1	MALE	17	LACERATION-MULTIPLE SITES	2012
1	MALE	17	NOT YET DIAGNOSED	2012
1	MALE	17	SOFT TISSUE INJ-RIGHT ANKLE	2012
1	MALE	0	HEAD INJURY	2012
1	FEMALE	13	POISONING	2012
1	FEMALE	14	PSYCHIATRIC CND-OTHER	2012
1	MALE	15	POISONING	2012
1	FEMALE	17	LACERATION-LEFT WRIST	2012
2	FEMALE	17	PSYCHIATRIC CND-OTHER	2012
1	FEMALE	10	NOT YET DIAGNOSED	2012
1	FEMALE	13	# CLOSED-LEFT HAND	2012
7	FEMALE	13	POISONING	2012
1	FEMALE	14	LACERATION-ARM	2012
1	MALE	14	DIAGNOSIS NOT CLASSIFIABLE	2012
1	MALE	14	SOFT TISSUE INJ	2012
1	MALE	14	SOFT TISSUE INJ-RIGHT HAND	2012
1	FEMALE	15	N.A.D	2012
2	FEMALE	15	POISONING	2012
1	FEMALE	16	NULL	2012
1	FEMALE	16	NOT YET DIAGNOSED	2012
13	FEMALE	16	POISONING	2012
1	FEMALE	16	UROL.CNDS-U.T.I.	2012
1	MALE	16	PSYCHIATRIC CND-OTHER	2012
1	MALE	17	HEAD INJURY	2012
1	MALE	17	SOFT TISSUE INJ	2012
2	MALE	17	SOFT TISSUE INJ-RIGHT HAND	2012
1	MALE	10	NOT YET DIAGNOSED	2012
1	FEMALE	11	SOFT TISSUE INJ-RIGHT SHOULDER	2012
1	FEMALE	13	CONTUSION-RIGHT FOOT	2012
1	FEMALE	13	POISONING	2012
1	MALE	13	SOFT TISSUE INJ-RIGHT HAND	2012
4	FEMALE	15	PSYCHIATRIC CND-OTHER	2012
5	FEMALE	16	POISONING	2012
1	MALE	16	# CLOSED-RIGHT HAND	2012
1	MALE	16	LACERATION-MULTIPLE SITES	2012
1	MALE	16	LACERATION-RIGHT WRIST	2012
1	MALE	16	SOFT TISSUE INJ-RIGHT HAND	2012
1	FEMALE	17	DIAGNOSIS NOT CLASSIFIABLE	2012
1	FEMALE	17	PSYCHIATRIC CND-ANXIETY/AGITATION	2012
1	FEMALE	17	SOFT TISSUE INJ-LEFT HAND	2012
1	MALE	17	ABRASION-MULTIPLE SITES	2012
5	MALE	17	POISONING	2012

1	MALE	11	PSYCHIATRIC CND-OTHER	2012
1	FEMALE	13	HEAD INJURY	2012
1	FEMALE	13	LACERATION-LEFT WRIST	2012
1	FEMALE	13	SOFT TISSUE INJ-RIGHT HAND	2012
1	MALE	13	POISONING	2012
1	FEMALE	14	LACERATION-LEFT FOREARM	2012
1	MALE	14	PSYCHIATRIC CND-OTHER	2012
1	MALE	15	# CLOSED-RIGHT ANKLE	2012
1	MALE	15	HYPOTHERMIA	2012
1	FEMALE	16	HEAD INJURY	2012
1	FEMALE	16	SOFT TISSUE INJ-RIGHT HAND	2012
1	MALE	16	LACERATION-LEFT WRIST	2012
4	MALE	16	POISONING	2012
2	FEMALE	17	LACERATION-LEFT FOREARM	2012
1	FEMALE	17	SOFT TISSUE INJ-MULTIPLE SITES	2012
1	MALE	17	PSYCHIATRIC CND-OTHER	2012
1	FEMALE	12	POISONING	2012
1	MALE	12	POISONING	2012
1	FEMALE	14	HYPO-GLYCAEMIA	2012
2	FEMALE	14	POISONING	2012
2	FEMALE	14	POISONING	2012
10	FEMALE	15	POISONING	2012
1	MALE	15	SOFT TISSUE INJ	2012
3	FEMALE	16	LACERATION-LEFT FOREARM	2012
1	MALE	16	DIAGNOSIS NOT CLASSIFIABLE	2012
1	FEMALE	17	ABRASION-ARM	2012
1	FEMALE	17	UROL.CNDS-U.T.I.	2012
1	MALE	17	DERM COND-HEAD	2012
1	FEMALE	0	NOT YET DIAGNOSED	2012
1	FEMALE	13	PSYCHIATRIC CND-OTHER	2012
2	FEMALE	14	DIAGNOSIS NOT CLASSIFIABLE	2012
1	FEMALE	15	PSYCHIATRIC CND-DEPRESSION	2012
1	MALE	15	# CLOSED-RIGHT HAND	2012
1	MALE	15	POISONING	2012
2	MALE	15	POISONING	2012
1	MALE	15	SOFT TISSUE INJ-LEFT HAND	2012
4	FEMALE	16	PSYCHIATRIC CND-OTHER	2012
2	MALE	13	NOT YET DIAGNOSED	2013
1	MALE	15	POISONING	2013
1	MALE	15	POISONING	2013
4	FEMALE	16	LACERATION-LEFT FOREARM	2013
1	MALE	17	LACERATION-HAND	2013
1	FEMALE	13	LACERATION-ARM	2013
2	FEMALE	14	DIAGNOSIS NOT CLASSIFIABLE	2013
1	FEMALE	14	HEAD INJURY	2013
1	FEMALE	14	LACERATION-BOTH FOREARMS	2013
6	FEMALE	14	POISONING	2013
1	MALE	14	LACERATION-BOTH HANDS	2013

1	FEMALE	15	LACERATION-MULTIPLE SITES	2013
1	FEMALE	15	LOCAL INF-LEFT HAND	2013
1	MALE	15	DIAGNOSIS NOT CLASSIFIABLE	2013
3	FEMALE	16	POISONING	2013
2	FEMALE	16	PSYCHIATRIC CND-OTHER	2013
1	FEMALE	17	DIAGNOSIS NOT CLASSIFIABLE	2013
17	FEMALE	17	POISONING	2013
5	MALE	17	PSYCHIATRIC CND-OTHER	2013
1	FEMALE	12	PSYCHIATRIC CND-OTHER	2013
1	MALE	14	# CLOSED-RIGHT HAND	2013
5	FEMALE	15	PSYCHIATRIC CND-OTHER	2013
1	FEMALE	16	LACERATION-ARM	2013
1	MALE	16	POISONING-CONTROLLED DRUGS	2013
1	MALE	16	PSYCHIATRIC CND-DEPRESSION	2013
2	FEMALE	17	POISONING	2013
4	MALE	17	NULL	2013
3	MALE	17	POISONING	2013
1	MALE	9	PSYCHIATRIC CND-OTHER	2013
1	MALE	11	# CLOSED-RIGHT HAND	2013
1	MALE	13	POISONING	2013
1	FEMALE	14	LACERATION-LEFT WRIST	2013
1	FEMALE	15	DIAGNOSIS NOT CLASSIFIABLE	2013
1	MALE	15	PSYCHIATRIC CND-OTHER	2013
3	MALE	16	POISONING	2013
1	FEMALE	17	LACERATION-LEFT FOREARM	2013
1	FEMALE	17	LACERATION-MULTIPLE SITES	2013
1	FEMALE	17	LACERATION-RIGHT FOREARM	2013
1	FEMALE	10	NOT YET DIAGNOSED	2013
1	FEMALE	12	POISONING	2013
1	FEMALE	13	NOT YET DIAGNOSED	2013
1	FEMALE	13	POISONING	2013
1	FEMALE	14	LACERATION-ARM	2013
1	MALE	14	SOFT TISSUE INJ	2013
1	FEMALE	15	LACERATION-RIGHT ELBOW	2013
1	MALE	15	CONTUSION-DIGIT(S)	2013
12	FEMALE	16	POISONING	2013
1	MALE	16	PSYCHIATRIC CND-OTHER	2013
1	MALE	17	POISONING	2013
1	MALE	8	POISONING	2013
1	MALE	12	PSYCHIATRIC CND-DEPRESSION	2013
1	MALE	14	POISONING	2013
2	FEMALE	15	LACERATION-LEFT FOREARM	2013
1	FEMALE	16	LACERATION-LEFT WRIST	2013
1	FEMALE	16	UROL.CNDS-U.T.I.	2013
1	FEMALE	17	SOFT TISSUE INJ-LEFT HAND	2013
1	MALE	1	NULL	2013
2	FEMALE	12	NOT YET DIAGNOSED	2013
1	FEMALE	15	ALLERGY-OTHER	2013

2	FEMALE	15	NOT YET DIAGNOSED	2013
8	FEMALE	15	POISONING	2013
1	MALE	15	POISONING	2013
1	FEMALE	16	BURN(CHEMICAL)-BOTH HANDS	2013
1	MALE	16	LACERATION-BOTH WRISTS	2013
3	MALE	17	POISONING	2013
1	FEMALE	4	SOFT TISSUE INJ	2013
6	FEMALE	14	PSYCHIATRIC CND-OTHER	2013
1	FEMALE	15	FOREIGN BODY-INGESTION OF	2013
1	FEMALE	15	POISONING	2013
1	MALE	15	LACERATION-HAND	2013
3	MALE	15	NOT YET DIAGNOSED	2013
1	MALE	15	SOFT TISSUE INJ	2013
1	MALE	16	POISONING	2013
7	FEMALE	17	PSYCHIATRIC CND-OTHER	2013
1	MALE	17	N.A.D	2013

**0384/13
Patient Falls**

Please supply me with the following information:

1. Please provide information on how many patient falls were recorded at *Walsall Healthcare NHS Trust* during the following financial years?

- a. 2008/09
- b. 2009/10
- c. 2010/11
- d. 2011/12
- e. 2012/13
- f. Total number of falls for this five year period.

2. Please specify how many of these falls resulted in a fracture. Please present the data as a figure for each of the financial years specified above and the total number for the five year period.

Answer: Please see the table below.

Please note that prior to January 2012 a different incident reporting system was used by our organisation. No facility was available on this system to record injuries resulting from falls. The numbers of fractures sustained are low numbers as it has been necessary to base this information on the initial description recorded for the incident. Please be aware that the numbers of fractures sustained may be higher but unfortunately, this information was not recorded on the pre-2012 reporting system.

Year	Number of Falls	Falls sustaining fracture
2008/09	1038	1
2009/10	989	3
2010/11	1055	5
2011/12	1111	9
2012/13	946	15
TOTAL	5139	33

0385/13

Patients who Physically Assault Other Patients

I would like to ask the following two questions:

1. How many patient-on-patient attacks* have been recorded in the previous five calendar years (2009, 2010, 2011, 2012, 2013)

- a) How many of these attacks resulted in an injury?
- b) How many of these attacks did not result in an injury?

Please submit your data in the following tables:

Answer: Please see the entries within the table below as requested.

2009			
Total attacks	Injury	No injury	Unknown if injury or not
8			8

2010			
Total attacks	Injury	No injury	Unknown if injury or not
12	1		11

2011			
Total attacks	Injury	No injury	Unknown if injury or not
11	1		10

2012			
Total attacks	Injury	No injury	Unknown if injury or not
7			7

2013			
Total attacks	Injury	No injury	Unknown if injury or not
4	1		3

2. Please give us a brief description of each attack, if possible within the cost limit.

*By 'patient-on-patient attacks' we mean a patient making a physical assault on another patient.

Answer: Please see the brief description of each attack broken down for each year below.

2009

- One incident where a leg was pulled.
- One incident involving a thrown water jug.
- One incident of a patient shaking another patient.
- Two incidents of being hit with a walking stick.
- Three incidents of being hit in the face.

White
Mixed
Asian/Asian British
Black/Black British
Chinese
Other
Unknown
Total

Answer: Please see the answer to question 3 above.

0388/13

Bereavement Midwives

I am writing under the Freedom of Information to request details of your bereavement midwives.

More specifically:

1a) Do you have a specifically designated bereavement midwife/midwives?

Answer: Our organisation has a Team Leader who is nominated as the Bereavement Midwife. However, all of our Senior Midwives on the Delivery Suite are able to look after bereaved parents. There are 3 core members of the Bereavement Team (Team Leader is included within this figure) with two staff members who are midwives.

1b) If so, how many do you have and how much time (for example, but not limited to, number of days, or number of hours per week) is allocated to this function for these members of staff?

Answer: There are 3 core members of the Bereavement Team who work on the Delivery Suite for 98.5 hours a week. There is no established time solely for bereavement work.

1c) If so, what is the current waiting time for a parent to see a bereavement midwife?

Answer: All bereaved parents are offered a six week appointment with their Consultant and are able to access a counselling service which is run by a separate organisation. The only time parents usually see one of the core members is when they collect photographs. This may be before they go home or as soon as the photographs are available after discharge. Parents do not wait for an appointment, a mutual time is agreed between the midwives and the parents to meet.

2a) How many bereavement midwives did you have in January 2013?

Answer: There were 3 core members of the Bereavement Team employed in January 2013.

2b) If you did have midwives who undertook this role at that time, how much time (for example, but not limited to, number of days, or number of hours per week) is allocated to this function for these members of staff?

Answer: There is no established time solely for bereavement work. The core members of the Bereavement Team attend any bereavement study days as appropriate, complete consent for post mortem and cascade information to relevant colleagues. As and when needed they will update information and support other Midwives in caring for bereaved parents. They efficiently organise all stores orders as well as process and deliver photographs to parents.

3a) How many bereavement midwives did you have in January 2009?

Answer: Three midwifery staff within the Delivery suite co-ordinated the bereavement service back in January 2009.

3b) If you did have midwives who undertook this role at that time, how much time (for example, but not limited to, number of days, or number of hours per week) is allocated to this function for these members of staff?

Answer: The three midwifery staff leading on the bereavement service back in 2009 covered 2.6 WTE midwives. Unfortunately, we are not able to confirm the number of days the staff members worked back in 2009.

0389/13

Bariatric Equipment for Obese Patients

I'm writing to you to obtain information under the Freedom of Information Act 2000.

I wish to know how much your trust has spent on specialist bariatric equipment for obese patients from January 2012 to the present day.

Please state what equipment was purchased eg specially strengthened toilet seats and how much the equipment cost.

Answer: Unfortunately, the majority of products do not clearly state within the description label on our system that they are for bariatric use. The data on products, not referenced as bariatric within the description are not able to be incorporate into these figures.

The list below details specialist bariatric products which our organisation purchase but this is not an exhaustive list.

Please note that the total spend below may not be a true representation for the time period requested. It is anticipated that the total spend figure is actually higher due to the products mentioned in paragraph 1 above.

Bariatric products purchased by the Trust since January 2012 include:

Perch Stool Pads (for shower / wet room use)

Commode chairs

Mattresses

Beds

Slings

Plinth couches

Bed frames

Chairs

Hire of bariatric beds and dynamic therapy mattresses.

Total identifiable spend on bariatric equipment for the period January 2012 to the end of January 2014 is £38,952.03

0390/13

Social History Section of Medical Proforma

I simply want to compare what information different hospital's ask in the social history section of the medical clerking proformas (granted Walsall Manor Hospital has its own medical clerking proforma). All the data obtained would be anonymous and just want figures eg what percentage asks for smoking status etc. What I essentially need is a copy of a blank copy of the medical clerking proforma. I was hoping if could guide me how best to approach this please.

Answer: Please find attached three documents: a copy of the Medical Admission Clerking form and copies of the A&E presentation forms for children and adults.

0391/13**Referral to Treatment Targets**

I would be grateful if you could advise of the following information:

i) Considering patients across all pathways (admitted/non-admitted/incomplete) who breached their 18-week Referral to Treatment target between January and November 2013, what was:

a) the total number and

Answer: Please see the table below.

Month	Admitted	Non-Admitted	Incomplete
Jan-13	90	0	675
Feb-13	112	7	495
Mar-13	120	4	484
Apr-13	83	12	306
May-13	70	4	250
Jun-13	70	0	339
Jul-13	71	13	414
Aug-13	53	4	437
Sep-13	65	6	505
Oct-13	51	7	473
Nov-13	77	7	571
Total	862	64	4949

b) the proportion of those in breach who were transferred to an alternative provider on the NHS as a result?

Answer: We can confirm that there were no patients transferred to an alternative provider as a result of breaching the 18 weeks referral to treatment target.

ii) Does the Trust record whether such transfers were initiated by patients or the relevant departments within the hospital? If so, what is the percentage split between the two?

Answer: Please see the answer to question 1b above. This is not applicable to our organisation.

iii) As of November 2013, what is the longest waiting time for:

a) any treatment/procedure;

Answer: The longest waiting time for an admitted patient (adjusted) for a treatment/procedure was 1 under 43-44wks and an admitted patient (non-adjusted) was 1 under 43-44wks. The longest waiting time for a non-admitted patient for a treatment/procedure was 1 under 39-40wks. The longest waiting time for an incomplete pathway treatment/procedure was 1 under 45-46wks. This data is submitted to the Department of Health on the monthly DM01 return.

b) any diagnostic test at the Trust?

Answer: The longest waiting time at our Trust for a diagnostic test at as November 2013 was 5 weeks. This data is submitted to the Department of Health on the monthly DM01 return.

0392/13

Information Requests from Police or Crown Prosecution Service

I would like to find out the following:

- 1) On how many occasions in the past three years have either police or the Crown Prosecution Service requested from hospitals within this Trust patient information about a minor; and on how many of these occasions was the requested information disclosed?

Answer: We can advise that four requests for a physical copy of information/a copy of the medical records of children have been received from the Police since September 2011. The information was disclosed for all four requests.

Unfortunately, our organisation does not specifically record the amount of times information is shared verbally with Police or the Crown Prosecution Service centrally.

Health professionals may be requested to share information relating to child protection or safeguarding concern with the police verbally as outlined in Working Together 2013. The sharing of information verbally to these agencies is only recorded in patient records. Information that is written or access to health records has to be requested formally and the necessary paperwork has to be submitted.

If information is required for court then a court order is requested with the directive from the magistrate. This information is then submitted in a Court Statement Format to the Metropolitan Borough Legal Department.

- 2) If it is known, how many of those requests for information referred to in Question One related to investigations into suspected cases of female genital mutilation; and how many of these requests were granted?

Answer: Please see the answer to question 1 above.

Our organisation does not specifically record FGM cases in order to provide an accurate figure.

0393/13

Competition Requirements

This request was closed.

0394/13

Midwifery Workforce

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

Qualified Midwife Vacancies.

- 1) How many vacancies for qualified midwives you currently have in your maternity service on 1st January 2014 – or nearest available date - expressed as a Full Time Equivalent (FTE) figure?
- 2) Please give a breakdown of these vacancy numbers by grade.

Answer: Please see the table below.

01 January 2014	
Breakdown by Grade	FTE Figure
Midwife Qualified Pay Band 6	8.15
Midwife Qualified Pay Band 7	1.07
Total Vacancy	9.22

3) Please also provide the information indicated above for the following dates:

- 1st July 2013
- 1st January 2013
- 1st July 2012
- 1st January 2012
- 1st July 2011
- 1st January 2011

Answer: Please see the tables below.

01 July 2013	
Breakdown by Grade	FTE Figure
Midwife Qualified Pay Band 6	11.58
Total Vacancy	11.58

01 January 2013	
Breakdown by Grade	FTE Figure
Midwife Qualified Pay Band 6	11.15
Midwife Qualified Pay Band 7	0.14
Total Vacancy	11.29

01 July 2012	
Breakdown by Grade	FTE Figure
Midwife Qualified Pay Band 6	1.91
Midwife Qualified Pay Band 7	4.10
Total Vacancy	6.01

01 January 2012	
Breakdown by Grade	FTE Figure
Midwife Qualified Pay Band 5	0.59
Midwife Qualified Pay Band 6	0.43
Total Vacancy	1.02

01 July 2011	
Breakdown by Grade	FTE Figure
Midwife Qualified Pay Band 5	0.54
Midwife Qualified Pay Band 6	6.62
Midwife Qualified Pay Band 7	0.46
Total Vacancy	7.62

01 January 2011	
Breakdown by Grade	FTE Figure
Midwife Qualified Pay Band 6	6.00
Midwife Qualified Pay Band 7	1.08
Total Vacancy	7.08

Assessment of Workforce needs.

- 1) Have you had your midwifery workforce needs assessed using Birth rate Plus? **Yes**
- 2) If so, what is the date of that assessment? **May 2012**
- 3) If you have had an assessment but using a system other than Birth rate Plus, please tell me what system you used, and the date of it. **N/A**
- 4) How many midwives did the assessment tell you were needed expressed a full time equivalent figure (FTE)? **140.93 WTE based on 4,350 deliveries**
- 5) How many midwives do you have working in your maternity service at the last count, expressed a full time equivalent figure (FTE)? Please feel free to give reasons for any gap between those figures (in 4 and 5). **167.08 WTE as at end December 2013 due to an increase in birth rate levels since May 2012.**

0395/13

Private patient income

1. How much did the Trust budget to receive in private patient income in 2013/14?

Answer: Our organisation's annual budget for private patient income in 2013/14 is £21919. The budget to December 2013 is £16438

2. How much has the Trust actually received in private income so far in 2013/14?

Answer: The actual income against the budget to December 2013 on our budget report is £8094

If possible - and not if the question takes the FOI over cost limits - for question 2 please state how much of this private income came from non-UK residents/foreign nationals.

Answer: Unfortunately, our systems do not currently allow us to identify information as to whether they are non – UK residents/foreign nationals.

0396/13

Female Genital Mutilation

Do you record cases of Female Genital Mutilation?

Answer: Walsall Manor Hospital does not specifically record these cases separately in order to provide an accurate figure. Any cases identified by or highlighted to hospital staff are recorded in patient's notes. Any women or children requiring treatment for this are referred to Birmingham Women's Hospital. We would recommend that you contact Birmingham Women's Hospital directly for information on how many cases we have referred to them. You can contact their Freedom of Information Office via email foi.team@bwhct.nhs.uk or post (address - FOI Enquiries, Informatics Department, Norton Court, Birmingham Women's NHS Foundation Trust, Mindelsohn Way, Edgbaston, Birmingham B15 2TG).

Within our community services, any cases that come under the Specialist Health Visitor or School Health are documented in the child's records.

If so in each of the last five calendar years, and for your trust (and each of the trusts in your cluster if applicable):

- How many cases of Female Genital Mutilation have you recorded?

Answer: Please see the answer to question 1 above in relation to Walsall Manor Hospital.

With regards to the cases recorded by the Specialist Health Visitors, 4 cases have been recorded. Please note that it is recorded that these cases were not performed in the UK.

- How many of those were under 18s?

Answer: Two of the 4 cases recorded by the Specialist Health Visitors related to school age children.

- How many of the total number of cases resulted in death?

Answer: No cases have been recorded as resulting in death.

- How many of the total number of cases resulted in life-changing injury?

Answer: Unfortunately, information has not been recorded on this.

If not, is this because of:

- A) Lack of appropriate referral system
- B) Lack of training & information
- C) Recorded under another category (which category?)

C) Other, please explain.....

Answer: C and D: for patients seen at Walsall Manor Hospital, we do not code FGM separately. It can be recorded as an open wound of unspecified external genital organs or a traumatic amputation of external genital organs (which would also include the labium, penis, scrotum, testis and vulva). Women and children are transferred to another hospital for treatment.

0397/13

Numbers of prescribed/dispensed drugs

Under the Freedom of Information Act can you supply details on how many units of the following "special" products were prescribed/dispensed within your hospitals from Jan to December 2013

1. Tolterodine 2mg/5ml – Pack Size: 100ml
2. Venlafaxine 37.5mg/5ml – Pack Size: 100ml
3. Triclofos 500mg/5ml – Pack Size: 300ml

Answer – We can confirm that our organisation has not prescribed or dispensed any of the products listed above during this time period.

0398/13

Balance of Trust Funds

Please advise of the current balances of individual Trust funds belonging to wards/departments in the hospital

Answer: Please see the table below.

FUND NAME	CLOSING BALANCE AS @ 31st JAN 14 £
PATIENT AND STAFF AMENITIES	28,721.03
LONG SERVICE AWARDS	0.00
BEVAN DONATION	6,726.85
CHAPEL FUND	3,466.20
HEARTSTART	24,048.13
STOMA CARE	832.87
CONTINENCE ADVISORS	355.08
CONTINUING CARE HOSPITAL SUPPORT NURSES	7,278.32
INFECTION CONTROL	2,098.67
ANAESTHETIC FUND	1,844.38
X-RAY DEPT(STAFF)	1,481.80
PHYSIOTHERAPY UNIT	42.33
OUTPATIENTS DEPARTMENT	1,933.98
A & E DEPARTMENT	1,002.86
A & E RESUSITAIRE	652.94
CLINICAL TRIALS FUND	11,941.65
AUDIOLOGY FUND	128.39

OCCUPATIONAL THERAPY FUND	0.00
OPHTHALMOLOGY FUND	5,518.63
DIETETICS DEPARTMENT	623.82
PHARMACY FUND	1,483.62
TISSUE VIABILITY SERVICE	2,748.88
CMU/CARDIOLOGY	99,258.58
UROLOGY NURSE SPECIALIST FUND	3,700.63
COPE FUND	409.36
FINANCE STAFF FUND	5.31
THERAPY FUND - UNPLANNED CARE	1,421.98
FAMILY HEALTH & DIAGNOSTIC STAFF FUND	0.00
GASTROENTEROLOGY/ENDOSCOPY	4,054.15
CHEST FUND	11,999.46
RHEUMATOLOGY FUND	27,639.37
DIABETIC FUND	4,619.32
DERMATOLOGY MEETINGS & EDUCATION FUND	6,317.83
HYPERTENSION FUND	9,155.48
MEDICAL UNIT	0.00
MEDICAL ADMISSIONS UNIT	2,010.45
WARD 17	1,359.81
WARD 16	4,225.48
WARD 7	48,087.72
WARD 15	1,898.10
INTEGRATED SEXUAL HEALTH FUND	36,481.35
RHEUMATOLOGY NURSE SPECIALIST	2,413.85
CATHETERISATION LABORATORY	1,638.46
PULMONARY REHABILITATION	5,476.83
PARKINSONS DISEASE	1,753.57
EPILEPSY NURSE SPECIALIST	437.05
HIGH DEPENDENCY UNIT	5,696.75
DIABETES EDUCATION & DEVELOPMENT FUND	1,041.27
WARD 2	666.10
WALSALL ROY CASTLE LUNG CANCER	4,038.72
NEUROLOGY FUND	849.55
CANTERBURY WARD- ELDERLY CARE	0.00
WARD 14	150.00
THEATRES	87.48
SURGICAL UNIT-PHASE IV	250.93
ITU	7,726.08
WARD 20a	2,987.36
WARD 11 - SWAN	84.72
WARD 10	1,235.92
WARD 12	0.00
WARD 20b	471.65
VASCULAR FUND	32,604.28
ORTHODONTIC DEPT	94.32
SURGICAL CANCER	314.71
BREAST NURSE FUND	55,440.60

COLORECTAL SUPPORT GROUP	1,503.95
CRITICAL CARE NURSE EDUCATION	2,889.50
BREAST SCREENING UNIT	1,439.60
BREAST CANCER SURGICAL FUND	67,075.91
UROLOGY FUND	916.91
WARD 9	860.84
THERAPY FUND - PLANNED CARE	1,746.20
MATERNITY UNIT	1,612.60
COMMUNITY MIDWIVES	1,635.43
ANTE-NATAL CLINIC	506.54
NEO-NATAL UNIT(SCBU)	2,096.76
PRIMROSE WARD	120.50
BLUEBELL WARD	937.82
LABOUR WARD	1,330.87
LINCOLN WARD- WARD 23	532.93
SALISBURY WARD	2,085.64
FOXGLOVE WARD	320.11
CYTOLOGY	658.23
GYNAECOLOGY/ONCOLOGY FUND	389.12
OBSTETRICS & GYNAECOLOGY SCANNING CLASSES	17,919.59
MATERNITY LED UNIT	4,367.32
ELDERLY CARE SPECIAL PURPOSES	4,911.65
WARD 3	1,314.91
WARD 1	8,223.58
WARD 4	4,822.49
STROKE SERVICES OPERATIONAL GROUP	1,368.63
GERIATRIC MEDICAL RESEARCH	18,209.41
GOSCOTE ASSESSMENT FLAT	4,491.81
PAEDIATRIC UNIT	8,639.65
CANTERBURY WARD	5,987.78
PAEDIATRIC ASSESSMENT UNIT	3,452.70
WARD 8/CHRISTOPHER ROBIN WARD	4,289.00
PAEDIATRIC LECTURE FUND	1,863.95
PAEDIATRIC DIABETIC FUND	938.30
INTEGRATED PAEDIATRIC FUND	2,835.70
ISRAEL CONFERENCE	1,183.16
PAEDIATRIC WORKSHOPS	22,244.26
LEUKAEMIA	100,804.20
HAEMATOLOGY FUND	1,396.27
CHEMOTHERAPY FUND	38,821.86
ONCOLOGY RESEARCH FUND	21,436.19
GASTRO-INTEST./HEAD & NECK ONCOLOGY RESEARCH FUND	1,536.38
CANCER FUND	23,460.39
CANCER CONFERENCE FUND	164.16
ANDREW ROBERTS TRUST FUND	8,545.92
POST GRADUATE CENTRE	58,541.48
GP POST GRADUATE EDUCATION	33,948.16

M.P.E.C.	5,312.86
ADULT PALLIATIVE CARE SERVICES	18,173.94
CONTINUING CARE	133,548.87
COMMUNITY NURSING	2,716.93
CONTINENCE FUND	3.03
STROKE FUND	2,521.12
DIABETES SPECIALIST	145.80
EDUCATION, TRAINING & RESEARCH	1,421.08
DARTMOUTH HOUSE	596.08
PARKINSON SERVICE	1,407.85
WOUND CARE	50.35
LARYNGECTOMY	10.00
FAMILY PLANNING	2,434.84
CANCER INFORMATION & SUPPORT SERVICES	764.51
CHILDRENS PALLIATIVE CARE SERVICE	49.49
LYMPHOEDEMA SERVICES	2,072.30
COMMUNITY CHILDREN'S NURSING SERVICE FUND	2,287.10
VOICES THROUGH CORRIDORS- HLF	2,499.69
THEATRES ENT - RESTRICTED	4,813.40
WARD 10 - RESTRICTED	340.16
WRIGHTON - ORTHOPAEDIC DEPARTMENT (RESTRICTED)	12,741.95
VASCULAR FUND - RESTRICTED	395.87
UROLOGY FUND - RESTRICTED	4,167.48
NEO-NATAL UNIT(SCBU) - RESTRICTED	3,391.68
PAEDIATRIC UNIT - RESTRICTED	5,556.40
TOTAL	1,192,836.15

0399/13

Disciplinary Hearings

Please provide the following information

1. Number of disciplinary hearings held in the Trust since 1/1/2010

Answer: We can confirm that the total number of disciplinary hearings held in the Trust since 1st January 2010 is 248.

2. Number of disciplinary hearing resulting in any form of disciplinary action since 1/1/2010

Answer: 213 disciplinary hearings resulted in a form of disciplinary action being undertaken.

3. Number of appeals lodged against a disciplinary outcome since 1/1/2010

Answer: There have been 11 appeals recorded against these disciplinary outcomes.

4. Number of successful appeals against a disciplinary outcome since 1/1/2010

Answer: There have been no successful appeals against disciplinary outcomes.

0400/13
Infection Rates

This request was withdrawn.

0401/13
Annual Reports

I kindly request the following pieces of information about your Trust:

Annual Accounts for the year(s): 2002/03, 2003/04, 2004/05, 2005/06, 2006/07, 2007/08, 2008/09.

Documents attached as requested – available upon request.

0402/13
Translation and Interpretation Services

For each of the calendar years 2011, 2012 and 2013, please provide the following information:

a) the total sum spent on translation and interpretation services by your trust

Answer: This information relates to agency invoices and does not include staffing costs. The total sum spent by our organisation during these calendar years is listed below;

2011 - £97,655.71
2012 - £116,907.2
2013 - £107,399.9

b) the list of languages for which such services were obtained

c) for each of the languages listed in b) , the sum spent on translation and interpretation services for that language

Answer: Please see the tables below. This information relates to booked appointments made with agencies. Please note that the figures broken down by language for years 2011 and 2012 vary from the actual yearly totals above. This is due to some invoices not being cross referenced with our booking information when they were received. Please also bear in mind that appointment times run over the hour, are cancelled and can be out of hours. When this occurs, our organisation can be invoiced for a higher amount than that originally anticipated and recorded at the time of booking the appointment with the agency. Our organisation may also be charged for some cancellations.

With regards to the table for 2013, the figures broken down by language total to a higher amount than the actual yearly total above. This is due to our organisation waiting to receive agency invoices for bookings made at the end of 2013.

<u>Date 2011</u>	Bengali	Mirpuri	Punjabi	Urdu	Guj/Hindi	Polish	Slovak	Czech	French	Thai	Chinese	Somalian	Farsi	Khurdish	Albanian	Romanian	Hungarian	Portugese	Lithunian	Russian	Pushto	Vietnemes	Tamil	Arabic	British Sign Language
Cost £ (Approx)	11340	8820	17700	5190	6600	9000	3240	1170	1020	480	2850	510	750	450	60	420	600	180	120	240	90	30	150	216	23112

<u>Date 2012</u>	Bengali	Mirpuri	Punjabi	Urdu	Guj/Hindi	Polish	Slovak	Czech	French	Thai	Chinese	Somalian	Farsi	Khurdish	Albanian	Romanian	Hungarian	Portugese	Lithuanian	Russian	Spanish	Pushto	Vietnemes	Arabic	British Sign Language	Cost £ (Approx)
	12570	9390	17640	9540	6900	9390	3180	2340	300	150	3660	300	1260	1650	150	1170	1650	120	210	300	180	570	210	420	23544	

<u>Date 2013</u>	Bengali	Mirpuri	Punjabi	Urdu	Guj/Hindi	Polish	Slovak	Czech	French	vietnamese	Chinese	Somalian	Farsi	Khurdish	Albanian	Romanian	Hungarian	Russian	Pushto	Arabic	Dari	British Language Sign	Cost £ (Approx)
	13980	11850	26130	14550	9630	12180	5100	4800	600	210	4590	120	1140	1470	330	600	3150	210	570	360	660	330	23976

0403/13

Ophthalmology Items

Could you please advise me on the contract/tender expiry dates for your trust / incumbent suppliers and model numbers used for the below items used in Ophthalmology.

1. Intra-Ocular lenses also known as IOL's, artificial lens or implant lens

Answer: Our organisation currently has a contract with Abbot Medical Optics (AMO) from 1st November 2013 to 31st October 2015. Model numbers used are; TECNIS CL mono 13mm, various size Dioptre. Lens code AR40M SENSAR Acrylic

2. Viscoelastics or sodium hyaluronate in 1% and 1.4%

Answer: Healon, supplied in 0.85ml and GV Syringe. Supply is included in the above contract (please see question 1) with lenses from AMO. The contract start and expiry dates are 1st November 2013 to 31st October 2015.

3. HMPC or Hydroxyprolmethylcelulsum in 2% and 2.4% in vial or syringe

Answer: Our organisation does not currently have a contract in place for purchasing these items. Our organisation does not currently use/supply HPMC.

4. Balanced salt solution in 500ml bottles in glass, plastic or plastic bags

Answer: Endosol supplied with Lenses from AMO in 500mls bottles as part of the above contract (please see question 1) The contract start and expiry dates are 1st November 2013 to 31st October 2015.

5. Intravitreal, AMD or Avastin Packs

Answer: Our organisation does not currently have a contract in place for purchasing these items. Our organisation does not currently use/supply these items.

6. Surgical Blades

Answer: Our organisation does not currently have a contract in place for purchasing these items. They are purchased as and when required.

7. Ophthalmic instruments single use and reusable,

Answer: These items are supplied by Bausch & Lomb Basic VHM Phaco packs. The current contract start and expiry dates are 1st November 2011 to 31st December 2014. The supply of anterior cutters is an as and when required basis.

8. Theatre beds and stools,

Answer: Our organisation does not currently have a contract in place for purchasing these items. They are purchased as and when required.

0404/13

Fetal Burials

I am writing to make a request under the Freedom of Information Act for information on burials of fetal remains (from stillbirths, miscarriages, and terminations).

1. In 2012/13:

a) How many burials of fetal remains from (stillbirths, miscarriages, and terminations) were arranged by the Trust. Please provide a breakdown showing how many burials were individual burials, and how many were group burials (including the size of each group burial).

Answer: Any recognisable foetal tissue, below 24 weeks gestation are received in the mortuary for cremation (or burial if requested for religious reasons). The Trust usually organises individual cremations but any individual parent's requests are followed.

For still births or live birth then deceased above 24 weeks gestation, an individual cremation or burial can be arranged depending upon the parent's request.

During January 2012 to December 2012, only one "multiple burial" was arranged by our organisation and that was for twins.

During January 2012 to December 2012, 30 individual burials were arranged by the organisation. There will be a number of cemetery locations given parental choice.

b) What was the total cost of the burials?

Answer: The total cost of the 30 individual burials in 2012 was £7659 and the "multiple burial" of twins was £348.

c) For those buried in group or communal burial plots/sites, please provide the location of these plots/sites, and the numbers of remains buried in each plot during the year. Please also state how many of these were burials of stillbirths.

Answer: Walsall Healthcare NHS Trust arranged one "multiple burial" for twins during January 2012 to December 2012. Location for burial was at Willenhall Lawn Cemetery.

2. a), b) and c) Same for 2011/12

Answer: Any recognisable foetal tissue, below 24 weeks gestation are received in the mortuary. The Trust usually organises individual cremations but any individual parent's requests are followed.

For all still births or live birth then decease above 24 weeks gestation, an individual cremation or burial can be arranged depending upon the parent's request.

They are treated the same as a stillbirth and as such are subject to arrangements as per any baby or adult death.

Unfortunately, information on group burials during this time period is not available.

During January 2011 to December 2011, 7 individual burials were arranged by the organisation. Unfortunately, due to time constraints we have been unable to obtain the location information for these 7 burials. The total cost of the 7 individual burials in 2011 was £2022.

0405/13 Staff Sickness

Can you tell me please how many sick days members of staff have taken in the last three years?

Answer: At our organisation there were 111721 FTE (full-time equivalent) days lost to sickness absence during the three years up to 31 December 2013.

Can you give me a breakdown of how many sick days on each year and for each hospital in the Trust?

Answer: Please see the table below.

Year	FTE Days Lost to Sickness Absence
2011	30519
2012	39370
2013	41832

Can you tell me how many members of staff were taking these sick days in each year?

Answer: Please see the table below.

Year	Number Staff absent due to sickness
2011	1994
2012	2269
2013	2540

How many members of staff have been on long-term sick leave in the last three years?

Answer: We can confirm that 899 employees have been absent due to long-term sickness during the three years up to 31 December 2013.

0406/13

Specialised Services

Please can you tell me how much money has been allocated to the trust from NHS England for specialised services for 2014-15?

Answer: The value of services commissioned by NHS England for our specialised services in 2013/14 is £16.6m. Negotiations are in progress regarding 2014/15.

0407/13

Car Parking & Bedside Facilities

I would like to know:

1. How much revenue did the Trust receive from car parking fees in the last financial year?

Answer: £1,196,927 was generated from our Walsall Hospital car parks during this time period. Please note that car parking at our community premises is free.

2. What are the Trust's parking rates per day? Is there any way for a patient to get a reduction to this rate?

Answer: Our hospital parking day rates: are £1 for the first ½ hr, rising to £2 for first full hour, then increases £1 per hour to a maximum of £6 for 24hrs.

Reductions are available by buying a £10 concession ticket that lasts 7 days.

3. How much does the Trust charge for bedside entertainment ie. TVs? What is the average a patient spends on this per day?

Answer: Our organisation does not provide our patients with personal bed side television facilities. These facilities have not available to our patients during this time period.

4. How much revenue did the Trust receive from bedside entertainment in the last financial year?

Answer: Please see the answer to question 3 above. These facilities were not available to our patients during this time period.

5. How much revenue did the Trust make from patient's bedside phone calls in the last financial year? What is the average a patient spends on this per day?

Answer: Our organisation does not provide our patients with personal bedside telephone facilities.

6. Has there been an increase in the Trust's parking and bedside entertainment charges over the past four years? If so what has the increase been?

Answer: Our organisation has not provided our patients with personal bedside telephone or television facilities during this time period.

There has been no increase to hospital parking during this time period.

0408/13

Mental Health Waiting Lists

I would like to request the following information:

At present and at this point last year (i.e. January 2013- or the nearest date possible to then) how long was the average waiting time and how many people are on the list for mental health treatments such as

a) Counselling for depression, grief, bipolar disorders, sexual abuse and PTSD.

b) Cognitive behaviour therapy

Answer: The Clinical Health Psychology Service sees people who have a primary physical health condition and their psychological difficulties are associated with that condition. We would see people with a range of psychological difficulties associated with physical health conditions including; depression, grief and PTSD. We would use Cognitive Behaviour Therapy amongst other treatment approaches.

An average waiting time for the service is meaningless as there are different sections of the service: Stroke, Cancer, Primary Care, Acute Hospital and Community Neurological Rehabilitation. Waiting times vary between sections according to referral demands and staffing resources.

Unfortunately, the number of patients waiting in March 2013 prioritised as semi-urgent or routine, is not available. These figures were not recorded that that time.

Section	Priority	January 2014		March 2013	
		Waiting Times	No. of Patients Waiting	Waiting Times	No. of Patients Waiting
Stroke	Acute in-patient Semi-urgent Routine	0-7 days 6wks 12wks	0 3 11	0-7 days 12wks 20wks	0 ? ?
Cancer	All	1-3wks	3	1-3wks	2
Primary Care	Semi-urgent Routine	8wks 14wks	0 12	16wks 26wks	3 21
Acute Hospital	Semi-urgent Routine	8wks 14wks	0 3	16wks 28wks	4 11
Community Neuro Rehab	Semi-urgent Routine	2-4wks 102wks	2 56	2-4 wks 108wks	1 52

0409/13

Trade Union Offices

1. Please provide details of any office accommodation your organisation provides to staff to carry out trade union business. Please include details of:

- space measured in square feet

Answer: Within our organisation, approximately 28 square feet is allocated as office accommodation for Trade Union staff.

- how much of this space is contained within entirely separate buildings (i.e. occupied solely by staff carrying out trade union business)

Answer: All of this space is contained within the hospital building.

- whether a professional valuation of the market rental value of the space has been sought either in-house or externally, and if so, what the valuation of the space was

Answer: This is not applicable to our organisation.

- any charges your organisation levies for office space given to trade unions.

Answer: This is not applicable to our organisation.

2. Please advise any estimates for other costs met for those staff on trade union facility time apart from salaries - including travel expenses, office supplies, telephone expenses and energy bills.

Answer: Unfortunately, we are unable to separate items purchased as office supplies and travel expenses specifically by Trade Union staff within our organisation.

0410/13

Allocation of resources to corporate or back office functions

Please provide the information requested below for each of the designated corporate services functions. At the end of this email, I have included a list of key processes/services are included within these functions.

Answer: Please see the completed cells within the table below. The key processes/services we have been able to include within these functions are listed below.

HR – Operations, Temporary Staffing, Medical Staffing, Systems & Strategy, Training, Clinical Education, Occupational Health, Medical Education and The Library,

Finance – Payables, Receivables, Accounting, Financial Management, Internal Audit, Costing and Contracting.

Please note that our Finance Department shares the non-pay budget for Payroll.

	Payroll	HR	Finance & accounting	Procurement
Number of FTE headcount (employed directly by your organisation) dedicated to this function	10.54	55.21	31.36	18.8
What is the annual budget for providing this function?	See note above	£1,657,651	£1,751,845	£549,455
Please provide a breakdown of the annual costs as you would usually present it. (e.g. by staff, software, services)	Staff Pay: £241,354	Staff Pay: £1,502,416 Non pay: £924,266	Staff Pay: £1,637,583 Non pay: £162,903 Non pay Ledger / IT ect: £73,931	Staff Pay: £573,918 Non pay: £21,433
Is any part of this service function provided by an external supplier (i.e. not by your organisation)? If so, please name the supplier(s).	Payroll - No HR – Elements of training, medical education, the library and occupational health functions are provided by external suppliers. Various suppliers for training/education are used. Finance – Elements of internal audit are contracted out to West Midlands Internal Audit Services. Procurement – No			
What type of services do these suppliers provide? (e.g. bureau service, shared service capability, full outsourcing)	Not applicable	For example; External NHS courses, non NHS screening which is provided by health services elsewhere	Internal Audit Services	Not applicable

Is any part of this service function shared with other public sector organisations?	Not applicable	Not applicable	Not applicable	Not applicable
If so, please indicate what is shared and with whom	Not applicable	Not applicable	Not applicable	Not applicable

Function	Includes
Payroll	Payroll services Pensions administration
HR	Employee programmes and services Recruitment administration Workforce planning and performance monitoring Statutory reporting and checks Training and development
Finance/Accounting	Financial record keeping and reporting Accounts payable and receivable Travel and expenses Internal audits Project accounting Financial support and advice Debt management and recovery Processing of credit and debit card payments
Procurement	Purchasing and low value procurement Processes and administration Spend analysis Supplier financial assessments

0411/13

A&E and Mental Health

To clarify - by referring to a mental health related incident, I mean a medical problem which directly results from an issue which can be described as a mental health problem. By this I mean deliberate self harm or injuries as a result of suicide attempts, but also patients who are suffering hallucinations, suicidal thoughts or anything else which would require referral to mental health services, whether at the hospital where the A&E services are or a referral to somewhere else.

1. How many patients have attended A&E due to a mental health related incident (a medical problem as a direct result of their disturbed mental health) over the last 10 years? Please could you break the statistics down into the number per year?

Answer: Please see the table below.

Calendar Year End Date	Total Number of Patients
31-Dec-04	569
31-Dec-05	534
31-Dec-06	464

31-Dec-07	503
31-Dec-08	510
31-Dec-09	613
31-Dec-10	581
31-Dec-11	774
31-Dec-12	1024
31-Dec-13	1327

2. What was the percentage of patients who attended A&E due to a mental health related incident out of the total number of patients admitted to A&E over the last 10 years? Please could you break the statistics down into the number per year?

Answer: Please see the table below.

Calendar Year End Date	Percentage of the Total Number of Patients Attending A&E
31-Dec-04	0.80%
31-Dec-05	0.72%
31-Dec-06	0.59%
31-Dec-07	0.62%
31-Dec-08	0.64%
31-Dec-09	0.83%
31-Dec-10	0.79%
31-Dec-11	1.05%
31-Dec-12	1.32%
31-Dec-13	1.41%

3. How many patients who attended A&E due to a mental health related incident over the last 10 years were discharged without any further treatment? Please could you break the statistics down into the number per year?

Answer: Please see the table below.

Calendar Year End Date	Number of Patients Discharged Without Further Treatment
31-Dec-04	513
31-Dec-05	483
31-Dec-06	435
31-Dec-07	464
31-Dec-08	458
31-Dec-09	540
31-Dec-10	500
31-Dec-11	641
31-Dec-12	812
31-Dec-13	1031

4. How many patients who attended A&E due to a mental health related incident over the last 10 years received in-patient treatment as a result of their visit to A&E? Please could you break the statistics down into the number per year?

Answer: Please see the table below.

Calendar Year End Date	Number of Patients who Received In-patient Treatment
31-Dec-04	29
31-Dec-05	29
31-Dec-06	13
31-Dec-07	18
31-Dec-08	15
31-Dec-09	27
31-Dec-10	35
31-Dec-11	60
31-Dec-12	112
31-Dec-13	150

5. How many patients who attended A&E due to a mental health related incident over the last 10 years received some form of out-patient treatment as a result of their visit to A&E? Please could you break the statistics down into the number per year?

Answer: Please see the table below.

Calendar Year End Date	Number of Patients who Received Outpatient Treatment
31-Dec-04	1
31-Dec-05	1
31-Dec-06	0
31-Dec-07	3
31-Dec-08	2
31-Dec-09	3
31-Dec-10	0
31-Dec-11	4
31-Dec-12	11
31-Dec-13	4

6. How many patients who attended A&E due to a mental health related incident were under 18 over the last 10 years? Please could you break the statistics down into the number per year?

Answer: Please see the table below.

Calendar Year End Date	Number of Patients Attending under 18 yrs
31-Dec-04	27
31-Dec-05	45
31-Dec-06	36
31-Dec-07	28
31-Dec-08	37
31-Dec-09	45
31-Dec-10	34
31-Dec-11	45
31-Dec-12	66
31-Dec-13	114

7. How many of patients who attended A&E due to a mental health related incident over the last 10 were returning patients who had previously been to A&E for a similar issue? Please could you break the statistics down into the number per year?

Answer: Please see the table below. Unfortunately, in 2004 and 2005 this information was not recorded on our systems.

Calendar Year End Date	Number of Returning Patients with Previous Similar Presentation
31-Dec-04	No data
31-Dec-05	No data
31-Dec-06	23
31-Dec-07	32
31-Dec-08	33
31-Dec-09	66
31-Dec-10	47
31-Dec-11	74
31-Dec-12	82
31-Dec-13	159

8. How many of the patients who attended A&E due to a mental health related incident in the last 10 years had already been diagnosed with a mental health issue before their visit to A&E?

Answer: Unfortunately, it is not possible to accurately figures to answer this question. This information is not recorded on a system but would be written in patient records.

0412/13

Clinical Nurse Specialists

What was the total number of clinical nurse specialists working in (a) stoma care (b) continence and (c) urology employed by your Trust in each of the last ten years;

Answer: Please note that Walsall Healthcare NHS Trust did not form until 1st April 2011 (when Walsall Hospitals NHS 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 any period pre 2011.

The table below shows total numbers of Clinical Nurse Specialists employed by our organisation within Stoma Care, Continence Services and Urology for years 2011 to 2014.

No. of Clinical Nurse Specialists Employed	2011	2012	2013	2014
Stoma Care	3	3	3	3
Continence	2	2	1	2
Urology	3	2	2	2

What was the number of clinical nurse specialists in (a) stoma care (b) continence and (c) urology newly employed by your Trust in each of the last ten years;

Answer: The table below shows total numbers of Clinical Nurse Specialists newly employed by our organisation for years 2011 to 2014.

No. of Newly Employed Clinical Nurse Specialists	2011	2012	2013	2014
Stoma Care	0	0	0	0
Continence	0	0	0	1
Urology	0	0	1	0

How many nurses on the NMC register with a specialist practice qualification were employed by your Trust in each of the last ten years;

Answer: The table below shows the total number of NMC registered Nurses employed by our organisation with a specialist practice qualification.

	2011	2012	2013	2014
Nurses on the NMC register with a specialist practice qualification	395	380	358	332

What was the total number of specialist nurses employed by your Trust in each of the last ten years?

Answer: The table below shows the total number of Specialist Nurses employed by our organisation for years 2011 to 2014.

	2011	2012	2013	2014
No. of clinical nurse specialists	143	150	158	146

**0413/13
Maternity Unit Closures**

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

1. For each maternity unit within your Trust, please provide figures from 1st Jan 2013 – 31st Dec 2013 for:
 - (a) dates on which the unit was closed to new admissions
 - (b) for each such closure, the number of hours for which the unit was closed
 - (c) for each such closure the reason for the closure.
 Please provide figures broken down by unit.

Answer: We can confirm that our maternity unit has never been closed to new admissions during this time period.

2. For each maternity unit within your Trust, please state the full capacity of the unit.

Answer: The capacity of our maternity unit within our Trust is 4000 women.

Please provide the information in an excel spreadsheet or another machine readable format.

0414/13 Blood Tests

Please send me:

1. The number of specific IgE blood tests, broken down by allergen, performed by the acute trust between January 1 2013 and December 31 2013?
2. If the acute trust does not perform the blood tests in house, the number of Specific IgE blood test requests, broken down by allergen, sent away for testing between January 1 2013 and December 31 2013?

I would like the above information to be provided to me as electronic data

Answer: Please find attached the information as requested. Unfortunately, we do not hold data broken down to individual allergen. We are only able to provide you with the total number of tests performed each month.

0415/13 Declaration of Interests Register and CPD for qualified Doctors

FOR THE FINANCIAL YEAR 2012 – MARCH 2013

1. Does each of the hospitals within your Trust have a 'Declaration of Interests' Register with information on all types of payments from pharmaceutical companies to Health Care Professionals working at the hospitals?

Answer: Our organisation has a Register of Gifts and Hospitality for the financial year 2012-2013. It is available on our Trust website within our publication scheme.

2. If there is a 'Declarations of Interests' Register, are those declarations voluntary or mandated by your Trust or the individual hospitals?

Answer: The declarations are mandated by our Trust as part of the Code of Business Conduct.

3. Are the Registers (if they exist) accessible to the public? If yes, where?

Answer: Yes, the current financial year Register of Gifts and Hospitality is accessible on our Trust website within our publication scheme. The link to our website is:
<https://www.walsallhealthcare.nhs.uk/>

4. What is the overall budget allocated by your Trust or the individual hospitals within your Trust for the Continuing Professional Development for all qualified doctors? (Please do not include Study Leave budgets.)

Answer: Please note the figures below include Study Leave budgets. Unfortunately, it is not possible to separate this from the totals.

Attributable Doctor's Training Costs	£119,766
Proportion of Other Training Costs	£43,564

Grand Totals £163,330

0416/13

Mental Capacity Act

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

1. Does your NHS Trust have a protocol or other guidelines for assessing a patient's capacity to make decisions/give consent - under the terms of the Mental Capacity Act 2005?

Answer: Yes, our organisation does have a Mental Capacity Act policy which is currently under review. An information leaflet is also issued to staff as part of clinical update.

2. If so, please could you provide a copy of this protocol/guidance.

Answer: We attach a copy of the existing policy for your information (available upon request). As the policy is under review, our organisation needs to agree and approve the document before it can be published. It is hoped that the new version will be published shortly. Please also find attached a copy of the two stage functional test for capacity which staff complete and a copy of the information leaflet provided to staff at clinical update (available upon request).

3. If not, how is decision making capacity/capacity to consent assessed by clinicians in practice?

Answer: Within our organisation, staff are required to follow the process below. This information is contained within the policy which is currently being reviewed.

The four criteria for making a decision - The Act states that a person cannot make a decision if they cannot do any of the following four things:

- **Understand information given to them relevant to the decision**
- **Retain that information long enough to be able to make the decision**
- **Use or weigh up the information available to make the decision as part of the decision – making process**
- **Communicate their decision by any means**

Lack of capacity can be due to:

- **A stroke or brain injury**
- **A mental health problem**
- **Dementia**
- **A learning disability**
- **Confusion, drowsiness or unconsciousness because of an illness or the treatment of it**
- **A neurological disorder**
- **Substance misuse**

The law further emphasises that the disturbance in the functioning of the mind or brain can be permanent or temporary. It says that no-one can be labelled 'incapable' by reference simply to a particular diagnosis or mental condition nor by reference to a person's age or appearance or aspect of their behaviour that might lead to an unjustified assumption about their lack of capacity.

Assessing Capacity

People who use services and the public have the right to make their own decision, unless it is established that the person does not have capacity. Individuals who lack capacity to make a specific decision, should be supported and all possible steps taken to help them reach a decision.

Every adult should be assumed to have capacity to make decisions unless there is some reason to suspect that they don't, in which case an assessment of capacity should be carried out.

All practical and appropriate steps should be taken to enable a person to make their own decisions and wherever possible support should be given to assist in this process. Even when someone lacks capacity to make a decision they should be enabled to play as big a part as possible in the decision making process.

Anyone assessing someone's capacity to make a decision should use the two-stage test:

- Does the person have an impairment of, or a disturbance in, the functioning of their mind or brain
- If so, does that impairment or disturbance mean that the person is unable to make the decision in question at the time it needs to be made – see 2.3 above

Therefore should a person have a learning disability or be diagnosed with dementia, for example it does not necessarily follow that they lack capacity; nor should capacity be judged on the basis of a person's age, appearance, condition or behaviour.

In particularly complex or serious decisions consideration should be given to whether or not it meets the criteria for a specialist assessment.

Mental Capacity Advocate (IMCA) service

An IMCA must be requested where the person:

- Lacks capacity
- Has no one to speak for them, or to consult re best interests decision and the
- Decision relates to serious medical treatment or a long-term accommodation move (4 or more weeks in hospital, 8 or more weeks in a care home)

In addition there are two further types of decision for which an IMCA should be requested, provided that the qualifying criteria are met – see IMCA Engagement Protocol for more information:

- Care reviews – again with no one unpaid to speak for the person
- Adult protection cases – regardless of whether there is someone unpaid

Urgent Decisions

- Nothing should prevent immediate actions to preserve life, prevent homelessness or protect from serious harm. For example hospital discharge should not be unduly delayed by the instruction of an IMCA if the move is urgent, the decision maker should however involve the IMCA as soon as possible after the urgent decision has been made. Similarly in emergency treatment situations, in the absence of a known valid and applicable Advance Decision, it will almost always be in the person's best interests to provide urgent treatment without delay.
- In some cases it may be considered necessary to seek a court ruling before making and urgent decision. The Court of Protection is accessible 24 hours per day, 365 days per year. See access guidance at 12.1 below

4. Is there different guidance for mental health patients?

Answer: Within our organisation, staff are required to follow the process below. This information is contained within the policy which is currently being reviewed.

Relationship between the Mental Capacity Act and the Mental Health Act 1983

The Mental Health Act 1983 takes precedence over the MCA where treatment of appropriately detained patients is concerned, otherwise the MCA applies.

Detained Patients

- Detained patients can be treated without consent, therefore the MCA does not apply, but only where Part iv of the MHA applies. Therefore patients detained under Sections 4, 5(2), 5(4), 35, 135,136, who cannot be treated without consent, may be treated via MCA.
- Treatment under Part iv of MHA will not be affected by any Advance Decision, LPA, or Court Appointed Deputy. However wherever possible a valid and applicable Advance Decision should be complied with and in rejecting it staff will need to clearly record in the patient record why they have chosen not to follow it.
- Treatment under Part iv of MHA only applies to treatment for mental disorder, treatment for physical conditions – unless it has a direct bearing on their mental health – will be covered by the MCA
- An IMCA is not required for formal admission to hospital under the MHA, nor to a care home under Guardianship, Supervised Community Treatment, or Section 17 leave.
- The MHA confers powers on the Nearest Relative, these remain distinct from those of a LPA or deputy.

Non-detained (Informal) Patients

The MCA applies to all non-detained patients who lack capacity, however the MCA cannot be used as an alternative to the MHA, where criteria for detention applies and:

- The patient objects
- From knowledge of the patient it is likely that they would object if they had capacity
- Treatment could be construed, as depriving them of their liberty – in this event consideration needs to be given to the MHA, where the reason for the deprivation is to treat a mental illness or DOLS where the person has a disorder but deprivation of liberty relates to physical health.

0417/13

Births & Midwifery Services

Please could your Trust provide me with the following information under the Freedom of Information Act.

1. How many births took place at the Trust [ie with the assistance of its staff – be that in a unit or in the community] in the calendar year (a) 2011 (b) 2012 (c) 2013 ?

<u>No of Births</u>	<u>Calendar Year</u>
4442	Year 2011
4714	Year 2012
4719	Year 2013

2. How many times did the Trust have to temporarily close its maternity unit(s) to new admissions in the calendar year (a) 2011 (b) 2012 (c) 2013?

Answer: The Trust has had no temporary closures in the Maternity Unit to admissions during these times.

3. As a result of temporary closures, on how many occasions did a woman need to be transferred to another maternity unit in the calendar year (a) 2011 (b) 2012 (c) 2013 ?

Answer: This is not applicable to our organisation. Please see the answer above.

4. How many midwives were in post at the Trust (FTE) as of (a) 1st Jan 2012 (b) 1st Jan 2013 (c) 1st Jan 2014 ?

<u>Number of Midwives in Post</u>	<u>Calendar Year</u>
125.71	2012
130.61	2013
151.44	2014

5. What was the midwife vacancy rate (FTE) as of 1st Jan 2014?

Answer: We can confirm that the midwife vacancy rate on the 1st January 2014 was 0%

0418/13

Psychological Support for Breast Cancer Patients

Could you please inform me as soon as is practicable:-

The number of patients in your Trust diagnosed with breast cancer (also from 01/09/2012 - 30/11/2012).

Answer: We can confirm that 343 patients were diagnosed with breast cancer during 01/09/12 and 30/11/12. Please note that this figure covers malignant neoplasm of breast and skin of breast.

The number of new referrals for breast cancer patients to see a psychologist (from 01/09/2012 - 30/11/2012),

Answer: We can confirm that between 01/09/2012-30/11/2012, we had the following referrals: 2 breast cancer referrals and an additional 3 risk reducing referrals.

How many WTE Clinical Psychologists worked in the Cancer Unit in 2012?

Answer: We can confirm that one Macmillan Clinical Psychologist was working within our Cancer Services during 2012.

What was the typical time a patient with breast cancer had to wait to be seen by a Clinical Psychologist in 2012? (up to 1 week, 1-2 weeks, 2-4 weeks, 4-8 weeks, more than 8 weeks)

Answer: The waiting times for breast cancer patients to be seen by a Clinical Psychologist in 2012 were as follows:

<u>Length of Wait</u>	<u>Total Number of Patients Waiting</u>
1 week	1
1-2 weeks	6
2-4 weeks	14
4-8 weeks	0
8 weeks	0

The waiting times for patients with risk reduced referrals for 2012 were as follows:

<u>Length of Wait</u>	<u>Total Number of Patients Waiting</u>
1 week	1
1-2 weeks	0
2-4 weeks	4
4-8 weeks	4
8 weeks	0

0419/13

Preferred Suppliers List

Could you please supply me with the the following information to allow submission of an expression of interest being listed as a potential new supplier :-

names,

job title,

address,

business criteria that would be required to be viewed as a possible new supplier for your Hospital.

Process required to be accepted.

Answer: Unfortunately, our Procurement Department do not hold lists of preferred suppliers. However, they do hold details of suppliers who may be approached for quotations on an ad-hoc basis / rolling basis. Suppliers who are interested in being listed for this can contact the Procurement Department's general email address:

Walsall.procurement@walsallhealthcare.nhs.uk

Please provide details of products and services available and your full address and contact details.

In order to have access to other Quotations and Tender opportunities at our organisation, suppliers can also register with the Trust eTendering website:

<https://in-tendhost.co.uk/walsallhealthcare.nhs>

Please ensure the appropriate supplier category is selected. Suppliers can then regularly check the website for tender opportunities.

Generally, potential suppliers are not set up until there is a requirement to send an order to them. The information required from suppliers can vary depending on the reason for engaging with that supplier e.g. fairly basic information to be set up as a supplier for receiving low value orders, whereas more in depth information may be required as part of a Tender exercise.

0420/13

ICT Documents

I would like to submit a freedom of information request for the following document relating to the following:

ICT Documents

1. ICT Strategy- I require the document that hold future plan and strategy of the organisation's ICT department.

Answer: Please find attached the structure as requested – available upon request

2. ICT Departmental Business Plan

Answer: This information is available within our organisation's ICT Strategy which is attached – available upon request

3. ICT Technical Strategy.

Answer: This information is available within our organisation's ICT Strategy which is attached – available upon request

4. ICT Structure

Answer: Please find attached the structure as requested – available upon request

0421/13

Take Home/To Take Out Medication

Please could you tell me:

1) The annual cost of, and amount of, TTO (Take Home/To Take Out) medication stored at hospitals under your trust for 2011, 2012 and 2013.

Answer: Unfortunately, we are not able to quantify the amount of TTO medication stored at Walsall Manor Hospital during this time period. Our drug lines are not designated at TTOs.

2) The annual cost of, and amount of, TTO medication administered to patients for 2011, 2012 and 2013.

Answer: The table below shows the annual yearly cost of TTO medication administered to patients during the time period requested.

Calendar Year	Total (£)
2011	£327,874
2012	£294,072
2013	£367,299

3) What is done with the medication that is not able to be administered in said years.

Answer: All medication that is not able to be administered and is suitable for reuse would be recycled.

Can I have the information in spread sheet form?

Answer: This information has been incorporated into a spreadsheet and is attached with this letter.

0422/13

Maternity Discharges

Under the Freedom of Information Act please provide the following details on the times of day new mothers are discharged from your hospitals.

More specifically:

For EACH of your hospitals providing maternity care or birth centres (or similar)

1. For 2013:

- a) The number of mothers who have given live births discharged for each hour of the day:
 - i. between 00:00 hours and 00:59 hours (24 hour clock)
 - ii. between 01:00 hours and 01:59 hours
 - iii. between 02:00 hours and 02:59 hours.... and so on to complete the 24 hour period.

Please put the results in a table, preferably in an excel spreadsheet. An example of how the table might look is below:

Hour of discharge	Number of mothers discharged after giving birth
00:00 - 00:59	112
01:00 - 01:59	156
02:00 - 02:59	204
03:00 - 03:59	278
04:00 - 04:59	165
05:00 - 05:59	195
06:00 - 06:59	208
07:00 - 07:59	304
08:00 - 08:59	604
09:00 - 09:59	578
10:00 - 10:59	1045
11:00 - 11:59	1165
12:00 - 12:59	2075
13:00 - 13:59	2542
14:00 - 14:59	
15:00 - 15:59	
16:00 - 16:59	
17:00 - 17:59	
18:00 - 18:59	
19:00 - 19:59	
20:00 - 20:59	
21:00 - 21:59	
22:00 - 22:59	
23:00 - 23:59	

b) Please provide the total number of discharges (separate incidents of mothers being discharged after giving live births) for the year.

2.a) and b) The same for 2012

3.a) and b) The same for 2011

Answer: Please note that where mothers give birth to more than one baby, we have only been able to pull data recorded for Baby Number 1. This ensures that we incorporate one record per mother who delivers. However, if Baby Number 1 is recorded as still born but baby 2 or 3 etc is live born this will not show in the results as only Baby Number 1 has been selected for the data. As a consequence of this, some figures within the table may be higher than that shown.

This information has been identified from mother's time of discharge on our system but we cannot actually confirm the actual time mother left the building.

Please see the attached spreadsheet as requested.

Time of Day Mothers Discharged	Calendar Year			Grand Total
	Year 2011	Year 2012	Year 2013	
00:00 - 00:59	13	19	13	45
01:00 - 01:59	9	19	22	50
02:00 - 02:59	22	6	3	31
03:00 - 03:59	7	6	20	33
04:00 - 04:59	6	4	10	20
05:00 - 05:59	6	15	6	27
06:00 - 06:59	3	8	8	19
07:00 - 07:59	54	12	14	80
08:00 - 08:59	24	23	52	99
09:00 - 09:59	57	89	68	214
10:00 - 10:59	168	232	210	610
11:00 - 11:59	299	515	384	1198
12:00 - 12:59	343	405	345	1093
13:00 - 13:59	546	571	518	1635
14:00 - 14:59	558	592	547	1697
15:00 - 15:59	331	376	347	1054
16:00 - 16:59	403	396	149	948
17:00 - 17:59	491	218	99	808
18:00 - 18:59	474	670	1259	2403
19:00 - 19:59	170	109	148	427
20:00 - 20:59	76	104	65	245
21:00 - 21:59	50	40	44	134
22:00 - 22:59	76	24	37	137
23:00 - 23:59	41	21	34	96
Time of Discharge Not Detailed on System	108	128	195	431
Grand Total	4335	4602	4597	13534

	Calendar Year			Grand Total
	Year 2011	Year 2012	Year 2013	
Total Number of Mothers Discharged	4335	4602	4597	13534

**0423/13
Medicines Formulary**

Can you please provide the following information for your organisation:

FORMULARY

Which Formulary do you use?

Answer: Our organisation uses a joint formulary with Walsall Clinical Commissioning Group (CCG).

Which group or committee is responsible for developing this formulary?

Answer: The Formulary Management Group is responsible for developing our formulary.

Who at your organisation sits on this committee?

Answer: The following people from our organisation are members of the Formulary Management group;

- Chair of the Medicines Management Quality Team**
- Prescribing Lead Pharmacist**
- Deputy Chief Pharmacist, Medicines Management**

Is this a joint formulary with other organisations?

If Yes: which organisations do you share the formulary with?

Answer: Yes, our organisation uses a joint formulary with Walsall CCG.

MEDICINES MANAGEMENT

Is your Medicines Management a joint Committee/Team?

If yes: which organisations do you share the committee/Team with?

Answer: Yes, our Medicines Management Quality Team is a joint Committee with Walsall CCG.

Who are the people that sit on your medicines committee/Team?

Answer: The following people are members of the Quality Team;

- Chair of the Medicines Management Quality Team (Currently a Consultant Physician)**
- Director of Pharmacy**
- Representative Prescriber from Each Division**
- Nurse Representation**
- CCG Representation**
- Microbiologist Representation**
- Lead Pharmacist for Antimicrobial Services**

Do you commission any medicines management services from, Private providers?

Answer: No, our organisation does not commission any medicines management services from private providers.

If yes: who are those providers?

Answer: This is not applicable to our organisation.

AREA PRESCRIBING

Which Area Prescribing Committee covers your organisation?

Answer: The Walsall Joint Medicines Management Committee (JMCM) covers our organisation.

Who at your organisation sits on the Area Prescribing Committee?

Answer: The following staff from our organisation are members of the WJMCM;

- The Director of Pharmacy or Deputy Director of Pharmacy**
- Chair from the Medicines Management Quality Team**

-Lead Pharmacist or Deputy Representative

DRUG AND THERAPEUTIC COMMITTEES

Which Drugs and Therapeutic Committee covers your organisation?

Answer: Please see above information relating to the Formulary Management Group.

Who at your organisation sits on the Drugs and Therapeutic Committee?

Answer: Please see above information relating to the Formulary Management Group.

0424/13

Alcohol Related A&E and Urgent Care Centre Admissions

Please can you provide me with the monthly figures for the number of alcohol-related A&E and/or Urgent Care Centre admissions you have had in the last six months.

For the sake of clarity, that is August, September, October, November, December and January.

Answer: The table below shows the number of patients who were admitted at Walsall Manor Hospital for alcohol related injuries/conditions in the months requested.

Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Total
85	90	90	64	71	71	471

How many resulted in death? For those that involved death please provide a brief description (where possible) of why they were admitted (e.g. Road traffic collision, fell down stairs, injuries sustained in a fight, etc.)

Answer: The table below shows the number of patients who unfortunately died following admission to Walsall Manor Hospital for alcohol related injuries/conditions in the months requested.

Unfortunately, no specific description to the cause of the admission is recorded on our system.

These nine patients are incorporated into the figures within the table above.

Aug 2013	Sept 2013	Oct 2013	Nov 2013	Dec 2013	Jan 2014	Total
0	1	1	3	2	2	9

How many (of all admissions), if any, are associated with the current "NekNomination" craze whereby people nominate one another to drink alcohol in a more and more extreme manner?

Answer: Unfortunately we are unable to determine whether any of the admissions were related to 'NekNomination'

Contact Details for Senior Management

I would like to make a request for information under the Freedom of Information Act. Please can you send me full names, Job titles, Direct Contact Numbers and Email Address's in regards to the following contacts:

- The transformation or turnaround director

Answer: We do not have a Director with this job role employed by our organisation.

However, transformation is covered by our Chief Operating Officer. Our Chief Operating Officer is Jayne Tunstall. She is contactable on email address;

jayne.tunstall@walsallhealthcare.nhs.uk or telephone number 01922 721172.

- The PMO Director or Head of PMO

Answer: Please see the answer above for Jayne Tunstall.

- The Director of Operations or Chief Operating Officer

Answer: Please see the answer above for Jayne Tunstall.

- Any Heads of Operations

Answer: Please see the answer above for Jayne Tunstall.

- Any Assistants / Deputies / Associates of Operations

Answer: Please note that we do not release individual staff names and email addresses below Director level. This is withheld under section 40 (personal information). Please see the answer above for contact details of the Chief Operating Officer.

- Any Divisional Directors of clinical or medical directorates

Answer: Please see the list below:

Amir Khan, Medical Director and Director of Infection Prevention and Control

amir.khan@walsallhealthcare.nhs.uk or telephone number 01922 721172.

Paul Gibara, Divisional Director for Emergency & Acute Care

paul.gibara@walsallhealthcare.nhs.uk or telephone number; 01922 721172.

Angie Wallace, Divisional Director for Surgery

angie.wallace@walsallhealthcare.nhs.uk or 01922 721172

Johanne Newens, interim Divisional Director for Medicine and Long Term Conditions

Johanne.newens@walsallhealthcare.nhs.uk or 01922 721172

Simon Hallion, Interim Divisional Director for Women's Children's & Clinical Support Services.

simon.hallion@walsallhealthcare.nhs.uk or 01922 721172

Colin Plant, Divisional Director for Estates & Facilities

colin.plant@walsallhealthcare.nhs.uk or 01922 721172

- Any Divisional Managers / Divisional General Managers / General Managers of clinical or medical directorates

Answer: Please note that we do not release individual staff names and email addresses below Director level. This is withheld under section 40 (personal Information). Please see the answer above for contact details .

- Any Vacant positions of any Divisional Managers / Divisional General Managers / General Managers of clinical or medical directorates

Answer: Our organisation does not have any current vacancies in these roles.

- Any Heads of Information

Answer: Our Director of Informatics who would cover this role is Steve Darkes. He is contactable on email address; steve.darkes@walsallhealthcare.nhs.uk or telephone number 01922 721172

- Any Heads of Risk & Governance

Answer: Please note that we do not release individual staff names and email addresses below Director level. This is withheld under section 40 (personal Information). Our Director of Governance is Dawn Clift. She is contactable on dawn.clift@walsallhealthcare.nhs.uk or telephone 01922 721172.

- Any Heads of Nursing

Answer: Please note that we do not release individual staff names and email addresses below Director level. This is withheld under section 40 (personal Information). Our Director of Nursing is Sue Hartley. She is contactable on sue.hartley@walsallhealthcare.nhs.uk or telephone 01922 721172.

0426/13

Alcohol and pregnancy

Please note this is not an FOI request, I merely wish to know if you hold the information I require

Do you have any figures regarding the number of women who are admitted to hospital before, during and after pregnancy for alcohol use disorders. Or because of their alcohol consumption in general, for example, if they are drunk?

Do you have any figures regarding the number of sudden or scheduled admissions for alcohol-related conditions, for example liver, for pregnant women?

Do you have any figures regarding the number of babies and/or children treated in the hospital for problems/conditions they may have as a result of their mothers drinking whilst they were pregnant? For example, do you have figures on how many children you treat for foetal alcohol spectrum disorder?

Do you have any figures regarding how many mothers are drunk or somehow affected by alcohol at the birth of their child?

Answer: Thank you for your email dated the 19th February asking if we hold information relating to pregnant women who have alcohol before, during and after pregnancy.

We can confirm that our organisation will be able to identify some information via clinical coding. Unfortunately, as the codes are not exclusively used in these scenarios the figures we provide may not be accurate. It is possible that the actual figure could be higher than what we could provide you as patient scenarios may be coded slightly differently.

Our figures would be more accurate if you could detail the specific alcohol-related conditions you would like your request to cover ie. cirrhosis of the liver, kidney failure etc.

If you have any queries about this request do not hesitate to contact us quoting the reference number above.

0427/13

Patients with Eczema

Within your health trust do you treat patients with chronic eczema (also known as chronic dermatitis)?

Answer: Yes, our organisation does treat patients who have chronic eczema.

Are these patients treated at an out-patient clinic only ?

Answer: We do treat patients with this condition in outpatient clinics but would also provide any required treatment for inpatients.

If so, how many patients are currently being treated for chronic hand eczema (also known as chronic hand dermatitis)? Of these patients how many are severe chronic hand eczema?

Answer: Unfortunately, we are only able to identify patients with a diagnosis of chronic eczema and are not able to break this down to body location or type. We can confirm that between 1st April 2012 and the 31st March 2013, 491 inpatients had the diagnosis code of chronic eczema.

Please split these patients by their current drug treatment in the table below:

Answer: Please note that the figures within the table below relate to the 491 inpatients with a diagnosis code of chronic eczema only (as mentioned above). These figures do not represent patients specifically with chronic hand eczema.

We are unable to provide a figure for patients treated with PUVA. These drugs are issued to the PUVA Clinic as stock within our organisation and not individual patients.

Treatment	Total Patients	Acitretin	Alitretinoin	Azathioprine	Ciclosporin	Methotrexate	PUVA	Potent Topical Corticosteroids	Very Potent Topical Corticosteroids
Number of Patients – currently on treatment for chronic eczema	69	16	5	5	4	8	N/A	22	9

Are there any funding restrictions relating to treatment?

Answer: Only those imposed by use outside of NICE / commissioned guidance, where use would be subject to an individualised funding request.

0428/13

Patients treated for Injuries to the Genitals involving Zips

Under the Freedom of Information Act, I would like to know the following:

I would like to get figures for how many people have been treated for injuries to their genitals involving zips during the years set out below. I would like to know the number of patients treated and, for each incident, a brief description of the incident in question including gender; date; treatment outcome)

I would like to find out the admission figures for both A&E and inpatients for the above during the following dates:

- a) 2013
- b) 2012
- c) 2011

Answer: Unfortunately, our system does not record the cause of an injury a patient sustains. Due to this, we are not able to separate injuries specifically caused by zips.

Please note that these figures are not specifically related to zips.

All patients are treated unless the patient refuses the treatment. Unfortunately, a brief description of the incident is not recorded on our system.

	2011	2012	2013
Patients Admitted to Walsall Manor Hospital with abrasion or laceration to their genitals	0	3	3
Patients Discharged from Walsall Manor Hospital with a diagnosis of abrasion or laceration to their genitals	24	25	21
Total Number of Attenders to A&E (for all conditions or injuries)	74,011	77,372	93,839
Total Number of Admissions across the Trust (for all conditions or injuries)	57,388	62,056	64,574

0429/13

Audited Accounts, Name of Auditors and Fees

Please send me copies of your audited accounts for year end 2013-14.

Answer: We wrote to you on the 3rd December 2013 and 4th February 2014. We attached a copy of our organisation's latest annual account report for the financial year 2012-13 with our letter dated the 3rd December. We explained in both letters, that as we are currently in the financial year for 2013-14, the report will not be available until March 2014. The financial year runs 1st April to 31st March. We did however attach a copy of our 2014-15 plan with our letter dated the 3rd December.

Please clearly confirm if you did not receive these documents and we will gladly send them to you again.

Please send me the names of auditors and fees to do such hospital accounts.

Answer: As mentioned in our previous letter to you dated 4th February 2014, Grant Thornton UK LLP are the auditors of our accounts. Their audit fees for 2013-14 are £100,000.

Please send me full address of main NHS hospital in Solihull and Wellingborough and Peterhead.

Answer: As this is your second request for addresses of hospitals within the UK, we would recommend you conduct searches on the NHS Choices website on the intranet via the following link: <http://www.nhs.uk/Pages/HomePage.aspx>. You will be able to find addresses and contact numbers for NHS Services across the UK.

0430/13

Patients who are Deaf

I would like to request the following under the Freedom of Information act.

- The number of patients admitted to the Trust who are deaf. Please provide data for the past 4 years up until the date this request was received (January 2010 - the date this request was received).

Answer: Please note the date criterion is from 01/01/2010 – 31/12/2013.

<u>No of Patients</u>	<u>Calendar Year</u>
926	Year 2010
780	Year 2011
672	Year 2012
945	Year 2013

- The number of times the Trust has provided a sign language interpreter for deaf patients. Please provide data for the past 4 years up until the date this request was received (January 2010 - the date this request was received).

Answer: The British Sign Language interpreters are provided by external agencies that provide level 6 qualified BSL interpreters.

<u>Month</u>	<u>2010/11</u>	<u>2011/12</u>	<u>2012/13</u>
April	23	20	28
May	14	26	31
Jun	33	34	33
Jul	35	25	27
Aug	53	36	30
Sept	41	32	27
Oct	21	28	29
Nov	20	30	29
Dec	12	24	20
Jan	19	28	29
Feb	21	26	25
Mar	29	18	25
TOTAL	321	327	333

- Details of any contracts the Trust has with third party organisations providing external sign language interpreters. Please provide information covering the past four years up until the date this request was received.

Answer: Up until 31/07/12 Walsall Healthcare NHS Trust utilised a Tendered Framework (tendered jointly with Royal Wolverhampton Hospital NHS Trust) with the following service providers appointed to the framework:

**SWIIS
BID**

Walsall Deaf

The Trust now utilises a Healthtrust Europe framework with the following service providers appointed to it for Non Spoken Language Interpretation (BSL):

BID Services with Deaf People

Faircomplus Ltd T/A Communication Plus

Pearl Linguistics

The Language Shop

Warwickshire County Council

- The number of complaints the Trust has received concerning sign language interpreters. Please provide data for the past 4 years up until the date this request was received (January 2010 - the date this request was received).

Please provide full yearly and monthly breakdowns.

Answer: We can confirm that no complaints have been received concerning sign language interpreters during this time period.

0431/13

Recycling of X-ray films

The following request is made under the Freedom of Information act.

I would like to know all information available in connection with the recycling of x-ray film.

1. Amount of film that is in storage? On site or off site?

Answer: No films held on site, there are 2634 films stored off site

2. What storage company is used to store the Film, if any?

Answer: The Company our organisation uses to store films is Anglo-Environmental.

3. If Purging (culling) of the film is done, how often and at what time of year?

Answer: Retention period followed in line with Department of Health National Guidelines, which is 8 years for general patient records, 15 years following clinical trials, 25 years for maternity, 20 years for mental health.

4. When was the last time a purge was done?

Answer: 12 months ago

5. What company was used to recycle the x-rays?

Answer: Anglo-Environmental

6. What rebates did the Trust receive from the silver extraction from these x-rays?

Answer: £24,000 + VAT

7. When did the hospitals within your trust go digital in regards to the imaging departments?

Answer: Our organisation started to use a digital imaging system in 2007.

8. Who is in charge of the x-ray archives within the Trust (even when stored at a third party facility)?

Answer: Our Medical Records Manager oversees the Service Level Agreement that we have with the storage company.

9. If the x-ray archives are stored with a third party, when is that contract for storage up for tender?

Answer: Reviewed annually, as part of contract. Contract commenced with Anglo-Environmental 11th March 2013, so is now due for renewal/renegotiation.

0432/13

Information on nutrition and hydration during hospital stay and at discharge

Policy and governance

1. Confirm or deny whether you have the following policies: (Please submit copies)

- Nutrition and hydration policy?

Answer: Yes, our organisation has an Enteral Feeding Policy. A copy is attached – available upon request.

- Protected meals policy?

Answer: Our Protected Meal Times policy is currently under review. It is anticipated that it will be finalised around July 2014.

- Nil by mouth policy

Answer: Yes, our organisation does have this policy. A copy is attached – available upon request.

2. Confirm or deny whether (Submit any documents in support as applicable)

- You have a designated Board member who is responsible for Nutrition and Hydration care including help with eating and drinking?

Answer: Yes, we have a Board member who is responsible for Dietetic Services.

- You discuss nutrition and hydration care related concerns within your Trust at Board meetings?

Answer: Yes, any concerns are raised at our Trust Board meetings and at our Quality & Safety Committee.

- All staff are given mandatory training on healthy nutrition and hydration and help with eating and drinking?

Answer: We can confirm that newly appointed Nurses at our organisation receive a lecture on nutrition as part of their induction process. Newly appointed Doctors also receive in house talks from Dietitians.

- You have mechanisms to collect real time feedback from patients regarding their nutrition and hydration care?

Answer: Yes, monthly patient questionnaires are carried out by the catering team and discussed at monthly Patient Food Group meetings.

During hospital stay

3. Confirm or deny whether (Please submit any guidance documents)

- Regular assessment is carried out for patients regarding nutrition and hydration during their stay in the hospital

Answer: MUST (Malnutrition Universal Screening Tool) is used on patients on admission and weekly thereafter. Please see the Enteral Feeding Policy attached – available upon request.

- Information is sought from patients regarding their diet and weight including their preferences/likes/dislikes

Answer: Patients referred to Dietitians will have weight history and diet history assessed. Advice is tailored to their likes and dislikes. All patients are able to choose from a variety of menus to ensure they are able to choose foods they enjoy e.g standard menu, ethnic menus, children's menus etc.

- Clear information is given to patients about accessing meals and drinks during and out of meal times while they are in hospital

Answer: Information is given to patients on the reverse of menus. Please see a copy of a menu attached – available upon request.

- Clear information is given to patients about accessing oral supplements and/or tube feed if prescribed while they are in hospital

Answer: Patients seen by Dietitians are advised about supplements and their tube feeds as part of the assessment.

- There are clear methods to identify people who need support with eating and drinking

Answer: Yes, our organisation has a Red Tray Guideline and MUST. Please see a copy of our Red Tray Guideline attached – available upon request.

- There are robust procedures to ascertain that they are receiving the help needed.

Answer: An audit is undertaken on a weekly basis by Senior Nurses.

At discharge: (Please supply any guidance documents relating to these)

4. What information relating to patients' nutrition and hydration needs (including supplements and tube feed) is given to them at the time of discharge? (E.g. Verbal advice about diet and lifestyle, written advice about diet and lifestyle, Links to websites for advice about diet and lifestyle, written advice on taking oral supplements or the use of tube feed)

Answer: All patients under the care of the Dietitian receive oral advice, plus diet sheets (some examples are attached-high protein high energy diet, nourishing drinks, HEF discharge feeding regime – available upon request.), tube feeding regimes for use at home as needed.

5. What information relating to patients' nutrition and hydration needs is sent to their GP after the discharge of the patient from the hospital?

Answer: Patients under the care of the Dietitians who require sip feeds are sent a letter detailing the advice given, a prescription request plus plans for follow up. Please see a copy of our sip feeds letter to patients attached – available upon request.

6. What information relating to patients' nutrition and hydration needs is sent to their care home after the discharge of the patient from the hospital?

Answer: With patients on tube feeds, a copy of their discharge regime as above it sent to their care home. If patients are seen by a Dietitian, a copy of the letter to the GP as above is sent also. If required the patient is handed over to the community Dietitian for follow up.

Patient safety

7. In the past three years have you had any of the following incidents recorded?

Answer: Please note that in 2011, our Incident Reporting System had limited cause group categories. When a new system was introduced in 2012, incidents from the previous system were archived within the new system but not within specific cause group categories.

Data for 2011 and 2012 has been extracted using key words relating to the below incident types. The figures in the table below may not be accurate as the cause of an incident could not be recorded for older incidents. It is possible that the actual figure may be higher than that provided.

Incident type	Numbers	Details of the incident	Age of the patient
Dehydration	No incidents identified		
Incorrect diet e.g. causing allergy or unmodified	2	-Patient given fish - known allergy -Fluid given without required thickener	Not Available on system 89
Incorrect artificial feed	1	-NGF regime from previous admission in use	73
Choking	No incidents identified		
Catering errors	3	-Menus not left with patient-meals delayed -7 Day Adventist received sausage -Patient given out of date jelly	76 Not Available on system Not Available on system
Nil by mouth – patient fed	1	-Patient given diet against SALT recommendation	Not Available on system
Nil by mouth –prolonged periods of time	16	-Patient on NGF stopped for period of time-concern re aspiration -Delay in NGT insertion -Delay in NG Feed commencing -Delay in placing NGT and commencing feed	84 88 83 91

		<p>-NGT's pulled out ,awaiting PEG remained NBM</p> <p>-Numerous attempts to site NGT-no SALT assessment</p> <p>-Issue with confirmation of NGT placement</p> <p>-delay in commencing feed</p> <p>-Overnight feed omitted.</p> <p>-Delay NGT insertion</p> <p>-Assessed by SALT nil orally-delay in dietician referral</p> <p>-Delay in delivery of feed in community</p> <p>-Delay commencing nutrition plan</p> <p>-Delay PEG insertion</p> <p>-Delay referral for SALT assessment</p> <p>-Prescribed feed not given overnight</p>	<p>89</p> <p>Not Available on system</p> <p>Not Available on system</p> <p>67</p> <p>91</p> <p>Not Available on system</p> <p>86</p> <p>Not Available on system</p> <p>81</p> <p>Not Available on system</p> <p>Not Available on system</p> <p>66</p>
Lack of nutritional assessment	1	-History of weight loss ,MUST screening tool not completed	82
Gaps in nutritional care due to transfer of care	3	<p>-Patient transferred between wards when NBM,delay in dietician referral</p> <p>-Communication failure regarding continuation of TPN</p> <p>-Communication on transfer between hospitals delay in repassing PEG</p>	<p>Not Available on system</p> <p>Not Available on system</p> <p>Not Available on system</p>
Nutrition status identified as a contributing factor in the development of pressure sores		No incidents identified relating to pressure ulcer development/nutrition	

0433/13
IM&T Strategies

Please find attached an FOI request on information relating to your IM&T and Information department and strategies.

Answer: Please see the completed table as requested.

<u>Question</u>	<u>Answer</u>
1) What is your 2013/14 budget for IM&T	Our organisation's budget for information management and technology for 2013-14 is £4,889k.
2) What is your planned budget for 2014/15 and 2015/16?	With regards to the 2014-15 and 2015-16 budgets, the Trust Board are currently agreeing these figures. We are not able to provide you with this information until they are agreed and confirmed.
3) What Business Intelligence tool do you use to share information with operational staff/clinical staff? If there is more than one please name both and describe how each is used.	Our organisation uses an in-house product to Chilli.
4) How many years have you had the BI tool(s)?	We believe our organisation has used the above tool for more than 8 years.
5) Do you have a separate information strategy from your IM&T strategy? If so please provide a copy.	No, our organisation does not have a separate strategy.
6) Please provide your IM&T structure/organisation chart including banding (breaking down band 8 to 8a, 8b, 8c and 8d).	<p>A copy of our organisation's IM&T structure is attached – available upon request. The following roles within the IM&T Directorate are band 8a-8d;</p> <ul style="list-style-type: none"> • Programme manager, Band 8b • Application Development manager, Band 8a • Assistant Director of IT Services, Band 8c • Assistant Director of Business Delivery, Band 8c • Assistant Director Of Business Change, Band 8c • IT Operations manager, Band 8a • Head Of Voice and Data Services, Band 8a • Primary Care Information manager, Band 8a • Data Warehouse Manager, Band 8a • Director of Informatics, Band 9
7) Please provide the name and email address of your Director of IM&T/CIO and Head of Information.	<p>Our Director of Informatics is Steve Darkes who is contactable on email address: steve.darkes@walsallhealthcare.nhs.uk</p> <p>Postal Address is: Walsall Healthcare NHS Trust Manor Hospital Moat Road Walsall WS2 9PS</p>
8) Please provide a copy of your IM&T strategy.	A copy of our organisation's IM&T strategy is attached – available upon request.

0434/13
Agency Spend

I am writing to request the following information:
Non Medical Non Clinical financial year 2012/2013

- What was the total agency spend
- What was the total agency spend, broken down by month
- What was the total agency spend, broken down by Supplier
- What was the total agency spend, broken down by Agenda for Change Band.
- What was the total agency spend, broken down by Job Title
- What was the total agency spend, broken down by Job Category

- What was the total number of agency workers?
- What was the total number of agency workers broken down by Supplier?
- What was the total number of agency workers broken down by Agenda for Change Band?
- What was the total number of agency workers broken down by Job Title?
- What was the total number of agency workers broken down by Job Category?

Non Medical Non Clinical April 2013 - December 2013

- What was the total agency spend
- What was the total agency spend, broken down by month
- What was the total agency spend, broken down by Supplier
- What was the total agency spend, broken down by Agenda for Change Band.
- What was the total agency spend, broken down by Job Title
- What was the total agency spend, broken down by Job Category

- What was the total number of agency workers?
- What was the total number of agency workers broken down by Supplier?
- What was the total number of agency workers broken down by Agenda for Change Band?
- What was the total number of agency workers broken down by Job Title?
- What was the total number of agency workers broken down by Job Category?

Answer: Please see the table below. Unfortunately, this is the only information available on our system. All invoices are processed and paid against single codes for admin staff, ancillary staff or professional & technical staff. Details on the Supplier, Agenda for Change banding, job title or number of workers is not recorded on our system and is not usually provided on invoices.

The table below shows non medical and non clinical agency spend 2012-13 (full year) and 2013-14 (Apr-Dec).

Please note that spend fluctuations occur from month to month due to invoices not being paid in the month they relate to. The high figure for August 2013 below is attributed to a combination of May-Aug 2013 invoices being paid and our Lorenzo Project admin agency costs.

	2012-13	2013-14
APRIL	0	£6,157
MAY	£3,528	£31,152
JUNE	£14,060	£24,423
JULY	£12,914	£49,235
AUGUST	£12,542	£107,105
SEPTEMBER	£7,927	£70,709
OCTOBER	£8,440	£63,101
NOVEMBER	£6,609	£60,008
DECEMBER	£3,209	£18,534

JANUARY	£859	-
FEBRUARY	£2,938	-
MARCH	£5,263	-
Total	£78,289	£430,424

Please see the table below which shows monthly spend on agency ancillary staff 2012-13 (full year) and & 2013-14 (Apr-Dec).

Please note that spend fluctuations occur from month to month due to invoices not being paid in the month they relate to.

	2012-13	2013-14
APRIL	£11,873	£1,099
MAY	£44,896	£18,799
JUNE	£4,165	£8,287
JULY	£6,881	£18,338
AUGUST	£10,856	£10,078
SEPTEMBER	£6,102	£17,961
OCTOBER	0	£5,573
NOVEMBER	£3,047	0
DECEMBER	£274	£6,626
JANUARY	£20,139	-
FEBRUARY	£5,246	-
MARCH	£13,014	-
Total	£126,493	£86,761

Can I also please request the above information for the following staff types

Allied Health Professionals / Health Science Staff Medical Locums Nursing

Answer: Unfortunately, this is the only information available on our system. All invoices are processed and paid against single codes for admin staff, ancillary staff or professional & technical staff. Details on the Supplier, Agenda for Change banding, job title or number of workers is not recorded on our system and is not always provided on invoices.

The table below shows professional and technical staff agency spend 2012-13 (full year) and & 2013-14 (Apr-Dec).

Please note that spend fluctuations occur from month to month due to invoices not being paid in the month they relate to.

	2012-13	2013-14
APRIL	£37,997	£19,319
MAY	£42,736	£59,086
JUNE	£20,141	£16,237
JULY	£35,659	£31,420
AUGUST	£25,765	£21,107
SEPTEMBER	£27,177	£58,361
OCTOBER	£15,997	£10,326
NOVEMBER	£3,902	£13,206
DECEMBER	£13,825	£9,477
JANUARY	£19,164	-

FEBRUARY	£16,021	-
MARCH	£12,139	-
Total	£270,523	£238,539

0435/13

Electric Patient Record

1) What Electric Patient Record (EPR) system do you use?

- If currently none which EPR are you planning to use if any?

Answer: Our organisation currently uses Orion Concerto to provide the EPR functionality.

2) What document management system do you use?

Answer: There is no formal document management system used within the organisation, users utilize file shares to manage their electronic files.

0436/13

Anti-depressant pills

Under the Freedom of Information, I would like to request the following information:

- how many anti-depressant pills were prescribed to patients in years 2011/12/13

- if this doesn't break the financial limit, please break down what type of anti-depressants were prescribed and each to how many people for the same period

- how many anti-anxiety pills were prescribed to patients in years 2011/12/13

- if this doesn't break the financial limit, please break down what type of anti-anxieties were prescribed and to how many people for the same period (types e.g. SSRIs, venlafaxine, pregabalin, antihistamines, benzodiazepines, buspirone)

(- if possible and it fits within the financial limit, please break down the number of prescriptions for anti-depressants and anti-anxieties into gender and age)

Please send this in an electronic copy over email.

Answer: Please see the attachment as requested – available upon request.

0437/13

hospital activity

I would appreciate if you could provide me with the following data:

1) Breakdown of hospital activity for the following treatment specialities:

- 100 General Surgery
- 101 Urology
- 110 Trauma & Orthopaedics
- 120 Ear, Nose & Throat (ENT)
- 130 Ophthalmology

- 140 Oral Surgery
- 141 Restorative Dentistry
- 142 Paediatric Dentistry
- 143 Orthodontics
- 145 Oral & Maxillo Facial Surgery
- 147 Periodontics
- 148 Prosthodontics
- 149 Dental Surgery
- 150 Neurosurgery
- 160 Plastic Surgery 170 Cardiothoracic Surgery
- 171 Paediatric Surgery
- 180 Accident & Emergency (A&E)
- 190 Anaesthetics
- 192 Critical Care Medicine
- 199 Non-UK Provider; specialty function not known, treatment mainly surgical
- 300 General Medicine
- 301 Gastroenterology
- 302 Endocrinology
- 303 Clinical Haematology
- 304 Clinical Physiology
- 305 Clinical Pharmacology
- 310 Audiological Medicine
- 311 Clinical Genetics
- 312 Clinical Cytogenetics & Molecular Genetics
- 313 Clinical Immunology & Allergy
- 314 Rehabilitation
- 315 Palliative Medicine
- 320 Cardiology
- 321 Paediatric Cardiology
- 326 Acute Internal Medicine
- 330 Dermatology
- 340 Respiratory Medicine (Thoracic Medicine)
- 350 Infectious Diseases
- 352 Tropical Medicine
- 360 Genitourinary Medicine
- 361 Nephrology
- 370 Medical Oncology
- 371 Nuclear Medicine
- 400 Neurology
- 401 Clinical Neuro-physiology
- 410 Rheumatology
- 420 Paediatrics
- 421 Paediatric Neurology
- 430 Geriatric Medicine
- 450 Dental Medicine Specialties
- 460 Medical Ophthalmology
- 499 Non-UK Provider; specialty function not known, treatment mainly medical
- 501 Obstetrics
- 502 Gynaecology
- 560 Midwife episode
- 600 General Medical Practice

- 601 General Dental Practice
- 700 Learning Disability (previously MH)
- 710 Adult Mental Illness
- 711 Child & Adolescent Psychiatry
- 712 Forensic Psychiatry
- 713 Psychotherapy
- 715 Old Age Psychiatry
- 800 Clinical Oncology (previously Radiotherapy)
- 810 Radiology
- 820 General Pathology
- 821 Blood Transfusion
- 822 Chemical Pathology
- 823 Haematology
- 824 Histopathology
- 830 Immunopathology
- 831 Medical Microbiology & Virology
- 833 Medical Microbiology (Microbiology & Bacteriology)
- 900 Community Medicine
- 901 Occupational Medicine
- 902 Community Health Services Dental
- 903 Public Health Medicine
- 904 Public Health Dental
- 950 Nursing episode
- 960 Allied Health Professional Episode

Answer: Please see the attachment – available upon request.

- 2) Number of occupied and available beds by consultant main speciality (listed above) both overnight and day occupancy for all individual hospitals comprised under your Trust

Answer: Please see the attachment – available upon request. Unfortunately, available beds are only grouped by General & Acute, Learning Disabilities and Maternity on our systems and not by speciality. The figures represent financial years (1st April to the 31st March).

- 3) Ordinary Inpatient Admission Episodes, Day Case Episodes and Emergency Episodes by consultant main procedure, speciality and hospital for the past 5 years between 2008-2013.

Answer: Please see the attachment – available upon request. This report shows main procedures by speciality, admission method and a brief description by financial year.

- 4) The average length of stay by consultant speciality for each hospital between 2008-2013.

Answer: Please see the attachment – available upon request. This report shows the average length of stay by consultant speciality between 2008-2013.

- 5) Average waiting times for elective, emergency and outpatient services by hospital and speciality between 2008-2013

Answer: Our organisation regularly submits referral to treatment (RTT) reports on the Department of Health. We would recommend you use the link below to see the results for elective and outpatient waiting times at our organisation;

<http://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/>

For emergency services waiting times please see the weekly situation reports we submit by using the following link;

<http://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/>

- 6) Workforce Data: The number of medical consultants by treatment speciality at the individual hospitals between 2008-2013

Answer: Please note Walsall Healthcare NHS Trust did not form until 1st 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 any period pre 2011.

Please see the table below.

Consultant Headcount by Speciality	2011	2012	2013
Accident and Emergency	3	4	5
Acute Medicine	0	0	2
Anaesthetics	18	19	23
Cardiology	4	4	5
Chemical Pathology	2	2	2
Clinical Oncology	1	1	1
Clinical Radiology	7	5	6
Dermatology	3	2	2
Elderly Care Medicine	5	5	4

Endocrinology and Diabetes Mellitus	4	4	4
Gastroenterology	4	4	6
General Medicine	0	1	3
General Surgery	10	10	10
Genito Urinary Medicine	2	2	2
Haematology	2	2	2
Histopathology	5	5	5
Intensive Care Medicine	4	4	2
Medical Microbiology and Virology	2	2	2
Neurology	1	1	1
Obstetrics and Gynaecology	9	13	15
Orthodontics	1	1	3
Otolaryngology	4	4	4
Paediatric Community Child Health	2	4	3
Paediatrics	9	9	10
Palliative Medicine	0	2	2
Respiratory Medicine	3	4	3
Rheumatology	1	1	2
Trauma and Orthopaedic Surgery	9	9	9
Urology	3	3	3
Grand Total	118	127	141

- 7) The Revenue data by consultant procedure and speciality for each individual hospital for the past between 2008-2013

Answer: Please see the attachment – available upon request.

0438/13

IT/ICT/IM&T Structure/Software/Projects

Please could you send me:

- A granular organisational chart for the full management structure including names for;
 - The whole IT / ICT / IM&T Department (Including Information, Performance, Business Intelligence, Clinical Development, Clinical Systems, Software Development Team / Applications Team and Finance Department) within your organisation
- A list of the Software and clinical systems used within the trust
- A list of upcoming IT / ICT / IM&T projects

Answer: Please see the three attachments – available upon request.

Please note that we do not release individual staff names below Director level. This is withheld under section 40 (personal Information).

Steve Darkes is our organisation's Director of Informatics.

0439/13

medical smartphone/tablet computer applications ('apps')

I am making a request under the Freedom of Information Act 2000.

1. Does your trust encourage the use of medical smartphone/tablet computer applications ('apps') by staff in the clinical environment? Please provide details of trust policies on this subject.

Answer: Yes, however none have been developed to date, any that are will need to fit with our current clinical applications portfolio, follow our IM&T strategy of 'Store once share many times' and operate on devices that are compliant with the Trusts clinical systems.

2. Please state whether apps, for use on smartphones or tablet computers, have been developed within your trust, for clinical use within and/or outside your trust? If so, please provide details of these apps and the testing/approval process they underwent.

Answer: None to date have been developed as the Trust has an old Patient Administration System (PAS). This will be reviewed moving forwards as the Trust migrates onto a modern PAS.

3. Please provide documents related to your trust's governance policy related to use of medical apps in the clinical environment. If there is a regulatory or approval framework in place, please provide details. If no regulatory or approval framework exists, is one being considered? What criteria are clinical apps assessed against before their use is permitted within your trust?

Answer: This is not applicable to our Trust as it is not used.

4. Within the last five years, have there been any significant/serious clinical events in your trust (or your predecessor trusts) where the use of medical apps have been implicated? If so, please break down the incidence by year and state the name of the app concerned in each case.

Answer: This is not applicable to our Trust as it is not used.

5. Please provide strategy documents related to app development within your organisation, if these exist.

Answer: This is not applicable to our Trust as it is not used.

0440/13

Waiting Time Initialitves

I would like to make a Freedom of Information request to ask for data on Waiting Time Initiatives.

If possible, I would like to know:

The total number of patients seen through Waiting Time Initiatives and the total Waiting Time Initiatives payments from the 2008/09 financial year to the current date. If available, the data should be split by specialty. I would also like to know the number of Waiting Time Initiative operations sent by your Trust to local private hospitals.

Answer: Unfortunately, we do not separately record the number of patients treated through Waiting Time Initiatives. We do record the cost of treating patients as Waiting Time Initiatives; the table below shows the cost from 2008-09 to 2013-14 (up to 31st January 2014).

In the early years, this cost was only at Trust level. In 2010-11 this was split between Medical and Surgical specialties and from 2011-12 the Surgical specialties was further split into Specialty level.

Please note that the costs below include Outpatient and treatment costs.

	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14 (10 months)
SPECIALITY	£'000	£'000	£'000	£'000	£'000	£'000
General Surgery				322	43	163
Urology				89	146	214
T & O				645	324	917
ENT				29	23	80
Oral/Orthodontics				134	97	105
Ophthalmology				6	21	29
Surgical specialities			1,798	1,225	654	1,508
Medical Specilties			956	442	526	648
All specialities	1,968	1,934	2,754	1,667	1,180	2,156

Please see the total waiting list patients sent to local private hospitals for operations below;

2008-09 10 operations
2010-11 16 operations

0441/13

Construction Contracts

Please can you let me have the following information for each construction contract over £300k that have been completed in the last three (3) years:

- The contract's description
- Contractor
- Contract form ie NEC 3 Option A, GC works, JCT Standard form with Quantities, PFI etc
- Whether the project was traditional (client designs) or Design and build (contractor designs)
- Pricing Agreement –ie lump sum/target price/ cost reimbursable/schedule of Rates
- Whether BIM or ECI has been used or not
- Framework Name if Applicable
- type of work - ie refurbishment/ new build/ fit out/
- Gross Internal area of the works if applicable
- Contract price for construction
- Final price for construction
- Contract/ construction start date
- Initial construction completion date- ie at contract signature (or Construction period)
- Actual construction completion date

Answer: No community or acute construction contracts over £300K have been completed at our Trust within the last three years.

0442/13

Patients with Erectile Dysfunction following Treatment for Prostate Cancer

Dear Freedom of Information Manager,

Within the Walsall CCG area , I would be grateful if you could let me know, at your earliest convenience:

1. The details of any NHS specialist erectile dysfunction services that are available in your area to men who experience erectile dysfunction as a result of prostate cancer treatment, specifically:
 - a. The details of any NHS erectile dysfunction clinics

Answer: Unfortunately, our organisation does not have a dedicated erectile dysfunction (ED) clinic specifically for patients with prostate cancer. However, this issue can be addressed at clinic appointments with the Urology Consultant. The Consultant may initiate treatment or refer the patient to the urology Clinical Nurse Specialist for advice, education and commencement of treatment options. We are currently in the process of developing a dedicated erectile dysfunction clinic. ED is currently offered for diabetic patients within Sexual Health clinics. It is also offered for non diabetic patients and post radical surgery in General Urology clinics.

- b. The details of any NHS psychosexual clinics

Answer: Unfortunately, there are no NHS psychosexual clinics in Walsall that our organisation is aware of. However, RELATE carry out these clinics and a fee may be charged for attendance. If patients are on a low income or unemployed, they would be able to access this service free of charge.

- c. The details of any NHS counselling services and sex therapy services that treat men with erectile dysfunction

Answer: Unfortunately, our organisation is not aware of any of these Services on the NHS.

2. And if figures are available:

- a. The percentage of prostate cancer patients who are offered a referral to each of the above services, and of those who initiates the referral (i.e. is everyone offered a referral, or do patients request the services)?

Answer: Unfortunately, our Trust does not have any accurate figures but the general percentage of patients referred is around 10%. Patients are seen in clinic following

prostate surgery and radiotherapy. Patients do request these services, often, when the cancer has been controlled.

- b. The number of men accessing the above services, and whether they are at capacity, or above or below capacity.

Answer: Unfortunately, our Trust does not have any accurate figures but the general percentage of patients referred is around 10%. Our organisation prioritises urgent cancer referrals which unfortunately has a knock on effect on capacity for non urgent referrals.

3. The details of specialist support available to the partners of men who experience erectile dysfunction as a result of prostate cancer treatment, and whether these are automatically offered or have to be requested.

Answer: Specialist support is offered to all patients and a wholistic information package is offered at the time of cancer diagnosis by the 'Key Worker' who is the Specialist Nurse. ED is one of the services that is available and offered to patients. This is often taken up by patients once the cancer is controlled.

Partners are able to discuss issues with the urology Clinical Nurse Specialist who is the patient's Key Worker.

4. The details of any other non-specialist services that men who experience ED after prostate cancer treatment may be referred to in your area, and whether these are offered to all patients.

Answer: Unfortunately, our Trust is not aware of any non-specialist services for men who experience ED after prostate cancer treatments.

5. For each of the treatments listed below please state:
- a. The details of any policies or guidance GPs or specialist services in your area are required to follow when prescribing each of the treatments to men who experience erectile dysfunction as a result of prostate cancer treatment, and whether these guidelines are strictly followed.

Answer: Our Trust does not manage or employ any General Practitioners (GPs). We would recommend you contact Walsall Clinical Commissioning Group for information related to General Practice. Their Freedom of Information Team can be contacted via email address; foi@walsall.nhs.uk or postal address; Walsall Clinical Commissioning Group, Jubilee House, Bloxwich Lane, Walsall, WS2 7JL.

- b. Whether each of these treatments is prescribed on the NHS, in what dose, and for how long; and if there is a limit to the number of treatments or combinations of treatments offered or age limits to receive these treatments.

- i. Sildenafil tablets
ii. Tadalafil tablets
iii. Vardenafil tablets

Answer: The above tablets (PDE-5 inhibitors) are available on the NHS for patients following prostate cancer treatment under schedule-11. These treatments are offered to patients who are suitable and having no contraindications. There is currently no time limit for prescription. There are current guidelines for management of patients with ED that was developed in conjunction with primary care and is being followed by Walsall Clinical Commissioning Group.

- iv. MUSE
v. Caverject
vi. Viridal Duo

vii. Vacuum erection device

Answer: The above other treatment options are offered following specialist consultation and if the patient is unsuitable for PDE-5 inhibitors. There is a small proportion of patients that require combination therapy. There is no time limit for treatment and treatment is offered under Schedule-11.

viii. Penile implant surgery (semi-rigid or inflatable implant devices)

Answer: Penile prosthesis is not carried out at Walsall but referrals can be made for suitable patients to either Dudley or Good Hope Hospital. However, it is very rare that this procedure is undertaken on the NHS.

0443/13

Cancer Drug Treatments

Within your organisation, how many patients have been treated for the following cancers and with the specified drugs;

If your organisation does not treat these cancers, please could you state where they are referred to. Please use the tables below for your convenience.

Metastatic prostate cancer (that has spread from the prostate to other parts of the body, also 'advanced' prostate cancer, castrate resistant, hormone relapsed)

Answer: We can confirm that patients with this cancer are treated at our organisation. Please see the table below as requested.

Therapy	Abiraterone (Zytiga)	Cabazitaxel (Jevtana)	Docetaxel (Taxotere)	Enzalutamide (Xtandi)	Radium-223 (Xofigo)	Others
Patients	19	4	66	1	0	0

If known, how many of the patients treated with Abiraterone, have previously been treated with Docetaxel?

Answer: 7 patients treated with Abiraterone have previously been treated with Docetaxel at our organisation.

Hepatocellular Carcinoma (HCC) (Primary cancer of the liver)

Therapy	Bevacizumab (Avastin)	Everolimus (Afinitor)	Lapatinib (Tyverb)	Sorafenib (Nexavar)	Sunitinib (Sutent)	Others
Patients	Not applicable					

Answer: We do not treat patients with this cancer at our organisation. Patients are referred to and treated at Queen Elizabeth Hospital.

Medullary thyroid cancer (MTC) (including multiple endocrine neoplasia type 2 (MEN2) when the carcinoma is within the parathyroid gland and medullary component of the adrenal glands)

Therapy	Axitinib (Inlyta)	Cabozantinib (Cometriq)	Pazopanib (Votrient)	Sunitinib (Sutent)	Vandetanib (Caprelsa)	Others
Patients	Not applicable					

Answer: We do not treat patients with this cancer at our organisation. Patients are referred to and treated at Queen Elizabeth Hospital.

Gastrointestinal Stromal Tumours (GISTs) (GISTs including the stomach or small bowel, and anywhere along the length of the digestive tract)

Therapy	Dasatinib (Sprycel)	Imatinib (Glivec)	Nilotinib (Tasigna)	Pazopanib (Votrient)	Regorafenib (Stivarga)	Sorafenib (Nexavar)	Sunitinib (Sutent)	Others
Patients	Not applicable							

Answer: We do not treat patients with this cancer at our organisation. Patients are referred to and treated at Queen Elizabeth Hospital.

**0444/13
Car Parks**

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

1) In the 2012-13 financial year, how much money generated from car parking charges at the Trust's car parks was spent on / reinvested in actual health care?

Answer: £986,331 was generated in 2012-13 from car parking charges at our Trust.

2) What specific health care services was it spent on / reinvested in?

3) If 100 per cent was not spent on health care, what was the rest of the money spent on?

Answer: All income raised from car parking charges is retained by the Trust other than unitary charges and staff associated with parking management and enforcement. Running NHS car parks can be expensive.

All income received from both patient, visitor and staff parking is primarily used to cover the costs of running car parks (rates, CCTV, security, external lighting, and barrier control etc.) with any residual income being used to fund front line health care.

0445/13

Psoriasis, Psoriatic Arthropathies and Rheumatoid Arthritis

Under the Freedom of Information Act 2000 we would like to request the following information for patients under your care between 1st April 2013 and 31st August 2013. We would prefer to receive the information request electronically

Drug	Number of patients with psoriasis and psoriatic arthropathies being treated with any of the following drugs	Number of patients with psoriasis and psoriatic arthropathies being treated with any of the following drugs receiving their medication from the Hospital Pharmacy via a Hospital Outpatient prescription form	Number of patients with psoriasis and psoriatic arthropathies being treated with any of the following drugs receiving their medication via a FP10 (Hospital) for presentation at a Community Pharmacy	Number of patients with psoriasis and psoriatic arthropathies being treated with any of the following drugs receiving their medication through a Home Healthcare Delivery Service
Adalimumab				
Golimumab				
Etanercept				
Infliximab				
Ustekinumab				
Adalimumab				
Abatacept				
Belimumab				
Etanercept				
Infliximab				
Rituximab				
Tocilizumab				
Certolizumab				

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Answer: Please note that our coding system only records information for patients with these conditions when they are inpatients or day cases. Unfortunately, information for column two where patients are seen in outpatient clinics is not available. Our Finance Department advised that it is likely there are patients with these conditions who receive their medication from the hospital Pharmacy. Unfortunately, as we are not able to obtain this data from our coding system it prevents us from provided an accurate figure. Our Finance Department also advised that it we would be unlikely to prescribe these drugs via the FP10 route at our hospital.

Drug	Number of patients with psoriasis and psoriatic arthropathies being treated with any of the following drugs	Number of patients with psoriasis and psoriatic arthropathies being treated with any of the following drugs receiving their medication from the Hospital Pharmacy via a Hospital Outpatient prescription form	Number of patients with psoriasis and psoriatic arthropathies being treated with any of the following drugs receiving their medication via a FP10 (Hospital) for presentation at a Community Pharmacy	Number of patients with psoriasis and psoriatic arthropathies being treated with any of the following drugs receiving their medication through a Home Healthcare Delivery Service
Adalimumab	15	0	0	10
Golimumab	6	0	0	0
Etanercept	11	0	0	8
Infliximab	3	0	0	0
Ustekinumab	0	0	0	0
Abatacept	0	0	0	0
Belimumab	0	0	0	0
Infliximab	3	0	0	0
Rituximab	0	0	0	0
Tocilizumab	0	0	0	0
Certolizumab	1	0	0	0

0446/13
NHS Benchmarking Tools

Can you please let me know which NHS benchmarking tools your Information team use for reporting from the following

Dr Foster
Hed
CHKS
Other (Please specify)

Answer: We can confirm that the benchmarking tools used by Walsall Healthcare NHS Trust include;

- **Dr Foster**
- **HED**
- **NHS England Statistics**
- **Health Protection Agency**
- **West Midlands Ambulance Service**
- **Health & Social Care Information Centre**

0447/13
Insurance Contracts, Motor, Property, Accident and Liability

I require the organisation to provide me with contract information relating to insurance services which include the following:

1. Motor
2. Property
3. Accident and Liability

Please find attached my request and if you could be so grateful and input the information within the spreadsheet provided.

Answer: Please see the document attached as requested in relation to our Trust's motor insurance – available upon request.

All third party liability, clinical negligence and property insurances are managed by the National Health Service Litigations Authority. Our Trust pays an annual fee to the NHSLA for this.

0448/13
Pharmaceutical Sponsored Training / Information Sessions

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

Within the Trust please provide details of all Pharmaceutical sponsored training / information sessions that have been provided / held for qualified doctors and consultants by answering the follow questions.

1. How many events were held between 1st Jan 2013 and 31st Dec 2013 which were sponsored?
2. Please list all the companies that sponsored events, and how many events each company sponsored.
3. For each of the companies listed in point 2, please provide figures for the total amount of money given in event sponsorship, or if no money was provided what form did the sponsorship take?

Please provide the information in an excel spreadsheet or another readable format.

Answer: Our organisation’s Register of Gifts and Hospitality are accessible via our publication scheme. The publication scheme can be accessed on our Trust website. The link to our website is; <https://www.walsallhealthcare.nhs.uk/>.

The register details the company that sponsored the event and also the sponsorship value.

**0449/13
Surgical Site Infection Rates**

Under the Freedom of Information Act, please provide for the years (a) 2008/09, (b) 2009/10, (c) 2010/11, (d) 2011/12 and (e) 2012/13:

- Your Trust’s total surgical site infection rate (all cause)

Answer: The table below shows the information held by IPCT regarding national figures held by the Health Protection Agency.

Year	Hip replacements (mandatory)	Knee replacements (mandatory)	# neck of femur (voluntary)
2008/09	0	0	n/a
2009/10	6.12%	0	2.78%
2010/11	0	0	1.89
2011/12	0	0	0
2012/13	0	0	0

- The total number of cases where each of the following were mentioned as either a cause or a contributory factor in a death certificate at your Trust:-
 - i. MRSA (health care acquired)
 - ii. Escherichia coli (health care acquired)
 - iii. MSSA (health care acquired)
 - iv. CDIF (health care acquired)
 - v. Septicemia (health care acquired)
 - vi. Sepsis (health care acquired)
 - vii. Catheter-associated urinary tract infections (health care acquired)
 - viii. Catheter-related bloodstream infections (health care acquired)
 - ix. Central line-associated bloodstream infections (health care acquired)
 - x. Ventilator-associated pneumonia (health care acquired)
 - xi. Norovirus (health care acquired)

- The total number of cases where each of the following were mentioned as either a cause or a contributory factor in a death certificate at your Trust:-
 - i. MRSA (community acquired)
 - ii. Escherichia coli (community acquired)
 - iii. MSSA (community acquired)
 - iv. CDIF (community acquired)
 - v. Septicemia (community acquired)
 - vi. Sepsis (community acquired)
 - vii. Catheter-associated urinary tract infections (community acquired)
 - viii. Catheter-related bloodstream infections (community acquired)
 - ix. Central line-associated bloodstream infections (community acquired)
 - x. Ventilator-associated pneumonia (community acquired)
 - xi. Norovirus (community acquired)

Answer: Unfortunately, our Infection Prevention and Control Team (IPCT) do not currently monitor all of these infections in a formal manner.

The table below shows total number of cases where each of the following were mentioned as either a cause or a contributory factor in a death certificate (within 30 days).

Year	MRSA(health care acquired)	Escherichia coli (health care acquired)	MSSA (health care acquired)	CDIF (health care acquired)
2008/09,	0	Not monitored by IPCT	Not monitored by IPCT	0
2009/10	0	Not monitored by IPCT	Not monitored by IPCT	0
2010/11	0	Not monitored by IPCT	Not monitored by IPCT	0
2011/12	0	Not monitored by IPCT	Not monitored by IPCT	0
2012/13:	0	Not monitored by IPCT	Not monitored by IPCT	1

- The total number of cases of
 - i. MRSA acquired within the Trust
 - ii. Escherichia coli acquired within the Trust
 - iii. MSSA acquired within the Trust
 - iv. CDIF acquired within the Trust
 - v. Septicemia acquired within the Trust

- vi. Sepsis acquired within the Trust
- vii. Catheter-associated urinary tract infections acquired within the Trust
- viii. Catheter-related bloodstream infections acquired within the Trust
- ix. Central line-associated bloodstream infections acquired within the Trust
- x. Ventilator-associated pneumonia acquired within the Trust
- xi. Norovirus acquired within the Trust

- The total number of cases of

- i. MRSA treated within the Trust
- ii. Escherichia coli treated within the Trust
- iii. MSSA treated within the Trust
- iv. CDIF treated within the Trust
- v. Septicemia treated within the Trust
- vi. Sepsis treated within the Trust
- vii. Catheter-associated urinary tract infections treated within the Trust
- viii. Catheter-related bloodstream infections treated within the Trust
- ix. Central line-associated bloodstream infections treated within the Trust
- x. Ventilator-associated pneumonia treated within the Trust
- xi. Norovirus treated within the Trust

Answer: Unfortunately, our Infection Prevention and Control Team (IPCT) do not currently monitor all of these infections in a formal manner.

The table below shows the total number of cases where specimen has taken over 2 days from admission (3 days for C.diff)

Year	MRSA(health care acquired)	Escherichia coli (health care acquired)	MSSA (health care acquired)	CDIF (health care acquired)	Norovirus (positive specimens)
2008/09,	9	Not monitored by IPCT	8	72	No local testing
2009/10	3	27	18	63	No local testing
2010/11	7	36	7	80	27
2011/12	0	28	10	86	42
2012/13:	3	40	17	15	14

- The total number of patients who stayed in hospital longer (extended stay) owing to:
 - i. MRSA acquired within the Trust

- ii. Escherichia coli acquired within the Trust
- iii. MSSA acquired within the Trust
- iv. CDIF acquired within the Trust
- v. Septicemia acquired within the Trust
- vi. Sepsis acquired within the Trust
- vii. Catheter-associated urinary tract infections acquired within the Trust
- viii. Catheter-related bloodstream infections acquired within the Trust
- ix. Central line-associated bloodstream infections acquired within the Trust
- x. Ventilator-associated pneumonia acquired within the Trust
- xi. Norovirus acquired within the Trust

Answer: Unfortunately, our Performance Team are not able to link a patient's length of stay specifically to infections.

- The aggregate number of nights patients stayed in hospital longer, *beyond the trim point*, owing to:

- i. MRSA acquired within the Trust
- ii. Escherichia coli acquired within the Trust
- iii. MSSA acquired within the Trust
- iv. CDIF acquired within the Trust
- v. Septicemia acquired within the Trust
- vi. Sepsis acquired within the Trust
- vii. Catheter-associated urinary tract infections acquired within the Trust
- viii. Catheter-related bloodstream infections acquired within the Trust
- ix. Central line-associated bloodstream infections acquired within the Trust
- x. Ventilator-associated pneumonia acquired within the Trust
- xi. Norovirus acquired within the Trust

Answer: Unfortunately, our Performance Team are not able to link a patient's length of stay specifically to infections.

- The aggregate number of nights patients stayed in hospital longer, *not* just days *beyond the trim point*, owing to:

- i. MRSA acquired within the Trust
- ii. Escherichia coli acquired within the Trust

- iii. MSSA acquired within the Trust
- iv. CDIF acquired within the Trust
- v. Septicemia acquired within the Trust
- vi. Sepsis acquired within the Trust
- vii. Catheter-associated urinary tract infections acquired within the Trust
- viii. Catheter-related bloodstream infections acquired within the Trust
- ix. Central line-associated bloodstream infections acquired within the Trust
- x. Ventilator-associated pneumonia acquired within the Trust
- xi. Norovirus acquired within the Trust

Answer: Unfortunately, our Performance Team are not able to link a patient's length of stay specifically to infections.

- The total revenue from excess bed days caused by patients with an SSI (a) by procedural type and (b) by speciality?

Answer: We can confirm that in 2012-13 the total revenue from excess bed days caused by patients with an SSI was £113,000 and in 2013-14 was £206,000. Unfortunately, we are not able to break this down by procedural type or by speciality.

Please also explain:

- Did your Trust receive instructions in (a) 2008/09, (b) 2009/10, (c) 2010/11, (d) 2011/12 or (e) 2012/13 to reduce expenditure on infection, prevention and control?

Answer: No, our Trust did not received any instructions to reduce expenditure on IPC during these years.

- What strategy does your Trust have in place for the surveillance and minimisation of harm caused by infections not covered in the mandatory surveillance programme?

Answer: Our Trust has an Infection Control Strategy in place supported by a Surveillance Policy, annual plans, Infection Control Policies, a Risk Register and action plans.

- Does the Trust carry out any surgical site infection surveillance that it does not report to Public Health England?

Answer: In 2013-14 our Trust undertook caesarian sections, abdominal hysterectomies, bowel surgery and fractured neck of femur infection surveillance that was not reported to Public Health England.

§ If yes, please specify the protocol, the types of surgeries included and results.

Answer: From 2013/14 the national protocol for identification of SSI is used (Public Health England). Internal incidents are raised for any possible SSI. A Root Cause Analysis (RCA) is undertaken to establish if it is an SSI as well as the cause. The RCA findings and action plans are fed back to divisions and our Infection Control Committee. Identified changes in practices are implemented. Action plans are monitored by the Infection Control Committee. Monthly RCA meetings are undertaken with commissioners.

- Does the Trust carry out any post discharge surgical site surveillance on any category?

Answer: Prior to 2013/14, post discharge surveillance was not undertaken except on mandatory surveillance cases. Since 2013/14, post discharge surveillance is undertaken out 30 days post operation for caesarian sections, abdominal hysterectomies, bowel surgery and fractured neck of femur. 12 month follow ups are also undertaken for elective hip and knee replacements.

§ If yes, what are the numbers of readmission linked to surgical site infection at your Trust?

Answer: Unfortunately, we are not able to obtain this information from our performance system.

- Does the Trust carry out any financial analysis on the cost or operational impact of infections locally?

Answer: No, our Trust does not carry out any financial analysis on the cost or operational impact of infections locally.

§ If yes, please share this.

§ If not, please could you give reasons why

Answer: The implications for patients are sufficiently serious to focus our thoughts without undertaking a costing exercise of dubious validity.

- Does the Trust carry out any post discharge surgical site surveillance on any category?

Answer: Please see the answer to the previous question.

§ If yes, what are the numbers of readmission linked to surgical site infection at your Trust?

Answer: Unfortunately, we are not able to obtain this information from our performance system.

- What surveillance systems and processes did you have for active infection control in 2012/13?

Answer: In 2012/13 mandatory surveillance was completed by infection prevention and control Nurses using the ICnet system. In 2013/14 CQINN was in place for SSI for caesarian sections, orthopaedic surgery, abdominal hysterectomies and bowel surgery. The ICnet NG system was used.

- How many staff were dedicated to the surveillance of infections and/or the analysis of that data in 2012/13?

Answer: One Audit and Surveillance Nurse undertook the analysis of this data in 2012/13.

- How many staff were on your infection prevention and control team in (a) 2008/09, (b) 2009/2010, (c) 2010/11, (d) 2011/12 and (e) 2012/13?

Answer: Please note that Walsall Healthcare NHS Trust did not form until 1st April 2011 (when Walsall Hospitals NHS Trust & Walsall Primary Care Trust Services merged).

Please see the table below.

Year	Number of staff for inpatient areas	Community, GP, dental services, Residential and care homes	Both
2008-09,	1 lead IPCN/2 IPCN	Service under Walsall	N/A

		PCT	
2009-10,	1 lead IPCN/2 IPCN/1 part time IPCN	Service under Walsall PCT	N/A
2010-11	1 lead IPCN/1 IPCN /1 part time IPCN	Service under Walsall PCT	N/A
2011-12	1 lead IPCN/1 IPCN /1 part time IPCN	Service under Walsall PCT	1 Head of IPCT
2012-13	1 lead IPCN/1 IPCN/ 1 part time IPCN/1 surveillance nurse	1 lead IPCN/2 IPCN	1 Head of IPCT 1 CSW

- What was the ratio of infection control staff (ie infection control doctors, infection control nurses, dedicated infection control surveillance auditors) to beds in Acute care at your Trust in 2012/13?

Answer: Unfortunately, information relating to bed allocations back in 2012 is not available. Bed allocation priorities between specialties for patients can change depending upon demand a number of times of the day.

- On how many wards did you do device surveillance in 2012/13?

Answer: There is no specific device surveillance currently undertaken at our organisation but management of intravenous lines was audited three times during 2012/13 which included all adult inpatient areas. Monthly audits are also undertaken to monitor the care of intravenous lines and catheters within all inpatient areas within the Trust.

- On how many wards did you not do device surveillance in 2012/13?

Answer: Please see the answer to the question above.

- How many times in (a) 2008/09, (b) 2009/2010, (c) 2010/11, (d) 2011/12 and (e) 2012/13 was a member of the Board present at an infection prevention and control committee meeting?

Answer: The Infection Prevention and Control Committee meetings during these years were all either chaired by the Chief Executive or Medical Director. They are also Board members.

- How many business cases were submitted by Infection Control in (a) 2008/09, (b) 2009/2010, (c) 2010/11, (d) 2011/12 and (e) 2012/13?

Answer: A business case was submitted in 2011/12.

§ For each year, how many of the above business cases were successful?

Answer: The business case submitted in 2011/12 was successful in securing an additional £250,000 and 4.8 staff to support the service.

- What was your budget for infection prevention and control in (a) 2008/09, (b) 2009/2010, (c) 2010/11, (d) 2011/12 and (e) 2012/13?

Answer: Our organisation's budget for infection prevention and control for the above financial years is detailed below;

Year	£
2008/09	171,263
2009/10	141,246
2010/11	128,891

2011/12	227,953
2012/13	519,200

- Do you have standardised infection control protocols and technology utilisation across all wards of the Trust?

Answer: Yes, infection control core policies are in place within our organisation.

0450/13

Chief Pharmacist

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

1, The name of your organisation's Chief Pharmacist?

Answer: Will Willson is our Director of Pharmacy and currently our organisation's Chief Pharmacist.

2, The Chief Pharmacists salary for financial year 2010/2011?

Answer: The Director of Pharmacy's salary for the financial year 2010-11 was pay banding 8d.

3, The Chief Pharmacists salary for the current financial year 2012/2013?

Answer: The Director of Pharmacy's salary for the financial year 2012-13 was pay banding 8d (salary range £65 – 81K).

4, Job title of the person the Chief Pharmacist is responsible to?

Answer: Our Director of Pharmacy reports to our organisation's Medical Director although his role is managed by the Divisional Director within Women's, Children's and Clinical Support Services Division.

5, Job titles of staff directly responsible to the Chief Pharmacist?

Answer: Please see the attached Pharmacy directorate structure.

6, A copy of the Chief Pharmacists Job Description?

Answer: Please see the attached a copy of the Director of Pharmacy's job description.

0451/13

Money Spent on Litigation

please provide the following information under the Freedom Of Information Act:

i) What was the annual legal cost to the trust for the year ended 31 December 2012 and 31 December 2013 please?

Answer: The annual cost to our Trust for legal fees from 1st January to 31st December 2012 was £152,881 and for 1st January to 31st December 2013 was £259,348.

ii) Which firm of solicitors does the trust use for employment related cases?

Answer: The maintenance of the hospital automatic doors is part of a private finance initiative contract with Skanska Facilities Services. Skanska sub-contract this element to a third party. Within the spirit of the Act, we have contacted the Skanska on your behalf to obtain this information.

Skanska Facilities Services have confirmed that they do employ a specialist company to regularly service our automatic doors.

With the exception of two of our community premises, we are tenants with no responsibility for fitting or maintaining automatic doors. This responsibility sits with the landlord of the premises who is NHS Property Services. We recommend you contact NHS Property Services directly if you would like more information. The two sites that our organisation own only have manual doors fitted.

2. If so, who is employed to carry out this service?

Answer: We recommend you contact Skanska Facilities Services directly for more information.

3. How many automatic doors are included in the service?

Answer: Skanska have advised that circa 30 automatic doors are included in the service.

4. How many times per year are they serviced?

Answer: Skanska have advised that they are serviced twice a year at our organisation.

5. How much do you pay for this service annually?

Answer: We recommend you contact Skanska Facilities Services directly for more information.

6. When is the contract up for renewal?

Answer: Skanska have advised that their contract with the third party company is due for renewal in at the end of 2017.

7. Who manages this contract?

Answer: The internal contact for Skanska at our organisation is Colin Plant, Director of Estates and Facilities (Manor Hospital, Moat Road, Walsall, WS2 9PS). As mentioned in question 1 Skanska sub-contract this service to a third party. If you wish to contact Skanska UK Plc directly please contact for more information their address is; Maple Cross House, Denham Way, Maple Cross, Rickmansworth, Herts, WD3 9SW or Tel: 01923 776666.

0456/13

Current and Historic Chief Executives Since 1980

Please may I request, under the Freedom of Information Act, the following;

- 1) In chronological order since 1980 and up until and including the current post holder, who have been/are the Chief Executives of your Hospital Trust and;
- 2) the length of time those individuals were/have been in post

Answer: Please note that Walsall Healthcare NHS Trust did not form until 01 April 2011 (when Walsall Hospital Trust & Walsall Primary Care Trust services merged).

Unfortunately, our records do not date back far enough to identify who our Chief Executives were before 1991.

<u>Period in Job Role</u>	<u>Name</u>	<u>Length of Time in post</u>
1991 – 2003	John Rostill	Around 12 years
2003 – 2010	Sue James	Around 7 years
January 2011 – April 2011	Michael Scott (Interim)	Around 4 months
April 2011 – present day	Richard Kirby	3 years

0457/13

Chief Pharmacist

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

1, The name of your organisation's Senior / Chief Pharmacy Technician?

Answer: Will Willson is our Director of Pharmacy and currently our organisation's Chief Pharmacist.

2, The Senior / Chief Pharmacy Technician salary for financial year 2012/2013?

Answer: The Director of Pharmacy's salary for the financial year 2012-13 was pay banding 8d (salary range £65 – 81K).

3, The Senior / Chief Pharmacy Technician salary for the current financial year 2012/2013?

Answer: Please see the answer above.

4, Job title of the person the Senior / Chief Pharmacy Technician is responsible to?

Answer: Our Director of Pharmacy reports to our organisation's Medical Director although his role is managed by the Divisional Director within Women's, Children's and Clinical Support Services Division.

5, Job titles of staff directly responsible to the Senior / Chief Pharmacy Technician?

Answer: Please see the attached Pharmacy directorate structure.

6, A copy of the Senior / Chief Pharmacy Technician Job Description?

Answer: Please see the attached a copy of the Director of Pharmacy's job description.

7. The email address of the Senior / Chief Pharmacy Technician

Answer: Email address is will.willson@walsallhealthcare.nhs.uk

0458/13

Strangulation and domestic and sexual violence

Please could you pass this request to the relevant staff within your Trust and instruct them to send us the following information:

1. Does your Trust have a specific protocol in place for staff working with patients who have experienced strangulation? If yes please attach a copy of this protocol.

Answer: No, our Trust does not have a specific protocol in place for staff working with patients who have experienced strangulation.

2. Does your Trust have in place a training programme for health staff working with victims of domestic violence and abuse? If yes is this an in house or external programme? If yes please supply a copy of the training programme, its objectives and how long this training lasts.

Answer: Training is accessible to staff via the multi-agency training programme provided by the Walsall Domestic Violence Forum. This forum is external to the Trust and is a registered charity. The forum can be contacted by telephone on 01922 406767 or website <http://www.wdvh.co.uk/index.html> in order to obtain a copy of the training information. The domestic violence training is promoted within our Trust's safeguarding children training.

3. Does your Trust have in place a training programme for health staff working with victims of sexual violence? If yes is this an inhouse or external programme? If yes please supply a copy of the training programme, its objectives and how long this training lasts.

Answer: Our Trust does not provide specific in house training on Sexual Abuse to our staff. Staff who work with children are able to access multi-agency training provided by Walsall Safeguarding Children Board. Walsall Safeguarding Children Board are external to the Trust and can be contacted on telephone; 01922 648258 or email; wscb@walsall.gov.uk in order to obtain a copy of the training information.

4. Does your Trust have in place a training programme for health staff to help them to identify and respond appropriately to patients who have experienced strangulation? If yes please supply a copy of the training programme, its objectives and how long this training lasts.

Answer: Our Trust does not provide specific training on identifying and responding appropriately to patients who have experienced strangulation.

5. Does your Trust collect specific data on patients who allege that they have experienced strangulation as a feature of domestic or sexual violence?

Answer: Our Trust does not record specific data on patients who allege that they have experienced strangulation as a feature of domestic or sexual abuse. Information will be recorded in the patient's health record and Clinical Coding system.

6. Do health staff in your Trust have access to a specific strangulation recording tool to enable them to collect data related to patients' experiences of strangulation and the injuries and health impacts that they may have sustained? If yes then please attach a copy of this tool.

Answer: Our Trust does not access a specific strangulation recording tool.

7. Do health staff in your Trust provide patients who have been strangled with a specific advice tool that helps them to understand strangulation, its potential impacts upon their level of risk, health, and the ability to log any further health issues? If yes then please supply a copy of this advice tool.

Answer: Our Trust does not provide patients who have been strangled with a specific advice tool.

8. Do you use the nationally accredited ACPO/DASH risk assessment tool for referrals to the local domestic violence MARAC ? If no then please tell us which domestic violence risk assessment tool that you use – please attach a copy.

Answer: We use the CAADA Risk Assessment Checklist which is based on the ACPO/DASH Risk Assessment. Please find a copy attached as requested – available upon request.

9. How many victims of domestic violence have you referred to the local MARACs which service your Trust area between August 1st 2013 and January 31st 2014? Please break this data down by MARAC if you refer to more than one.

Answer: Our Trust has not referred any victims to our local MARAC during this time period.

10. If you work with children how many safeguarding referrals have you made (between August 1st 2013 and January 31st 2014) where strangulation is a feature of the violence or abuse that the child/ren have experienced?

Answer: Our Trust has not made any referrals for children where strangulation is a feature of the violence or abuse during this time period.

0459/13

Current and Historic Chief Executives Since 1990 - 2014

Under the Freedom of Information Act 2000 we would like to request the name, DOB and professional background (clinician or non-clinician) of each CEO who has been employed by your trust spanning the past 25 years (i.e. 1990-2014).

Answer: Please note that Walsall Healthcare NHS Trust did not form until 01 April 2011 (when Walsall Hospital Trust & Walsall Primary Care Trust services merged).

Unfortunately, our records do not date back far enough to identify who our Chief Executives were before 1991. We also unfortunately do not have a record of the professional backgrounds of our previous Chief Executives.

Their date of birth information is withheld under section 40 (personal information).

<u>Period in Job Role</u>	<u>Name</u>	<u>Length of Time in Post</u>	<u>Professional Background</u>
1991 – 2003	John Rostill	Around 12 Years	Not known
2003 – 2010	Sue James	Around 7 Years	Not known
Jan 2011 – Apr 2011	Michael Scott (Interim)	Around 4 Months	Not known
Apr 2011 – Present Day	Richard Kirby	3 Years	Non-clinical

0460/13

Dermal Filler Procedures

I would like to make an FOI request on the following two areas:

1) How many people have been admitted as inpatients to your Trust following complications of dermal or facial filler procedures in each of the calendar years 2009 – 2013?

2) How many attendances to your A&E department with complications following dermal or facial fillers have there been in each of the calendar years 2009 - 2013?

Answer: Unfortunately, our Trust does not have a code specifically for complications of this procedure. We would need to pair codes together in order to obtain this data for you. This would consist of the actual complication/condition eg. infection, cellulitis and the cause which would be; complication of a medical procedure. The cause would be genetic (complication of medical procedure) and would cover all procedures and not just dermal facial fillers.

Unfortunately, we are not able to provide accurate figures for you.

0461/13
Policies and Procedures

I would be grateful if you could send me a copy of your confidentiality policy and code of business conduct policy please.

Answer: Please find the two policies attached as requested – available upon request. Please note that we have included our current Code of Business Conduct. We have recently reviewed this and are sending an identical version for approval at our Audit Committee meeting shortly. We have also attached a copy of the proposed version awaiting approval for your information – available upon request.

0462/13
Patients Treated with Biologics

For your Trust please could you supply the total number of patients treated with biologics for the following conditions, split by the named biologic for two time periods: 1st January - 30th June 2013 and 1st July to 31st December 2013. For your convenience, I have attached a simple excel spreadsheet to populate which I hope is clear.

Conditions:

Rheumatoid Arthritis

Ankylosing Spondylitis [if split by individual Arthropathy is not possible, please state total for Spondylarthropathies]

Psoriatic Arthritis

Psoriasis

Crohn's disease

Ulcerative Colitis

Answer: Please see the completed tables as requested below.

Please enter total number of patients treated between 1st January 2013 and 30th June 2013	Rheumatoid Arthritis	Ankylosing Spondylitis	Psoriatic Arthritis	Psoriasis	Crohn's disease	Ulcerative Colitis
Abatacept [Orencia]	3	0	0	0	0	0
Adalimumab [Humira]	57	10	14	5	20	5
Anakinra [Kineret]	0	0	0	0	0	0
Certolizumab [Cimzia]	14	0	0	0	0	0
Etanercept [Enbrel]	47	7	12	5	1	0

Golimumab [Simponi]	13	9	8	0	0	0
Infliximab [Remicade]	9	0	2	1	20	9
Rituximab [Mabthera]	32	0	0	0	0	1
Tocilizumab [Ro Actemra]	25	0	0	0	0	0
Ustekinumab [Stelara]	0	0	0	1	0	0
Others	0	0	0	0	0	0

Please enter total number of patients treated between 1st July 2013 and 31st December 2013	Rheumatoid Arthritis	Ankylosing Spondylitis	Psoriatic Arthritis	Psoriasis	Crohn's disease	Ulcerative Colitis
Abatacept [Orencia]	7	0	0	0	0	0
Adalimumab [Humira]	53	12	12	7	19	8
Anakinra [Kineret]	0	0	0	0	0	0
Certolizumab [Cimzia]	14	0	0	0	0	0
Etanercept [Enbrel]	42	9	12	4	0	0
Golimumab [Simponi]	13	8	10	0	0	0
Infliximab [Remicade]	6	0	2	1	18	10
Rituximab [Mabthera]	20	0	0	0	0	1
Tocilizumab [Ro Actemra]	28	0	0	0	0	0
Ustekinumab [Stelara]	0	0	0	2	0	0
Others	0	0	0	0	0	0

0463/13

Number of Patients Discharged

I would be grateful if you could answer the following questions under the Freedom of Information of Act 2000.

For the financial years:

1. 2013-14 (to date)
2. 2012-13
3. 2011-12

A. How many i) male and ii) female patients were discharged between 2300 and 0600?

Answer: Please see the table below.

Financial Year	Gender	Discharges
Year 2011/12	Male	650
Year 2011/12	Female	1074
Year 2012/13	Male	672
Year 2012/13	Female	1225
Year 2013/14	Male	481
Year 2013/14	Female	974

B. How many patients aged i) 0-15 ii) 16- 64 iii) 65-74 iv) 75+ were discharged between 2300 and 0600?

Answer: Please see the table below.

Financial Year	Age-Range	Discharges
Year 2011/12	0-15	331
Year 2011/12	16-64	815
Year 2011/12	65-74	192
Year 2011/12	75+	386
Year 2012/13	0-15	327
Year 2012/13	16-64	990
Year 2012/13	65-74	157
Year 2012/13	75+	423
Year 2013/14	0-15	191
Year 2013/14	16-64	857
Year 2013/14	65-74	105
Year 2013/14	75+	302

C. What percentage of *total* discharges took place between 2300 and 0600?

Answer: Please see the table below.

Financial Year	Total Number of Discharges	Percentage Total
Year 2011/12	63324	2.7%
Year 2012/13	67661	2.8%
Year 2013/14	57881	2.5%

Staff Employed by the Trust and Staff Sick pay

I would like to know:

- How many people are employed by the Trust at present and how many staff were employed by the Trust 12 months ago

Answer: Please see the table below.

Feb 2013 FTE Staff In Post	Feb 2014 FTE Staff In Post
3509.99	3615.64

- How many current staff are entitled to sick pay under the Trust's current policies

Answer: All staff employed by our Trust are entitled to sick pay.

- A breakdown of how many staff (as a whole number and a percentage of workforce) fall into each sick pay entitlement category

Answer: We do not use entitlement categories for sick pay as all our employed staff have this entitlement.

I have a series of question regarding sick leave within the Trust over the previous 12 months:

- How much working time was lost to sick leave, expressed as a percentage of total Trust working time, working days, and individual incidents

Answer: Please see the table below.

Apr-2013 to Feb-14		
% Absence Rate (FTE)	Absence in days (FTE)	No of Episodes
4.25%	52,633.98	7,347

- How much of this sick leave (expressed in the same manner) allowed the staff member to receive sick pay under their contractual entitlement

Answer: All staff received sick pay under their contractual entitlement.

- How much of this sick leave (expressed in the same manner) allowed the staff member to receive sick pay under additional discretionary arrangements

Answer: No members of staff had additional sick pay as a discretionary arrangement within our Trust.

- How much has sick leave cost the Trust. Please break this down into sick pay and replacement/cover staff costs

Answer: Please see the table below.

Apr-2013 to Feb-14		
Estimated Cost	Salary Based Absence Cost (Adjusted) SUM	Employers Cost (Adjusted) SUM
£4,313,893.36	£3,459,014.24	£854,879.12

- What are the Trust's total staffing costs, and what do sick leave costs represent as a percentage of this total

Answer: Please see the table below.

Apr-2013 to Feb-14		
Total Pay Expenditure	Estimated Sickness Absence Cost	Absence Cost vs. Pay Expenditure
£137,684,144.22	£4,313,893.36	3.13%

- Expressed as a percentage of total sick leave taken in the last 12 months, how many sick days were taken on a Monday or a Friday

Answer: Please see the table below.

Apr-2013 to Feb-14	
% of total days lost on a Monday	% of total days lost on a Friday
14.41%	14.82%

- How many individuals have taken more than 10% of their expected working time as sick leave, and what proportion of total sick leave and sick pay costs do these individuals account for

Answer: Please see the table below.

Apr-2013 to Feb-14	
No Employees with 10% or higher sickness absence	% total sick and sick pay costs
420	59.19%

- How many individuals have taken more than 15% of their expected working time as sick leave, and what proportion of total sick leave and sick pay costs do these individuals account for

Answer: Please see the table below.

Apr-2013 to Feb-14	
No Employees with 15% or higher sickness absence	% total sick and sick pay costs
289	49.45%

- What proportion of total sick leave has been attributed to 'stress' or similar reporting terms

Answer: Please see the table below.

Apr-2013 to Feb-14
Proportion of total sick leave has been attributed to 'stress' or similar reporting terms
15.11%

- On how many occasions, regarding how many members of staff, have concerns about sick leave been escalated, and what action has been taken
 - Concerns may include, but your response should not be limited to: fitness to work questions, repeated absence, bullying or mismanagement, over-worked staff.
 - Action may include, but your response should not be limited to: phased return, redeployment, termination of contract on health grounds, disciplinary procedures

Answer: As the period has not been specified we have gathered information from the last 12 months 1st April 2013 to 31st March 2014.

There were 533 long term sickness cases and 708 short terms sickness triggers in the last 12 months. Each case has been managed in line with the Sickness Absence Policy and may or may not include phased returns/redeployment. It will be dependent on the cause for absence.

In the last 12 months there have been 4 terminations of contract on health grounds

In the last 12 months there has been 1 dismissal under our disciplinary process for short term sickness absence

Additionally, please include a copy of your sickness related absence policy, and details of training on sickness and that sickness policy delivered to staff (such as managers) across the Trust. Please explain any plans to update the Trust's sickness policies, including routine updates.

Answer: Please find attached a copy of our Sickness Absence Policy – available upon request. The policy is due for full review in September 2016. It would also be reviewed following the release of any new standards.

Sickness absence training is incorporated in a larger leadership programme for managers at our Trust and is provided by our Learning and Development Department. Awareness and update sessions are also provided as and when required for example due to changes made to policy/legislation.

Please also explain your policy regarding the replacement of staff during sickness absences.

Answer: This is managed at a local level within our Trust and in most cases work is distributed amongst current staff.

Please also include any internal communication or documentation that discusses concerns, raises issues or identifies a need to change any sickness related reporting or management.

Answer: Any changes to the sickness reporting process or sickness absence management are reflected within the Sickness Absence Policy via our Human Resources Policy Sub Group.

0465/13 Agency Spend

Could you please provide by return email, all information pertaining to:

- A breakdown of the Trusts spend on agency workers for the last full calendar year (January 2012- December 2012), relating to Non Medical Non Clinical staff

Answer: Please see the table below. Our Trust's total agency spend non-medical and non-clinical staff during January 2012 to December 2012 was £309,468.

Months	Agency Spend (£)
Jan 12 - Mar 12	84,645
Apr 12- Dec 12	224,823
Total	309,468

- Details of any service level agreements that the Trust currently have with suppliers of agency workers, including names of contracted suppliers and the agreements expiry dates.

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

Answer: The Trust has a Service Level Agreement (SLA) in place with Medacs against the Crown Commercial Service Framework RM1570 Locum Doctors including Locum GP's. The initial period of the SLA is until 30th June 2015 with an option to extend.

The Trust is a member of the Birmingham Cluster of NHS Trusts which has SLAs in place under a Health Trust Europe Nursing and Care Services Framework. The central region of this framework runs until 30th September 2014 with an option to extend. The Trust uses the following agencies against this framework/SLA's:

BNA
Medacs
Nursing Personnel
ID Medical
Meridian
Swiss Healthcare
Servoca
Arrows Group
HCL Healthcare

0466/13
Procurement Structure

Please send me the full Organisational Chart for the Procurement and/or Purchasing function at the Organisation. Please include job titles and names if you have them. If the chart covers more than one department please include additional Organisational Charts.

Answer: Please note that we do not release individual staff names below Director level. This is withheld under section 40 (personal Information). Please find attached the structure as requested – available upon request. The Director of our Procurement Directorate is Ian Baines.

0467/13
Accidental Removal of Urinary Catheters

I wish to receive information regarding the accidental removal of urinary catheters (often referred to as Foley catheters) for patients in NHS inpatient care. These catheters are normally held in situ by a balloon. They are occasionally removed by the confused patient (often causing pain). Incidences of accidental urinary catheter removal should be recorded via incident reporting. I don't require any details of incidents, only the number of incidents reported. Please provide the most recent available (complete) 1 year of data.

Answer: Please see the table below which demonstrates all incidents reported in the last 12 months (March13 – March14) within our Trust.

Catheter Tugging = 3		Partial Removal = 2		Complete Removal = 6	
Confused patient	General patient	Confused patient	General patient	Confused patient	General patient
2	1	1	1	1	5

0468/13
Total number of deaths within Trust

Please may I make a Freedom of Information request for the following information:

1. The total number of deaths within your Trust between 1st January 2013 and 31st December 2013

Answer: We can confirm that during this time period there were 1089 deaths and 23 stillbirths at Walsall Manor Hospital. Please note that these related to inpatients.

2. The number of Hospital (consent) autopsies carried out on deaths which occurred between 1st January 2013 and 31st December 2013.

Answer: We can confirm that 4 adult hospital post mortems were undertaken during this period at the mortuary at Walsall Manor Hospital. We also referred 23 foetal post mortems, 3 stillbirths and 1 live birth to Birmingham Women's Hospital.

Please note that our mortuary also undertake post mortem referrals from the coroner's office for the locality of Walsall.

0469/13
Competitive Tending Process

I am writing to you in order to make a request for information under the Freedom Of Information Act, relating to the expenditure by your organisation in the following areas -

1) How much was spent in total on the costs of running the competitive tendering process in the following financial years:

2009/10, 2010/11, 2011/12, 2012/13;

And what is the projected spend for 2013/14?

Answer: Unfortunately, the Trust does not record the information necessary to calculate (or estimate) the cost of running competitive tendering exercises.

2) How many such tendering procedures were undertaken in each year listed above?

Answer: Please see the figures below.

2009/10	19
2010/11	16
2011/12	23
2012/13	17
2013/14	21

0470/13
Inguinal hernias

Under the Freedom of Information Act, please provide:

A figure for the number of consultant surgeons who treated inguinal hernias in your trust in (a) 2011/12 and (b) 2012/13?

Figures for the number of inguinal hernias each consultant surgeon treated in (a) 2011/12 and (b) 2012/13? Eg. "4 consultant surgeons treated 100, 50, 20 and 5 inguinal hernias respectively".

Answer: Please note that the table below shows the number of inguinal hernias treated under General Surgery at Walsall Manor Hospital. These figures represent matches for the primary diagnosis code of inguinal hernias for patients between 1st April 2011 to 31st March 2013. The Consultant names have been anonymised.

Consultant	Financial Year		
	Year 2011/12	Year 2012/13	Grand Total
Consultant 1	42	67	109
Consultant 2	20	22	42
Consultant 3	7	17	24
Consultant 4	27	28	55
Consultant 5	5	0	5

Consultant 6	2	17	19
Consultant 7	58	53	111
Consultant 8	57	69	126
Consultant 9	42	26	68
Consultant 10	26	0	26
Consultant 11	2	10	12
Consultant 12	79	29	108
Consultant 13	3	0	3
Consultant 14	N/A	6	6
Grand Total	370	344	714

**0471/13
Haemorrhoids**

I would like information on the number of patients who had haemorrhoid surgeries done in the year 2013-2014 within the trust. In particular the following:

Number of Haemorrhoidectomies (OPCS Code H51.1)

Answer: We can confirm that 51 haemorrhoidectomies were undertaken at Walsall Manor Hospital during 1st April 2013 to 28 February 2014.

Number of Stapled Haemorrhoidectomies (OPCS Code H51.3)

Answer: None of these procedures were undertaken at our hospital during this time period.

Number of Haemorrhoidal artery ligations (OPCS Code L70.3) [may be described as a THD or HALO]

Answer: None of these procedures were undertaken at our hospital during this time period.

Further to that i would like to know re-admission numbers/rates following the surgeries ie how many of the patients for each type of surgery were then re-admitted for further surgery etc

Answer: One patient who had a haemorrhoidectomy undertaken returned for further surgery 40 days post their initial treatment.

**0472/13
Total number of deaths within Trust**

I would like to make a request under the Freedom of Information Act.

Please would you tell me:

1. The number of people who died in your hospital(s) and any other facilities managed by the Trust in 2013.

Please break this down by each day of 2013, so that it is possible to see how many people died on each day of the year in the trust's facilities.

Answer: Please see the tables below. They show the total number of people who passed away and total number of stillbirths each day at Walsall Manor Hospital between 1st January 2013 and the 31st December 2013.

Patient who Passed Away

Month	Date	Total
January 2013	01/01/2013	4
	02/01/2013	6
	03/01/2013	6
	04/01/2013	5
	05/01/2013	6
	06/01/2013	3
	07/01/2013	5
	08/01/2013	3
	09/01/2013	3
	10/01/2013	4
	11/01/2013	5
	12/01/2013	7
	13/01/2013	5
	14/01/2013	2
	15/01/2013	8
	16/01/2013	2
	17/01/2013	5
	19/01/2013	3
	20/01/2013	5
	21/01/2013	3
	22/01/2013	5
	24/01/2013	7
	25/01/2013	1
	26/01/2013	4
27/01/2013	4	
28/01/2013	4	
29/01/2013	4	
30/01/2013	7	
31/01/2013	2	
January 2013 Total		128
February 2013	01/02/2013	4
	02/02/2013	1
	03/02/2013	1
	04/02/2013	3
	05/02/2013	1
	06/02/2013	4
	07/02/2013	2
	08/02/2013	8
	09/02/2013	4
	10/02/2013	3
	11/02/2013	3

	12/02/2013	4
	16/02/2013	2
	17/02/2013	4
	18/02/2013	3
	19/02/2013	3
	20/02/2013	4
	21/02/2013	3
	22/02/2013	2
	23/02/2013	4
	24/02/2013	1
	25/02/2013	4
	26/02/2013	2
	27/02/2013	1
	28/02/2013	1
February 2013 Total		72
March 2013	01/03/2013	2
	02/03/2013	3
	03/03/2013	7
	04/03/2013	3
	05/03/2013	4
	06/03/2013	2
	07/03/2013	4
	08/03/2013	2
	09/03/2013	2
	10/03/2013	4
	11/03/2013	2
	12/03/2013	3
	13/03/2013	7
	14/03/2013	3
	15/03/2013	5
	16/03/2013	5
	17/03/2013	2
	18/03/2013	4
	19/03/2013	3
	20/03/2013	5
	21/03/2013	6
	22/03/2013	4
	23/03/2013	4
	24/03/2013	3
	25/03/2013	3
	26/03/2013	5
	27/03/2013	6
	28/03/2013	1
	29/03/2013	3
	30/03/2013	3
	31/03/2013	6
March 2013 Total		116

April 2013	01/04/2013	7	
	02/04/2013	9	
	03/04/2013	5	
	04/04/2013	3	
	05/04/2013	3	
	06/04/2013	3	
	07/04/2013	3	
	08/04/2013	5	
	09/04/2013	3	
	10/04/2013	5	
	11/04/2013	3	
	12/04/2013	1	
	13/04/2013	5	
	14/04/2013	2	
	15/04/2013	2	
	16/04/2013	4	
	17/04/2013	7	
	18/04/2013	2	
	19/04/2013	3	
	20/04/2013	2	
	21/04/2013	3	
	22/04/2013	6	
	23/04/2013	3	
	24/04/2013	3	
	25/04/2013	2	
	26/04/2013	3	
	27/04/2013	2	
	28/04/2013	2	
		29/04/2013	1
		30/04/2013	2
April 2013 Total		104	
May 2015	01/05/2013	3	
	02/05/2013	7	
	03/05/2013	5	
	04/05/2013	1	
	05/05/2013	1	
	06/05/2013	3	
	07/05/2013	4	
	08/05/2013	7	
	09/05/2013	2	
	10/05/2013	7	
	11/05/2013	1	
	12/05/2013	6	
	13/05/2013	4	
	14/05/2013	4	
	15/05/2013	4	
	16/05/2013	2	
	17/05/2013	4	

	18/05/2013	2
	19/05/2013	1
	20/05/2013	1
	21/05/2013	5
	22/05/2013	1
	23/05/2013	3
	24/05/2013	4
	25/05/2013	1
	26/05/2013	1
	27/05/2013	3
	28/05/2013	6
	29/05/2013	2
	30/05/2013	2
	31/05/2013	2
May 2015 Total		99
June 2013	01/06/2013	7
	02/06/2013	6
	03/06/2013	2
	04/06/2013	2
	05/06/2013	1
	06/06/2013	2
	07/06/2013	2
	08/06/2013	3
	09/06/2013	1
	10/06/2013	2
	12/06/2013	4
	13/06/2013	4
	14/06/2013	1
	15/06/2013	2
	16/06/2013	3
	17/06/2013	1
	18/06/2013	3
	19/06/2013	1
	20/06/2013	5
	21/06/2013	5
	22/06/2013	5
	23/06/2013	3
	25/06/2013	4
	26/06/2013	2
	27/06/2013	2
	28/06/2013	5
	29/06/2013	2
	30/06/2013	2
June 2013 Total		82
July 2013	01/07/2013	1
	02/07/2013	3
	03/07/2013	3

	04/07/2013	5
	05/07/2013	4
	06/07/2013	6
	07/07/2013	5
	08/07/2013	5
	09/07/2013	4
	10/07/2013	1
	11/07/2013	3
	12/07/2013	6
	13/07/2013	4
	14/07/2013	1
	15/07/2013	5
	16/07/2013	1
	17/07/2013	3
	18/07/2013	3
	19/07/2013	1
	20/07/2013	2
	22/07/2013	1
	23/07/2013	1
	24/07/2013	1
	25/07/2013	2
	27/07/2013	4
	28/07/2013	4
	29/07/2013	3
	30/07/2013	3
	31/07/2013	2
July 2013 Total		87
Aug 2013	01/08/2013	5
	02/08/2013	4
	03/08/2013	3
	04/08/2013	2
	05/08/2013	1
	06/08/2013	2
	07/08/2013	1
	10/08/2013	1
	11/08/2013	2
	12/08/2013	1
	13/08/2013	4
	14/08/2013	3
	15/08/2013	2
	16/08/2013	4
	17/08/2013	4
	18/08/2013	2
	19/08/2013	2
	20/08/2013	2
	21/08/2013	1
	22/08/2013	5
	23/08/2013	1

	25/08/2013	4
	26/08/2013	3
	27/08/2013	5
	29/08/2013	2
	30/08/2013	1
	31/08/2013	3
Aug 2013 Total		70
Sept 13	01/09/2013	1
	02/09/2013	4
	03/09/2013	1
	04/09/2013	5
	05/09/2013	2
	06/09/2013	2
	07/09/2013	2
	09/09/2013	2
	10/09/2013	4
	11/09/2013	4
	12/09/2013	2
	13/09/2013	2
	14/09/2013	2
	15/09/2013	4
	16/09/2013	3
	17/09/2013	2
	18/09/2013	1
	19/09/2013	5
	20/09/2013	2
	21/09/2013	1
	22/09/2013	2
	23/09/2013	1
	24/09/2013	2
	25/09/2013	2
	26/09/2013	5
	27/09/2013	1
	28/09/2013	2
	29/09/2013	3
	30/09/2013	1
Sept 13 Total		70
Oct 2013	01/10/2013	1
	02/10/2013	1
	03/10/2013	2
	04/10/2013	3
	05/10/2013	4
	06/10/2013	4
	08/10/2013	5
	09/10/2013	3
	10/10/2013	2
	11/10/2013	3

	12/10/2013	1
	13/10/2013	5
	14/10/2013	5
	15/10/2013	2
	16/10/2013	3
	17/10/2013	3
	18/10/2013	3
	19/10/2013	2
	20/10/2013	2
	21/10/2013	3
	22/10/2013	4
	23/10/2013	1
	24/10/2013	6
	25/10/2013	3
	26/10/2013	1
	27/10/2013	8
	28/10/2013	3
	29/10/2013	4
	30/10/2013	1
	31/10/2013	3
Oct 2013 Total		91
Nov 2013	01/11/2013	2
	02/11/2013	3
	03/11/2013	2
	04/11/2013	2
	05/11/2013	2
	06/11/2013	2
	07/11/2013	3
	08/11/2013	4
	09/11/2013	1
	10/11/2013	4
	11/11/2013	3
	12/11/2013	4
	13/11/2013	3
	14/11/2013	1
	15/11/2013	3
	16/11/2013	1
	17/11/2013	2
	18/11/2013	4
	19/11/2013	2
	20/11/2013	3
	21/11/2013	1
	22/11/2013	3
	23/11/2013	2
	24/11/2013	2
	25/11/2013	4
	26/11/2013	6
	27/11/2013	6

	28/11/2013	1
	30/11/2013	2
Nov 2013 Total		78
Dec 2013	01/12/2013	2
	02/12/2013	3
	03/12/2013	3
	04/12/2013	2
	05/12/2013	2
	06/12/2013	3
	07/12/2013	3
	08/12/2013	1
	09/12/2013	1
	10/12/2013	1
	12/12/2013	2
	13/12/2013	5
	14/12/2013	5
	15/12/2013	6
	16/12/2013	2
	17/12/2013	6
	18/12/2013	2
	20/12/2013	1
	21/12/2013	2
	22/12/2013	4
	23/12/2013	4
	24/12/2013	2
	25/12/2013	8
	26/12/2013	3
	27/12/2013	7
	28/12/2013	2
	29/12/2013	2
	30/12/2013	4
	31/12/2013	4
Dec 2013 Total		92
Grand Total		1089

Stillbirths

Month	Date	Total
January 2013	16/01/2013	1
	20/01/2013	1
January 2013 Total		2
February 2013	06/02/2013	1
	15/02/2013	1
	28/02/2013	1
February 2013 Total		3

April 2013	28/04/2013	1
April 2013 Total		1
June 2013	18/06/2013	1
	25/06/2013	1
June 2013 Total		2
July 2013	09/07/2013	1
	10/07/2013	1
	16/07/2013	1
July 2013 Total		3
Aug 2013	02/08/2013	1
	16/08/2013	1
	18/08/2013	1
Aug 2013 Total		3
Sept 2013	01/09/2013	1
Sept 2013 Total		1
Nov 2013	07/11/2013	1
	12/11/2013	1
	26/11/2013	1
	29/11/2013	1
Nov 2013 Total		4
Dec 2013	03/12/2013	1
	06/12/2013	1
	08/12/2013	1
	27/12/2013	1
Dec 2013 Total		4
Grand Total		23

0473/13

Budget for Deaf/Hearing Impaired Children

Speech and Language Therapy

1. Please state the name(s), job title(s) and contact details of the person(s) completing this section

**Completed by the Freedom of Information Office, Compliance and Risk Team.
Information provided by the Head of Speech & Language Services. Please note that we do not release individual staff names below Director level. This is withheld under section 40 (Personal Information).**

The Interim Director for Women's and Children's Services at Walsall Manor Hospital is Simon Hallion. His email address is; simon.hallion@walsallhealthcare.nhs.uk or telephone 01922 721172.

2. Do you provide any generic speech and language therapy services that can be used by deaf/hearing impaired children?

Answer: Yes

- a) If yes, please complete the below table stating what funding was allocated to speech and language therapy services that can be used by deaf/hearing impaired children in 2013/14, and what funding has been allocated for 2014/15?

If you do not hold a specific budget for deaf/hearing impaired children, please give figures for any of the overarching budgets these services are funded from, and state which service, team or departments this budget covers.

Answer: Please see the completed table below.

	2013/14	Who manages this budget? (please tick all that apply)	2014/15	Who manages this budget? (please tick all that apply)	If there has been a reduction, please explain
Net budget allocated (£)	960,000 (total paediatric Speech & Language Budget)	Health <input checked="" type="checkbox"/> Local Authority <input type="checkbox"/> Schools <input type="checkbox"/> Other (please state) <input type="checkbox"/>	960,000 (total paediatric Speech & Language Budget)	Health <input checked="" type="checkbox"/> Local Authority <input type="checkbox"/> Schools <input type="checkbox"/> Other (please state) <input type="checkbox"/>	

3. Please can you specify in which local authority areas speech and language therapy services that deaf/hearing impaired children can access are commissioned and, if applicable, the names of the CCG(s) that commission this service:

Names of local authority areas	Walsall
Names of the CCG(s)	Walsall Clinical Commissioning Group

4. Please complete the table below stating how many deaf/hearing impaired children were supported by your generic speech and language therapy service in 2013/14 and how many you plan to support in 2014/15?

	2013/14	2014/15
Number of deaf/hearing impaired children supported	Not known – unfortunately this information is not recorded	Not known – unfortunately this information is not recorded

5. Do you provide speech and language therapy services that specialise in working with deaf/hearing impaired children?

Answer: Yes

- a) If yes, please complete the below table stating what funding was allocated to specialist speech and language therapy services for deaf/hearing impaired children in 2013/14, and what funding has been allocated for 2014/15?

Answer: Please see the completed table below.

	2013/14	Who manages this budget? (please tick all that apply)	2014/15	Who manages this budget? (please tick all that apply)	If there has been a reduction, please explain
Net budget allocated (£)	£18,550	Health [<input checked="" type="checkbox"/>] Local Authority [<input type="checkbox"/> Schools [<input type="checkbox"/> Other (please state) [<input type="checkbox"/>	£12,970	Health [<input checked="" type="checkbox"/>] Local Authority [<input type="checkbox"/> Schools [<input type="checkbox"/> Other (please state) [<input type="checkbox"/>	Review of skill mix and allocation of resources to other specialist service areas e.g. Autism Spectrum

6. Please can you specify in which local authority areas specialist speech and language therapy services for deaf children are commissioned and, if applicable, the names of the CCG(s) that commission this service:

Names of local authority areas	Walsall
Names of the CCG(s)	Walsall Clinical Commissioning Group

7. Please complete the table below stating how many deaf/hearing impaired children and young people were supported by your specialist speech and language therapy service in 2013/14 and how many you plan to support in 2014/15?

	2013/14	2014/15
Number of deaf children supported	28	28

8. Do you provide speech and language therapy services for deaf/hearing impaired children:

- a) Jointly with local authority? **Answer: Yes**
b) Through a school? **Answer: Yes**
c) Through a children's centre or early years setting **Answer: Yes**
d) In another way – please explain below

In client's home

9. Please complete the table below giving details of budgeted staffing levels for generic and/or specialist speech and language therapy services for deaf/hearing impaired children in 2013/14 and 2014/15.

Please give answers as a full time equivalent figure (fte)

	2013/14 number of fte posts – please state how many of these are specialists in deafness	How many, if any, of these posts were vacant/frozen in 2013/14?	2014/15 number of fte posts – please state how many of these are specialists in deafness	How many, if any, of these posts will be vacant/frozen in 2014/15?
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a) Speech and Language Therapists working with deaf/hearing impaired children funded by health	20.42 (including 0.4 wte Specialist HI)	0	20.42 (0.3 HI Specialist)	0
b) Speech and Language therapist Assistants working with deaf/hearing impaired children funded by health	5.37	0	5.37	0

c) Speech and Language Therapists working with deaf/hearing impaired children funded centrally by the local authority	0	0	0	0
d) Speech and Language Therapist Assistants working with deaf/hearing impaired children funded centrally by the local authority	0	0	0	0
e) Speech and Language Therapists working with deaf/hearing impaired children funded by a school	0	0	0	0
f) Speech and Language Therapist Assistants working with deaf/hearing impaired children funded by a school	0	0	0	0

10. a) Please attach the eligibility criteria for deaf/hearing impaired children to be able to access your speech and language therapy service.

Answer: Any child aged 0-19 with a communication and/or feeding and swallowing difficulty can access the service within our Trust. Unfortunately, we do not have a specific document that can be sent to you.

b) Has this criteria changed in the last 12 months?

Answer: The criteria has not changed in the last 12 months.

c) If yes, please explain below:

11. Is speech and language therapy provided to families with deaf/hearing impaired children through the provision of direct payments/personal budgets?

Answer: This provision is not available for families at our Trust as we are a National Health Service.

a) If yes, how many families accessed direct payments/personal budgets for speech and language therapy in 2013/14?

12. With implementation of SEN reform planned for September 2014, we are also interested to know details of the budgeted spend for your generic and/or specialist speech and language therapy services for deaf/hearing impaired children and young people aged 0-25 in 2014/15.

Please complete the table below:

	2014/15	Who manages this budget? (please tick all that apply)
Net budget allocated for generic speech and language therapy services for deaf/hearing impaired children and young people aged 0-25 (£)	£960,000 – please note that our service is for 0-19 year olds only. Unfortunately, we do not have a service for people older than 19 years.	Local Authority [] Health [x] Schools [] Other (please state) []
Net budget allocated for specialist speech and language therapy services for deaf/hearing impaired children and young people aged 0-25 (£)	£12,970 – please note that our service is for 0-19 year olds only. Unfortunately, we do not have a service for people older than 19 years.	Local Authority [] Health [x] Schools [] Other (please state) []

0474/13
Patients with Sepsis

Please complete the attached questionnaire.

Answer: The questionnaire is completed below and also attached.

Sepsis Freedom of Information Request Questionnaire

Completed By: **Compliance & Risk Team** Date: **15th April 2014**
On Behalf of: **Walsall Healthcare NHS Trust** Email: **foi@walsallhealthcare.nhs.uk**

1. Does your Trust have a mechanism for recording incidents of severe sepsis and septic shock?

Yes No

Answer: We do not have a specific system to monitor these within our Infection Control Team. However, patients diagnosed with this condition are recorded on our Clinical Coding System.

If Yes, please go to Question 2.

If No, please go to Question 5.

2. Is sepsis on the Trust's risk register?

Answer: Prevention of HCAI is on our Trust's risk register but sepsis is not recorded separately.

3. Is there a nominated Consultant with responsibility for sepsis at the Trust?

Yes No

Answer: We do not have a Consultant lead for sepsis at our Trust. However, a specific Consultant developed the sepsis bundle used within the Trust.

4. Does the Trust resource sepsis nurses and/or dedicated Consultant time?

Yes No

Answer: We do not have a specific resource but it is expected that all Consultants with inpatients beds will manage sepsis within their own specialty, including audit.

5. How does the Trust record cases of sepsis? (e.g. ICD-10) How is the data reported to the Executive?

Answer: If a specific infection is known to be the cause of a sepsis a code from that particular organ or system chapter in ICD10 would be selected by our Clinical Coding Department. However, if a site cannot be identified and is therefore a generalised sepsis, codes from ICD10 category A41 would then be selected.

Data is not currently reported to the Executive on a regular basis.

6. How many patients were diagnosed with severe sepsis in:

2013/14:	<u>611</u>
2012/13:	<u>454</u>
2011/12:	<u>221</u>
2010/11:	<u>85</u>

7. How many patients were diagnosed with septic shock in (if included in severe sepsis, tick here):

2013/14: 88

2012/13: 90

2011/12: **The 2011-12 figures are included with the severe sepsis figures above.**

2010/11: **The 2010-12 figures are included with the severe sepsis figures above.**

Answer: Prior to the 1st April 2012, severe sepsis and septic shock were coded the same on our Clinical Coding System. Since this time patients diagnosed with these conditions have been coded separately. We are only able to provide separate figures for 2012-13 and 2013-14.

8. Does the Trust have an established pathway for basic care once a patient is diagnosed with sepsis?

Yes No

If Yes, please go to Question 9

If No, please go to Question 11

9. Does the Trust follow the Sepsis Six guidelines?

Yes No

10. If not using the Sepsis Six, please identify the pathway below

Not applicable.

11. Does the Trust use an Early Goal-Directed Therapy (EGDT) pathway for patients arriving in the Emergency Department with septic shock?

Yes No

If yes, please go to question 13

If no, please go to question 14

12. How is EGDT initiated in patients arriving in the Emergency Department with septic shock?

By ED team By ITU medical team By ITU nursing team By dedicated sepsis team

13. Does the Trust audit the time taken for a patient to receive antibiotics within the first hour as recommended by the 'Start Smart then Focus' guidance provided by the Department of Health?

Yes No

If Yes, please go to Question 14.

If No, please go to Question 15.

14. What percentage of patients with early signs of severe sepsis received antibiotics within an hour as recommended?

Answer: Unfortunately, we do not record this information on a system. This would only be written in patient records.

15. Do you have an escalation and communication pathway in place for patients with severe sepsis to facilitate senior involvement and inter-departmental transfers?

Yes No

16. Do you provide a blood gas machine or near patient testing allowing measurement of lactate in the Emergency Department and Intensive Care Unit to allow early recognition of sepsis?

Answer: Yes within the Emergency Department and Intensive Care Unit at Walsall Manor Hospital

17. Are you aware of the recently released report of the Parliamentary and Health Service Ombudsman on Sepsis; and if so have you made any changes to the way you record and deal with Sepsis at the Trust?

Answer: Our Trust is aware of the report and arrangements are currently being made.

18. The Parliamentary and Health Service Ombudsman recommended that senior staff were available 24 hours a day 7 days a week and should be consulted when severe sepsis is present. Does your Trust have senior Consultant cover 24 hours a day 7 days a week for all acute specialities admitting patients?

Yes No

Any Further Comments:

It is difficult to answer some of these questions due the lack of clarity and changing terminology used in several of the questions (Sepsis/ severe sepsis/ septic shock etc).

0475/13

Social Media Policy / Guidelines

- 1a. Does your organisation have a policy or guidelines (or document by similar name) for staff on your organisation's permissible use of social media for business purposes?

Answer: Yes, our Trust has a policy which provides guidance on social media for business and personal purposes.

- 1b. If yes, when was this policy (or guidelines) introduced?

Answer: The policy was ratified in March 2014.

- 1c. Please also provide an electronic copy (or link to online version) of the policy and / or guidelines.

Answer: A copy of the policy is attached.

2a. Does your organisation provide guidelines (or document by similar name) for staff on the use of social media for business or personal purposes?

Answer: Please see the answer to question 1 above.

2b. If yes, when were these guidelines (or document by similar name) introduced?

Answer: Please see the answer to question 1 above.

2c. Please also provide an electronic copy (or link to online version)

Answer: Please see the answer to question 1 above.

3. Since 1 January 2005 and for each calendar year to date, please detail how many staff in your organisation have been cautioned or disciplined (or similar) for their inappropriate or unsuitable use of social media either on work or personal accounts?

Please break figures down by year with headline / brief summary of reason for disciplinary action.

Answer: Please see the information below.

2005 - 0 staff cautioned or disciplined for inappropriate use of social media

2006 - 0 staff cautioned or disciplined for inappropriate use of social media

2007 - 0 staff cautioned or disciplined for inappropriate use of social media

2008 - 0 staff cautioned or disciplined for inappropriate use of social media

2009 - 0 staff cautioned or disciplined for inappropriate use of social media

2010 - 6 staff cautioned/disciplined for accessing banned sites which could include access to social media. 2 of the 6 received formal counselling, 3 were dismissed and 1 had a final written warning.

2011 - 0 staff cautioned or disciplined for inappropriate use of social media

2012 - 2 staff cautioned/disciplined for inappropriate use of social media (including Facebook). Both received formal counseling.

2013 - 5 staff cautioned/disciplined for inappropriate use of social media. All received formal counseling.

2014 - 0 staff cautioned or disciplined for inappropriate use of social media

4a. Has social media use by your staff, either on work or personal accounts / profiles, even been the source of media coverage?

Answer: No social media used by our staff have been the source of any media coverage.

4b. If yes, please detail names of media titles and dates of coverage.

Please note that in relation to this request, social media refers to web / internet based applications that allow the creation and exchange of user generated content and user interaction. Examples to aid in the formulation of your response include, but are not limited to, Facebook, Twitter, YouTube, Google+, Bebo, MySpace, World of Warcraft, Wikipedia, FourSquare amongst many others.

Answer: This is not applicable.

0476/13

Organ Transplants

Under the Freedom of Information Act please can you tell me the following information:

- 1) How many people between December 2012 to December 2013 have had organ transplants?
 - How many people between December 2012 to December 2013 have had organ transplants who are registered drug addicts?
 - 1a) Please state the drug they were addicted to and which transplant they received.
 - 1b) How many of these were aged under 18?
 - 1c) How many were aged 18-25?
 - 1d) How many were aged 25 -30?
 - 1e) How many were ages 30-40?
 - 1f) How many were aged 40-50?
 - 2) How many people have had organ transplants between December 2012 to December 2013 who are registered alcoholics?
 - 2a) Please state which transplants they received.
 - 2b) How many of these were aged under 18?
 - 2c) How many were aged 18-25?
 - 2d) How many were aged 25 -30?
 - 2e) How many were ages 30-40?
 - 2f) How many were aged 40-50?
- 3) How many people between December 2011 to December 2012 have had organ transplants?
 - How many people between December 2011 to December 2012 have had organ transplants who are registered drug addicts?
 - 3a) Please state the drug they were addicted to and which transplant they received.
 - 3b) How many of these were aged under 18?
 - 3c) How many were aged 18-25?
 - 3d) How many were aged 25 -30?
 - 3e) How many were ages 30-40?
 - 3f) How many were aged 40-50?
 - 4) How many people have had organ transplants between December 2011 to December 2012 who are registered alcoholics?

4a) Please state which transplants they received.

4b) How many of these were aged under 18?

4c) How many were aged 18-25?

4d) How many were aged 25 -30?

4e) How many were ages 30-40?

4f) How many were aged 40-50?

5) How many people between December 2010 to December 2011 have had organ transplants?

- How many people between December 2010 to December 2011 have had organ transplants who are registered drug addicts?

5a) Please state the drug they were addicted to and which transplant they received.

5b) How many of these were aged under 18?

5c) How many were aged 18-25?

5d) How many were aged 25 -30?

5e) How many were ages 30-40?

5f) How many were aged 40-50?

6) How many people have had organ transplants between December 2010 to December 2011 who are registered alcoholics?

6a) Please state which transplants they received.

6b) How many of these were aged under 18?

6c) How many were aged 18-25?

6d) How many were aged 25 -30?

6e) How many were ages 30-40?

6f) How many were aged 40-50?

7) How much does each organ transplant cost per person? If the cost differs depending on the type of organ can you list the cost of each, ie heart, liver?

Answer: We do not undertake organ transplants at our hospital. We recommend you redirect your request to the NHS Blood and Transplant organisation. You can contact their general enquires line by telephone 0300 123 23 23.

0477/13

Clinical Electrophoresis and Haemostasis Equipment

Electrophoresis Information Form

Key Contact			
Name:	Colin Plant	Position:	Divisional Director of Estates & Facilities
Contact Number:	01922 721172	Email Address:	colin.plant@walsallhealthcare.nhs.uk
Contract details			
Contract type: (please circle appropriate) if other please detail in box below	Reagent Rental		
Term:	5 years		
Start Time:	June 2011	End Time:	June 2016
MSC (Y/N):	N	MSC Provider:	
MSC Start Date:		MSC End Date:	

Please provide the annual throughput, equipment manufacturer / model and reagent provider for the following:

Serum Protein Electrophoresis:	N
Tests per year:	6000
Equipment Manufacturer:	Sebia
Model:	Capillarys2
Serum Immunofixation / Immunotyping Electrophoresis	N
Tests per year:	609
Urine Protein Electrophoresis (Bence Jones Protein Screen)	N
Tests per year:	
Urine Immunofixation Electrophoresis	N
Tests per year:	
Alkaline Phosphatase Isoenzymes	N
Tests per year:	
Equipment Manufacturer:	
Model:	
IgG Isoelectric focusing (Multiple Sclerosis screen)	N
Tests per year:	
Equipment Manufacturer:	
Model:	
Carbohydrate deficient transferrin quantitation	N
Tests per year:	
Equipment Manufacturer:	
Model:	
Alpha-1- antitrypsin phenotyping	N
Tests per year:	
Equipment Manufacturer:	
Model:	

Haemoglobinopathy Screening Information Form

Key Contact			
Name:	Colin Plant	Position:	Divisional Director of Estates & Facilities
Contact Number:	01922 721172	Email Address:	colin.plant@walsallhealthcare.nhs.uk
Contract details			
Contract type: (please circle appropriate) if other please detail in box below	Other Details: MSC with third party suppliers		
Term:			
Start Time:		End Time:	
MSC (Y/N):	Y	MSC Provider:	Roche
MSC Start Date:	Oct 2011	MSC End Date:	Sept 2018

Please provide the annual throughput, techniques used, equipment manufacturer / model and reagent provider for the following:

Mainline screening analyser	
Manufacturer:	Biorad
Model:	Variant II
Technique:	HPLC
Number of analysers:	1
Mainline confirmatory analyzer / technique	
Manufacturer:	None
Model:	
Technique:	
Number of analysers:	
Test	Tests per year
Haemoglobinopathy screens (Quantitation of haemoglobin A & F)	4000
Haemoglobin variant Identification	
HbA1c quantitation	39205

In addition does your trust screen every antenatal patient or only those that have been identified as at risk using a family origin questionnaire (FOQ)?
All requests

Coagulation Screening Information Form

Key Contact			
Name:	Colin Plant	Position:	Divisional Director of Estates & Facilities
Contact Number:	01922 721172	Email Address:	colin.plant@walsallhealthcare.nhs.uk
Contract details			
Contract type: (please circle appropriate) if other please detail in box below	Other Details: MSC with third party suppliers		
Term:			
Start Time:		End Time:	
MSC (Y/N):	Y	MSC Provider:	Roche
MSC Start Date:	Oct 2011	MSC End Date:	Sept 2018

Please provide the annual throughput, techniques used, equipment manufacturer / model and reagent provider for the following:

Mainline coagulation analyser	
Manufacturer:	Stago
Model:	Destiny Max
Number of analysers:	2

Prothrombin Time/INR	Y	Protein C	Y
Tests per year:	57695	Tests per year:	239
Reagent manufacturer:	STAGO	Reagent manufacturer:	STAGO
INR	Y	Protein C resistance	(N
Tests per year:		Tests per year:	
Reagent manufacturer:		Reagent manufacturer:	
Activated Partial Thromboplastin Time	Y)	Prothrombin gene mutation	(Y
Tests per year:	26203	Tests per year:	199
Reagent manufacturer:	STAGO	Reagent manufacturer:	IL
Fibrinogen (excluding derived fibrinogen)	(Y	Protein S	(Y
Tests per year:	268	Tests per year:	240
Reagent manufacturer:	STAGO	Reagent manufacturer:	STAGO
Thrombin Time	N	Factor Assays	N
Tests per year:		Tests per year:	
Reagent manufacturer:		Reagent manufacturer:	
D-Dimers	Y	vWF assay	N
Tests per year:	4242	Tests per year:	
Reagent manufacturer:	STAGO	Reagent manufacturer:	
Lupus screens	N	Platelet aggregation studies	N
Tests per year:		Tests per year:	
Reagent manufacturer:		Equipment manufacturer:	
		Model:	
		Reagent manufacturer:	

Please outline any additional equipment used, for example point of care or backup analysers.

Additional equipment 1	
Manufacturer:	Roche
Model:	Coagucheck
Number of analysers:	4
Test:	INR
Reagent manufacturer:	Roche
Tests per year:	30000
Additional equipment 2	
Manufacturer:	
Model:	
Number of analysers:	
Test:	
Reagent manufacturer:	
Tests per year:	
Additional equipment 3	
Manufacturer:	
Model:	
Number of analysers:	
Test:	
Reagent manufacturer:	
Tests per year:	

0478/13

FGM

- how many people have presented to your trust's facilities with injuries/scars/wounds believed to be associated with FGM or female circumcision in the past five years.

Please say how many presented at each of your trust's facilities. Please provide as much information as you possibly can about each case but without risking the identification of the people involved - ie if you feel you can provide an age range of the people who presented to your trust but not the specific ages of each person, please provide do so, please give as much information as you are able to about when they presented at your trust's facilities.

Answer: Walsall Manor Hospital does not specifically record these cases separately in order to provide an accurate figure. Any cases identified by or highlighted to hospital staff are recorded in patient's notes. Any women or children requiring treatment for this are referred to Birmingham Women's Hospital. We would recommend that you contact Birmingham Women's Hospital directly for information on how many cases we have referred to them. You can contact their Freedom of Information Office via email foi.team@bwhct.nhs.uk or post (address - FOI Enquiries, Informatics Department, Norton Court, Birmingham Women's NHS Foundation Trust, Mindelsohn Way, Edgbaston, Birmingham B15 2TG).

Within our community services, any cases that come under the Specialist Health Visitor or School Health are documented in the child's records.

With regards to the cases recorded by the Specialist Health Visitors, 4 cases have been recorded. Please note that it is recorded that these cases were not performed in the UK.

Please also state if the trust made any other agencies aware of such injuries and if so, which parties and name them eg referrals were made to West Midlands Police.

Answer: The Specialist Midwife for FGM in Birmingham and Walsall Children's Social Care Services were informed.

Were the women born in the UK or elsewhere? If you feel you can, please state with country in each case?

Answer: These women were not born in the UK. The countries which they originate from are Sri Lanka and Africa.

Is it believed these women had FGM while in the UK or elsewhere?

Answer: It is believed that these happened elsewhere within the countries they originated from.

0479/13

Publishing or Advertising

Please can you provide separately for each part the following information on advertising at the Trust/hospital.

If you have an agreement for publishing or advertising on patient information in your emergency department, please provide the following:

- what company(s) is the agreement with?
- what benefits or income does the Trust/department receive?
- what is final end date of the agreement
- is the end date subject to prior notice by you or the company and what notice is needed. Has any notice

been given?

- what company(s) is advertising on the patient information.

Answer: Our organisation does have an exclusive contract for advice cards which includes advertisements. The contract is with Pro-Vision. The income received by the Trust for this is withheld under section 43 (2) commercial interests. The end date of the contract is 31 March 2015. There is no early termination provision within the contract

If you have an agreement for publishing or advertising on patient information screens in your emergency department, please provide the following:

- what company(s) is the agreement with?

- what benefits or income does the Trust/department receive?

- what is final end date of the agreement

- is the end date subject to prior notice by you or the company and what notice is needed. Has any notice been given?

- what companies are advertising on the screens.

Answer: Our organisation does have an exclusive contract for plasma screens which include advertisements. The contract is with Pro-Vision. The Trust does not receive any income for this. The contract end date is 2 January 2016. There is no early termination provision within the contract. The companies advertised are changed regularly.

If you have an agreement for publishing or advertising on posters in your emergency department, please provide the following:

- what company(s) is the agreement with?

- what benefits or income does the Trust/department receive?

- what is final end date of the agreement

- is the end date subject to prior notice by you or the company and what notice is needed. Has any notice been given?

- what company(s) is advertising on the posters.

Answer: Publishing or advertising on posters is covered by the exclusive contracts mentioned above.

Do you have an agreement for publishing or advertising on OPD appointment cards and/or Fracture clinic cards?

- what company(s) is the agreement with?

- what benefits or income does the Trust/department receive?

- what is final end date of the agreement?

- is the end date subject to prior notice by you or the company and what notice is needed. Has any notice been given?

- what company(s) is advertising on the cards.

Answer: Please see the answer for advice cards above.

0480/13

Private Patients

Concerning private patients treated by the Trust. Could you a) provide the total income (or projected income) received by the Trust in 2013/14 from treating private patients, and b) also give the number of private patients treated in the years 2011/12, 2012/13 and 2013/14?

Answer: The table below shows the total number of patient episodes/attendances where patient's paid for their treatment.

Treatment Service	Financial Year		
	2011/12	2012/13	2013/14
Inpatients	15	21	10
Outpatients	25	48	27
Imaging Services	17	16	19
Overseas Patients Liable to Pay	11	18	7

The table below shows the total income the Trust received from treating private patients.

Treatment Service	Financial Year		
	2011/12	2012/13	2013/14
Inpatients	£6,536	£12,848	£5,675
Outpatients	£4,387	£6,682	£4,787
Imaging Services	£3,389	£2,649	£3,252
Overseas Patients Liable to Pay	£12,787	£14,698	£11,394
Total Income	£27,099	£36,877	£25,108

**0481/13
Hospital Food**

1) In the **2013 calendar year** please provide me with redacted copies of any complaints logged from patients, or their relatives or friends, or hospital staff where either the primary concern, or a secondary concern related to the provision and/or quality of the patient food.
In asking for redacted complaints I do so to not breach S.40 of the Freedom of Information Act, but include the name of the hospital involved.

If the original correspondence has been destroyed then please provide me with a detailed (two sentence) summary explaining the specific nature of the complaint, including the name of the hospital.

Answer: There were four informal complaints recorded relating to Walsall Manor Hospital in 2013. They were verbally made so unfortunately we will not have any paper copies to send to you. We are however able provide you a summary of the complaint. Please see below.

<u>Complainant</u>	<u>Complaint Summary</u>
Patient	Patient recently admitted to the Manor Hospital for three days. Felt meal quality and choice was very poor by comparison to other local hospitals.
Patient	Patient called regarding issues with the standard of food in the hospital. The complainant says that her care was brilliant but the food was revolting and inedible.
Patient	Patient unhappy with food.

Relative of Patient	Informed patient is on a restricted diet and patient is also Vegan and that the appropriate diet is not being provided. Patient met with catering team and issues were resolved.
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0482/13

Fixed Telephony, Broadband and WAN Contract Information

What is the Minutes Landline Monthly Spend for each provider?

Answer: For our community premises, (including lines for our Allied Health Professionals and Nurses based within GP Practices) the average monthly landline minutes spend for BT is £1583.33 and for Virgin Media is £3583.33. For all lines associated with GP Practices please contact Walsall Clinical Commissioning Group via their Freedom of Information email address; foi@walsall.nhs.uk

For our Walsall Manor Hospital site, the average monthly landline minutes spend each month is £1292.70 plus VAT. This is mostly to Vodafone our first carrier and BT our second carrier.

Can you also provide me with an update of the WAN contract? Is this annually renewed?

Answer: A replacement network was procured in August 2013 which is a five year contract.

0483/13

Ankylossia (tongue tie)

Under the Freedom of Information Act 2000, please provide me with the following information for your Foundation Trust:

1. How many babies were diagnosed with issues of ankylossia (tongue-tie) in 2013?

Answer: Please note that we have used the age criteria of 0 for this information. This information is dated 1st January 2013 to the 31st December 2013.

127 babies were diagnosed with issues of ankylossia during the above time period at our hospital.

2. Of the babies diagnosed with issues of ankylossia (tongue-tie) in 2013, how many had a surgical procedure carried out by NHS surgeons to resolve these specific issues and how long did they wait for the procedure following diagnosis?

Answer: Six babies who were diagnosed with issues of ankylossia had a surgical procedure carried out by surgeons at our hospital. Five of the babies were treated on their birth date and one baby was treated 161 days after their birth. The mean age is 0.

3. What was the mean age of babies with such issues when the ankylossia (tongue-tie) procedure was performed?

Answer: The mean age is 0.

0484/13

Maternity Perinatal Mental Health

1. Does your maternity unit have a perinatal mental health unit?

2. How many patients has it seen each week since April 2013?

Answer: Our Trust does not have a Perinatal Mental Health Unit.

0485/13

Healthcare Acquired Infections

1. Do you measure the aggregate number of nights patients stayed in hospital longer owing to a healthcare acquired infection? If so, please provide it for the years (a) 2008/09, (b) 2009/10, (c) 2010/11, (d) 2011/12 and (e) 2012/13.

Answer: Unfortunately, our Performance Team are not able to link a patient's length of stay specifically to infections.

2. Do you collate the total number of (a) cases and/or (b) associated deaths from (i) sepsis, (ii) septicemia, (iii) a catheter-associated urinary tract infection, (iv) a catheter-related blood infection, (v) ventilator-associated pneumonia and (vi) norovirus? If so, please provide for the above years.

Answer: We hold information on our Clinical Coding system. Unfortunately, catheter related blood infections are recorded by catheter location on our system. Please provide us with the catheter locations you would like information to relate to. We will then be able to pull the relevant information from our system.

The date criteria used for the information below was 1st April 2008 to the 31st March 2013. Please note that the information below relates to patients with these infections as a primary diagnosis only.

Please note that sepsis and septicaemia are identically coded on our system.

Patient diagnosed with Sepsis/Septicaemia:

Number of Patients	Financial Year
67	2008/09
39	2009/10
22	2010/11
38	2011/12
127	2012/13

Deaths from Sepsis/Septicaemia:

Number of Patients	Financial Year
31	2008/09
10	2009/10
3	2010/11
9	2011/12
31	2012/13

Patients diagnosed with catheter associated urinary tract infections:

Number of Patients	Financial Year
5	2008/09
5	2009/10
1	2010/11
3	2011/12
12	2012/13

There are no recorded deaths on our system due to catheter associated urinary tract infections.

Please see the comment above in relation to catheter related blood infections.

Patients diagnosed with ventilator associated pneumonia:

Number of Patients	Financial Year
237	2008/09
288	2009/10
300	2010/11
296	2011/12
301	2012/13

Deaths from ventilator associated pneumonia:

Number of Patients	Financial Year
59	2008/09
69	2009/10
82	2010/11
72	2011/12
51	2012/13

Patients diagnosed with norovirus:

Number of Patients	Financial Year
4	2009/10
3	2010/11

There are no recorded deaths on our system due to norovirus infections.

3. Does your Trust have a strategy for surveillance of healthcare associated infections (other than the mandatory surveillance requirements for MRSA/MSSA/Ecoli bacteraemia, C. difficile, SSI in orthopaedic surgery)? If yes, (i) what HCAI are included? and (ii) what period does the strategy cover?

Answer: Yes, our Trust does have a strategy for reduction of all HCAI. The use of the ICNet system allows monitoring of all organisms.

Alert organisms and alert conditions are those that may have enhanced resistance to antibiotics, particular virulence, or have potential for widespread transmission within the Trust. Alert organisms are identified in the microbiology laboratory and include organisms such as:

- MRSA

- **Clostridium difficile**
- **Multiple resistant gram negative organisms such as ESBLs, NDM1, and other highly or pan resistant gram negative bacteria.**
- **Other antibiotic resistant organisms e.g. Vancomycin Resistant Enterococci, Penicillin resistant Pneumococci Group A streptococcus, carbapenamase resistant enterococci**
- **Organisms causing gastroenteritis – Salmonella, Shigella, E.coli O157, Vibrio cholera, Campylobacter. Norovirus.**
- **New and emerging organisms which may be advised by Public Health England or the Department of Health.**

4. Did your Trust receive instructions in (a) 2008/09, (b) 2009/10, (c) 2010/11, (d) 2011/12 or (e) 2012/13 to reduce expenditure on infection, prevention and control?

Answer: No, our Trust did not received any instructions to reduce expenditure on IPC during these years.

5. What strategy does your Trust have in place for the surveillance and minimisation of harm caused by infections not covered in the mandatory surveillance programme?

Answer: Our Trust has an Infection Control Strategy in place supported by a Surveillance Policy, annual plans, Infection Control Policies, a Risk Register and action plans.

6. Does the Trust carry out any surgical site infection surveillance that it does not report to Public Health England? If yes, please specify the protocol, the types of surgeries included and results.

Answer: In 2013-14 our Trust undertook caesarian sections, abdominal hysterectomies, bowel surgery and fractured neck of femur infection surveillance that was not reported to Public Health England.

7. Does the Trust carry out any post discharge surgical site surveillance on any category? If yes, what are the numbers of readmission linked to surgical site infection at your Trust?

Answer: Prior to 2013/14, post discharge surveillance was not undertaken except on mandatory surveillance cases. Since 2013/14, post discharge surveillance is undertaken out 30 days post operation for caesarian sections, abdominal hysterectomies, bowel surgery and fractured neck of femur. 12 month follow ups are also undertaken for elective hip and knee replacements.

Answer: Unfortunately, we are not able to obtain information from our performance system relating to the numbers of re-admissions linked to surgical site infections.

8. Does the Trust carry out any financial analysis on the cost or operational impact of infections locally? If yes, please share this. If not, please could you give reasons why?

Answer: No, our Trust does not carry out any financial analysis on the cost or operational impact of infections locally.

9. Does the Trust carry out any post discharge surgical site surveillance on any category? If yes, what are the numbers of readmission linked to surgical site infection at your Trust?

Answer: Please see the answer to question 7 above.

10. What surveillance systems and processes did you have for active infection control in 2012/13?

Answer: In 2012/13 mandatory surveillance was completed by infection prevention and control Nurses using the ICnet system. In 2013/14 CQINN was in place for SSI for caesarian sections, orthopaedic surgery, abdominal hysterectomies and bowel surgery. The ICnet NG system was used.

11. How many staff were dedicated to the surveillance of infections and/or the analysis of that data in 2012/13?

Answer: One Audit and Surveillance Nurse undertook the analysis of this data in 2012/13.

12. How many staff were on your infection prevention and control team in (a) 2008/09, (b) 2009/2010, (c) 2010/11, (d) 2011/12 and (e) 2012/13?

Answer: Please note that Walsall Healthcare NHS Trust did not form until 1st April 2011 (when Walsall Hospitals NHS Trust & Walsall Primary Care Trust Services merged).

Please see the table below.

Year	Number of staff for inpatient areas	Community, GP, dental services, Residential and care homes	Both
2008-09,	1 lead IPCN/2 IPCN	Service under Walsall PCT	N/A
2009-10,	1 lead IPCN/2 IPCN/1 part time IPCN	Service under Walsall PCT	N/A
2010-11	1 lead IPCN/1 IPCN /1 part time IPCN	Service under Walsall PCT	N/A
2011-12	1 lead IPCN/1 IPCN /1 part time IPCN	Service under Walsall PCT	1 Head of IPCT
2012-13	1 lead IPCN/1 IPCN/ 1 part time IPCN/1 surveillance nurse	1 lead IPCN/2 IPCN	1 Head of IPCT 1 CSW

13. What was the ratio of infection control staff (ie infection control doctors, infection control nurses, dedicated infection control surveillance auditors) to beds in Acute care at your Trust in 2012/13?

Answer: Unfortunately, information relating to bed allocations back in 2012 is not available. Bed allocation priorities between specialties for patients can change depending upon demand a number of times of the day.

14. On how many wards did you do device surveillance in 2012/13?

Answer: There is no specific device surveillance currently undertaken at our organisation but management of intravenous lines was audited three times during 2012/13 which included all adult inpatient areas. Monthly audits are also undertaken to monitor the care of intravenous lines and catheters within all inpatient areas within the Trust

15. On how many wards did you not do device surveillance in 2012/13?

Answer: Please see the answer to the question above.

16. How many times in (a) 2008/09, (b) 2009/2010, (c) 2010/11, (d) 2011/12 and (e) 2012/13 was a member of the Board present at an infection prevention and control committee meeting?

Answer: The Infection Prevention and Control Committee meetings during these years were all either chaired by the Chief Executive or Medical Director. They are also Board members.

17. How many business cases were submitted by Infection Control in (a) 2008/09, (b) 2009/2010, (c) 2010/11, (d) 2011/12 and (e) 2012/13? For each year, how many of the above business cases were successful?

Answer: A business case was submitted in 2011/12. The business case submitted in 2011/12 was successful in securing an additional £250,000 and 4.8 staff to support the service.

18. What was your budget for infection prevention and control in (a) 2008/09, (b) 2009/2010, (c) 2010/11, (d) 2011/12 and (e) 2012/13?

Answer: Our organisation's budget for infection prevention and control for the above financial years is detailed below;

Year	£
2008/09	171,263
2009/10	141,246
2010/11	128,891
2011/12	227,953
2012/13	519,200

19. Do you have standardised infection control protocols and technology utilisation across all wards of the Trust?

Answer: Yes, infection control core policies are in place within our organisation.

0486/13

The remuneration of Executive Directors, Employee Expenses and the Number of Employees

1. Employee expenses – Executive Directors

Please provide:

- a. Costs incurred for the period April to December 2013
- b. An estimate of the full year cost for the financial year 2013/14

The costs/estimates to be based on the definitions contained within the Manual of Accounts used to prepare the entry in the "Operating Expenses" Note to the Annual Accounts.

Answer: This information has been extracted from our 2013/14 'draft' Annual Accounts. The accounts remain 'draft' until an external audit review is undertaken which is due to be completed early June 2014. Due to this, please note that these figures could change.

Operating expenses	April 2013 – December 2013 £000s	Financial Year 2013 - 14 £000s
Trust Chair and Non-executive Directors	45	55
Board members	621	735

2. Redundancy Costs

Please provide:

- a. Costs incurred for the period April to December 2013
- b. An estimate of the full year cost for the financial year 2013/14

The costs/estimates to be based on the definitions contained within the Manual of Accounts used to prepare the entry in the "Operating Expenses" Note to the Annual Accounts.

Answer: This information has been extracted from our 2013/14 'draft' Annual Accounts. The accounts remain 'draft' until an external audit review is undertaken which is due to be completed early June 2014. Due to this, please note that these figures could change.

Exit package cost band (including any special payment element)	April 2013 – December 2013			Financial Year 2013 - 14		
	*Number of compulsory redundancies	*Number of other departures agreed	Total number of exit packages by cost band	*Number of compulsory redundancies	*Number of other departures agreed	Total number of exit packages by cost band
Less than £10,000	1	0	1	3	8	11
£10,000-£25,000	3	3	7	3	8	11
£25,001-£50,000	2	3	5	4	6	10
£50,001-£100,000	1	2	3	2	1	3
£100,001 - £150,000	1	0	1	0	0	0
£150,001 - £200,000	0	0	0	0	0	0
>£200,000	0	0	0	0	0	0
Total number of exit packages by type	8	8	17	12	23	35
Total resource cost (£000s)	295	280	575	354	463	817

Exit packages - Other Departures analysis	April 2013 – December 2013		Financial Year 2013 - 14	
	Number of Agreements	Total value of agreements £000s	Number of Agreements	Total value of agreements £000s
Voluntary redundancies including early retirement contractual costs	2	55	0	0
Mutually agreed resignations (MARS) contractual costs	6	225	23	463
Early retirements in the efficiency of the service contractual costs	0	0	0	0
Contractual payments in lieu of notice	0	0	0	0
Exit payments following Employment Tribunals or court orders	0	0	0	0
Non-contractual payments requiring HMT approval*	0	0	0	0
TOTAL	8	280	23	463

The above table reports the number and value of exit packages agreed in the year. Please note that the expense associated with these departures may have been recognised in part or in full in a previous period.

As a single exit package can be made up of several components each of which will be counted separately in this please note, the total number above will not necessarily match the total numbers in Note 10.4 which will be the number of individuals.

3. Total Employee Expenses

Please provide:

- a. Costs incurred for the period April to December 2013
- b. An estimate of the full year cost for the financial year 2013/14

The information provided should be broken down in accordance with the "Employee Expenses" subsidiary Note to the Accounts identifying the following elements;

- a. Salaries and Wages
- b. Social security costs
- c. Employer's contributions to the NHS pension
- d. Termination benefits
- e. Agency/contract staff

The costs/estimates to be based on the definitions contained with the Manual of Accounts.

Answer: This information has been extracted from our 2013/14 'draft' Annual Accounts. The accounts remain 'draft' until an external audit review is undertaken which is due to be completed early June 2014. Due to this, please note that these figures could change.

Employee Benefits - Gross Expenditure

	April 2013 – December 2013		
	Total £000s	Permanently employed £000s	Other £000s
Salaries and wages	98543	91940	6603
Social security costs	7497	7497	0
Employer Contributions to NHS BSA - Pensions Division	10941	10941	0
Other pension costs	1	1	0
Termination benefits	0	0	0
<u>Total employee benefits</u>	<u>116982</u>	<u>110,379</u>	<u>6603</u>

	Financial Year 2013-14		
	Total £000s	Permanently employed £000s	Other £000s
Salaries and wages	130,076	121,639	8,437
Social security costs	10,013	10,013	0
Employer Contributions to NHS BSA - Pensions Division	14,674	14,674	0
Other pension costs	3	3	0
Termination benefits	0	0	0
Total employee benefits	154,766	146,329	8,437
Employee costs capitalised	0	0	0
Gross Employee Benefits excluding capitalised costs	154,766	146,329	8,437

4. Average Monthly Number of Employees (WTE basis)

Please provide the average number of employees for the period April to December 2013 for the following staff groups:

- a. Nursing
- b. Bank and Agency
- c. Total for all staff within the Trust

The estimates should be based on the definitions contained with the Manual of Accounts.

Answer: Unfortunately, we only record the number of shifts invoiced for agency staff and not how many agency staff complete the shifts. Please see the table below.

1 st April 2013 – 31 st December 2013	Average WTE Number of Employees
Nursing (Qualified and HCA)	1293.57
Bank Staff Only	219.46
Total staff within the Trust	3711.54