

## FREEDOM OF INFORMATION

### Disclosure Log – Quarter 4 (January – March 2015)

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**384/14**

**Fleet Management**

I was wondering if I could submit a freedom of information request detailing the organisation's vehicle, leasing and maintenance contracts. Im aware that not all organisations will have this particular contract but can you please send the following information with regards to these contracts:

1. Contract Type: Maintenance, Leased, Hire

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

2. Who is the supplier of this contract? If there is more than one supplier please can you split all the information out below including annual spend, contract description and contract dates.

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

3. A small description of the contract.

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

4. The expiry date of each individual contract.

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

5. The contract review date.

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

6. Can you please send me contact details of the individual within the organisation responsible for this contract? Can you please send me two contact one from the fleet management (or equivalent) and the other procurement or purchasing preferably the category manager.

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

7. If the contract above was awarded within the last six months could you please provide me with the suppliers that were shortlisted?

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

8. I understand that the FOI Act is for recorded information but if you could be so help please include notes into what the organisation tends to do for future procurements. Extending contract, going to tender etc.

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

Contract Type	Supplier	Description of Contract	Expiry Date of each individual contract	Contract Review Date	Individual Responsible for Contract	Suppliers Shortlisted	Future Plans with Contract
Personal Lease	GMP Fleet Administration  Annual Spend- £5,784.24 during 2013-14 financial year.  Individual contract costs are withheld under Section 40 (Personal Information)	To provide and manage all administration aspects of lease cars for our staff.	This information is withheld under Section 40 (Personal Information)	Annually April 2015	Individual staff contact details are withheld below Director level under Section 40 (Personal Information). The Director responsible for this service/contract is Ian Baines. He can be contacted on telephone 01922 721172 or email address; <a href="mailto:ian.baines@walsallhealthcare.nhs.uk">ian.baines@walsallhealthcare.nhs.uk</a>	This was not awarded within the last 6 months	We are not able to confirm what our future plans are with this supplier at the moment.
Leased Commercial Vehicles	Lex Autolease  Annual spend- Circa £100k per annum	Leased vehicles used by Integrated Community Equipment Services /ISS Mediclean Ltd /Walsall Healthcare Trust	This is a Crown Commercial Service framework which forms an integral part of the Central Government fleet Strategy.  The Trust's plans are governed by any changes to the Crown Commercial Service Framework.	Rolling Contract as a Crown Commercial Service Framework	Individual staff contact details are withheld below Director level under Section 40 (Personal Information). The Director responsible is Colin Plant, he can be contacted on 01922 721172	This was not awarded within the last 6 months	We are not able to confirm what our future plans are with this supplier at the moment.  The Trust's plans are governed by any changes to the Crown Commercial Service Framework.

<p><b>Leased Commercial Vehicles</b></p>	<p><b>Sixt Annual spend- £5K per annum</b></p>	<p><b>Vehicles used by Electro-Biomedical Engineering Department</b></p>	<p><b>This is a Crown Commercial Service framework which forms an integral part of the Central Government fleet Strategy.</b></p> <p><b>The Trust's plans are governed by any changes to the Crown Commercial Service Framework.</b></p>	<p><b>Rolling Contract as a Crown Commercial Service Framework</b></p>	<p><b>Individual staff contact details are withheld below Director level under Section 40 (Personal Information). The Director responsible is Colin Plant. He can be contacted on 01922 721172</b></p>	<p><b>This was not awarded within the last 6 months</b></p>	<p><b>We are not able to confirm what our future plans are with this supplier at the moment.</b></p> <p><b>The Trust's plans are governed by any changes to the Crown Commercial Service Framework.</b></p>
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385/14

**Admission, Readmission and Discharge (email sent to requester on 09/01/15)**

- Number and percentage of patients discharged per month since 2010 for each department
- Number and percentage of patient admissions per month since 2010 for each department
  - Number and percentage of readmissions per month since 2010 for each department
  - Reasons for admission, readmission and discharge

**Following an attempt to prepare this data for you, the volume of data will be too large to be presented in a report. As you are requesting all admissions, discharges and re-admissions for each of our wards (we have 20 in total) broken down by the reason for admission per month for the past 5 years, this information will be too large to prepare, report on and probably email to you (due to mailbox size limits). Unfortunately, reasons for discharges are not provided nor recorded on our systems. Re-admissions would be if a patient has had an emergency admission within 30 days of a discharge (note that the patient may not be admitted to the same ward they were discharged from).**

**We would be grateful if you could narrow your request down perhaps request fewer data items or breakdowns. If you could perhaps indicate specific conditions/reasons for admission that you are interested in as well as reducing the time period. We could then pull specific admissions/discharges/re-admissions relating to those conditions.**

Firstly, Would it be possible to provide me with data for those patients who have been admitted or readmitted due to compliance or medication usage problems or any reason related to medication.

Secondly, As you have indicated the large scale of data requested previously as being to high. Can you provide me with the number of patients admitted, readmitted, and discharged over the last 5 years (and if possible 10 years) for each ward.

**Answer: Following attempts to obtain this information for you, we have been advised that our Information Services Department are not able to provide a breakdown by ward. Alternatively, we can provide totals broken down into elective, emergency and other admissions (ie.Maternity).**

**It has also not been possible to identify information for compliance or medication usage problems or any reason related to medication. Unfortunately, this is not coded separately on our system and would only be handwritten in patient records. Only primary diagnosis is linked to admissions on our system. Alternatively, if there is a medical condition(s) which would be the result of medication usage problems, we can certainly search our system for any information. Please provide us with the list of these medical conditions if you require this information.**

Is it possible to provide breakdown by elective, emergency and other admissions as suggested.

**Answer: Please see the table below which details the total number of admissions to our hospital over the past 4 financial years. Our Trust was formed in 2011 following the merge of Walsall Hospitals NHS Trust and Walsall Teaching Primary Care Trust. As separate systems held this information in different ways, we are not able to provide accurate information prior to 2011. Please note that data for February and March 2015 are still being inputted at the moment.**

Year Financial	(01) Apr	(02) May	(03) Jun	(04) Jul	(05) Aug	(06) Sep	(07) Oct	(08) Nov	(09) Dec	(10) Jan	(11) Feb	(12) Mar	Total
Year 2011/12	4953	5233	5423	5156	4875	5107	5266	5308	5149	5492	5466	5826	63254
Year 2012/13	5223	5754	5403	5651	5607	5308	6000	5911	5468	5894	5593	5919	67731

Year 2013/14	5737	5910	5772	6205	5405	5798	5994	5775	5613	5671	5352	5593	68825
Year 2014/15	5533	5661	5658	6245	5610	5804	5903	5773	5783	5798	0	0	57768
<b>Total</b>	<b>21446</b>	<b>22558</b>	<b>22256</b>	<b>23257</b>	<b>21497</b>	<b>22017</b>	<b>23163</b>	<b>22767</b>	<b>22013</b>	<b>22855</b>	<b>16411</b>	<b>17338</b>	<b>257578</b>

The table below details the admission method type totals (elective, emergency, maternity/other) for the past 4 financial years broken down by month. Please note that data for February and March 2015 are still being inputted at the moment.

Year Financial	Admission method Type	(01) Apr	(02) May	(03) Jun	(04) Jul	(05) Aug	(06) Sep	(07) Oct	(08) Nov	(09) Dec	(10) Jan	(11) Feb	(12) Mar
Year 2011/12	Elective	2329	2434	2610	2421	2269	2524	2466	2541	2256	2535	2759	2980
	Emergency	1867	1921	1902	1793	1733	1745	1928	1899	2002	1983	1838	1934
	Maternity/Other	757	878	911	942	873	838	872	868	891	974	869	912
	<b>Total</b>	<b>4953</b>	<b>5233</b>	<b>5423</b>	<b>5156</b>	<b>4875</b>	<b>5107</b>	<b>5266</b>	<b>5308</b>	<b>5149</b>	<b>5492</b>	<b>5466</b>	<b>5826</b>
Year 2012/13	Elective	2452	2843	2523	2634	2585	2391	2853	2709	2207	2600	2622	2598
	Emergency	1881	2011	1942	2081	2063	2010	2149	2248	2350	2353	2106	2382
	Maternity/Other	890	900	938	936	959	907	998	954	911	941	865	939
	<b>Total</b>	<b>5223</b>	<b>5754</b>	<b>5403</b>	<b>5651</b>	<b>5607</b>	<b>5308</b>	<b>6000</b>	<b>5911</b>	<b>5468</b>	<b>5894</b>	<b>5593</b>	<b>5919</b>
Year 2013/14	Unknown	0	0	0	0	0	0	0	0	0	0	1	20
	Elective	2519	2609	2511	2763	2323	2573	2671	2565	2348	2400	2525	2346
	Emergency	2351	2343	2322	2372	2154	2186	2380	2304	2379	2307	2060	2250
	Maternity/Other	867	958	939	1070	928	1039	943	906	886	964	766	977
	<b>Total</b>	<b>5737</b>	<b>5910</b>	<b>5772</b>	<b>6205</b>	<b>5405</b>	<b>5798</b>	<b>5994</b>	<b>5775</b>	<b>5613</b>	<b>5671</b>	<b>5352</b>	<b>5593</b>
Year 2014/15	Unknown	10	2	5	9	6	7	49	6	3	7	0	0
	Elective	2433	2533	2546	2792	2366	2446	2545	2461	2242	2296	0	0
	Emergency	2225	2213	2250	2500	2261	2403	2452	2477	2640	2550	0	0
	Maternity/Other	865	913	857	944	977	948	857	829	898	945	0	0
	<b>Total</b>	<b>5533</b>	<b>5661</b>	<b>5658</b>	<b>6245</b>	<b>5610</b>	<b>5804</b>	<b>5903</b>	<b>5773</b>	<b>5783</b>	<b>5798</b>	<b>0</b>	<b>0</b>

Unfortunately, our Performance & Information Services Department have advised that re-admission and discharge data is not recorded on our system in order to provide you with accurate information. We can only provide the total number of admissions, as detailed in the tables above.

Unfortunately, we are not able to accurately calculate the percentages as we are unsure what you want included and excluded from the calculation. Also, we are not sure what you want the percentage figure against. Please advise us if you know this information and we will then attempt to complete these calculations for you.

Also for medical conditions due to medication usage problems. Can you provide data for the following medical conditions: asthma, copd, bloodpresssure, heartfailure, diabetes, hypo/hyperthyroidism, gord, stomach related ulcers, constipation.

**Answer:** Our Performance & Information Services Department has conducted a search for patients with a primary diagnosis of a medical/medication usage problem and cannot find any patients matching this within the last two years. Our Clinical Coding Department have advised us that they do not actually code medical/medication usage problems on the system. This information would be written in patient records. The primary diagnosis which was as a result of the medical/medication usage problem would be coded instead.

The only information we could provide is the total number of patients admitted with those conditions you have listed. Please advise us if this is something you could like and would be useful. Please bear in mind though that this data would cover all patient admissions for that condition ie. cover patients with and without medical/medication usage problems.



**386/14  
DESMOND Course**

Thank you for the information regarding diabetes education in Walsall and the DESMOND course, in addition to this information is it possible to give me some further information.

What is the financial cost of running the DESMOND course per annum in Walsall? (2011-2012) and (2012-2013)

What is the financial cost of managing and treating type 2 diabetes in Walsall? (2011-2012) and (2012-2013)

What do these figures include and what are the composite costs? (2011-2012) and (2012-2013)

**Answer: Unfortunately, we do not hold this information. We believe this information is held by Walsall Clinical Commissioning Group and recommend that you contact their FOI office directly to obtain this information. Their email address is: [foi@walsall.nhs.uk](mailto:foi@walsall.nhs.uk) or postal address is: Jubilee House, Bloxwich Lane, Walsall, WS2 7JL.**

**387/14  
Tattoo Removals**

How many tattoos have been removed by your NHS Trust, where the cost has been met by the NHS, over the last three calendar years (2012, 2013, 2014) - please break it down by calendar year and estimated cost.

**Answer: Unfortunately, tattoo removals are not specifically coded in order to provide you with this information. We only record removals of all types of skin lesions which cannot be broken down by type. Please let us know if you require this information.**

**388/14  
Staffing Levels over Christmas and New Year**

I would like to know about staffing levels in your hospitals over the Christmas and New Year period, under the Freedom of Information Act 2000.

I would like to know the following:

- How many members of staff took extended leave over the festive period (Dec 19 - Jan 5)?

**Answer: 'Extended leave' has been interpreted as Annual Leave, excluding bank holidays. The number of staff who took Annual Leave during this period was 1420.**

- How many members of staff were off sick during the festive period (Dec 19 - Jan 5)?

**Answer: The number of staff absent due to sickness absence during the period was 572.**

- As a result what were your staff levels as a percentage during the festive period (Dec 19 - Jan 5)?

**Answer: Please see the table below which details this.**

	Full Time Equivalent Days Lost	Absence %
Annual Leave Rate	4294.79	6.56%
Sickness Absence Rate	3747.67	5.72%
Combined 'Extended Leave' Rate	8042.46	12.29%

389/14

#### Internal or external - Major Incidents

Please provide the following information:

1/Dates and times of internal (or external) major incidents either standby or declared. Nature of incident, time of start and finish. - For the last 5 years.

**Answer: Walsall Healthcare NHS Trust is able to report that during the period 8<sup>th</sup> January 2010 and 8<sup>th</sup> January 2015, the Trust declared major incident status three times.**

- An internal major incident was declared at 09:00 hrs on Thursday 21<sup>st</sup> March 2013 due to extremely high levels of capacity – deescalated at 16:30 hrs same day
- An internal major incident was declared at 09:00 hrs on Tuesday 2<sup>nd</sup> December 2014 due to significant emergency capacity pressures – deescalated at 16:15 hrs same day
- An internal major incident was declared at 09:00 hrs on Monday 5<sup>th</sup> January 2015 due to significant emergency capacity pressures. Internal major incident status was extended at 09:00 hrs on Tuesday 6<sup>th</sup> January 2015 due to continued significant emergency capacity pressures – deescalated at 10:00 hrs on Thursday 8<sup>th</sup> January 2015

2/I presume some sort of log is kept for major incidents. Please supply the internal gold, silver or bronze logs for the entire incident. Hopefully this will show what actions are taken, messages communicated i.e. ambulance alerted, nhs england alerted, messages received back i.e. ward x full. This should be in a list format with times. - For the last 2 years.

**Answer: A number (but not all) of the structures and processes activated in response to an external major incident are used by the Trust in response to an internal incident created by high capacity demand. However, logs are not kept for internal incidents in the same way as they are kept for major incidents. With an internal major incident created by capacity pressures, much of the activity centres on:**

- identifying individual patients with discharge potential and developing plans to clear any blockages in order to expedite the discharge
- arranging and making resources available to open additional capacity areas (some of which may require cancellation of elective activity in order to free bed spaces that can be used of overnight patients)
- coordinating service input provided by partners including spot purchase and patient transport

For the 2<sup>nd</sup> December 2014 the following key tasks were focused on;

- Discharge patients who are ready for discharge as early in the day as possible
- Early review of all patients to ensure we have a clear plan for everyone's care
- Expected date of discharge set for all patients
- Early identification of the days possible discharges
- Early completion of Electronic Discharge Summaries and TTOs
- Support from community teams to keep people at home

- **Maximum use of alternatives to admission e.g. Frail Elderly Team, Rapid Response Team, Intermediate Care Team**
- **Escalation of delays / difficulties to be made to managers as quickly as possible.**

For the **5<sup>th</sup> January 2015** the following key tasks were focused on;

- **scaling back trust-provided training and development for the next few days to ensure we have as many staff able to provide frontline care as possible**
- **calling in extra staff (especially extra medical staff to review outliers and “overflow” capacity patients)**
- **cancelling elective surgery**
- **reviewing outpatient activity for the next few days and scaling this back to enable us to focus on care of patients on the wards**
- **using our community teams as much as possible to prevent admissions / support discharges**
- **seeking extra help with discharges from social services and the CCG**
- **ensuring we open the new ward as early as possible – aiming for next weekend**

For the **6<sup>th</sup> January 2015** the following key tasks were focused on;

- **scaling back trust-provided training and development for the next few days to ensure we have as many staff able to provide frontline care as possible;**
- **calling in extra staff (especially extra medical staff to review outliers and “overflow” capacity patients, and qualified staff in non-clinical roles supporting patient care)**
- **cancelling elective surgery (plans will be made this day for the remainder of the week)**
- **reviewing outpatient activity for the next few days and scaling this back to enable us to focus on care of patients on the wards (plans have been put in place to scale back outpatient activity in medicine particularly to enable doctors to attend to acutely ill patients first)**
- **using our community teams as much as possible to prevent admissions / support discharges;**
- **seeking extra help with discharges from social services and the CCG (the weekly complex discharge meeting is underway currently)**

3/Ambulance diverts - whether the hospital has closed to emergency admissions, which hospitals are accepting your patients, the time of divert and the time this is stopped. - For the last 2 years.

**Answer: Over the past 2 years Walsall Healthcare NHS Trust has never been closed to emergency admissions. However, informal local mutual aid arrangements exist between Hospital Trusts. Where and when hospitals come under significant pressure, a request can be made to the Chief Executive, Chief Operating Officer or Director On-Call to receive a specified number of ambulances or to receive ambulances. This would be for a specified period in order to create a ‘fire break’ in demand and allow a Trust to recover. These informal requests have been made, but are not formally recorded as granting of such requests is not compulsory.**

4/Lessons learnt and any commissioner action i.e. fines.

**Answer: A Route Cause Analysis was undertaken to identify lessons relating to systems failures: breaches that occurred during the internal major incident declaration period 5<sup>th</sup> – 8<sup>th</sup> January 2015.**

**The analysis identified the following actions / lessons learnt:**

- i) **Full implementation of the new Escalation Policy**
  - a. **Following the recent EMS level 4 period we have introduced a number of minor changes to the policy which will be ratified by our Trust Management Board**
- ii) **Increased support to the operations centre (formerly the bed bureau) with the following;**
  - a. **An urgent business case will be developed for a transfer team to support swift and safe patient moves**
  - b. **Clearer command and control processes at all levels of escalation**
  - c. **Better support to enable actions to be undertaken**
- iii) **Better communications from the Operations Centre to relevant staff and colleagues of the current bed state to ensure all are updated and interruptions are kept to a minimum**
- iv) **Consider a better method of tracking the physical beds we have in the hospital**
- v) **A review of the transfer processes between Emergency Department & Acute Medical Unit and AMU & the wards**
- vi) **A follow up audit to check the implementation of board rounds**
- vii) **Regular audit of patients who have stayed longer on wards to identify the true reasons for delay and support the removal of any barriers to progress**
- viii) **An agreed, daily, system wide teleconference when at Level 3 or greater**

Since the last internal major incident was declared, the Trust has opened a new modular ward which is accommodating a net increase of 20 patients with appropriate nurse staffing, equipment and environmental considerations.

We also held a full Length of Stay review supported by colleagues from ECIST on the 20<sup>th</sup> January and colleagues were also invited to this separately.

In relation to actions taken by Commissioners, the table below sets out numbers of breaches experienced during periods of major incident declarations. Indications of potential fines is also provided, but please note that breaches do not automatically lead to financial penalties. The calculation used to determine a fine makes reference to Trust performance over a longer period i.e figures from the entire month etc.

<b>Internal Major Incident Date</b>	<b>Number of breaches During incident</b>	<b>Value of Fines Imposed</b>
<b>Thursday 21<sup>st</sup> March 2013 – 09:00 – 16:30 hrs.</b>	<b>5</b>	<b>See below</b>
<b>Tuesday 2<sup>nd</sup> December 2014 – 09:00 – 16:15</b>	<b>2</b>	
<b>Monday 5<sup>th</sup> January 2015 09:00 hrs – deescalated at 10:00 hrs on Thursday 8<sup>th</sup> January 2015.</b>	<b>192</b>	

Financial sanctions applied via the National NHS Contract are as follows;  
 “...Where the number of breaches in the month exceeds the tolerance permitted by the threshold, £200 in respect of each excess breach above that threshold. To the extent that the number of breaches exceeds 8% of A&E Attendances in the relevant month, no further consequence will be applied in respect of the month...”

Fines are calculated at a monthly position and not at a daily position.

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## External / 3rd Party Hosting

I would like to request information under the Freedom of Information Act. The information that I require relates to a specific external/3rd party hosting contract which may include:

1. Software as a Service (SaaS) is a software distribution model in which applications are hosted by a vendor or service provider and made available to customers over a network, typically the Internet.

**Answer: Our organisation does not purchase any IT software as SaaS.**

2. E-commerce hosting is a business that furnishes merchants with solutions for selling their merchandise online. The merchant is typically billed monthly for using space on the hosting company's

. Software is also leased for online order processing. E-commerce hosting

businesses usually manage all the technical facets of commercial website development and maintenance for their clients. E-commerce hosting can also include electronic data interchange (EDI).

**Answer: Our organisation does not use E-commerce hosting.**

3. **Exchange Hosting** is a service in the telecommunications industry whereby a provider makes a Microsoft e-mail box and space available on a server so its clients can host their data on the server. The provider manages the hosted data of its clients on the server.

**Answer: Our organisation does use local email called nhs.net mail. There is a review planned this year of NHS.mail. There is no cost to the organisation for NHS Mail.**

4. Web Hosting is the activity or business of providing storage space and access for websites.

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

5. VOIP Hosting is a methodology and group of technologies for the delivery of voice communications and multimedia sessions over Internet Protocol (IP) networks, such as the Internet. Other terms commonly associated with VoIP are IP telephony, Internet telephony, voice over broadband (VoBB), broadband telephony, IP communications, and broadband phone service.

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

6. Contact Centre: A hosted contact centre offers all the utilities associated with running a customer service outfit with a pay-as-you-go plan. This means that managers don't need to buy prohibitively expensive hardware, instead they can add software as needed and get deeper in their involvement as they grow.

**Answer: Our organisation does not hold any external Contact Centre contract.**

7. Unified communications is the integration of real-time communication services such as instant messaging, presence information, telephony, video conferencing, data sharing, call control and speech recognition with non-real-time communication services such as unified messaging.

**Answer: Our organisation does not use externally hosted services for Unified communications.**

Please can you see the attached file and fill the information into the space provided (Contract1-8). If none of the contract above apply to the organisation please can you state the reasons why. If however the services i have request is hosted internally please can you state this within the response as well as providing me information on the annual average spend and the internal contact for that particular type of hosting.

	<b>Contract 1</b>	<b>Contract 2</b>	<b>Contract 3</b>	<b>Contract 4</b>
Type of External Hosting Contract: The types of hosting could include SaaS or Application, Ecommerce, Exchange, Web, VOIP, Contact Centre, and Unified Communications.	<b>VOIP</b>	<b>Web Hosting</b>	<b>Web Hosting (Learning &amp; Development) (2 websites)</b>	<b>Web Hosting (Learning and Development)</b>
Supplier Name: Who is the contracted supplier for this external hosting?	<b>HP</b>	<b>Connect Internet Solutions</b>	<b>Squirell Hosting</b>	<b>1&amp;1</b>
Annual Average Spend: The annual average spend for this contract and please provide the average spend over the past 3 years for each provider. If this is a new contract please provide me with the estimated annual average spend.	<b>circa £90k</b>	<b>£11k</b>	<b>£354.74</b> <b>3 years: £1064.22</b>	<b>£575.76</b> <b>3 years: £1727.28</b>
Contract Duration: Please state the duration of the contract including any extensions.	<b>Renewed annually</b>	<b>Three Year contract</b>	<b>Renewed annually</b>	<b>Renewed monthly</b>
Contract Expiry Date: When does this contract expiry? DD/MM/YY	<b>June-14</b>	<b>April-16</b>	<b>April-15 for one website and May -15 for the other website</b>	<b>Feb-15</b>

Contract Review Date: When will the contract be reviewed? DD/MM/YY	<b>June-14</b>	<b>Nov-15</b>	<b>April - 15</b>	<b>Jan - 16</b>
Contract Description: Please provide me with information of the services provided under this contract.	<b>Maintenance and support contract</b>	<b>Maintenance and support contract</b>	<b>Maintenance and support contract</b>	<b>Maintenance and support contract</b>
Internal Contact: Can you please provide me with the contact details of the person responsible for this contract please include their full name, actual job title and direct contact number and email address.	<p><b>Please note that we do not release individual staff names below Director level. This is withheld under section 40 (Personal Information).</b></p> <p><b>Steve Darkes is the Director of this service. His email address is; <a href="mailto:steve.darkes@walsallhealthcare.nhs.uk">steve.darkes@walsallhealthcare.nhs.uk</a> and contact telephone number is; 01922 721172.</b></p>	<p><b>Please note that we do not release individual staff names below Director level. This is withheld under section 40 (Personal Information).</b></p> <p><b>Dawn Clift is the Director of this service. Her email address is; <a href="mailto:dawn.clift@walsallhealthcare.nhs.uk">dawn.clift@walsallhealthcare.nhs.uk</a> and contact telephone number is; 01922 721172.</b></p>	<p><b>Please note that we do not release individual staff names below Director level. This is withheld under section 40 (Personal Information).</b></p> <p><b>Sue Wakeman is the Director of this service. Her email address is; <a href="mailto:sue.wakeman@walsallhealthcare.nhs.uk">sue.wakeman@walsallhealthcare.nhs.uk</a> and contact telephone number is; 01922 721172.</b></p>	<p><b>Please note that we do not release individual staff names below Director level. This is withheld under section 40 (Personal Information).</b></p> <p><b>Sue Wakeman is the Director of this service. Her email address is; <a href="mailto:sue.wakeman@walsallhealthcare.nhs.uk">sue.wakeman@walsallhealthcare.nhs.uk</a> and contact telephone number is; 01922 721172.</b></p>
If any of the information above is not available can you please provide me with notes into the reason(s) why. Also if the contract is due to expire please provide me with the likely outcome of the expiring contract. If this is a new contract or a new supplier please can you provide me with a short list of suppliers that bid on this service/support contract?	<b>We are currently in the process of re-negotiating the contract for when it expires.</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>

### 391/14

#### Cancelled Operations

Under the Freedom of Information Act, please provide the following information:

The number of scheduled operations that have been cancelled in 2013-14 and 2014-15 to date due to bed shortages (example codes may be 2.1 ICU/HDU beds unavailable and 2.2 Ward beds unavailable) and a break down of the hospitals at which the cancellations occurred.

For 2013-14 and 2014-15 to date, the number of scheduled operations that were cancelled because of staff shortages (example codes may be 2.5 Surgeon unavailable - leave, 2.6 Surgeon unavailable - other, 2.7 Anaesthetist unavailable - leave, 2.8 Anaesthetist unavailable - other and 2.9 Theatre staff unavailable), again broken down by hospital.

Please include operations cancelled both before the day and on the day.

**Answer: As per the Department of Health guidance only 'last minute' cancellations are actively monitored and reported on. 'Before the day' cancellations are part of this cohort. All data is taken from the published QMCO (Quarterly Monitoring Cancelled Operations) returns.**

An extract from the guidance reads;

*A last minute cancellation is one that occurs on the day the patient was due to arrive, after they have arrived in hospital or on the day of their operation. For example, you are to be admitted to hospital on a Monday for an operation scheduled for the following day (Tuesday). If the hospital cancels your operation for non-clinical reasons on the Monday then this would count as a last minute cancellation. This includes patients who have not actually arrived in hospital and have been telephoned at home prior to their arrival.*

Cancellation Reason	2013-2014	2014-2015 (01/04/2014- 31/12/2014)
Critical care bed not available	27	13
Ward bed not available	79	39

Cancellation Reason	2013-2014	2014-2015 (01/04/2014- 31/12/2014)
Surgeon unavailable	9	6
Anaesthetist unavailable	0	2
Theatre Staff unavailable	0	1



**392/14**

## **Hospital Admissions**

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

Please send me:

-A breakdown of figures regarding hospital admissions related to eating disorders between December 2013 and December 2014.

- A statement – if available – regarding any particular time of the year that these numbers peak – for instance, whether there is a notable rise over the Christmas period.

- A breakdown of patients that have been admitted for illnesses relating to eating disorders by gender.

- The number of how many patients that were admitted for illnesses relating to eating disorders and who were discharged the same day.

- The number of how many patients that have been admitted for illnesses relating to eating disorders that were in hospital for longer than six months.

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

**Please could you provide more information of what specific eating disorders you are enquiring about.**

Here's a breakdown of different eating disorders we're interested in...

-Anorexia Nervosa

-Binge Eating Disorder

-Bulimia Nervosa

-Other Specified Feeding or Eating Disorder

(Described as Eating Disorder Not Otherwise Specified (EDNOS) DSM-IV)

-Additional Eating and Feeding Disorders

**Answer: We can confirm that two patients who were both discharged within the month of December were inpatients at our hospital during this time period. Please see the list below of clinical codes of which this data was obtained.**

**F50.0 anorexia nervosa**

**F50.1 atypical anorexia nervosa**

**F50.2 binge eating disorder/bulimia nervosa**

**F50.3 atypical bulimia nervosa**

**F50.4 Overeating associated with other psychological disturbances**

**F50.5 Vomiting associated with other psychological disturbances**

**F50.8 other eating disorders**

**F50.9 eating disorder not specified**

**These are the only clinical codes on our system which we felt best matched the eating disorders you were interested in.**

**Both patients had one or more of these codes as a primary diagnosis at admission.**

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**Assault Related Attendances (A&E)**

We are looking for the following data (in spreadsheet format) for all ASSAULT-RELATED attendances at ED departments between 1 Jan 2014 - 31 Dec 2014 (inclusive):

Date of ED attendance,  
Age (or date of birth),  
Gender,  
AND the yearly count for all ED attendances.

Answer: Please see the table below which details this information. It is also attached in a spreadsheet as requested.

We can confirm that 92,976 ED attendances were recorded on our data systems during this time period.

Arrival Date	Age of Patient	Gender of Patient
Jan-14	31	Female
Jan-14	44	Female
Jan-14	19	Female
Jan-14	25	Male
Jan-14	35	Female
Jan-14	51	Female
Jan-14	18	Male
Jan-14	23	Female
Jan-14	24	Male
Jan-14	34	Male
Jan-14	43	Male
Jan-14	17	Male
Jan-14	20	Male
Jan-14	16	Male
Jan-14	35	Male
Jan-14	19	Female
Jan-14	37	Male
Jan-14	42	Female
Jan-14	18	Female
Jan-14	32	Male
Jan-14	63	Female
Jan-14	47	Male
Jan-14	18	Male
Jan-14	21	Male
Jan-14	21	Female
Jan-14	22	Male
Jan-14	20	Male

Jan-14	23	Male
Jan-14	33	Male
Jan-14	39	Male
Jan-14	19	Male
Jan-14	42	Female
Jan-14	24	Male
Jan-14	37	Male
Jan-14	24	Female
Jan-14	28	Male
Jan-14	48	Female
Jan-14	15	Male
Jan-14	30	Female
Jan-14	46	Female
Jan-14	26	Male
Jan-14	24	Male
Jan-14	16	Female
Jan-14	45	Female
Jan-14	36	Female
Jan-14	60	Female
Jan-14	26	Male
Jan-14	27	Female
Jan-14	55	Male
Jan-14	14	Female
Jan-14	29	Male
Jan-14	19	Female
Jan-14	43	Male
Jan-14	34	Female
Jan-14	17	Male
Jan-14	20	Male
Jan-14	35	Male
Jan-14	29	Male
Jan-14	19	Male
Jan-14	32	Male
Jan-14	35	Male
Jan-14	27	Male
Jan-14	27	Male
Jan-14	26	Male
Jan-14	62	Male
Jan-14	14	Male
Jan-14	14	Male
Jan-14	17	Male
Jan-14	23	Male
Jan-14	17	Female
Jan-14	19	Male
Jan-14	22	Male

Jan-14	22	Female
Jan-14	44	Male
Jan-14	21	Male
Jan-14	25	Female
Jan-14	20	Male
Jan-14	55	Male
Jan-14	35	Female
Jan-14	21	Male
Jan-14	34	Male
Jan-14	39	Female
Jan-14	36	Male
Jan-14	25	Male
Jan-14	19	Male
Jan-14	39	Female
Jan-14	40	Male
Jan-14	40	Female
Jan-14	32	Male
Jan-14	17	Female
Jan-14	53	Male
Jan-14	18	Female
Jan-14	21	Male
Jan-14	23	Female
Jan-14	59	Male
Jan-14	22	Male
Jan-14	35	Female
Jan-14	20	Male
Jan-14	23	Male
Jan-14	28	Female
Jan-14	55	Male
Jan-14	51	Female
Jan-14	32	Female
Jan-14	39	Female
Jan-14	37	Male
Jan-14	50	Male
Jan-14	33	Female
Jan-14	42	Male
Jan-14	24	Male
Jan-14	43	Male
Feb-14	24	Male
Feb-14	46	Male
Feb-14	18	Male
Feb-14	18	Female
Feb-14	23	Male
Feb-14	42	Male
Feb-14	15	Male

Feb-14	40	Male
Feb-14	20	Female
Feb-14	36	Male
Feb-14	27	Male
Feb-14	58	Male
Feb-14	14	Male
Feb-14	15	Male
Feb-14	39	Male
Feb-14	19	Female
Feb-14	44	Male
Feb-14	56	Female
Feb-14	27	Male
Feb-14	49	Male
Feb-14	31	Male
Feb-14	24	Female
Feb-14	23	Male
Feb-14	65	Female
Feb-14	42	Male
Feb-14	32	Female
Feb-14	54	Male
Feb-14	16	Male
Feb-14	23	Female
Feb-14	22	Female
Feb-14	16	Male
Feb-14	35	Male
Feb-14	45	Male
Feb-14	21	Male
Feb-14	16	Male
Feb-14	19	Male
Feb-14	32	Male
Feb-14	39	Female
Feb-14	42	Male
Feb-14	32	Male
Feb-14	38	Male
Feb-14	20	Male
Feb-14	28	Female
Feb-14	37	Male
Feb-14	29	Male
Feb-14	14	Female
Feb-14	22	Male
Feb-14	27	Female
Feb-14	33	Male
Feb-14	26	Female
Feb-14	12	Female
Feb-14	21	Male

Feb-14	44	Male
Feb-14	36	Male
Feb-14	52	Male
Feb-14	17	Male
Feb-14	37	Female
Feb-14	23	Female
Feb-14	15	Male
Feb-14	29	Male
Feb-14	20	Female
Feb-14	14	Female
Feb-14	24	Female
Feb-14	31	Female
Feb-14	22	Male
Feb-14	18	Male
Feb-14	21	Male
Feb-14	28	Female
Feb-14	25	Female
Feb-14	12	Male
Feb-14	30	Male
Feb-14	22	Female
Feb-14	18	Female
Feb-14	28	Female
Feb-14	23	Female
Feb-14	23	Female
Feb-14	43	Male
Feb-14	62	Male
Feb-14	13	Male
Feb-14	41	Female
Mar-14	34	Male
Mar-14	22	Male
Mar-14	48	Male
Mar-14	20	Male
Mar-14	49	Male
Mar-14	23	Male
Mar-14	28	Male
Mar-14	21	Female
Mar-14	22	Male
Mar-14	12	Female
Mar-14	22	Male
Mar-14	15	Male
Mar-14	26	Male
Mar-14	52	Male
Mar-14	29	Female
Mar-14	22	Male
Mar-14	29	Female

<b>Mar-14</b>	<b>32</b>	<b>Female</b>
<b>Mar-14</b>	<b>25</b>	<b>Female</b>
<b>Mar-14</b>	<b>26</b>	<b>Male</b>
<b>Mar-14</b>	<b>42</b>	<b>Male</b>
<b>Mar-14</b>	<b>11</b>	<b>Female</b>
<b>Mar-14</b>	<b>65</b>	<b>Male</b>
<b>Mar-14</b>	<b>55</b>	<b>Male</b>
<b>Mar-14</b>	<b>19</b>	<b>Male</b>
<b>Mar-14</b>	<b>21</b>	<b>Male</b>
<b>Mar-14</b>	<b>44</b>	<b>Male</b>
<b>Mar-14</b>	<b>12</b>	<b>Male</b>
<b>Mar-14</b>	<b>15</b>	<b>Male</b>
<b>Mar-14</b>	<b>18</b>	<b>Female</b>
<b>Mar-14</b>	<b>30</b>	<b>Male</b>
<b>Mar-14</b>	<b>75</b>	<b>Male</b>
<b>Mar-14</b>	<b>23</b>	<b>Female</b>
<b>Mar-14</b>	<b>16</b>	<b>Female</b>
<b>Mar-14</b>	<b>45</b>	<b>Female</b>
<b>Mar-14</b>	<b>82</b>	<b>Male</b>
<b>Mar-14</b>	<b>32</b>	<b>Male</b>
<b>Mar-14</b>	<b>36</b>	<b>Female</b>
<b>Mar-14</b>	<b>30</b>	<b>Male</b>
<b>Mar-14</b>	<b>23</b>	<b>Male</b>
<b>Mar-14</b>	<b>28</b>	<b>Male</b>
<b>Mar-14</b>	<b>23</b>	<b>Male</b>
<b>Mar-14</b>	<b>28</b>	<b>Female</b>
<b>Mar-14</b>	<b>11</b>	<b>Male</b>
<b>Mar-14</b>	<b>21</b>	<b>Female</b>
<b>Mar-14</b>	<b>30</b>	<b>Male</b>
<b>Mar-14</b>	<b>23</b>	<b>Female</b>
<b>Mar-14</b>	<b>22</b>	<b>Male</b>
<b>Mar-14</b>	<b>19</b>	<b>Female</b>
<b>Mar-14</b>	<b>16</b>	<b>Male</b>
<b>Mar-14</b>	<b>29</b>	<b>Male</b>
<b>Mar-14</b>	<b>27</b>	<b>Male</b>
<b>Mar-14</b>	<b>15</b>	<b>Male</b>
<b>Mar-14</b>	<b>18</b>	<b>Male</b>
<b>Mar-14</b>	<b>37</b>	<b>Male</b>
<b>Mar-14</b>	<b>32</b>	<b>Male</b>
<b>Mar-14</b>	<b>24</b>	<b>Female</b>
<b>Mar-14</b>	<b>11</b>	<b>Male</b>
<b>Mar-14</b>	<b>27</b>	<b>Male</b>
<b>Mar-14</b>	<b>28</b>	<b>Male</b>
<b>Mar-14</b>	<b>38</b>	<b>Female</b>
<b>Mar-14</b>	<b>47</b>	<b>Male</b>

<b>Mar-14</b>	<b>21</b>	<b>Male</b>
<b>Mar-14</b>	<b>13</b>	<b>Male</b>
<b>Mar-14</b>	<b>29</b>	<b>Male</b>
<b>Mar-14</b>	<b>33</b>	<b>Female</b>
<b>Mar-14</b>	<b>53</b>	<b>Male</b>
<b>Mar-14</b>	<b>19</b>	<b>Male</b>
<b>Mar-14</b>	<b>22</b>	<b>Male</b>
<b>Mar-14</b>	<b>15</b>	<b>Female</b>
<b>Mar-14</b>	<b>16</b>	<b>Male</b>
<b>Mar-14</b>	<b>13</b>	<b>Male</b>
<b>Mar-14</b>	<b>45</b>	<b>Male</b>
<b>Mar-14</b>	<b>28</b>	<b>Male</b>
<b>Mar-14</b>	<b>38</b>	<b>Male</b>
<b>Mar-14</b>	<b>23</b>	<b>Male</b>
<b>Mar-14</b>	<b>26</b>	<b>Male</b>
<b>Mar-14</b>	<b>19</b>	<b>Male</b>
<b>Mar-14</b>	<b>22</b>	<b>Male</b>
<b>Mar-14</b>	<b>37</b>	<b>Male</b>
<b>Mar-14</b>	<b>28</b>	<b>Male</b>
<b>Mar-14</b>	<b>34</b>	<b>Male</b>
<b>Mar-14</b>	<b>47</b>	<b>Male</b>
<b>Mar-14</b>	<b>20</b>	<b>Male</b>
<b>Mar-14</b>	<b>25</b>	<b>Female</b>
<b>Mar-14</b>	<b>32</b>	<b>Male</b>
<b>Mar-14</b>	<b>38</b>	<b>Male</b>
<b>Mar-14</b>	<b>18</b>	<b>Male</b>
<b>Mar-14</b>	<b>28</b>	<b>Male</b>
<b>Mar-14</b>	<b>16</b>	<b>Male</b>
<b>Mar-14</b>	<b>18</b>	<b>Male</b>
<b>Mar-14</b>	<b>15</b>	<b>Male</b>
<b>Mar-14</b>	<b>16</b>	<b>Male</b>
<b>Mar-14</b>	<b>9</b>	<b>Male</b>
<b>Mar-14</b>	<b>34</b>	<b>Male</b>
<b>Mar-14</b>	<b>15</b>	<b>Male</b>
<b>Mar-14</b>	<b>26</b>	<b>Female</b>
<b>Mar-14</b>	<b>46</b>	<b>Male</b>
<b>Mar-14</b>	<b>18</b>	<b>Male</b>
<b>Mar-14</b>	<b>27</b>	<b>Male</b>
<b>Mar-14</b>	<b>18</b>	<b>Male</b>
<b>Mar-14</b>	<b>19</b>	<b>Female</b>
<b>Mar-14</b>	<b>19</b>	<b>Male</b>
<b>Mar-14</b>	<b>16</b>	<b>Male</b>
<b>Mar-14</b>	<b>42</b>	<b>Female</b>
<b>Mar-14</b>	<b>79</b>	<b>Male</b>
<b>Apr-14</b>	<b>31</b>	<b>Female</b>



Apr-14	28	Male
Apr-14	20	Male
Apr-14	24	Male
Apr-14	16	Female
Apr-14	35	Male
Apr-14	51	Male
Apr-14	22	Male
Apr-14	41	Male
Apr-14	10	Male
Apr-14	33	Female
Apr-14	37	Male
Apr-14	31	Male
Apr-14	49	Male
Apr-14	30	Female
Apr-14	27	Male
Apr-14	43	Male
Apr-14	17	Male
Apr-14	23	Male
Apr-14	29	Male
Apr-14	38	Male
Apr-14	12	Male
Apr-14	17	Female
Apr-14	19	Male
Apr-14	41	Male
Apr-14	48	Male
Apr-14	16	Female
Apr-14	44	Male
Apr-14	40	Male
Apr-14	26	Male
Apr-14	14	Female
Apr-14	17	Male
Apr-14	13	Female
Apr-14	24	Female
Apr-14	50	Female
Apr-14	27	Male
Apr-14	20	Male
Apr-14	26	Male
Apr-14	39	Male
Apr-14	42	Male
Apr-14	23	Female
Apr-14	34	Male
Apr-14	21	Male
Apr-14	22	Male
Apr-14	23	Male
Apr-14	21	Male

<b>Apr-14</b>	<b>43</b>	<b>Female</b>
<b>Apr-14</b>	<b>29</b>	<b>Female</b>
<b>Apr-14</b>	<b>28</b>	<b>Male</b>
<b>Apr-14</b>	<b>57</b>	<b>Male</b>
<b>Apr-14</b>	<b>30</b>	<b>Female</b>
<b>Apr-14</b>	<b>34</b>	<b>Male</b>
<b>Apr-14</b>	<b>31</b>	<b>Male</b>
<b>Apr-14</b>	<b>29</b>	<b>Male</b>
<b>Apr-14</b>	<b>94</b>	<b>Female</b>
<b>Apr-14</b>	<b>24</b>	<b>Male</b>
<b>Apr-14</b>	<b>10</b>	<b>Female</b>
<b>Apr-14</b>	<b>20</b>	<b>Male</b>
<b>Apr-14</b>	<b>27</b>	<b>Male</b>
<b>Apr-14</b>	<b>30</b>	<b>Male</b>
<b>Apr-14</b>	<b>11</b>	<b>Female</b>
<b>Apr-14</b>	<b>15</b>	<b>Male</b>
<b>Apr-14</b>	<b>41</b>	<b>Female</b>
<b>Apr-14</b>	<b>55</b>	<b>Male</b>
<b>Apr-14</b>	<b>21</b>	<b>Female</b>
<b>Apr-14</b>	<b>19</b>	<b>Female</b>
<b>Apr-14</b>	<b>29</b>	<b>Female</b>
<b>Apr-14</b>	<b>25</b>	<b>Male</b>
<b>Apr-14</b>	<b>29</b>	<b>Male</b>
<b>Apr-14</b>	<b>24</b>	<b>Male</b>
<b>Apr-14</b>	<b>34</b>	<b>Male</b>
<b>Apr-14</b>	<b>42</b>	<b>Male</b>
<b>Apr-14</b>	<b>15</b>	<b>Male</b>
<b>Apr-14</b>	<b>41</b>	<b>Male</b>
<b>Apr-14</b>	<b>47</b>	<b>Male</b>
<b>Apr-14</b>	<b>21</b>	<b>Male</b>
<b>Apr-14</b>	<b>7</b>	<b>Male</b>
<b>Apr-14</b>	<b>43</b>	<b>Female</b>
<b>Apr-14</b>	<b>41</b>	<b>Female</b>
<b>May-14</b>	<b>2</b>	<b>Female</b>
<b>May-14</b>	<b>14</b>	<b>Female</b>
<b>May-14</b>	<b>43</b>	<b>Female</b>
<b>May-14</b>	<b>23</b>	<b>Male</b>
<b>May-14</b>	<b>25</b>	<b>Female</b>
<b>May-14</b>	<b>26</b>	<b>Male</b>
<b>May-14</b>	<b>22</b>	<b>Male</b>
<b>May-14</b>	<b>32</b>	<b>Male</b>
<b>May-14</b>	<b>35</b>	<b>Male</b>
<b>May-14</b>	<b>20</b>	<b>Male</b>
<b>May-14</b>	<b>33</b>	<b>Male</b>
<b>May-14</b>	<b>48</b>	<b>Female</b>

<b>May-14</b>	<b>18</b>	<b>Male</b>
<b>May-14</b>	<b>24</b>	<b>Male</b>
<b>May-14</b>	<b>11</b>	<b>Male</b>
<b>May-14</b>	<b>24</b>	<b>Female</b>
<b>May-14</b>	<b>50</b>	<b>Female</b>
<b>May-14</b>	<b>45</b>	<b>Male</b>
<b>May-14</b>	<b>41</b>	<b>Male</b>
<b>May-14</b>	<b>38</b>	<b>Male</b>
<b>May-14</b>	<b>49</b>	<b>Female</b>
<b>May-14</b>	<b>20</b>	<b>Male</b>
<b>May-14</b>	<b>15</b>	<b>Female</b>
<b>May-14</b>	<b>14</b>	<b>Female</b>
<b>May-14</b>	<b>45</b>	<b>Male</b>
<b>May-14</b>	<b>13</b>	<b>Male</b>
<b>May-14</b>	<b>14</b>	<b>Female</b>
<b>May-14</b>	<b>20</b>	<b>Female</b>
<b>May-14</b>	<b>27</b>	<b>Male</b>
<b>May-14</b>	<b>29</b>	<b>Female</b>
<b>May-14</b>	<b>37</b>	<b>Male</b>
<b>May-14</b>	<b>38</b>	<b>Male</b>
<b>May-14</b>	<b>19</b>	<b>Male</b>
<b>May-14</b>	<b>17</b>	<b>Male</b>
<b>May-14</b>	<b>20</b>	<b>Male</b>
<b>May-14</b>	<b>21</b>	<b>Male</b>
<b>May-14</b>	<b>25</b>	<b>Male</b>
<b>May-14</b>	<b>15</b>	<b>Male</b>
<b>May-14</b>	<b>47</b>	<b>Male</b>
<b>May-14</b>	<b>16</b>	<b>Male</b>
<b>May-14</b>	<b>44</b>	<b>Female</b>
<b>May-14</b>	<b>30</b>	<b>Female</b>
<b>May-14</b>	<b>12</b>	<b>Male</b>
<b>May-14</b>	<b>15</b>	<b>Male</b>
<b>May-14</b>	<b>31</b>	<b>Male</b>
<b>May-14</b>	<b>6</b>	<b>Female</b>
<b>May-14</b>	<b>48</b>	<b>Male</b>
<b>May-14</b>	<b>37</b>	<b>Male</b>
<b>May-14</b>	<b>19</b>	<b>Female</b>
<b>May-14</b>	<b>34</b>	<b>Female</b>
<b>May-14</b>	<b>20</b>	<b>Male</b>
<b>May-14</b>	<b>33</b>	<b>Male</b>
<b>May-14</b>	<b>29</b>	<b>Male</b>
<b>May-14</b>	<b>31</b>	<b>Male</b>
<b>May-14</b>	<b>19</b>	<b>Male</b>
<b>May-14</b>	<b>29</b>	<b>Female</b>
<b>May-14</b>	<b>30</b>	<b>Male</b>

<b>May-14</b>	<b>33</b>	<b>Male</b>
<b>May-14</b>	<b>51</b>	<b>Female</b>
<b>May-14</b>	<b>24</b>	<b>Female</b>
<b>May-14</b>	<b>25</b>	<b>Male</b>
<b>May-14</b>	<b>44</b>	<b>Male</b>
<b>May-14</b>	<b>22</b>	<b>Female</b>
<b>May-14</b>	<b>23</b>	<b>Male</b>
<b>May-14</b>	<b>33</b>	<b>Male</b>
<b>May-14</b>	<b>12</b>	<b>Female</b>
<b>May-14</b>	<b>14</b>	<b>Male</b>
<b>May-14</b>	<b>55</b>	<b>Male</b>
<b>May-14</b>	<b>27</b>	<b>Male</b>
<b>May-14</b>	<b>25</b>	<b>Male</b>
<b>May-14</b>	<b>23</b>	<b>Male</b>
<b>May-14</b>	<b>26</b>	<b>Male</b>
<b>May-14</b>	<b>30</b>	<b>Female</b>
<b>May-14</b>	<b>23</b>	<b>Female</b>
<b>May-14</b>	<b>26</b>	<b>Male</b>
<b>May-14</b>	<b>52</b>	<b>Male</b>
<b>May-14</b>	<b>24</b>	<b>Male</b>
<b>May-14</b>	<b>21</b>	<b>Female</b>
<b>May-14</b>	<b>32</b>	<b>Male</b>
<b>May-14</b>	<b>30</b>	<b>Male</b>
<b>May-14</b>	<b>21</b>	<b>Male</b>
<b>May-14</b>	<b>21</b>	<b>Female</b>
<b>May-14</b>	<b>22</b>	<b>Male</b>
<b>May-14</b>	<b>25</b>	<b>Male</b>
<b>May-14</b>	<b>38</b>	<b>Male</b>
<b>May-14</b>	<b>17</b>	<b>Female</b>
<b>May-14</b>	<b>23</b>	<b>Male</b>
<b>May-14</b>	<b>29</b>	<b>Male</b>
<b>May-14</b>	<b>14</b>	<b>Female</b>
<b>May-14</b>	<b>21</b>	<b>Male</b>
<b>May-14</b>	<b>33</b>	<b>Male</b>
<b>May-14</b>	<b>29</b>	<b>Female</b>
<b>May-14</b>	<b>45</b>	<b>Male</b>
<b>May-14</b>	<b>18</b>	<b>Male</b>
<b>May-14</b>	<b>24</b>	<b>Male</b>
<b>May-14</b>	<b>31</b>	<b>Male</b>
<b>May-14</b>	<b>22</b>	<b>Male</b>
<b>May-14</b>	<b>28</b>	<b>Male</b>
<b>May-14</b>	<b>36</b>	<b>Male</b>
<b>May-14</b>	<b>12</b>	<b>Male</b>
<b>May-14</b>	<b>22</b>	<b>Male</b>
<b>May-14</b>	<b>45</b>	<b>Male</b>

<b>Jun-14</b>	<b>27</b>	<b>Male</b>
<b>Jun-14</b>	<b>18</b>	<b>Male</b>
<b>Jun-14</b>	<b>28</b>	<b>Male</b>
<b>Jun-14</b>	<b>32</b>	<b>Female</b>
<b>Jun-14</b>	<b>20</b>	<b>Male</b>
<b>Jun-14</b>	<b>32</b>	<b>Male</b>
<b>Jun-14</b>	<b>35</b>	<b>Male</b>
<b>Jun-14</b>	<b>38</b>	<b>Male</b>
<b>Jun-14</b>	<b>45</b>	<b>Male</b>
<b>Jun-14</b>	<b>77</b>	<b>Male</b>
<b>Jun-14</b>	<b>13</b>	<b>Male</b>
<b>Jun-14</b>	<b>17</b>	<b>Female</b>
<b>Jun-14</b>	<b>29</b>	<b>Male</b>
<b>Jun-14</b>	<b>44</b>	<b>Female</b>
<b>Jun-14</b>	<b>50</b>	<b>Female</b>
<b>Jun-14</b>	<b>16</b>	<b>Male</b>
<b>Jun-14</b>	<b>23</b>	<b>Female</b>
<b>Jun-14</b>	<b>49</b>	<b>Female</b>
<b>Jun-14</b>	<b>18</b>	<b>Male</b>
<b>Jun-14</b>	<b>56</b>	<b>Male</b>
<b>Jun-14</b>	<b>38</b>	<b>Female</b>
<b>Jun-14</b>	<b>25</b>	<b>Male</b>
<b>Jun-14</b>	<b>13</b>	<b>Male</b>
<b>Jun-14</b>	<b>15</b>	<b>Male</b>
<b>Jun-14</b>	<b>34</b>	<b>Male</b>
<b>Jun-14</b>	<b>14</b>	<b>Male</b>
<b>Jun-14</b>	<b>43</b>	<b>Male</b>
<b>Jun-14</b>	<b>28</b>	<b>Female</b>
<b>Jun-14</b>	<b>57</b>	<b>Male</b>
<b>Jun-14</b>	<b>41</b>	<b>Male</b>
<b>Jun-14</b>	<b>44</b>	<b>Male</b>
<b>Jun-14</b>	<b>73</b>	<b>Male</b>
<b>Jun-14</b>	<b>19</b>	<b>Male</b>
<b>Jun-14</b>	<b>18</b>	<b>Male</b>
<b>Jun-14</b>	<b>20</b>	<b>Female</b>
<b>Jun-14</b>	<b>49</b>	<b>Male</b>
<b>Jun-14</b>	<b>39</b>	<b>Male</b>
<b>Jun-14</b>	<b>38</b>	<b>Male</b>
<b>Jun-14</b>	<b>15</b>	<b>Male</b>
<b>Jun-14</b>	<b>48</b>	<b>Female</b>
<b>Jun-14</b>	<b>26</b>	<b>Male</b>
<b>Jun-14</b>	<b>44</b>	<b>Female</b>
<b>Jun-14</b>	<b>69</b>	<b>Male</b>
<b>Jun-14</b>	<b>13</b>	<b>Male</b>
<b>Jun-14</b>	<b>16</b>	<b>Male</b>

<b>Jun-14</b>	<b>19</b>	<b>Male</b>
<b>Jun-14</b>	<b>23</b>	<b>Male</b>
<b>Jun-14</b>	<b>38</b>	<b>Female</b>
<b>Jun-14</b>	<b>14</b>	<b>Female</b>
<b>Jun-14</b>	<b>24</b>	<b>Female</b>
<b>Jun-14</b>	<b>37</b>	<b>Male</b>
<b>Jun-14</b>	<b>22</b>	<b>Male</b>
<b>Jun-14</b>	<b>39</b>	<b>Female</b>
<b>Jun-14</b>	<b>45</b>	<b>Male</b>
<b>Jun-14</b>	<b>22</b>	<b>Male</b>
<b>Jun-14</b>	<b>47</b>	<b>Male</b>
<b>Jun-14</b>	<b>42</b>	<b>Male</b>
<b>Jun-14</b>	<b>17</b>	<b>Female</b>
<b>Jun-14</b>	<b>17</b>	<b>Male</b>
<b>Jun-14</b>	<b>24</b>	<b>Female</b>
<b>Jun-14</b>	<b>22</b>	<b>Male</b>
<b>Jun-14</b>	<b>24</b>	<b>Male</b>
<b>Jun-14</b>	<b>7</b>	<b>Male</b>
<b>Jun-14</b>	<b>20</b>	<b>Male</b>
<b>Jun-14</b>	<b>16</b>	<b>Male</b>
<b>Jun-14</b>	<b>21</b>	<b>Male</b>
<b>Jun-14</b>	<b>24</b>	<b>Male</b>
<b>Jun-14</b>	<b>27</b>	<b>Male</b>
<b>Jun-14</b>	<b>30</b>	<b>Male</b>
<b>Jun-14</b>	<b>20</b>	<b>Male</b>
<b>Jun-14</b>	<b>25</b>	<b>Male</b>
<b>Jun-14</b>	<b>18</b>	<b>Male</b>
<b>Jun-14</b>	<b>33</b>	<b>Male</b>
<b>Jun-14</b>	<b>46</b>	<b>Male</b>
<b>Jun-14</b>	<b>6</b>	<b>Male</b>
<b>Jun-14</b>	<b>25</b>	<b>Male</b>
<b>Jun-14</b>	<b>33</b>	<b>Female</b>
<b>Jun-14</b>	<b>39</b>	<b>Male</b>
<b>Jun-14</b>	<b>21</b>	<b>Female</b>
<b>Jun-14</b>	<b>44</b>	<b>Male</b>
<b>Jun-14</b>	<b>21</b>	<b>Male</b>
<b>Jun-14</b>	<b>38</b>	<b>Female</b>
<b>Jun-14</b>	<b>27</b>	<b>Male</b>
<b>Jun-14</b>	<b>30</b>	<b>Male</b>
<b>Jun-14</b>	<b>26</b>	<b>Male</b>
<b>Jun-14</b>	<b>29</b>	<b>Male</b>
<b>Jun-14</b>	<b>32</b>	<b>Male</b>
<b>Jun-14</b>	<b>36</b>	<b>Female</b>
<b>Jun-14</b>	<b>45</b>	<b>Female</b>
<b>Jun-14</b>	<b>23</b>	<b>Male</b>

<b>Jun-14</b>	<b>25</b>	<b>Male</b>
<b>Jun-14</b>	<b>21</b>	<b>Female</b>
<b>Jun-14</b>	<b>37</b>	<b>Male</b>
<b>Jun-14</b>	<b>13</b>	<b>Female</b>
<b>Jun-14</b>	<b>19</b>	<b>Female</b>
<b>Jun-14</b>	<b>21</b>	<b>Male</b>
<b>Jun-14</b>	<b>35</b>	<b>Male</b>
<b>Jun-14</b>	<b>42</b>	<b>Male</b>
<b>Jun-14</b>	<b>67</b>	<b>Male</b>
<b>Jun-14</b>	<b>15</b>	<b>Male</b>
<b>Jun-14</b>	<b>31</b>	<b>Male</b>
<b>Jun-14</b>	<b>18</b>	<b>Male</b>
<b>Jun-14</b>	<b>30</b>	<b>Male</b>
<b>Jun-14</b>	<b>22</b>	<b>Male</b>
<b>Jun-14</b>	<b>23</b>	<b>Male</b>
<b>Jun-14</b>	<b>19</b>	<b>Male</b>
<b>Jun-14</b>	<b>18</b>	<b>Male</b>
<b>Jun-14</b>	<b>19</b>	<b>Female</b>
<b>Jun-14</b>	<b>33</b>	<b>Male</b>
<b>Jun-14</b>	<b>29</b>	<b>Male</b>
<b>Jun-14</b>	<b>42</b>	<b>Female</b>
<b>Jun-14</b>	<b>21</b>	<b>Female</b>
<b>Jun-14</b>	<b>25</b>	<b>Male</b>
<b>Jun-14</b>	<b>32</b>	<b>Female</b>
<b>Jun-14</b>	<b>17</b>	<b>Female</b>
<b>Jun-14</b>	<b>11</b>	<b>Male</b>
<b>Jun-14</b>	<b>14</b>	<b>Male</b>
<b>Jun-14</b>	<b>21</b>	<b>Female</b>
<b>Jun-14</b>	<b>27</b>	<b>Male</b>
<b>Jul-14</b>	<b>7</b>	<b>Male</b>
<b>Jul-14</b>	<b>18</b>	<b>Male</b>
<b>Jul-14</b>	<b>25</b>	<b>Male</b>
<b>Jul-14</b>	<b>16</b>	<b>Female</b>
<b>Jul-14</b>	<b>19</b>	<b>Male</b>
<b>Jul-14</b>	<b>42</b>	<b>Male</b>
<b>Jul-14</b>	<b>22</b>	<b>Female</b>
<b>Jul-14</b>	<b>22</b>	<b>Male</b>
<b>Jul-14</b>	<b>27</b>	<b>Male</b>
<b>Jul-14</b>	<b>20</b>	<b>Male</b>
<b>Jul-14</b>	<b>13</b>	<b>Female</b>
<b>Jul-14</b>	<b>21</b>	<b>Male</b>
<b>Jul-14</b>	<b>30</b>	<b>Male</b>
<b>Jul-14</b>	<b>12</b>	<b>Male</b>
<b>Jul-14</b>	<b>18</b>	<b>Male</b>
<b>Jul-14</b>	<b>44</b>	<b>Male</b>

<b>Jul-14</b>	<b>33</b>	<b>Male</b>
<b>Jul-14</b>	<b>15</b>	<b>Male</b>
<b>Jul-14</b>	<b>29</b>	<b>Male</b>
<b>Jul-14</b>	<b>27</b>	<b>Male</b>
<b>Jul-14</b>		
<b>Jul-14</b>	<b>26</b>	<b>Male</b>
<b>Jul-14</b>	<b>14</b>	<b>Male</b>
<b>Jul-14</b>	<b>25</b>	<b>Male</b>
<b>Jul-14</b>	<b>31</b>	<b>Male</b>
<b>Jul-14</b>	<b>19</b>	<b>Male</b>
<b>Jul-14</b>	<b>41</b>	<b>Male</b>
<b>Jul-14</b>	<b>17</b>	<b>Male</b>
<b>Jul-14</b>	<b>43</b>	<b>Male</b>
<b>Jul-14</b>	<b>59</b>	<b>Male</b>
<b>Jul-14</b>	<b>39</b>	<b>Male</b>
<b>Jul-14</b>	<b>25</b>	<b>Female</b>
<b>Jul-14</b>	<b>19</b>	<b>Male</b>
<b>Jul-14</b>	<b>29</b>	<b>Male</b>
<b>Jul-14</b>	<b>37</b>	<b>Male</b>
<b>Jul-14</b>	<b>19</b>	<b>Female</b>
<b>Jul-14</b>	<b>19</b>	<b>Male</b>
<b>Jul-14</b>	<b>45</b>	<b>Male</b>
<b>Jul-14</b>	<b>39</b>	<b>Male</b>
<b>Jul-14</b>	<b>17</b>	<b>Female</b>
<b>Jul-14</b>	<b>12</b>	<b>Female</b>
<b>Jul-14</b>	<b>47</b>	<b>Male</b>
<b>Jul-14</b>	<b>18</b>	<b>Female</b>
<b>Jul-14</b>	<b>51</b>	<b>Male</b>
<b>Jul-14</b>	<b>39</b>	<b>Male</b>
<b>Jul-14</b>	<b>45</b>	<b>Male</b>
<b>Jul-14</b>	<b>18</b>	<b>Male</b>
<b>Jul-14</b>	<b>21</b>	<b>Female</b>
<b>Jul-14</b>	<b>19</b>	<b>Male</b>
<b>Jul-14</b>	<b>22</b>	<b>Male</b>
<b>Jul-14</b>	<b>29</b>	<b>Male</b>
<b>Jul-14</b>	<b>15</b>	<b>Male</b>
<b>Jul-14</b>	<b>31</b>	<b>Male</b>
<b>Jul-14</b>	<b>34</b>	<b>Male</b>
<b>Jul-14</b>	<b>26</b>	<b>Male</b>
<b>Jul-14</b>	<b>16</b>	<b>Female</b>
<b>Jul-14</b>	<b>16</b>	<b>Male</b>
<b>Jul-14</b>	<b>38</b>	<b>Male</b>
<b>Jul-14</b>	<b>33</b>	<b>Male</b>
<b>Jul-14</b>	<b>11</b>	<b>Female</b>
<b>Jul-14</b>	<b>14</b>	<b>Male</b>



Jul-14	20	Male
Jul-14	30	Male
Jul-14	36	Male
Jul-14	37	Female
Jul-14	43	Male
Jul-14	65	Male
Jul-14	29	Male
Jul-14	32	Female
Jul-14	51	Female
Jul-14	54	Male
Jul-14	80	Male
Jul-14	34	Male
Jul-14	39	Female
Jul-14	49	Female
Jul-14	25	Female
Jul-14	26	Male
Jul-14	51	Male
Jul-14	21	Male
Jul-14	26	Male
Jul-14	21	Male
Jul-14	31	Male
Jul-14	41	Female
Jul-14	18	Male
Jul-14	37	Male
Jul-14	19	Male
Jul-14	38	Male
Jul-14	19	Female
Jul-14	48	Female
Jul-14	19	Male
Jul-14	25	Male
Jul-14	28	Male
Jul-14	42	Male
Jul-14	29	Male
Jul-14	32	Male
Jul-14	32	Female
Jul-14	41	Male
Jul-14	54	Male
Jul-14	37	Male
Jul-14	29	Male
Jul-14	52	Male
Jul-14	61	Male
Jul-14	17	Male
Jul-14	27	Female
Jul-14	18	Male
Jul-14	31	Male

<b>Jul-14</b>	<b>15</b>	<b>Female</b>
<b>Jul-14</b>	<b>54</b>	<b>Male</b>
<b>Jul-14</b>	<b>22</b>	<b>Male</b>
<b>Jul-14</b>	<b>28</b>	<b>Female</b>
<b>Jul-14</b>	<b>51</b>	<b>Male</b>
<b>Jul-14</b>	<b>40</b>	<b>Male</b>
<b>Jul-14</b>	<b>22</b>	<b>Male</b>
<b>Jul-14</b>	<b>48</b>	<b>Male</b>
<b>Jul-14</b>	<b>40</b>	<b>Male</b>
<b>Jul-14</b>	<b>39</b>	<b>Male</b>
<b>Jul-14</b>	<b>55</b>	<b>Male</b>
<b>Aug-14</b>	<b>26</b>	<b>Male</b>
<b>Aug-14</b>	<b>25</b>	<b>Male</b>
<b>Aug-14</b>	<b>31</b>	<b>Male</b>
<b>Aug-14</b>	<b>37</b>	<b>Male</b>
<b>Aug-14</b>	<b>14</b>	<b>Male</b>
<b>Aug-14</b>	<b>20</b>	<b>Male</b>
<b>Aug-14</b>	<b>54</b>	<b>Female</b>
<b>Aug-14</b>	<b>33</b>	<b>Female</b>
<b>Aug-14</b>	<b>44</b>	<b>Male</b>
<b>Aug-14</b>	<b>59</b>	<b>Male</b>
<b>Aug-14</b>	<b>30</b>	<b>Female</b>
<b>Aug-14</b>	<b>42</b>	<b>Female</b>
<b>Aug-14</b>	<b>16</b>	<b>Male</b>
<b>Aug-14</b>	<b>29</b>	<b>Male</b>
<b>Aug-14</b>	<b>15</b>	<b>Male</b>
<b>Aug-14</b>	<b>32</b>	<b>Male</b>
<b>Aug-14</b>	<b>49</b>	<b>Male</b>
<b>Aug-14</b>	<b>22</b>	<b>Female</b>
<b>Aug-14</b>	<b>31</b>	<b>Male</b>
<b>Aug-14</b>	<b>28</b>	<b>Male</b>
<b>Aug-14</b>	<b>54</b>	<b>Male</b>
<b>Aug-14</b>	<b>22</b>	<b>Female</b>
<b>Aug-14</b>	<b>21</b>	<b>Male</b>
<b>Aug-14</b>	<b>41</b>	<b>Male</b>
<b>Aug-14</b>	<b>44</b>	<b>Male</b>
<b>Aug-14</b>	<b>81</b>	<b>Female</b>
<b>Aug-14</b>	<b>51</b>	<b>Male</b>
<b>Aug-14</b>	<b>18</b>	<b>Male</b>
<b>Aug-14</b>	<b>43</b>	<b>Male</b>
<b>Aug-14</b>	<b>20</b>	<b>Male</b>
<b>Aug-14</b>	<b>17</b>	<b>Female</b>
<b>Aug-14</b>	<b>34</b>	<b>Male</b>
<b>Aug-14</b>	<b>16</b>	<b>Male</b>
<b>Aug-14</b>	<b>38</b>	<b>Male</b>

<b>Aug-14</b>	<b>22</b>	<b>Female</b>
<b>Aug-14</b>	<b>34</b>	<b>Male</b>
<b>Aug-14</b>	<b>37</b>	<b>Male</b>
<b>Aug-14</b>	<b>34</b>	<b>Female</b>
<b>Aug-14</b>	<b>27</b>	<b>Male</b>
<b>Aug-14</b>	<b>23</b>	<b>Male</b>
<b>Aug-14</b>	<b>18</b>	<b>Male</b>
<b>Aug-14</b>	<b>18</b>	<b>Female</b>
<b>Aug-14</b>	<b>38</b>	<b>Male</b>
<b>Aug-14</b>	<b>51</b>	<b>Male</b>
<b>Aug-14</b>	<b>20</b>	<b>Male</b>
<b>Aug-14</b>	<b>29</b>	<b>Female</b>
<b>Aug-14</b>	<b>77</b>	<b>Male</b>
<b>Aug-14</b>	<b>22</b>	<b>Female</b>
<b>Aug-14</b>	<b>18</b>	<b>Female</b>
<b>Aug-14</b>	<b>19</b>	<b>Male</b>
<b>Aug-14</b>	<b>25</b>	<b>Male</b>
<b>Aug-14</b>	<b>19</b>	<b>Male</b>
<b>Aug-14</b>	<b>36</b>	<b>Female</b>
<b>Aug-14</b>	<b>35</b>	<b>Male</b>
<b>Aug-14</b>	<b>50</b>	<b>Male</b>
<b>Aug-14</b>	<b>26</b>	<b>Male</b>
<b>Aug-14</b>	<b>37</b>	<b>Male</b>
<b>Aug-14</b>	<b>34</b>	<b>Female</b>
<b>Aug-14</b>	<b>15</b>	<b>Female</b>
<b>Aug-14</b>	<b>37</b>	<b>Male</b>
<b>Aug-14</b>	<b>66</b>	<b>Male</b>
<b>Aug-14</b>	<b>22</b>	<b>Male</b>
<b>Aug-14</b>	<b>78</b>	<b>Male</b>
<b>Aug-14</b>	<b>17</b>	<b>Female</b>
<b>Aug-14</b>	<b>46</b>	<b>Male</b>
<b>Aug-14</b>	<b>26</b>	<b>Male</b>
<b>Aug-14</b>	<b>24</b>	<b>Female</b>
<b>Aug-14</b>	<b>37</b>	<b>Female</b>
<b>Aug-14</b>	<b>49</b>	<b>Female</b>
<b>Aug-14</b>	<b>34</b>	<b>Male</b>
<b>Aug-14</b>	<b>50</b>	<b>Male</b>
<b>Aug-14</b>	<b>28</b>	<b>Male</b>
<b>Aug-14</b>	<b>18</b>	<b>Female</b>
<b>Aug-14</b>	<b>27</b>	<b>Male</b>
<b>Aug-14</b>	<b>17</b>	<b>Male</b>
<b>Aug-14</b>	<b>51</b>	<b>Male</b>
<b>Aug-14</b>	<b>54</b>	<b>Male</b>
<b>Aug-14</b>	<b>37</b>	<b>Male</b>
<b>Aug-14</b>	<b>34</b>	<b>Female</b>

<b>Aug-14</b>	<b>27</b>	<b>Male</b>
<b>Aug-14</b>	<b>26</b>	<b>Male</b>
<b>Aug-14</b>	<b>32</b>	<b>Male</b>
<b>Aug-14</b>	<b>6</b>	<b>Male</b>
<b>Aug-14</b>	<b>28</b>	<b>Male</b>
<b>Sep-14</b>	<b>31</b>	<b>Male</b>
<b>Sep-14</b>	<b>21</b>	<b>Male</b>
<b>Sep-14</b>	<b>24</b>	<b>Male</b>
<b>Sep-14</b>	<b>18</b>	<b>Female</b>
<b>Sep-14</b>	<b>35</b>	<b>Male</b>
<b>Sep-14</b>	<b>48</b>	<b>Male</b>
<b>Sep-14</b>	<b>15</b>	<b>Female</b>
<b>Sep-14</b>	<b>33</b>	<b>Male</b>
<b>Sep-14</b>	<b>59</b>	<b>Male</b>
<b>Sep-14</b>	<b>21</b>	<b>Female</b>
<b>Sep-14</b>	<b>25</b>	<b>Male</b>
<b>Sep-14</b>	<b>25</b>	<b>Female</b>
<b>Sep-14</b>	<b>51</b>	<b>Female</b>
<b>Sep-14</b>	<b>75</b>	<b>Male</b>
<b>Sep-14</b>	<b>59</b>	<b>Female</b>
<b>Sep-14</b>	<b>15</b>	<b>Female</b>
<b>Sep-14</b>	<b>55</b>	<b>Male</b>
<b>Sep-14</b>	<b>27</b>	<b>Male</b>
<b>Sep-14</b>	<b>33</b>	<b>Male</b>
<b>Sep-14</b>	<b>40</b>	<b>Male</b>
<b>Sep-14</b>	<b>13</b>	<b>Male</b>
<b>Sep-14</b>	<b>29</b>	<b>Male</b>
<b>Sep-14</b>	<b>22</b>	<b>Male</b>
<b>Sep-14</b>	<b>32</b>	<b>Male</b>
<b>Sep-14</b>	<b>17</b>	<b>Female</b>
<b>Sep-14</b>	<b>20</b>	<b>Female</b>
<b>Sep-14</b>	<b>24</b>	<b>Female</b>
<b>Sep-14</b>	<b>40</b>	<b>Female</b>
<b>Sep-14</b>	<b>43</b>	<b>Male</b>
<b>Sep-14</b>	<b>26</b>	<b>Male</b>
<b>Sep-14</b>	<b>29</b>	<b>Male</b>
<b>Sep-14</b>	<b>97</b>	<b>Female</b>
<b>Sep-14</b>	<b>29</b>	<b>Male</b>
<b>Sep-14</b>	<b>32</b>	<b>Female</b>
<b>Sep-14</b>	<b>18</b>	<b>Male</b>
<b>Sep-14</b>	<b>24</b>	<b>Female</b>
<b>Sep-14</b>	<b>42</b>	<b>Male</b>
<b>Sep-14</b>	<b>26</b>	<b>Male</b>
<b>Sep-14</b>	<b>19</b>	<b>Female</b>
<b>Sep-14</b>	<b>30</b>	<b>Female</b>

Sep-14	21	Male
Sep-14	19	Female
Sep-14	20	Male
Sep-14	26	Male
Sep-14	46	Female
Sep-14	45	Male
Sep-14	51	Female
Sep-14	20	Female
Sep-14	14	Female
Sep-14	35	Female
Sep-14	36	Male
Sep-14	27	Female
Sep-14	14	Male
Sep-14	35	Female
Sep-14	15	Female
Sep-14	13	Female
Sep-14	26	Female
Sep-14	12	Male
Sep-14	37	Male
Sep-14	38	Female
Sep-14	48	Male
Sep-14	29	Male
Sep-14	45	Male
Sep-14	53	Male
Sep-14	21	Male
Sep-14	51	Male
Sep-14	35	Female
Sep-14	23	Female
Sep-14	34	Male
Sep-14	15	Female
Sep-14	17	Female
Sep-14	24	Male
Sep-14	42	Male
Sep-14	16	Female
Sep-14	29	Female
Sep-14	31	Male
Sep-14	31	Female
Sep-14	45	Female
Sep-14	13	Male
Sep-14	23	Male
Sep-14	33	Male
Oct-14	41	Female
Oct-14	13	Female
Oct-14	25	Male
Oct-14	42	Male

Oct-14	21	Male
Oct-14	30	Female
Oct-14	40	Female
Oct-14	31	Male
Oct-14	19	Female
Oct-14	25	Female
Oct-14	45	Male
Oct-14	15	Male
Oct-14	34	Male
Oct-14	53	Male
Oct-14	19	Female
Oct-14	22	Female
Oct-14	15	Male
Oct-14	29	Male
Oct-14	51	Male
Oct-14	31	Male
Oct-14	87	Male
Oct-14	51	Male
Oct-14	15	Male
Oct-14	37	Female
Oct-14	46	Male
Oct-14	19	Male
Oct-14	32	Female
Oct-14	35	Male
Oct-14	20	Male
Oct-14	22	Female
Oct-14	34	Male
Oct-14	19	Female
Oct-14	27	Female
Oct-14	31	Male
Oct-14	18	Female
Oct-14	43	Male
Oct-14	44	Male
Oct-14	47	Male
Oct-14	56	Female
Oct-14	41	Female
Oct-14	46	Male
Oct-14	20	Female
Oct-14	14	Male
Oct-14	33	Male
Oct-14	28	Male
Oct-14	49	Male
Oct-14	30	Female
Oct-14	51	Female
Oct-14	31	Male

Oct-14	16	Male
Oct-14	24	Female
Oct-14	22	Female
Oct-14	16	Male
Oct-14	15	Male
Oct-14	60	Male
Oct-14	14	Male
Oct-14	18	Female
Oct-14	23	Male
Oct-14	32	Female
Oct-14	32	Female
Oct-14	45	Female
Oct-14	55	Male
Oct-14	43	Male
Oct-14	34	Male
Oct-14	26	Female
Oct-14	22	Male
Oct-14	34	Female
Oct-14	65	Male
Oct-14	29	Male
Oct-14	48	Male
Oct-14	34	Male
Oct-14	37	Male
Nov-14	18	Male
Nov-14	24	Male
Nov-14	28	Female
Nov-14	32	Female
Nov-14	26	Male
Nov-14	49	Female
Nov-14	23	Female
Nov-14	26	Male
Nov-14	14	Female
Nov-14	22	Male
Nov-14	31	Male
Nov-14	47	Male
Nov-14	18	Male
Nov-14	28	Female
Nov-14	52	Male
Nov-14	14	Female
Nov-14	11	Male
Nov-14	22	Female
Nov-14	16	Female
Nov-14	19	Male
Nov-14	26	Female
Nov-14	14	Female

<b>Nov-14</b>	<b>18</b>	<b>Male</b>
<b>Nov-14</b>	<b>44</b>	<b>Male</b>
<b>Nov-14</b>	<b>50</b>	<b>Male</b>
<b>Nov-14</b>	<b>11</b>	<b>Male</b>
<b>Nov-14</b>	<b>14</b>	<b>Male</b>
<b>Nov-14</b>	<b>20</b>	<b>Male</b>
<b>Nov-14</b>	<b>46</b>	<b>Male</b>
<b>Nov-14</b>	<b>31</b>	<b>Female</b>
<b>Nov-14</b>	<b>24</b>	<b>Female</b>
<b>Nov-14</b>	<b>19</b>	<b>Female</b>
<b>Nov-14</b>	<b>25</b>	<b>Male</b>
<b>Nov-14</b>	<b>37</b>	<b>Female</b>
<b>Nov-14</b>	<b>32</b>	<b>Male</b>
<b>Nov-14</b>	<b>69</b>	<b>Male</b>
<b>Nov-14</b>	<b>19</b>	<b>Male</b>
<b>Nov-14</b>	<b>39</b>	<b>Male</b>
<b>Nov-14</b>	<b>23</b>	<b>Male</b>
<b>Nov-14</b>	<b>46</b>	<b>Male</b>
<b>Nov-14</b>	<b>18</b>	<b>Male</b>
<b>Nov-14</b>	<b>26</b>	<b>Female</b>
<b>Nov-14</b>	<b>26</b>	<b>Male</b>
<b>Nov-14</b>	<b>34</b>	<b>Female</b>
<b>Nov-14</b>	<b>37</b>	<b>Female</b>
<b>Nov-14</b>	<b>38</b>	<b>Male</b>
<b>Nov-14</b>	<b>33</b>	<b>Female</b>
<b>Nov-14</b>	<b>36</b>	<b>Male</b>
<b>Nov-14</b>	<b>23</b>	<b>Male</b>
<b>Nov-14</b>	<b>8</b>	<b>Female</b>
<b>Nov-14</b>	<b>12</b>	<b>Female</b>
<b>Nov-14</b>	<b>47</b>	<b>Male</b>
<b>Nov-14</b>	<b>21</b>	<b>Male</b>
<b>Nov-14</b>	<b>28</b>	<b>Male</b>
<b>Nov-14</b>	<b>34</b>	<b>Male</b>
<b>Nov-14</b>	<b>48</b>	<b>Male</b>
<b>Nov-14</b>	<b>13</b>	<b>Female</b>
<b>Nov-14</b>	<b>37</b>	<b>Male</b>
<b>Nov-14</b>	<b>21</b>	<b>Female</b>
<b>Nov-14</b>	<b>25</b>	<b>Male</b>
<b>Nov-14</b>	<b>37</b>	<b>Female</b>
<b>Nov-14</b>	<b>17</b>	<b>Male</b>
<b>Nov-14</b>	<b>20</b>	<b>Male</b>
<b>Nov-14</b>	<b>14</b>	<b>Male</b>
<b>Nov-14</b>	<b>32</b>	<b>Male</b>
<b>Nov-14</b>	<b>16</b>	<b>Male</b>
<b>Nov-14</b>	<b>34</b>	<b>Male</b>



Nov-14	17	Male
Nov-14	24	Male
Nov-14	49	Male
Nov-14	40	Female
Nov-14	11	Male
Nov-14	43	Male
Nov-14	36	Male
Nov-14	35	Male
Nov-14	41	Male
Nov-14	11	Male
Nov-14	22	Male
Nov-14	25	Male
Nov-14	41	Male
Nov-14	14	Male
Nov-14	23	Male
Nov-14	27	Female
Nov-14	13	Female
Nov-14	20	Male
Nov-14	21	Male
Nov-14	31	Male
Nov-14	33	Male
Nov-14	19	Male
Nov-14	20	Male
Nov-14	26	Male
Nov-14	28	Female
Nov-14	36	Male
Dec-14	42	Male
Dec-14	47	Male
Dec-14	32	Female
Dec-14	21	Male
Dec-14	40	Female
Dec-14	13	Male
Dec-14	38	Male
Dec-14	58	Female
Dec-14	33	Female
Dec-14	12	Male
Dec-14	28	Male
Dec-14	19	Male
Dec-14	20	Male
Dec-14	41	Male
Dec-14	17	Male
Dec-14	24	Male
Dec-14	26	Female
Dec-14	32	Female
Dec-14	54	Male

Dec-14	22	Male
Dec-14	48	Male
Dec-14	22	Male
Dec-14	21	Male
Dec-14	27	Male
Dec-14	19	Female
Dec-14	62	Male
Dec-14	19	Male
Dec-14	29	Male
Dec-14	17	Male
Dec-14	22	Female
Dec-14	23	Male
Dec-14	91	Male
Dec-14	45	Male
Dec-14	35	Female
Dec-14	24	Male
Dec-14	11	Male
Dec-14	32	Male
Dec-14	20	Male
Dec-14	23	Male
Dec-14	25	Female
Dec-14	28	Male
Dec-14	28	Male
Dec-14	16	Male
Dec-14	20	Female
Dec-14	26	Male
Dec-14	29	Male
Dec-14	32	Male
Dec-14	39	Female
Dec-14	47	Male
Dec-14	31	Male
Dec-14	40	Male
Dec-14	32	Male
Dec-14	23	Male
Dec-14	20	Male
Dec-14	20	Female
Dec-14	19	Male
Dec-14	22	Male
Dec-14	35	Male
Dec-14	31	Male
Dec-14	34	Male
Dec-14	19	Male
Dec-14	36	Male
Dec-14	16	Female
Dec-14	23	Male

Dec-14	52	Female
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**SIADH and Hyponatraemia**

Would you please be able to provide me with the following information for your organisation, using the table below for your convenience:

1. The number of patients with syndrome of inappropriate secretion of anti-diuretic hormone (IDC10 code: E222) treated in the last 6 months with:

a. Tolvaptan

**Answer: None**

b. Demeclocycline

**Answer: 4 patients**

c. Other, please specify

**Answer: None**

d. If unable to split by treatment, total treated patients for the 6 months

**Answer: Not applicable**

2. The number of patients with syndrome of inappropriate secretion of anti-diuretic hormone (IDC10 code: E222) treated in the last 6 months with fluid restriction

**Answer: None**

3. The number of patients with hyponatraemia (IDC10 code: E87.1) treated in the last 6 months with:

a. Tolvaptan

**Answer: None**

b. Demeclocycline

**Answer: 1 patient**

c. Other please specify

**Answer: None**

d. If unable to split by treatment, total treated patients for the 6 months

**Answer: Not applicable**

4. The number of patients with hyponatraemia (IDC10 code E87.1) treated with fluid restriction

	Patients treated with Tolvaptan	Patients treated with Demeclocycline	Patients treated with Other, please specify	Patients treated with fluid restriction	Total patients treated in the last 6 months
Syndrome of inappropriate secretion of	<b>Nil</b>	<b>Nil</b>	<b>Nil</b>	<b>Nil</b>	<b>Nil</b>

anti-diuretic hormone (E222)					
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Hyponatraemia (E87.1)	Nil	Nil	Nil	Nil	Nil
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Please note that this data is supplied using data generated and obtained from the operation and the pharmacy stock control and accounting system. Any reliance on accuracy beyond the remit of such a system in linking to clinical conditions is assumed, based on linked data that might itself be based on assumptions relevant to the question and the employed clinical pathways in the Trust.

**395/14**

**Internal Incident/major incident**

Please can you tell me how many times over the past five years the trust has enacted the protocols for an 'internal incident' or a 'major incident' and a reason.

Could you also tell me how many times the 'internal incident' or 'major incident' was declared publicly?

Please provide a date for each incident and how long it lasted.

**Answer: Walsall Healthcare NHS Trust is able to report that during the period 8<sup>th</sup> January 2010 and 8<sup>th</sup> January 2015, the Trust declared major incident status three times. Our Communications Team did inform the public for the major incident in January 2015.**

- An internal major incident was declared at 09:00 hrs on Thursday 21<sup>st</sup> March 2013 due to extremely high levels of capacity – deescalated at 16:30 hrs same day. It lasted for 8hrs and 30 minutes.
- An internal major incident was declared at 09:00 hrs on Tuesday 2<sup>nd</sup> December 2014 due to significant emergency capacity pressures – deescalated at 16:15 hrs same day. It lasted for 8 hours and 15 minutes.
- An internal major incident was declared at 09:00 hrs on Monday 5<sup>th</sup> January 2015 due to significant emergency capacity pressures. Internal major incident status was extended at 09:00 hrs on Tuesday 6<sup>th</sup> January 2015 due to continued significant emergency capacity pressures – deescalated at 10:00 hrs on Thursday 8<sup>th</sup> January 2015. It lasted for 3 days/73 hours.

**396/14**

**Use of interpreters**

I would like to know how much was spent on language interpreters for patients during consultation for the past three years (2012-2014), broken down by years – i.e. £2,000 in 2012, £4,000 in 2013 etc...

**Answer: Spend is available in financial years. We can confirm the total spend during 2012-13 on translation/interpretation of information and services for patients/carers was £140,844. During 2013-14, total spend was £154,001. 2014-15 spend up to November 2014 was £106,101**

**This spend includes our internal Linkworkers' Service.**

Unfortunately, we cannot breakdown this spend on when the service was used ie. whether it was during consultation or to translate/interpret information for communication for example over the telephone.

If available, I would like to know a breakdown of the languages being interpreted.

**Answer: Unfortunately, individual booking information is manually recorded. We can confirm the 30 most popular languages being translated/interpreted at the moment are listed below;**

**Bengali, Urdu, Mirpuri, Punjabi, Gujarati, Pushto, Farsi, Dari, Polish, Slovak, Czech, Mandarin, Cantonese, Amharic, Hungarian, Italian, Spanish, Albanian, Bulgarian, Romanian, Vietnamese, Thai, French, Arabic, Khurdish, Somalian, Tamil, Russian, Portugese and Lithuanian.**

**If you require more information in response to this question please let us know.**

If available, I would also like to know how many of these paid for translators were for missed or DNA appointments.

**Answer: Unfortunately, missed or not attended appointments in terms of translation or interpreter bookings is not recorded on any of our electronic systems in order to provide you with this information.**

I would like to have this information provided to me electronically.

**397/14**

#### **Additional £700 million Winter Funding to Sustain Acute Performance**

Following the release of the above funds by the Department of Health to assist in developing and delivering the extra activity needed to sustain acute performance over the winter of 2014/15, we as a College are submitting FOI requests to all CCGs to ascertain how the money has been spent. We'd be grateful if you could respond to the following:

1. Of the £700 million announced by the Department of Health, how much was allocated to your CCG?

**Answer: Three elements were provided to Walsall CCG;**

- **Winter Resilience £1,909K**
- **2<sup>nd</sup> tranche £2,520K**
- **Mental Health (CAMHS) specific £100K**

2. How much of the money allocated to your CCG was spent directly on i) *substantive* medical staff; ii) *locum/overtime* medical staff?

**Answer: We can confirm that our Trust plans to spend £120,000 on Medics for our A&E Department. Unfortunately, information breaking down this spend by substantive/locum/overtime is not centrally recorded on a specific system. This would require more than 18 hours of work to complete.**

3. How much of the money allocated to your CCG was spent directly on i) *substantive* nursing staff in the A&E department; ii) *locum/overtime* nursing staff in the A&E department?

**Answer: We can confirm that our Trust plans to spend £1,080,000 on Nursing for our A&E Department and £2,277,000 on non-A&E Nursing. Unfortunately, information breaking down this spend by substantive/locum/overtime is not centrally recorded on a specific system. This would require more than 18 hours of work to complete.**

4. What other staff or schemes were funded by these monies?

**Answer: Some of the funding has been used to enhance social care support to enhance discharge from hospitals, some has been used to fund ambulance services, some has been used to fund mental health support to avoid inappropriate acute admissions.**

The approved plans are contained within the Governing body papers available on the CCG's website. Please see link below:

<http://walsallccg.nhs.uk/about-us/govbody/board-papers>

Please note that the information for questions 1 and 4 have been obtained from Walsall CCG.

398/14

### Agency Midwives and Pay

1. What was the total cost for your trust, including fees and any other on-costs, for midwives supplied by an agency, broken down by the months in the table below?

**Answer: We can confirm that our Trust does not use agency midwives.**

	Total Cost for Midwives Supplied by an Agency (£)		
	2012	2013	2014
January	0	0	0
February	0	0	0
March	0	0	0
April	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
August	0	0	0
September	0	0	0
October	0	0	0
November	0	0	0
December	0	0	0

2. What was the cost for your trust for the fees and any other on-costs, for midwives supplied by an agency, broken down by the months in the table below?

**Answer: This is not applicable to our Trust.**

	Cost for Fees and Other On-Costs for Midwives Supplied by an Agency (£)		
	2012	2013	2014
January	0	0	0
February	0	0	0
March	0	0	0
April	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
August	0	0	0
September	0	0	0
October	0	0	0
November	0	0	0
December	0	0	0

3. What was the total number of hours worked by midwives supplied by an agency, broken down by the months in the table below?

**Answer: This is not applicable to our Trust.**

	Total Hours Worked by Midwives Supplied by an Agency		
	2012	2013	2014
January	0	0	0
February	0	0	0
March	0	0	0
April	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
August	0	0	0
September	0	0	0
October	0	0	0
November	0	0	0
December	0	0	0

4. What was the total number of midwives, employed by the trust, who were withheld from receiving an incremental rise on their pay, broken down by the months in the table below?

	Number of Midwives Withheld from Incremental Progression		
	2012	2013	2014
January	0	0	0
February	0	0	0
March	0	0	0
April	0	0	0
May	0	0	0
June	0	0	0
July	0	0	0
August	0	0	0
September	0	0	0
October	0	0	0
November	0	0	0
December	0	0	0

5. NHS staff who are not at the top of their pay band have not received the 1% pay uplift for 2014/15 and it is intended that they will not receive the 1% pay uplift for 2015/16. How much would it cost to pay these midwives employed by your trust the uplift for both years?

	2014/15	2015/16
Cost of awarding a 1% pay uplift to staff not at the top of their pay band	<b>As this was not awarded to staff, this is not recorded on a system in order to provide this information. Unfortunately, this would involve reviewing and calculating individual staff payroll records which would take more than 18 hours of work to complete.</b>	<b>We are not able to provide the cost of this for 2015-16 as this time has not yet come to pass.</b>

**399/14**

**Surgical Booking Platforms**

I wish to request the following information:

Do you use a computer system for surgical bookings?

**Answer: Yes. For bookings and surgery related appointments we use Lorenzo and are due to roll out in the next month Ormis for booking theatre slots.**

If so, do you use software developed within the NHS or from an external provider?

**Answer: An external provider.**

Which team or company produced the software you use?

**Answer: CSC**

Finally, could you provide any summary minutes, reports, or documents relevant to the decision to purchase/adopt the software you currently use.

**Answer: Board Papers are available which evidence these decisions. This is exempt under Section 21 (Information available by other means). They can be accessed via our Trust intranet using the following link;**

<https://www.walsallhealthcare.nhs.uk/board-papers.aspx>

**Please see enclosure 4 from the 29<sup>th</sup> January meeting.**

**400/14**

**Christmas Staffing**

This is a request under the Freedom of Information Act 2000.

It relates to the period 00:01 24th December 2014 to 23:59 1st January 2015 (NB: shifts start at different times around the country - please use the period from the first medical/nursing shift that started on the morning of 24th Dec to the last medical/nursing shift that started on evening of 1st Jan)

Please answer the following:

1. What was the total number of shifts for a) doctors b) nurses in your Accident and Emergency Department(s) over that period?



Answer: Please see the table below.

Staff Group	Number of Shifts between 24/12/14 to 01/01/15 in A&E
Permanently Employed Agency, Locum and Bank Doctors	130 shifts
Permanently Employed Agency, Locum and Bank Nurses	63 shifts

2. How many of those shifts - again for a)doctors and b)nurses - were covered by locum/ agency staff?  
**Answer: Please see the table below. Please note that we may be invoiced for less shifts as requirements on the day may have changed. Of the 33 Doctor shifts, 28 were covered by agency locums and 5 were covered by internal bank workers. Of the 27 Nursing shifts, 22 shifts were covered by agency workers and the remaining 5 shifts were covered by internal bank workers.**

Staff Group	Number of Above Shifts covered by Locum/Agency/Bank Staff
Agency, Locum and Bank Doctors	33 shifts
Agency, Locum and Bank Nurses	27 shifts were booked by the Temporary Staffing Nurse Bank for Qualified Nurses

3. What was the highest amount paid for a shift for a) an individual doctor b) an individual nurse in A and E over the specified dates?  
**Answer: Please see the table below.**

Staff Group	Highest Amount Paid for an Individual Shift
Agency/Bank Doctors	£912
Agency/Bank Nurses	£118.04 per hour (unfortunately, we are still processing this invoice so are not able to confirm the total cost at the moment.

4. What grade/band was that individual a)doctor and b)nurse - and how long was their shift?

**Answer: In terms of the agency/bank workers the answers above relate to a Middle Grade Doctor and a 12 hour shift and a Band 5 Nurse and an 11.5 hour shift.**

5. What was the total spend on locum/agency staff in A and E over the specified dates?

**Answer: We can confirm the total spend between 24/12/14 and 01/01/15 was £44,208. Please note that we may still be processing some invoices from this time period so this figure may increase.**

Following a query about the FOI request I sent to you on 9<sup>th</sup> January 2015, I need to clarify that Question 3 "What was the highest amount paid for a shift for a) an individual doctor b) an individual nurse in A and E over the specified dates?" relates to agency/locum staff

**401/14**

### **Multiple Sclerosis**

In your organisation how many patients with Multiple Sclerosis have been treated with MS disease modifying drugs in the past 12 months?

Please provide the number of patients by treatment for the following disease modifying 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:

<b>Drug Name</b>	<b>Brand Name</b>	<b>Number of Patients</b>
Interferon beta-1a	Avonex	
Interferon beta-1a	Rebif	
Interferon beta-1b	Extavia	
Interferon beta-1b	Betaferon	
Glatiramer acetate	Copaxone	
Natalizumab	Tysabri	
Fingolimod	Gilenya	
Alemtuzumab	Lemtrada	
Dimethyl fumarate	Tecfidera	
Teriflunomide	Aubagio	
Other (specify if possible)		

**Answer: This organisation is not commissioned by NHS England to provide specialised services to patients with Multiple Sclerosis. No Multiple Sclerosis disease modifying drugs have been prescribed in the past 12 months.**

**402/14**

### **Patients Attending A&E Intoxicated**

I would like to know the following:

- The number of patients attending A&E who have been recorded as being drunk. i.e. with a primary or secondary diagnosis of self harm through alcohol poisoning.
- I would like this information broken down for each of the last four complete financial years plus the 2014/15 financial year up until the end of December 2014 along with the figure for the total number of A&E attendances in each period.

I would like to receive the information in electronic format.

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

Year	Total Number of ED attendances	Total Number of Patient Attendances due to being Intoxicated
2010 - 2011	74,450	423
2011 - 2012	73,965	628
2012 - 2013	81,339	754
2013 - 2014	94,748	745
2014 – 2015 (up to end of Dec14)	67,613	928

**403/14**

**Products Used as Skin Preparation before an Operation or Invasive Procedure**

This request for information is made under the Freedom of Information Act.

The use of a preparation on the skin before an operation or invasive procedure, with the intention of reducing contamination in order to reduce the risk of infection has been defined within the Medicines Act as a medical purpose. The MHRA define such products as medicines and require such products to have a product licence (marketing authorisation).

<http://www.mhra.gov.uk/Howweregulate/Medicines/Medicinesregulatorynews/CON020666>

You have indicated on a previous freedom of information request that the following product is used as routine pre-operative skin preparation:

Chlorhexidine 2% in 70% Isopropyl alcohol (Ecolab – available in 200ml and 500ml bottles)

This product does not have a MHRA marketing authorisation and is classified as a biocide. Please answer the following questions:

1. Is the use of this product described within a policy or guideline issued within the hospital? Please attach a copy of the relevant policy/guideline document.
2. If this is a policy decision, please confirm the author of this policy/guideline, their role within the organisation, and the committee at which this policy/guideline was approved or ratified?
3. Please confirm whether this policy has been risk assessed and a record has been made within the hospital risk register. Please attach a copy of the risk assessment.

The GMC has offered guidance to medical staff on the use of unlicensed medicines [http://www.gmc-uk.org/guidance/ethical\\_guidance/14327.asp](http://www.gmc-uk.org/guidance/ethical_guidance/14327.asp) and the NMC within their standards for Medicines

Management <http://www.nmc-uk.org/Publications/Standards/> offers advice to nurses on the use of unlicensed medicines. Similar advice is available for other healthcare professionals.

4. Please would you confirm whether the following are routine practice within your hospital:

- a) The clinician is made aware that they are using a biocide for a medicinal purpose
- b) The biocide is prescribed (patient specific direction) within the operation records and the prescription is signed by the responsible clinician
- c) The administration of the biocide is recorded within the operation records and signed by the healthcare professional that has administered the biocide
- d) The patient has given informed consent to the use of a biocide in the place of a licenced medicinal product and that this informed consent is recorded in the medical notes
- e) A suitable system has been put in place to record adverse events and that these are reported to an appropriate authority. Please indicate the authority that records of adverse events are sent to

**Answer: As you suggest, this relates to information which was released back in October 2014, (our FOI reference number 227/14). We listed the following products as being used regularly for pre-operative skin preparation.**

Products used regularly for pre-operative skin preparation
<b>Videne Antiseptic Solution</b>
<b>Videne Alcoholic Tincture</b>
<b>Hydrex alcoholic solution (chlorhexidine gluconate with ethanol) either clear or with red dye</b>
<b>Our Anaesthetists use chloraprep prior to epidurals/spinals</b>
<b>Aqueous Chlorhexidine for ear and vaginal skin preparations</b>
<b>Antiseptic Betadine</b>
<b>Alcoholic Betadine</b>

We can confirm that the alcoholic solution our Trust uses is a 600ml bottle and it is labeled as:

**“Chlorhexidine Gluconate Solution 20% BP (Ph Eur) 2.5% v/v, Denatured Ethanol B 96%, Purified Water BP. Alcoholic Solution for pre-operative skin disinfection”**

We can add a red stain should the surgeon prefer this method of skin prep.

This does not match the strength or bottle size your questions are referring to (Chlorhexidine 2% in 70% Isopropyl alcohol [Ecolab – available in 200ml and 500ml bottles]). So the questions are not applicable to our organisation.

We apologise that this information wasn't clearly in our original response to you back in October 2014.

**404/14  
Nursing Shortages**

We're interested in Walsall Manor Hospital and were hoping you would be able to provide the following information for that hospital:

- Monthly and annual spend on agency nurses

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

	Nurse Agency	HCA Agency	Total Spend
	13/14	13/14	13/14
APRIL	76262	25399	101661
MAY	206561	85321	291882
JUNE	364303	90940	455243
JULY	477984	168663	646647
AUGUST	517056	154017	671073
SEPTEMBER	374019	201382	575401
OCTOBER	265970	191222	457192
NOVEMBER	224357	116794	341151
DECEMBER	241077	50173	291250
JANUARY	366040	76972	443012
FEBRUARY	392869	78589	471458
MARCH	-185229	77759	-107470
<b>Total</b>	<b>3321270</b>	<b>1317231</b>	<b>4638500</b>

- Cost of recent major incident (can be an estimate)

**Answer: Unfortunately, this is not centrally recorded on a specific system in order to provide this information.**

- Cost of major incident in extra overtime by nurses (above usual overtime)

**Answer: Unfortunately, the reasons for overtime is not centrally recorded on a specific system in order to provide this information.**

- Cost of major incident in extra agency nurses (above usual agency cost)

**Answer: Unfortunately, this is not centrally recorded on a specific system in order to provide this information.**

- Current number of nursing vacancies

**Answer: At the end of December 2014, the Trust reported 31.01 FTE Nursing vacancies.**

- Total number of nurses

**Answer: As at the end of December 2014, the Trust employed 1232 (1143.93 FTE) registered Nurses.**

- Number of red flag events due to high risk nurse/ patient ratio (1:8 or higher) between Oct 2014 and Jan 2015

**Answer: Unfortunately, at the moment, this level of information is not recorded. However, our organisation is developing the introduction of a RAG rated system for the future.**

**405/14**

**Poly Cystic Ovarian Syndrome Management Policy**

I would like to ask if there was a policy in line with Poly cystic ovary syndrome management in relation to specialist referral by the GP.

**Answer: We can confirm that we do not hold a specific policy relating to specialist referrals for poly-cystic ovarian syndrome management.**

**406/14**

**Radiology Imaging Equipment**

This is a request for information under the Freedom of Information Act 2000 regarding data on Walsall Manor Hospital's radiology/imaging equipment.

Please provide the following information:

The list of radiology/imaging equipment held by the Trust, across all hospital sites, providing the following information for each piece of equipment:

- Age of equipment
- Manufacturer
- Model
- Hospital site equipment is located
- Any proposed replacement dates/years

A list of the specific equipment that we are requesting this formation for is provided below:

- Nuclear medicine systems
- CT
- MR
- Xray (including static and mobile xray systems)
- Interventional systems (including mobile surgery systems, interventional xray systems)
- Mammography systems (static and mobile)
- Ultrasound systems

**Answer: Please see the table below which details this information.**

MANUFACTURER	MODEL	Modality	YEAR OF INST ALL	REPLACEMENT YEAR 2014/15	REPLACEMENT YEAR 2015/16	REPLACEMENT YEAR 2016/17	REPLACEMENT YEAR 2017/18	REPLACEMENT YEAR 2018/19	REPLACEMENT YEAR 2019/20	YEAR 2020 ONWARDS
XO GRAPH	ZIEHM VISION	Mobile fluoroscopy	2010							Yes
XO GRAPH	ZIEHM VISION	Mobile fluoroscopy	2009						Yes	
PHILIPS	BV PULSERA	Mobile	201							Yes

		fluoroscopy	4								
PHILIPS	BV PULSERA	Mobile fluoroscopy	2014								Yes
ZONARE SONOSITE	Z.ONE	OUTPATIENTS	2009		Yes						
SIEMENS	MICROMAX	Ultrasound	2002	Yes							
SIEMENS	ANTARES	Ultrasound	2006	Yes							
SIEMENS	ANTARES	Ultrasound	2007	Yes							
GE HEALTHCARE	LOGIQ E9	Ultrasound	2010			Yes					
GE HEALTHCARE	LOGIQ E9	Ultrasound	2010			Yes					
GE HEALTHCARE	VOLUSON 730 EXP	Ultrasound	2007	Yes							
PHILIPS	IU22	Ultrasound	2012					Yes			
GE HEALTHCARE	VOLUSON E	Ultrasound	2010	Yes							
GE HEALTHCARE	VOLUSON E6	Ultrasound	2010	Yes							
SIEMENS	SONOLINE G50	Ultrasound	2003	Yes							
SIEMENS	SONOLINE G50	Ultrasound	2004	Yes							
SIEMENS	SONOLINE G50	Ultrasound	2003	Yes							
PHILIPS	HD11	Ultrasound	2008	Yes							
PHILIPS	HD15	Ultrasound	2012					Yes			
GE HEALTHCARE	AMX 4 PLUS	Mobile Radiography	2005		Yes						
GE HEALTHCARE	AMX 4 PLUS	Mobile Radiography	2007				Yes				
GE HEALTHCARE	AMX 4 PLUS	Mobile Radiography	2007				Yes				
GE HEALTHCARE	AMX 4 PLUS	Mobile Radiography	2007				Yes				
GE HEALTHCARE	AMX 4 PLUS	Mobile Radiography	2008					Yes			
GE HEALTHCARE	OPTIMUS BUCKY	Plain Film Radiography	2000	Yes							
GE HEALTHCARE	LIGHTSPEED CT	CT	2008		Yes						
GE HEALTHCARE	DISCOVERY	Plain Film Radiography	2010								Yes
GE HEALTHCARE	DEFINIUM 6K	Plain Film Radiography	2010								Yes
GE HEALTHCARE	INNOVA 2000	Cardiac Catheter	2005		Yes						
GE HEALTHCARE	DEFINIUM 6K	Plain Film Radiography	2010								Yes
GE HEALTHCARE	LIGHTSPEED CT	CT	2010				Yes				

ARE										
GE HEALTHCARE	SENOGRAPH DS	Mammography	2010							Yes
GE HEALTHCARE	SENO ESSENTIALS	Mammography	2010							Yes
MEDRAD	MEDRAD ENVISION	Injector	2010							Yes
XOGRAPH	PROLINE XC	Dental	2010							Yes
XOGRAPH	INTRA ORAL	Dental	2010							Yes
	EZEM EMPOWER	CO2 insufflator	2010							Yes
	EZEM EMPOWER	CO2 insufflator	2010							Yes
MEDRAD	722998 INJECTOR	Injector	2010							Yes
PHILIPS	MULTI DIAGNOSTIC ELEVAFD	Static Fluoroscopy	2010							Yes
PHILIPS	SKYLIGHT	Nuclear Medicine	2005	Yes						
KODAK	CR7400	Dental	2008							
SIEMENS	SIEMENS YSIO INC WIRELESS DETECTORS	Plain Film Radiography	2013							Yes
SIEMENS	SIEMENS YSIO INC WIRELESS DETECTORS	Plain Film Radiography	2013							Yes
WOLVERSON	INDICO 100	Plain Film Radiography	2008					Yes		

#### 407/14

#### Non-Medical Prescribers

I would be grateful if you could, in respect of the past five years, provide me with the number of nurses in your Trust, broken down by qualification category, that are employed as NMPs. If possible, I would like to have the details of the number of items they have prescribed - including BNF chapters - for each month or each quarter in that period.

I would also like to know if there are any on-site pharmacies within your Trust and, if so, the number of pharmacist prescribers within them and the items prescribed over the five year period referred to above.

**Answer: Please note that this level of data is not recorded on our electronic systems. We can however provide the following information.**

#### ACUTE TRUST NMPs:

**There are 68 prescribers within our Acute trust of which the large majority are Nurses (63) and most are V300 independent and supplementary prescribers, the rest are Pharmacists (apart from 1 V150 TVN ). Most are Band 7 to 8a and are Specialist Nurses (x3 are Band 6 & x1 is currently Band 5 and is undergoing rebanding).**

**Please note that the banding details for these employees may actually be different as our records have not recently been updated with this information.**

**Most are in specialist areas whilst the Hospital out of hours ANPs prescriber generically across the BNF others only prescriber within their area of competency.**

**Our Acute Trust NMPs prescribe within a specialty budget which is agreed with the Lead Clinician. Unfortunately, we are not able to breakdown prescribed items in this way using our electronic systems in order to provide this information.**



**COMMUNITY TRUST NMPs:**

There are 94 community based prescribers of which 50% are V300 independent and supplementary prescribers and approximately 50% are V150 or V100. The V300 prescribers are mainly Band 6-7 Nurses.

The limited formulary prescribers are Band 5 Community Staff Nurses who have a generic role and some may cross over to the Acute Trust.

We can confirm that we have an onsite Pharmacy and have x5 Pharmacists who are NMPs and x2 Pharmacists who are undertaking training. Our Trust plans to have all Band 7 and above as NMPs in due course.

Walsall Clinical Commissioning Group are able to track all community prescriptions via PPA as there are unique Y codes attached to each NMP prescription pad. We recommend you contact their Freedom of Information Office directly for information on the number of items prescribed by our Community Staff (email address: [foi@walsall.nhs.uk](mailto:foi@walsall.nhs.uk) or postal address: Jubilee House, Bloxwich Lane, Walsall, WS2 7JL).

408/14

**Response to July FOI Request Relating to Board Level Vacancies**

I wish to request the following information:

In July the King's fund and the HSJ sent out a freedom of information request relating to board level vacancies at the time. Could you forward your response to that request? Specifically:

"Which of your organisation's board level executive posts are currently vacant (please include posts which have an interim in place).

How long these board level executive vacancies have existed (again, please count pots which currently have an interim in place)

How many of your organisation's non-executive director posts are currently vacant

How long these non-executive director vacancies have existed

The last three board level executive roles to which appointments have been made, and whether those individuals appointed were from inside the trust or outside it"

**Answer: We believe you are relating to FOI Reference number 128/14. Please see a copy of our response below which was released on the 24<sup>th</sup> July 2014.**

1) Which of your organisation's board level executive posts are currently vacant (please include posts which currently have an interim in place)

**Answer: As at 14 July 2014, the following Executive Board member post is vacant although an interim arrangement is in force. A substantive appointment has now been made and a start date is being determined with the successful appointee.**

2) How long these board level executive vacancies have existed (again, please count posts which currently have an interim in place)

**Answer: The Chief Operating Officer post became vacant on Monday 7<sup>th</sup> July 2014.**

3) How many of your organisation's non-executive director posts are currently vacant

**Answer: None**

4) How long these non-executive director vacancies have existed

**Answer: Not applicable.**

5) How long your organisation's current chief executive has been in post (please note if this individual is an interim)

**Answer: Our current Chief Executive has been in post 3 years and 2 months approximately.**

6) The last three board level executive roles to which appointments have been made, and whether those individuals appointed were from inside the trust or outside it

**Answer: Please see below.**

**Director of Nursing appointed in June 2014 (Internal)**

**Director of Finance & Performance appointed in August 2013 (External)**

**Chief Operating Officer (External)**

**409/14**

**Consultancy Services**

I understand that in 2011 and/or 2012, Manor Hospital used consultancy services provided by the company Dr Foster in connection with the hospital's mortality indicators. With regard to each consultancy agreement entered into in those years, I would like to request:

1. Information describing the consultancy service offered by Dr Foster, provided to the hospital or Trust by Dr Foster before the consultancy began;

**Answer: This information is not centrally recorded so we are unable to provide you with this information. We can confirm that invoice payments were made to Dr Foster during this time period but our records do not refer to the payments being made for Consultancy Services.**

2. The contract the hospital or Trust signed with Dr Foster;

**Answer: We have searched our systems and can confirm that our Trust did not have a contract with Dr Foster during this time period. Only the invoice payments above have been identified.**

3. How much the hospital or Trust paid Dr Foster;

**Answer: Please see the table below which details all invoice payments made to Dr Foster during 2011 and 2012. Our records detail that these payments were made for the following systems/modules;**

**Real Time Monitoring**

**Hospital Marketing Manager**

**Practice and Provider Module**

**Quality Investigator**

**Please note that these payments may or may not have included Consultancy Services.**

Date of Payment	Payment Amount
31/10/2012	£44,400

31/08/2012	£57,240
11/10/2011	£48,600
22/08/2011	£57,240
30/06/2011	£3,000
31/03/2011	£4,500

410/14

## Organisational Structures

I would like to make a request under the Freedom of Information Act for information relating to your Organisation. Please find below requests for information.

I would like to request a full Senior Management organisation structure chart or a list of Senior Managers to include the name, direct telephone number and email address for all senior management positions within the organisation.

**Answer: Please find attached our Senior Management Structural Chart as requested.**

In addition, could you please provide me with the names, email address and telephone numbers for all Directors, Heads of Service and Senior Managers who work in and lead the following areas:

- ICT  
**Answer: Unfortunately, we do not release individual staff contact details below Director level. This is exempt under Section 40 (Personal Information). The Director responsible for this Service is Steve Darkes. He is contactable on email address; [steve.darkes@walsallhealthcare.nhs.uk](mailto:steve.darkes@walsallhealthcare.nhs.uk) or telephone 01922 721172.**
- Finance  
**Answer: Unfortunately, we do not release individual staff contact details below Director level. This is exempt under Section 40 (Personal Information). The Director responsible for this Service is Ian Baines. He is contactable on email address; [ian.baines@walsallhealthcare.nhs.uk](mailto:ian.baines@walsallhealthcare.nhs.uk) or telephone 01922 721172.**
- Transformation / Service Redesign  
**Answer: Unfortunately, we do not release individual staff contact details below Director level. This is exempt under Section 40 (Personal Information). The Director responsible for this Service is Mark Fletcher. He is contactable on email address; [mark.fletcher@walsallhealthcare.nhs.uk](mailto:mark.fletcher@walsallhealthcare.nhs.uk) or telephone 01922 721172.**
- Performance  
**Answer: Unfortunately, we do not release individual staff contact details below Director level. This is exempt under Section 40 (Personal Information). The Director responsible for this Service is Ian Baines. He is contactable on email address; [ian.baines@walsallhealthcare.nhs.uk](mailto:ian.baines@walsallhealthcare.nhs.uk) or telephone 01922 721172.**
- Business Intelligence  
**Answer: Unfortunately, we do not release individual staff contact details below Director level. This is exempt under Section 40 (Personal Information). The Director responsible for this Service is Steve Darkes. He is contactable on email address; [steve.darkes@walsallhealthcare.nhs.uk](mailto:steve.darkes@walsallhealthcare.nhs.uk) or telephone 01922 721172.**

- Integrated Services or Care  
**Answer: Unfortunately, we do not release individual staff contact details below Director level. This is exempt under Section 40 (Personal Information). The Director responsible for this Service is Steve Darkes. He is contactable on email address; [steve.darkes@walsallhealthcare.nhs.uk](mailto:steve.darkes@walsallhealthcare.nhs.uk) or telephone 01922 721172.**
- Procurement  
**Answer: Unfortunately, we do not release individual staff contact details below Director level. This is exempt under Section 40 (Personal Information). The Director responsible for this Service is Ian Baines. He is contactable on email address; [ian.baines@walsallhealthcare.nhs.uk](mailto:ian.baines@walsallhealthcare.nhs.uk) or telephone 01922 721172.**
- Commissioning  
**Answer: Unfortunately, we do not release individual staff contact details below Director level. This is exempt under Section 40 (Personal Information). The Director responsible for this Service is Steve Darkes. He is contactable on email address; [steve.darkes@walsallhealthcare.nhs.uk](mailto:steve.darkes@walsallhealthcare.nhs.uk) or telephone 01922 721172.**
- Category and Contract Management  
**Answer: Unfortunately, we do not release individual staff contact details below Director level. This is exempt under Section 40 (Personal Information). The Director responsible for this Service is Ian Baines. He is contactable on email address; [ian.baines@walsallhealthcare.nhs.uk](mailto:ian.baines@walsallhealthcare.nhs.uk) or telephone 01922 72117.**

**411/14**

**Cancelled Operations**

Under the Freedom of Information Act, please could you provide me with information about the number of operations that have been cancelled in the previous three months (15 October 2014 to 15 January 2015), either elective or urgent and either cancelled on the day or in advance, where the patient's primary diagnosis was malignant neoplasm (Codes starting C in the ICD-10).

Please could you also provide me with the same information for three months covering 15 October 2013 to 15 January 2014.

**Answer: Please note that our Trust only has the diagnostic coding once a patient has been an inpatient. Also, in terms of cancellations, we only record last minute cancellations (as defined in NHS England Quarterly Monitoring of Cancelled Operations).**

**We have searched our system for any patients who have been last minute cancellations, been subsequently admitted and had a primary diagnosis code with something from the C Chapter ICD 10. Using this methodology we can see two patients matching this criteria during Oct-December 2014 and two patients matching during October-December 2013.**

**Please note that the date ranges have been slightly modified to cover the start of October and end of December as there is a 28 day period during which last minute cancellations should be rebooked. If the end date of 15<sup>th</sup> January 2015 was used then there may be patients who potentially would not have come in yet (if they had been cancelled).**

**412/14  
Workforce**

I would like to request information from your trust under the Freedom of Information Act and relating to the staff workforce.

This request does not require any personally identifiable information.

This request does not require any commercially sensitive information.

1. Which technology/software do you use to manage or roster your workforce?

Data	Technology/software package
Nurses	<b>Kronos Rosterpro</b>
Medics	<b>No software used</b>
Other staff groups	<b>Allocate BSMS</b>
Bank/agency nurses	<b>Kronos Rosterpro</b>
Bank/agency medics	<b>No software used</b>

2. Do you manage your internal bank in house? If so, please advise the staff allocated to manage the bank in WTE (Whole Time Equivalent):

**Answer: Please note that the Temporary Staffing Department cover a number of internal banks of which all recruitment, selection, allocation and compliance is managed. They are:**

- **Hospital Nursing**
- **Hospital Admin and Clerical**
- **Community Nursing**
- **Community Admin and Clerical**
- **Pharmacy**
- **Audiology**
- **Therapies**
- **Phlebotomy**

**The team consists of 9.5 x wte.**

**The Medical Staffing Department manage all locum bookings. The team comprises of 6 wte staff.**

Data	Total FTE/bank management
Nurses	<b>9.5 wte staff</b>
Medics	<b>6 wte staff</b>
Other staff groups	<b>9.5 wte staff</b>

3. Please advise the value of over-payments made in error for the financial year 2013 – 2014:

Data	Total overpayments £
Substantive Nurses	<b>£75,424.17</b>
Substantive Medics	<b>£21,326.31</b>
Bank/Agency Nurses	<b>£167.86</b>
Bank/agency medics	<b>£0.00</b>

4. Please advise the number of risks recorded on your risk register relating to staffing levels over each of the following financial years:

Data	2011-12	2012-13	2013-14
Nurses all grades	<b>2 Risks were recorded on our Corporate Risk Register in March 2012</b>	<b>2 Risks were recorded on our Corporate Risk Register in February 2013</b>	<b>Nil risks were recorded on our Corporate Risk Register in March 2014</b>
Medics all specialties, all grades	<b>Nil</b>	<b>Nil</b>	<b>Nil</b>

5. Please advise how much you have spent on recruitment initiatives (excluding advertising on NHS Jobs but including overseas recruitment trips, advertising, media initiatives including radio and tv, job fairs etc) for the following staff groups for each of the financial years:

Data	2011-12	2012-13	2013-14
Nurses all grades	-	-	-
Medics all specialties, all grades	-	-	-

**Answer: Unfortunately, itemised invoices were not received by our Trust from the company so we are not able to breakdown by staff group in order to provide the separate Nursing/Medics spend. The table below details the total spend on Recruitment Initiatives.**

**Please note that the spend may actually be higher than detailed as payments are recorded by Company Name and we can only recall one Company who has provided this service for us during this period.**

Data	2011-12	2012-13	2013-14
<b>Total Spend on Recruitment Initiatives</b>	<b>£51,520</b>	<b>£39,590</b>	<b>£19,281</b>

**413/14**

**Repeat Attendances at A&E**

I would like to receive information relating to the ten patients who have attended accident and emergency most frequently at hospitals in your trust between 1 January 2014 and 31 December 2014.

For **each patient**, please disclose:

- a. the total number of visits they made to A & E
- b. the hospital they visited

**Answer: The most frequent attenders to Walsall Healthcare NHS trust A&E department by the number of attendances between 01/01/2014 and 31/12/2014 were;**

90  
85  
80  
61  
59  
44  
38  
36  
35  
34

**414/14**

**New Critical Care Unit**

I am trying to ascertain whether or not the contract for the extension to provide a new CCU (Critical Care Unit), including a new entrance lobby and ancillary offices at Manor Hospital, Moat Road, Walsall tendered 1 April 2013 has been awarded and if so, are you able to tell me who to?

**Answer: A formal award for the ICCU has not yet been made.**

**415/14**

**Questionnaire RE: Compliance to the new “ Sharps instruments in Health Care Regulations 2013”**

**Question 1**

What best describes your organisation?

- Acute Trust/Hospital
- General Practice
- Dental Surgery

**Question 2**

How many employees currently work for your organisation (including bank/locum, associates, self employed etc)?

- <10
- 11-50
- 51-100
- 101-500
- 501+

**Question 3**

How many of those employees quoted in Question 2 are clinical staff?

- <10
- 11-50
- 51-100
- 101-500
- 501+

**Question 4**

Does your organisation have policies or procedures that cover the following areas?

- Standard universal infection control precautions
  - o ‘Yes’

- Safe handling and disposal of sharps
  - 'Yes'
- Banning of recapping of needles/sharps
  - 'Yes'
- Prevention of occupational exposures to blood-borne viruses including the prevention of sharps injuries
  - 'Yes'
- Management of occupational exposure to blood-borne viruses and post exposure prophylaxis
  - 'Yes'
- Clinical waste management
  - 'Yes'
- Have these policies been updated to incorporate the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013
  - 'Yes'

#### Question 5

How often are the policies and procedures in Question 4 reviewed?

- **Monthly**
- **Quarterly**
- **Bi-Annually**
- **Every Year**
- **Every 2 years**
- **Between 2 and 5 years**
- **Greater than 5 years**
- **Don't know**

#### Question 6

Is there a mandatory programme of on going health and safety education/training for new and existing staff in the prevention and control of blood and body fluid exposures?

- **Yes, for both new and existing staff** (please proceed to question 7)

#### Question 7

Which of the following staff participate in such training and education?

- Medical
  - 'Yes'
- Dental
  - 'Yes'
- Nursing (including midwives, dental nurses and healthcare assistants)
  - 'Yes'
- Allied health professionals (including physiotherapists, occupational therapists, nutritionists, lab workers, hygienists)
  - 'Yes'
- Support staff (for example porters and domestics)
  - 'Yes'
- Locum/Bank and Agency Staff
  - 'Yes'

#### Question 8

How is the training and education for staff on the prevention of blood and body fluid exposures provided by your organisation?

- Seminars or lectures



- **'Yes'**
- Written material
  - **'Yes'**
- Workplace posters
  - **'Yes'**
- Interactive training sessions
  - **'No'**
- Intranet
  - **'Yes'**
- Other (please specify) \_\_\_\_\_

### Question 9

Does the information/training cover the following?

- Risk from injuries involving medical sharps
  - **'Yes'**
- Relevant legal duties on employers and workers
  - **'Yes'**
- Good practice in preventing injuries from sharps
  - **'Yes'**
- Benefits and drawbacks of vaccinations
  - **'Yes'**
- Support available and how to access such support (i.e. contact numbers for in and out of hours) if injured by a sharps injury, including provisions for follow up
  - **'Yes'**
- Correct use of safety engineered sharps
  - **'No' - any new equipment has training**
- Safe use and disposal of medical sharps
  - **'Yes'**
- Employers arrangement for health surveillance and other procedures
  - **'Yes'**

### Question 10

Does your organisation provide the following safety devices?

- Safety blood collection device (i.e. devices such as a 'vacutainer' for collecting blood with a needle or butterfly needle that provides a protective shield after withdrawal from patient)
  - **'To all clinical staff'**
- Needleless intravenous delivery systems (i.e. a device that does not require needles for the administration of medication or fluids)
  - **'To some clinical staff'**
- Safety intravenous cannulae (i.e. a venflon that provides a protective shield for the stylet or blunts the stylet before or during withdrawal from the patient)
  - **'To all clinical staff'**
- Syringes with a safety feature as part of the needle or syringe (to include dental syringe for delivering anaesthetic, arterial blood gas sampling syringe, and insulin syringes)
  - **'To some clinical staff'**
- Safety engineered scalpels (retracting, shielded and disposable)
  - **'Never' - products being considered**
- Blunted suture needles
  - **Never' - products being considered**

**If tested and not purchased, please state reason for not purchasing (i.e. funding)?**

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**Question 11**

Does your organisation provide sharps disposal bins that are...

- Portable (can be taken to bedside or to patient allowing immediate disposal of sharps after procedure- i.e. < 1 litre size)
  - o **'Yes'**
- Located where sharps are being used
  - o **'Yes'**
- Secure and clearly marker
  - o **'Yes'**

**If not purchased, please state reason for not purchasing (i.e. funding)?**

---

**Question 12**

Does your organisation provide the following Personal Protective Equipment?

- Protective surgical face mask
  - o **'Yes'**
- Protective surgical face mask with eye visor
  - o **'Yes'**
- Protective eye wear
  - o **'Yes'**

**Question 13**

Does your organisation dispense or prescribe safety devices when available? (i.e. safety subcutaneous heparin injections with safety needles)

- **Yes**

**Question 14**

Does your organisation do any of the following?

- Carry out a risk assessment for sharps injuries including the use of personal protective equipment (PPE)
  - o **'Yes'**
- Provide staff with access to an occupational health service
  - o **'Yes'**
- Provide on going health surveillance for sharps injuries
  - o **'Yes'**
- Actively consult with trade unions and safety representation on the *new* Sharps Regulations 2013
  - o **'Yes'**
- Ensure staff are aware of the *new* Sharps Regulations 2013
  - o **'Yes'**
- Evaluate compliance with the *new* Sharps Regulations 2013
  - o **'Yes'**

**Question 15**

How many sharps injuries have been reported to your organisation over the following periods?

- 1<sup>st</sup> April 2012-31<sup>st</sup> March 2013
  - o **Please provide total number 88** Reported via our incident reporting system.
- 1<sup>st</sup> April 2013-31<sup>st</sup> March 2014

- **Please provide total number** 64 Reported via our incident reporting system.

### Question 16

How many injuries were sustained in your organisation between 1<sup>st</sup> April 2012 and 31<sup>st</sup> March 2013?

**Please provide total numbers in each box even if answer is '0'**

**If device not used, please state N/A in box**

	Total number of injuries?	Injuries involving a safety device?	Injuries involving a conventional device? (i.e. not safety)
Blood collection devices	<b>8</b>	<b>Not Known</b>	<b>Not Known</b>
Butterfly needles (winged infusion set)	<b>2</b>	<b>Not Known</b>	<b>Not Known</b>
Venflon (intravenous cannulae)	<b>5</b>	<b>Not Known</b>	<b>Not Known</b>
Scalpels	<b>4</b>	<b>Not Known</b>	<b>Not Known</b>
Suture Needles	<b>3</b>	<b>Not Known</b>	<b>Not Known</b>
Syringe and Needle	<b>33</b>	<b>Not Known</b>	<b>Not Known</b>

### Question 17

How many injuries were sustained in your organisation between 1<sup>st</sup> April 2013 and 31<sup>st</sup> March 2014?

**Please provide total numbers in each box even if answer is '0'**

**If device not used, please state N/A in box**

	Total number of injuries?	Injuries involving a safety device?	Injuries involving a conventional device? (i.e. not safety)
Blood collection devices	<b>Not Known</b>	<b>Not Known</b>	<b>Not Known</b>
Butterfly needles (winged infusion set)	<b>5</b>	<b>Not Known</b>	<b>Not Known</b>
Venflon (intravenous cannulae)	<b>3</b>	<b>Not Known</b>	<b>Not Known</b>
Scalpels	<b>2</b>	<b>Not Known</b>	<b>Not Known</b>
Suture Needles	<b>5</b>	<b>Not Known</b>	<b>Not Known</b>
Syringe and Needle	<b>14</b>	<b>Not Known</b>	<b>Not Known</b>

### Question 18

How many safety devices were procured by your organisation between 1<sup>st</sup> April 2012 and 31<sup>st</sup> March 2013?

**Please provide total numbers in each box even if answer is '0'**

**If device not used, please state N/A in box**

	Total number of safety devices	Number of conventional	Total number of devices procured?

	procured?	devices procured (i.e. not safety)	
Blood collection devices	<b>123,480</b>	<b>1,285,134</b>	<b>1,408,614</b>
Butterfly needles (winged infusion set)	<b>0</b>	<b>20,472</b>	<b>20,472</b>
Venflon (intravenous cannulae)	<b>0</b>	<b>12,773</b>	<b>12,773</b>
Scalpels	<b>0</b>	<b>51,249</b>	<b>51,249</b>
Suture Needles	<b>0</b>	<b>54,066</b>	<b>54,066</b>
Syringes with Needles	<b>300</b>	<b>860,295</b>	<b>860,595</b>

### Question 19

How many safety devices were procured by your organisation between 1<sup>st</sup> April 2013 and 31<sup>st</sup> March 2014?

**Please provide total numbers in each box even if answer is '0'**

**If device not used, please state N/A in box**

	Total number of safety devices procured?	Number of conventional devices procured (i.e. not safety)	Total number of devices procured?
Blood collection devices	<b>147,434</b>	<b>1,051,650</b>	<b>1,199,084</b>
Butterfly needles (winged infusion set)	<b>0</b>	<b>20,755</b>	<b>20,755</b>
Venflon (intravenous cannulae)	<b>2</b>	<b>19,638</b>	<b>19,639</b>
Scalpels	<b>25</b>	<b>41,960</b>	<b>41,985</b>
Suture Needles	<b>0</b>	<b>52,164</b>	<b>52,164</b>
Syringes with Needles	<b>36</b>	<b>904,445</b>	<b>904,481</b>

### Question 20

Has your organisation or your employees made or received any claims for needlestick injuries?

- Yes

END OF SURVEY

**416/14  
Crutches**

Under the Freedom of Information Act I would like to request the amount of money spent on crutches in each of the last five years.

How many pairs of crutches has the trust purchased in each of the last five years?

**Answer: Please see the table below. Direct orders are recorded in single units and NHS Supply Chain orders are recorded in the number of pairs ordered. This covers both our acute and community services.**

<b>Financial Year Crutches Ordered</b>	<b>Single Units Ordered</b>	<b>Ordered from NHS Supply Chain (in pairs)</b>
<b>2010-11</b>	<b>5</b>	<b>500</b>
<b>2011-12</b>	<b>684</b>	<b>496</b>
<b>2012-13</b>	<b>120</b>	<b>552</b>
<b>2013-14</b>	<b>136</b>	<b>676</b>
<b>2014-15</b>	<b>124</b>	<b>642</b>

According to latest contracts, how much does the trust pay to purchase one pair of crutches?

**Answer: Our organisation does not have a direct contract with a supplier. The price of one pair of crutches is withheld under Section 43 (Commercial Interests) as this details pricing structure.**

Could you confirm what the trust's policy is on crutches:

\*Does the trust allow old crutches given out to patients to be returned and re-used by other patients?

**Answer: Yes**

\*(If yes) what is done to clean and repair crutches and how much did this cost in each of the last five years?

**Answer: Crutches are returned, checked and if suitable for reissue are decontaminated in two ways, 1. Through the decontamination tunnel washing machine 2. Disinfectant wipes to wipe down crutches, ferrules are replaced. The crutches are then returned to stock.**

\*(If yes) what is done to encourage patients to return crutches?

**Answer: A disclaimer is printed on delivery notes when items are on loan to the patient with the expectation of return to service when finished with, labels are also placed on equipment stating they are on loan and giving our contact details to arrange return to our Integrated Community Equipment Services (ICES) or collection. Therapists issuing crutches also advise patients to return them to ICES when finished with.**

\*What is the trust's full written policy on the use of crutches?

**Answer: We do not have a specific policy on the use of crutches but can provide a brief outline of how walking aids/crutches are issued by our organisation below;**

**The patient is measured up for crutches by the Physiotherapist/Physiotherapy Assistant. Their weight bearing status is noted.**

**The Physiotherapist /Physiotherapy Assistant demonstrates the correct gait pattern.**

**The patient then walks according to their weight bearing status.**

**The stairs and a step are demonstrated if required.**

**The patient then tries the stairs and/or a step.**

**The patient is advised NOT to adjust their walking aid.**

**The physiotherapist gives advice on maintaining equipment including ferrules.**

**Only if the patient is deemed safe is discharge allowed.**

**417/14**  
**Post Mortems**

Under the Freedom of Information Act I would like to request information on how long it has taken for post mortems to be carried out at mortuaries the trust is responsible for during a given time period.

Please provide the average (calculated as the arithmetic mean) time since death it has taken for post-mortems to be carried out in each of the 12 weeks up to 19.1.15.

The data should also include the total number of post mortems carried out in each week.

**Answer: Please note that date of death to post mortem does not indicate the performance of the mortuary in any way. The Trust has no target. When a post mortem is requested by the Coroner it is usually performed the next working day. They are performed as soon as possible. Unfortunately, there are delays with the request being received from the Coroner.**

We are proud to have a reputation for performing post mortems very quickly to make the deceased available for burial/cremation as soon as possible.

Week	Average Number of days from death to post mortem	Total Number of Post Mortems Performed
03/11/14 – 09/11/14	4	1
10/11/14 – 16/11/14	6	7
17/11/14 – 23/11/14	4	3
24/11/14 – 30/11/14	3	6
01/12/14 – 07/12/14	5	4
08/12/14 – 14/12/14	7	5
15/12/14 – 21/12/14	6	6
22/12/14 – 28/12/14	7	4
29/12/14 – 04/01/15	11	8
05/01/15 – 11/01/15	9	6
12/01/15 – 18/01/15	8	12
19/01/14 – 19/01/14	8	2
Overall Average	6.5	

**418/14**  
**Drug Dosage Policies – request closed**

**419/14**  
**Oncology**

I am writing to you to ask if you be able to provide us with the following information about oncology services within your organisation.

1. If your organisation offers RAS tests, how many if any RAS tests have been provided for metastatic colorectal Cancer patients in 2014?

**Answer: RAS testing was carried out in 25 cases for metastatic colorectal cancer patients in 2014.**

2. Of those metastatic colorectal cancer patients RAS tested, how many were RAS wild type?

**Answer: Of the 25 that were tested, 15 were wild type and 10 mutated.**

3. Within your organisation, how many patients have been treated in the last six months for metastatic colorectal cancer?

**Answer: We can confirm that 20 patients have been treated within the last six months for metastatic colorectal cancer at our hospital.**

4. If possible, please split these patients by their current or most recent drug treatment, using the table below for convenience;

Drug	Total Patients
Bevacizumab	2
Cetuximab	2
Panitumumab	0
Aflibercept	0
Oxaliplatin	1
Irinotecan	2
5-Fluorouracil	0
Irinotecan with 5-fluorouracil (5FU) and folinic acid (FOLFIRI)	3
Oxaliplatin with 5-fluorouracil (5FU) and folinic acid (FOLFOX)	0
Capecitabine and oxaliplatin (CAPOX / XELOX)	4
Capecitabine and irinotecan (CAPIRI)	
<b>No Treatment</b>	<b>6</b>

5. Also within your organisation, how many patients have been treated in the last six months for head and neck cancer (squamous cell carcinoma)?

**Answer: We can confirm that 8 patients have been treated at our hospital within the last six months for head and neck cancer.**

6. Of these patients, how many are locally advanced and how many are recurrent or metastatic head and neck cancer patients?

- a. Locally advanced:
- b. Recurrent and/or metastatic:

**Answer: Unfortunately, this is not centrally recorded on any of our systems in order to provide this information. Having reviewed clinical letters of these patients, we are not able to confirm how many were locally advanced, recurrent and/or metastatic.**

7. If possible, please split these patients by their current or most recent drug treatment, using the table below for convenience;

**Answer: We do not treat any head and neck cancer patients with any oral or IV chemotherapy at our hospital.**

Drug	Total Patients
Carboplatin	N/A
Cetuximab	N/A
Cisplatin	N/A



Docetaxel (Taxotere)	N/A
Fluorouracil (5FU)	N/A

8. How are your patients funded, please state the number of patients by their funding route;

**Answer: Please note that the 6 patients who did not receive any treatment for metastatic colorectal cancer have not been included in the figures below.**

Drug	CDF	Private	Trust	Other
Metastatic Colorectal Cancer	2	0	12	0
Head and Neck Cancer	0	0	0	0

**420/14**

#### **Acute Beds**

Please can you tell me how many acute beds the trust had each year between 2010 - 2014?

Could you also tell me what the occupancy rate was for each year?

**Answer: This information is exempt under Section 21 (Information available by other means). This information is available on the NHS England website. Please use the following link to access this information;**

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

**421/14**

#### **Chaplaincy Services**

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

I'm a journalist looking for information on chaplaincy services provided by the NHS.

Please could you answer the following questions:

1. How many chaplains does your Trust currently employ?

**Answer: We can confirm that 9 Chaplains are employed by our Trust.**

2. How many members of staff are employed as part of the chaplaincy service, and what are their job roles?

**Answer: Please see the list detailing this below.**

**Chaplaincy Team Leader**

**Chaplain – Palliative Care Centre (vacant at present)**

**Assistant Chaplain**

**Hindu Chaplain**

**Muslim Chaplain – male patients**

**Muslim Chaplain – female patients**

**Roman Catholic Chaplain**

**Roman Catholic Chaplain (vacant at present)**

**Sikh Chaplain**

**Secretary**

3. How many people have used the chaplaincy service over the last three years?

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

**Pastoral encounters with patients/families/visitors – 8953 (please note that this is a conservative figure as some encounters have not been recorded)**

**Requests for baby funerals – 127**

## Requests for adult funerals – 28

Estimated attendance at weekly services offered Dorothy Pattison Hospital -1050

Grand total of= 10,158

In addition to this there are weekly services at the Manor and the Palliative Care Centre of which unfortunately, attendance is not recorded.

4. What is the annual cost of chaplaincy services (pay and non-pay), broken down by year for the last three financial years.

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

	2012/13	2013/14	2014/15
April	£11,075	£10,119	£12,966
May	£11,197	£6,757	£13,629
June	£10,910	£7,171	£16,875
July	£7,737	£9,437	£14,398
August	£9,582	£12,624	£15,914
September	£10,045	£9,064	£12,727
October	£9,481	£12,057	£13,827
November	£9,162	£10,669	£14,115
December	£10,824	£10,669	£13,272
January	£7,047	£7,471	£13,089
February	£7,586	£12,130	£0
March	£11,084	£14,287	£0
<b>Total</b>	<b>£115,730</b>	<b>£122,455</b>	<b>£140,812</b>

5. How much money is allocated to external bodies, such as the Roman Catholic Church, broken down by year over the last three financial years.

**Answer: We can confirm that no monies have been allocated to external bodies during this time period.**

Please provide your responses to questions 1 and 2 in PDF format, and your responses to questions 3, 4 and 5 in Excel format.

422/14

### Specialist Cancer Nursing Workforce

I am sending this FOI request to gain insight into the funding of the specialist cancer nursing workforce.

1. How many clinical nurse specialists in cancer care does your organisation currently employ? Please provide a whole-time equivalent figure.

**Answer: We can confirm that 16.4 whole time equivalent (WTE) Clinical Nurse Specialists (CNS) in Cancer Care are currently employed by our Trust. This excludes an additional new post for a Band 6 CNS following funding recently being agreed.**

2. Please provide a breakdown (using whole-time equivalent figures) to show how many of these clinical nurse specialists in cancer work in each of the following bands:

a) Band 5

**Answer: 0**

b) Band 6

- Answer: 4 wte**  
 c) Band 7  
**Answer: 9.4 wte**

3a. How many clinical nurse specialist posts in cancer care are there in your organisation? This is asking about positions available rather than nurses employed.

**Answer: We can confirm that there are currently 19 CNS posts in cancer care within our Trust. This excludes an additional new post for a Band 6 CNS following funding recently being agreed.**

3b. In order to demonstrate the vacancy rate, of those posts how many remain unfilled?

**Answer: Our Trust does not have any current vacancies within these posts. As mentioned above, a new post is currently being processed.**

4. How many of those vacant posts are funded by a charity?

**Answer: One post is currently funded by a charity. The additional new post for the Band 6 will also be funded by a charity.**

5. Please provide a breakdown stating who pays for all the clinical nurse specialist posts in your organisation. For instance, provide a figure for how many are funded by your organisation/NHS and then a figure for each other organisation funding the posts, stating the organisation/charity's name.

**Answer: Please see the information below;**

Name of Company Funding the Post(s)	Number of Posts Funded
National Health Service	17
Macmillan Cancer Support Charity	1 (new additional Band 6 post will also be funded by this Charity)
Coloplast	1

**423/14**

### **Re-Admissions Figures**

I would like to know the readmission figures to your hospital within 28 of discharge for the dates below. I would like elective and emergency figures.

2012 - the months of November and December

2013 - November and December

2014 - November and December

**Answer: Please note that in terms of readmissions there is no definitive way to determine from our Clinical Coding System whether or not a particular admission is related to a previous one. The data below has been identified by patients admitted as an emergency within 28 / 30 days of a previous discharge. The 'readmission' therefore may or may not be related to the original admission.**

**By that definition then there is no concept of an elective readmission.**

**We presume that when you refer to elective / emergency you pertain to the initial admission rather than the subsequent admission within 28 days, and it's on that basis that the below figures have been produced.**

<b>Initial Admission Method</b>
---------------------------------

Month	Elective	Emergency	Other	Grand Total
Nov 2012	116	285	26	427
Dec 2012	105	301	22	428
Nov 2013	102	310	20	432
Dec 2013	86	326	19	431
Nov 2014	108	370	16	494
Dec 2014	105	370	25	500

**424/14**

**Doctor Absences**

How many doctors working for the trust were signed off work due to sickness in the years:

- a) 2009
- b) 2010
- c) 2011
- d) 2012
- e) 2013
- f) 2014

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

The information detailed within this response, including historical sickness absence figures, is reflective of current employee absent records only, and does not take account of any ex-employees who may have been absent before leaving the Trust.

The phrase “signed off work due to sickness” has been interpreted as any individual who has been absent for 1 day or more due to sickness absence. The ESR system does not hold sufficient level information, covering the submission of doctor notes, to allow us to report from that perspective.

Please note that our Electronic Staff Record does not retain sickness records for those doctors who leave the organisation. The Trust employs approximately 180 junior doctors and they move placements and quite a high number may leave the organisation after 1 year. The doctors recorded as absent in 2009-2012 will not reflect those junior doctors who have move to other organisations as part of their rotational programmes.

Since 2009, there has been a 22.5% increase in the number of Medical and Dental Doctors employed by our Trust.

Year	Headcount of doctors working for the trust who were off work due to sickness
2009	34
2010	48
2011	54
2012	48
2013	85
2014	155

How many doctors working for the trust were signed off work due to mental health issues in the years:

- a) 2009
- b) 2010
- c) 2011

- d) 2012
- e) 2013
- f) 2014

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

Year	Headcount of doctors working for the trust who were off work due to mental health issues
2009	1
2010	1
2011	1
2012	1
2013	1
2014	2

How many doctors working for the trust were signed off work due to a stress related illness in the years:

- a) 2009
- b) 2010
- c) 2011
- d) 2012
- e) 2013
- f) 2014

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

Year	Headcount of doctors working for the trust who were off work due to stress related illness
2009	1
2010	1
2011	1
2012	1
2013	2
2014	4

How many doctors working for the trust were signed off work for a period longer than three months due to a stress related illness in the years:

- a) 2009
- b) 2010
- c) 2011
- d) 2012
- e) 2013
- f) 2014

**Answer: Please see the table below**

Year	Headcount of doctors working for the trust were off work for a period longer than three months due to a stress
------	--

	related illness
2009	1
2010	1
2011	1
2012	1
2013	1
2014	1

**425/14  
Clinical Trials**

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

I would like to know the following:

- I would like to know the number of people who have volunteered for clinical trials in hospitals looked after by the trust in each of the last 9 complete calendar years (i.e. 2006-2014).
- Could these figures also include the number who went on to take part in clinical trials and the age and sex of all those who volunteered.
- For each year I would like to know how many of these participants suffered negative side effects as a result of participation and the number of serious injuries, illness or deaths that occurred as a result of the trials.
- In the event of serious injuries, illnesses or deaths I would also like to know general details about the clinical trial from which they resulted, and general details of the serious injury or illness they suffered, or circumstances of their death
- For each year I would also like to know the total amount of money paid out to volunteers to take part in clinical trials and the amount paid out in compensation.

I would like to receive the information in electronic format, preferably in an Excel document.

**Answer: Studies currently open and recruiting are published on our Trust website.**

**We outsource our clinical trials to the Research and Development Department at Heart of England NHS Trust at Heartlands Hospital. We recommend you redirect your request to their FOI office via email address; [publication.scheme@heartofengland.nhs.uk](mailto:publication.scheme@heartofengland.nhs.uk) or postal address; The Publication Scheme Coordinator, Directorate of Safety and Governance, Devon House, Heart of England NHS Trust, Bordesley Green East, Birmingham, B9 5SS.**

**426/14  
Incident Reports**

In the 2013 and 2014 calendar year on how many occasions was an incident report sent by your trust to the Health and Safety Executive under the powers of the The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations where the incident was categorised as a Dangerous Occurrence?

For all the incidents referenced please provide me with a summary of where, when and what the incident was.

**Answer: We can confirm that our organisation did not report any incidents categorised as a 'Dangerous Occurrence' (as defined in the RIDDOR Regulations 2013) during this time period to the Health & Safety Executive.**

**427/14  
Compensation Claims**

I would like to know how much money your trust has paid out in compensation (WHICH MEANS A LEGAL CLAIM AGAINST THE TRUST) over the following years:

2010	<b>Answer:</b>	<b>£32,380.36</b>
2011	<b>Answer:</b>	<b>£137,394.05</b>
2012	<b>Answer:</b>	<b>£106,900.24</b>
2013	<b>Answer:</b>	<b>£109,146.75</b>
2014	<b>Answer:</b>	<b>£65,378.87</b>

**428/14  
Child Obesity**

Could I please have information about how many children under 15 have been admitted to your trust with obesity since July 2011.

Could I please find out the numbers of children who have been admitted to hospital with a primary diagnosis of obesity each year since 2011 and what their individual treatments were.

Could you also please give me the individual ages of these children, and how many children of each age has been hospitalised.

Would also be able to tell me which hospital each of these children were hospitalised in.

**Answer: We are completed a search on our clinical Coding system cannot find any patients matching this criteria for this time period.**

**429/14  
Foreign Nationals Who Have Not Paid for NHS Treatment**

Can I ask the total amount which is considered to be owed to your trust on January 15 2015 by foreign nationals who were treated at your trust and who were not eligible for free care, with regards to treatment received in the last five years.

**Answer: We can confirm that the total amount outstanding as at the 15<sup>th</sup> January was £16,356.23.**

Can I also ask the five most expensive treatments which were not paid for; the type of those treatments; the cost of those treatments and the date of those treatments.

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

DATE OF TREATMENT	TYPE OF TREATMENT	COST OF TREATMENT £
September 2011	IMAGING & PATHOLOGY TESTS & 1 DAY WARD STAY	889.00
August 2013	APPENDICECTOMY	2,319.00
December 2013	IMAGING & PATHOLOGY TESTS & 1 DAY WARD STAY	234.32
April 2014	IMAGING & PATHOLOGY TESTS & 17 DAYS WARD STAY	2,950.91
February/March 2014	ELDERLY CARE WARD STAY	9,918.00
<b>TOTAL</b>		<b>16,311.23</b>

**430/14**  
**ICT Service**

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 our ICT Strategy as requested.**
  
2. ICT Departmental Business Plan  
**Answer: Our Trust does not have an ICT Departmental Business Plan so are not able to provide this document.**
  
3. ICT Technical Strategy  
**Answer: Please find attached our ICT Strategy as requested. This is the only ICT strategy available.**
  
4. ICT Structure  
**Answer: This is exempt under Section 21 (Information available by other means) as this can be accessed via our Publication scheme using the link below.**  
  
<https://www.walsallhealthcare.nhs.uk/who-are-we-and-what-do-we-do.aspx>
  
5. ICT Capital budgets and programmes  
**Answer: Please find attached the document as requested.**

If you feel that your organisation or the department hold other documents that relate to my request or the document above please send them accordingly.

Lead member: Cabinet Member for ICT and Telecommunications come under? Please can you provide me with their direct contact details including their Full Name, Actual Job Title, Contact Number and Direct Email Address?

**Answer: Steve Darkes is the Director responsible for ICT Services within the Trust. His email address is; [steve.darkes@walsallhealthcare.nhs.uk](mailto:steve.darkes@walsallhealthcare.nhs.uk) and his contact number is; 01922 721172. Colin Plant is the Director responsible for Telecommunications within the Trust. His email address is; [colin.plant@walsallhealthcare.nhs.uk](mailto:colin.plant@walsallhealthcare.nhs.uk) and his contact number is; 01922 721172.**

**431/14**  
**Stroke Services**

How many patients under the age of 30 were diagnosed with stroke at hospitals run by the Walsall Healthcare NHS Trust between January and December 2014 (inclusive)?

**Answer: Unfortunately, we can only provide primary diagnosis data for inpatients. On this basis, we can confirm that one patient meeting this criteria was admitted as an inpatient at our hospital during this time period.**

**Accident & Emergency as well as Outpatients primary diagnosis data is not recorded centrally on a system.**

**432/14**  
**Spend on Soft Tissue Allografts, DBM, Femoral Heads and Bone Chips**

Under the Freedom of Information Act (2000) please could you disclose the following information:



- 1) The trusts spend on soft tissue allografts for the financial year 2013/14, and which suppliers were used.  
**Answer: We do not use soft tissue allografts.**
- 2) The trusts spend on DBM (Demineralised Bone Matrix) for the financial year 2013/14, and which brands were used.  
**Answer: We can confirm no spend for DBM during this time period.**
- 3) The trusts spend on femoral heads for the financial year 2013/14, and which suppliers were used.  
**Answer: We can confirm the spend for this time period was £36,070.46. Suppliers used were JRI Orthopaedics and Biomet Merck.**
- 4) The trusts spend on bone chips for the financial year 2013/14, and which brands were used.  
**Answer: We can confirm the spend for this time period was £11,543.06. Suppliers used were Depuy Synthes Cancellous chips and Biocomposites Stimulan.**

#### 433/14 Hospital Food

How much food is thrown away each year from each of your hospitals each year?

What is the total expenditure on food and what proportion is thrown away?

Please show results in by month by the last five years.

**Answer: Please find tables below which detail this information. This data is submitted on an annual basis to the Department of Health. Unfortunately, we are not able to break down the results by month for the last five years as our records are held on an annual basis.**

The 'Patient meal day' is the cost of 3 meals per day.

2008-09		
Description	Value	Unit
Cost of feeding one patient per day (Patient meal day)	6.49	£
Food waste – untouched meals	5.00	%
Total patient main meals requested	554,341	No.
Gross cost of Patient Services	1,198,623	£
Gross Cost of Patient Services per main meals requested	2.16	£/meal

2009-10		
Description	Value	Unit
Cost of feeding one patient per day (Patient meal day)	6.54	£
Ward Food wastage – untouched meals	6.00	%
Total patient main meals requested	659,190	No.
Gross cost of Patient Services	1,195,000	£
Gross Cost of Patient Services per main meals requested	1.81	£/meal

2010-11		
Description	Value	Unit
Cost of feeding one patient per day (Patient meal day)	8.65	£
Ward Food wastage – untouched meals	6.00	%
Sustainable food plan	Yes	Yes/No/None
Total patient main meals requested		No.
Gross cost of Patient Services		£
Gross Cost of Patient Services per main meals requested		£/meal

2011-12		
Description	Value	Unit
Cost of feeding one inpatient per day (Patient meal day)	10.14	£
Ward Food wastage – untouched meals	4.41	%
Sustainable healthy food plan	Yes	Yes/No/None
Total patient main meals requested	470,850	No.
Gross cost of Patient Services	1,746,859	£
Gross Cost of Patient Services per main meals requested	3.71	£/meal

2012-13		
Description	Value	Unit
Cost of feeding one inpatient per day (Patient meal day)	9.50	£
Ward Food waste – unserved meals	5.05	%
Total inpatient main meals requested	569,691	No.
Gross cost of in-patient services	1,804,396	£
Gross Cost of in-patient services per main meals requested (cost per in-patient meal)	3.17	£/meal

2013-14		
Description	Value	Unit
Cost of feeding one inpatient per day (Patient meal day)	9.57	£
Ward Food waste – unserved meals	6.61	%
Total inpatient main meals requested	602,868	No.
Gross cost of in-patient services	1,923,169	£
Gross Cost of in-patient services per main meals requested (cost per in-patient meal)	3.19	£/meal

**434/14  
Hotel Use**

I would like to put a freedom of information request into your trust. Please can you provide me with the following?

- 1) The name of:
  - a) Your trust  
**Answer: Walsall Healthcare NHS Trust**
  - b) The names of the hospitals in your trust  
**Answer: Walsall Manor Hospital**
- 2) How many patients has the trust moved between Jan 2014-Dec 2014 to local hotel rooms rather than keeping them overnight in a hospital bed?  
**Answer: Our organisation has not moved any patients to local hotel rooms during this time period.**
- 3) How much money has the trust spent between Jan 2014-Dec 2014 putting patients in local hotel rooms rather than in hospital beds?  
**Answer: This is not applicable to our organisation.**
- 4) In total how many nights have patients spent (between Jan 2014-Dec 2014) in hotel beds when moved there and paid for by the trust?  
**Answer: This is not applicable to our organisation.**
- 5) If possible please give details of what kind of patients (in terms of conditions) are moved to hotel rooms rather than stay in a hospital bed  
**Answer: This is not applicable to our organisation.**

#### **435/14**

##### **Spend on Translation Services**

Please could you disclose how much your trust spent on translation services for the years 2010-2011, 2011-2012, 2012-2013 and 2013-2014?

**Answer: We can confirm that total spend during 2010-11 on translation/interpretation of information and services for patients/carers was £88,839. During 2011-12, total spend was £92,142. During 2012-13, total spend was £140,844. During 2013-14, total spend was £154,001.**

**This spend includes our internal Linkworkers' Service.**

436/14

## Clinical Nurses and Macmillan Nurse Uniforms

I would like the following information (subject to exclusion below);

Please do not include those practitioners who work exclusively in Operating Theatre departments, but do include those practitioners who consult with patients within outpatients departments, wards, or the community who are employed by the Trust.

1. How many Band 6, 7 and 8A\* and above clinical nurses (or allied health professionals) are employed by the Trust, and of these how many are Macmillan Nurses? Please categorise by band, and generic role descriptor (e.g. advanced nurse, specialist nurse, surgical care practitioner, advanced nurse specialist, consultant nurse, anaesthetic practitioner, etc.).
2. Do the Macmillan Nurses wear their own clothes or have a dedicated uniform? If a dedicated uniform – what is this?
3. When consulting with patients (outside of the operating theatre or during invasive procedures) do the non-Macmillan Band 6/7/8a and above staff wear their own clothes, have a uniform, or is this dependent upon role? If there is a range, please define this by Band, generic role title, and uniform worn. Furthermore, please specify if this uniform is utilized across a variety of Bands and roles, and if so please specify range (by banding and role descriptor).

**Please clarify whether when you refer to Macmillan Nurses you mean just to our Macmillan Nurses which are Macmillan funded posts, Nurses with the word Macmillan in their job title who are employed by our Trust, or all of our Nurses who work with our Palliative Care Service (in the hospital and in the community).**

**With regards to question 3, when you refer to non-Macmillan staff, do you mean all Nurses and AHPs who are a Band 6 – 8a that work outside the Palliative Care Service?**

[The whole trust please](#)

**We would be grateful if you could clarify whether the questions just relate to staff working within our Palliative Care Service or the whole Trust.**

**Some of our Palliative Care Nurses do and some do not have the word Macmillan in their job title. Some of our Palliative Care Nursing posts are also funded by Macmillan Cancer Services but the majority are not.**

**Please confirm whether the questions relate just to the Macmillan funded posts, Nurses with the word Macmillan in their job title, or all of our Nurses who work with our Palliative Care Service (in the hospital and in the community).**

[By Macmillan I refer to all nurses caring the title, funded by the Trust or directly from Macmillan.](#)  
[Non-Macmillan nurses refers to all other band 6-8a staff not previously covered](#)

Please do not include those practitioners who work exclusively in Operating Theatre departments, but do include those practitioners who consult with patients within outpatients departments, wards, or the community who are employed by the Trust.

1. How many Band 6, 7 and 8A\* and above clinical nurses (or allied health professionals) are employed by the Trust, and of these how many are Macmillan Nurses? Please categorise by band, and generic role descriptor (e.g. advanced nurse, specialist nurse, surgical care practitioner, advanced nurse specialist, consultant nurse, anaesthetic practitioner, etc.).

**Answer: We can confirm that we employ 753.71 FTE Nursing/Midwifery and Allied Health Professionals at Band 6 or above.**

2. Do the Macmillan Nurses wear their own clothes or have a dedicated uniform? If a dedicated uniform – what is this?

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

**Macmillan adopted Community Palliative Care Clinical Nurse Specialists(Band7) – Do not wear a uniform**

**Macmillan adopted Hospital Palliative Care Clinical Nurse Specialists(Band7) – Do wear a uniform**

**Macmillan adopted Hospital Palliative Care Specialist Practitioner(Band6) – Do wear a uniform**

**Macmillan adopted Lymphoedema Clinical Nurse Specialists(Bands 6 & 5) – Do wear a uniform**

**The following Nurses are Macmillan badged (due to previously being funded) or Macmillan adoption;**

**Lead Cancer Nurse – Does not wear a uniform**

**Community Oncology Clinical Nurse Specialists(Bands 5 and 7) – Do wear a uniform**

**Acute Oncology Nurse Consultant(Band8) - Does wear a uniform**

**Breast Nurse Consultant(Band8) - Does wear a uniform**

**Breast Clinical Nurse Specialist(Band7) - Does wear a uniform**

**Colorectal Nurse Consultant(Band8) - Does wear a uniform**

**Lung Clinical Nurse Specialists(Band 6 and 7) - Does wear a uniform**

**Urology Navigator(Band 4) - Does wear a uniform**

**Please find attached a document which details the Trust uniform information for all clinical staff by banding.**

3. When consulting with patients (outside of the operating theatre or during invasive procedures) do the non-Macmillan Band 6/7/8a and above staff wear their own clothes, have a uniform, or is this dependent upon role? If there is a range, please define this by Band, generic role title, and uniform worn. Furthermore, please specify if this uniform is utilized across a variety of Bands and roles, and if so please specify range (by banding and role descriptor).

**Answer: All non-Macmillan Nurses across the organisation wear uniform.**

**Please find attached a document which details the Trust uniform information for all clinical staff by banding.**

437/14

### Type 1 A&E Departments

I'd be grateful if you could let me know:

- How many type 1 A&E departments your Trust has, and the names of the hospitals they are at

**Answer: If a type 1 A&E department is defined as a consultant-led 24 hour service with full resuscitation facilities, yes, our Trust does have one type 1 A&E department at Walsall Manor Hospital.**

438/14

### Agency Nurses

I would like to request the following information with regard to agency nursing staff (excluding bank staff and inclusive of all roles and grades)

1) The name of your trust and the hospitals in your trust?

**Answer: Walsall Healthcare NHS Trust, Walsall Manor Hospital**

2) The proportion of nursing shifts filled by agency nurses (i.e. shifts filled by agency staff as a percentage of total number of nursing shifts)

a) in the months of December and January 2012

**Answer: Unfortunately, our Performance systems do not record nursing information by shifts in order to provide you with a percentage.**

**However, we can provide the number of vacant shifts which were referred to our Temporary Staffing Team for cover. We could then provide the percentage of these vacant shifts which were filled by internal bank workers, agency workers and those which were not filled. This would not be a percentage of the total number of nursing shifts though as you have requested. If this is something which you require, please let us know.**

b) in the months of December and January 2013

**Answer: Unfortunately, our Performance systems do not record nursing information by shifts in order to provide you with a percentage.**

**However, we can provide the number of vacant shifts which were referred to our Temporary Staffing Team for cover. We could then provide the percentage of these vacant shifts which were filled by internal bank workers, agency workers and those which were not filled. This would not be a percentage of the total number of nursing shifts though as you have requested. If this is something which you require, please let us know.**

c) in the months of December and January 2014

**Unfortunately, our Performance systems do not record nursing information by shifts in order to provide you with a percentage.**

**However, we can provide the number of vacant shifts which were referred to our Temporary Staffing Team for cover. We could then provide the percentage of these vacant shifts which were filled by internal bank workers, agency workers and those which were not filled. This would not be a percentage of the total number of nursing shifts though as you have requested. If this is something which you require, please let us know.**

If useful, please see the monthly nurse staffing reports published as part of our Board papers which is accessible on our website. This may provide you with some information. The link to this information is below.

<https://www.walsallhealthcare.nhs.uk/board-papers-2014.aspx>

d) In the month of January 2015

**Unfortunately, our Performance systems do not record nursing information by shifts in order to provide you with a percentage.**

**However, we can provide the number of vacant shifts which were referred to our Temporary Staffing Team for cover. We could then provide the percentage of these vacant shifts which were filled by internal bank workers, agency workers and those which were not filled. This would not be a percentage of the total number of nursing shifts though as you have requested. If this is something which you require, please let us know.**

**If useful, please see the monthly nurse staffing reports published as part of our Board papers which is accessible on our website. This may provide you with some information. The link to this information is below.**

**<https://www.walsallhealthcare.nhs.uk/board-papers.aspx>**

3) The highest hourly rate paid to an agency for a nurse on a Bank Holiday in December 2014. If hourly rate is not available, the highest rate per shift paid to an agency for a nurse on a Bank Holiday in December 2014. (Please include the number of hours for the shift length)

**Answer: The highest hourly rate for a shift on a Bank Holiday in December 2014 was booked for a Qualified Staff Nurse. This was 11.5 hours in duration 07:00-19:30, costing £118.04 per hour. Please note that this refers to shifts booked so our organisation may be invoiced for less hours depending upon requirements on the day.**

4) The highest hourly rate paid to an agency for a nurse on an ordinary weekday in December 2014 or January 2015. If hourly rate is not available, the highest rate per shift paid to an agency for a nurse on an ordinary weekday in December 2014 or January 2015. (Please include the number of hours for the shift length)

**Answer: The highest hourly rate for a shift on an ordinary weekday in December 2014 and January 2015 was booked for a Critical Care Nurse. This was 11.5 hours in duration 07:00-19:30, costing £61.95 per hour from 07:00-14:00 and £76.95 per hour from 14:00 until 19:30. Please note that this refers to shifts booked so our organisation may be invoiced for less hours depending upon requirements on the day.**

5) How many nursing shifts were unfilled in

a) in the months of December and January 2012

**Answer: We have assumed you are referring to internal bank/agency workers for this question. Please note that it is sometimes identified at short notice that cover for a shift is required. Unfortunately, it is not always possible for an agency company to cover the shift in time.**

**January 2012 qualified Nursing Staff – 124 shifts were unfilled**

**January 2012 unqualified Nursing Staff – 83 shifts were unfilled**

**December 2012 qualified Staff – 171 shifts were unfilled**

**December 2012 unqualified Staff – 154 shifts were unfilled**

b) in the months of December and January 2013

**Answer: We have assumed you are referring to internal bank/agency workers for this question. Please note that it is sometimes identified at short notice that cover for a shift is required. Unfortunately, it is not always possible for an agency company to cover the shift in time.**

**January 2013 qualified Nursing Staff – 168 shifts were unfilled**

**January 2013 unqualified Nursing Staff – 141 shifts were unfilled**

**December 2013 qualified Staff – 221 shifts were unfilled**

**December 2013 unqualified Staff – 189 shifts were unfilled**

c) in the months of December and January 2014

**Answer: We have assumed you are referring to internal bank/agency workers for this question. Please note that it is sometimes identified at short notice that cover for a shift is required. Unfortunately, it is not always possible for an agency company to cover the shift in time.**

**January 2014 qualified Nursing Staff – 171 shifts were unfilled  
January 2014 unqualified Nursing Staff – 150 shifts were unfilled  
December 2014 qualified Staff – 213 shifts were unfilled  
December 2014 unqualified Staff – 190 shifts were unfilled**

d) In the month of January 2015

**Answer: We have assumed you are referring to internal bank/agency workers for this question. Please note that it is sometimes identified at short notice that cover for a shift is required. Unfortunately, it is not always possible for an agency company to cover the shift in time.**

**January 2015 qualified Nursing Staff – 260 shifts were unfilled  
January 2015 unqualified Nursing Staff – 137 shifts were unfilled**

6) What was your planned nursing staff mix (i.e. which types of nurses were on each shift) in December 2014 and January 2015?

a) The number of band 1-3

**Answer: Unfortunately, we do not centrally record this information on a specific system. Band 1-3 nursing staff equate to our Clinical Support Workers. However, if it is useful, please see the monthly nurse staffing reports published as part of our Board papers which is accessible on our website. This may provide you with some information. The link to this information is below.**

<https://www.walsallhealthcare.nhs.uk/board-papers.aspx>

B) The number of band 4

**Answer: Unfortunately, we do not centrally record this information on a specific system. Band 4 staff equate to our unqualified clinical support workers/Practitioners. However, if it is useful, please see the monthly nurse staffing reports published as part of our Board papers which is accessible on our website. This may provide you with some information. The link to this information is below.**

<https://www.walsallhealthcare.nhs.uk/board-papers.aspx>

c) The number of band 5-6

**Answer: Unfortunately, we do not centrally record this information on a specific system. Band 5-6 nursing staff equate to our qualified Staff Nurses and Sisters. However, if it is useful, please see the monthly nurse staffing reports published as part of our Board papers which is accessible on our website. This may provide you with some information. The link to this information is below.**

<https://www.walsallhealthcare.nhs.uk/board-papers.aspx>

d) The number of band 7-8

**Answer: Unfortunately, we do not centrally record this information on a specific system. Band 7-8 nursing staff equate to our Specialist Nurses. However, if it is useful, please see the monthly nurse staffing reports published as part of our Board papers which is accessible on our website. This may provide you with some information. The link to this information is below.**

<https://www.walsallhealthcare.nhs.uk/board-papers.aspx>

7) What was the actual number of shifts filled by the types of nurses in December 2014 and January 2015?

a) The number of band 1-3

**Answer: Unfortunately, we do not centrally record this information on a specific system. Band 1-3 nursing staff equate to our Clinical Support Workers. However, if it is useful, please see the monthly nurse staffing reports published as part of our Board papers which is accessible on our website. This may provide you with some information. The link to this information is below.**



<https://www.walsallhealthcare.nhs.uk/board-papers.aspx>

However, in relation to internal bank/agency workers;  
December 2014 – 2033 (Internal Bank workers 1761 and Agency workers 272)  
January 2015 – 2072 (Internal Bank workers 1780 and Agency workers 292)

b) The number of band 4

**Answer: Unfortunately, we do not centrally record this information on a specific system. Band 4 nursing staff equate to our Clinical Support Workers/Practitioners. However, if it is useful, please see the monthly nurse staffing reports published as part of our Board papers which is accessible on our website. This may provide you with some information. The link to this information is below.**

<https://www.walsallhealthcare.nhs.uk/board-papers.aspx>

However, in relation to internal bank and agency workers;  
December 2014 – 0  
January 2015 - 0

c) The number of band 5-6

**Answer: Unfortunately, we do not centrally record this information on a specific system. Band 5-6 nursing staff equate to our qualified Staff Nurses and Sisters. However, if it is useful, please see the monthly nurse staffing reports published as part of our Board papers which is accessible on our website. This may provide you with some information. The link to this information is below.**

<https://www.walsallhealthcare.nhs.uk/board-papers.aspx>

However, in relation to internal bank/agency workers;  
December 2014 – 1067 (Internal Bank workers 439 and Agency workers 628)  
January 2015 – 1050 (Internal Bank workers 367 and Agency workers 653)

d) The number of band 7-8

**Answer: Unfortunately, we do not centrally record this information on a specific system. Band 7-8 nursing staff equate to our Specialist Nurses. However, if it is useful, please see the monthly nurse staffing reports published as part of our Board papers which is accessible on our website. This may provide you with some information. The link to this information is below.**

<https://www.walsallhealthcare.nhs.uk/board-papers.aspx>

However, in relation to internal bank/agency workers;  
December 2014 – 445 (Internal Bank workers 368 and Agency workers 77)  
January 2015 – 472 (Internal Bank workers 387 and Agency workers 85)

**\*\*The following questions do not exclude bank staff\*\***

8) Do you have a limit on how many additional bank shifts your nurses can do each week? If so, what is that limit?

**Answer: Our Temporary Staffing Department use the limits set with in the Working Time Directive.**

9) Do you offer incentives to a member of staff to fill a bank shift? If so what is it?

**Answer: No incentives are currently offered to staff to fill a bank shift.**

10) Have you increased this incentive? If so, when and by how much?

**Answer: As mentioned above, we currently offer no incentives to staff to fill a bank shift.**

11) If you do offer a financial incentive for staff to fill bank shifts how much has the trust paid out in these incentives in

a) December 2013

**Answer: An incentive was offered for internal workers to receive a £100 bonus for each x5 Staff Nurse shifts that were worked on Nurse Bank which were over 7.5 hours in duration, between 1<sup>st</sup> December 2013 and 30<sup>th</sup> January 2014.**

**A total of 26 applicable bonuses were requested to be paid.**

**This totals £2600 of bonus payments before any deductions.**

b) January 2014

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

c) December 2014

**Answer: No incentives were offered during this time.**

d) January 2015.

**Answer: No incentives were offered during this time.**

#### **439/14**

#### **Do Not Resuscitate Orders**

This is a Freedom of Information Act request. I would like to know the following information.

For each of the last three calendar years (2012, 2013, 2014), how many Do Not Resuscitate (DNR) orders have been placed on the medical notes of patients aged under 18? Please break this down by age for each year.

To aid understanding of my request, I have copied in a table to show what information I am looking for.

	Number of DNR orders given to patients aged under 18 by age							
	Less than one year olds	1-year-olds	2-year-olds	3	etc	15	16	17
2012								
2013								
2014								

**Answer: Unfortunately, we do not record this data centrally on a system in order to provide you with this information. This information is recorded in patient records only.**

Please can you provide the Trust's policy on DNR orders?

**Answer: Following your request for a copy of our DNR policy, please find this document attached.**

It states that a copy of each DNR form is forwarded for auditing: • The yellow copy should be forwarded for audit purposes to the Resuscitation Officer: C/O Learning & Development, Manor Learning & Conference Centre, Moat Road, Walsall, WS2 9PS.

Has this happened?

If so, are these recorded centrally so my previous request may be partially answered?

**Answer: The new DNAR Audit Forms were placed onto wards in September 2014 and the policy updated as a joint community and Trust DNAR policy. To allow staff to become familiar with the changes, we have not yet audited the forms. However, a number of copies have been returned to**

the Resuscitation Department. They will be reviewed in due course and the Department will undertake an audit in the near future.

#### 440/14 IT Disposal

Please can you advise the following information .....

Does the Trust currently have a contract for IT disposal?

**Answer: No, arrangements are in place with a supplier on an as and when required basis.**

- If not, what do they do with the redundant IT equipment?

**Answer: Not applicable**

- If they have a contract, which company handles the contract?

**Answer: We do not have a contract but have an agreement with Concept Management.**

- If they have a contract, when does the contract expire?

**Answer: The agreement expires in 2015.**

- If they have a contract, is it advertised in the European Journal or other Purchasing Publication – please detail?

**Answer: This is not applicable to our Trust.**

- How many PCs, laptops, servers and TFT screens will the Trust typically dispose of during a calendar year?

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

**PCs= 540**

**Laptops= 65**

**Server= 21**

**TFTs= 230**

- Who has overall responsibility for the disposal of IT equipment within the Trust? Please supply name, telephone and email details.

**Answer: Steve Darkes is the Director responsible for the disposal of IT equipment within the Trust. His email address is; [steve.darkes@walsallhealthcare.nhs.uk](mailto:steve.darkes@walsallhealthcare.nhs.uk) and his contact number is; 01922 721172.**

#### 441/14 ICT Training

I am Requesting this information in accordance with the Freedom of Information Act 2000 and appreciate your timely response; the questions I would like to ask are included below:

1- In last 2 years have you purchased any it technical training for the ICT /IT department from QA training covering it technical courses such as Microsoft VMware oracle citrix and Cisco.

**Answer: No.**

2- What is the exact job title of the manger or team leader in ICT/IT department who has made the purchase?

**Answer: This is not applicable.**

3- Has the ICT/IT technical department pre-paid for this training, please state amounts.

**Answer: This is not applicable.**

4- Have they in the last 3 years purchased a skills licence it training package from QA training please state the amount purchased and the amounts remaining?

<p>442/14 Discharge Checklist</p> <p>QUESTIONS</p>	<p>RESPONSES</p>
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**Answer: Yes, a skills license has been purchased in the last three years. The cost to purchase the license was £7,514.40 (inc.VAT).**

5 - Has the buying IT manger secured 3 quotes for the purchase of the skills licence? If so which were the other companies who submitted the exact same skills licence prices?

**Answer: Yes, from Learning Tree and TTS.**

6- When will the next skills licence be purchased by the ICT/IT DEPARTMENT?

**Answer: Our Trust does not plan to purchase another skills license at the moment..**

7- Who will purchase the next ICT technical training skills licence.

**Answer: The purchase arrangements are led by our Procurement Department.**

8- Please provide an ICT department organisation chart.

**Answer: This is exempt under Section 21 (Information Available by Other Means). This is accessible via our Trust website using the following link;**

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

9- How many people are there in the ICT department?

**Answer: There are currently 90 people working within the department.**

10- Does the ICT / IT technical department purchase IT technical training for products such Microsoft, Cisco, VMware, oracle and citrix in February and March to utilise remaining budget for the financial year if so how do you justify the purchase?

**Answer: No**

11- How much do you spend on training per year? Also please list the top three suppliers that you use for training?

**Answer: In 2014/15 our Trust spent less than £9,000 on this training.**

12- At what points during the year does the Council make decisions to purchase training throughout the year? How much of the training budget remains for this financial year (ending 31st March 2015)?

**Answer: If you require information from the Council, we recommend you contact Walsall Council directly for this information as we would not hold this. Please contact their FOI Office via email address; [foi@walsall.gov.uk](mailto:foi@walsall.gov.uk) or postal address; Freedom of Information Officer, Customer Focus and Intelligence, Corporate Performance Management, Civic Centre, Darwall Street, Walsall, WS1 1TP**

13- Who is responsible for purchasing Council's training (i.e. which departments and who are the decision makers)?

**Answer: If you require information from the Council, we recommend you contact Walsall Council directly for this information as we would not hold this. Please contact their FOI Office via email address; [foi@walsall.gov.uk](mailto:foi@walsall.gov.uk) or postal address; Freedom of Information Officer, Customer Focus and Intelligence, Corporate Performance Management, Civic Centre, Darwall Street, Walsall, WS1 1TP**

<b>442/14</b> <b>442/14</b> <b>Discharge Checklist</b> <b>QUESTIONS</b>	<b>RESPONSES</b>
1. Do you have a discharge checklist document available for staff to use when patients are leaving your hospital?	<b>Yes</b>
2. If so, when is this discharge checklist completed eg. at point of discharge, or 48 hours prior to discharge?	<b>Started on admission, completed on discharge</b>
3. Was this check list developed using guidance issued by Department of Health or NHS England? If so please tick the applicable guidance: <ul style="list-style-type: none"> <li>a. Achieving timely 'simple' discharge from hospital: A toolkit for the multi-disciplinary team. (NHS)</li> <li>b. Ready to go? Planning the discharge and the transfer of patients from hospital and intermediate care. (DH)</li> <li>c. Discharge from hospital: pathway, process and practice (DH)</li> <li>d. Other - please provide the name</li> </ul>	Please tick as appropriate: <ul style="list-style-type: none"> <li>a. <input type="checkbox"/></li> <li>b. <input type="checkbox"/></li> <li>c. <input type="checkbox"/></li> <li>d. <input checked="" type="checkbox"/></li> </ul> If 'Other' please provide the name: <b>Developed Locally</b>
4. If you have a written discharge checklist, does it contain any of the following: <ul style="list-style-type: none"> <li>a. Method of transport for the patient post discharge</li> <li>b. If relatives or carers have been informed of the discharge, prior to the discharge</li> <li>c. If new medicines have been prescribed during the hospital stay</li> <li>d. If the home environment (where an individual is discharged to) is a suitable place for the patient to recuperate in.</li> <li>e. If essential food, water, heating are available in home environment</li> <li>f. If written or verbal advice has been given to the patient</li> </ul>	Please tick as appropriate <ul style="list-style-type: none"> <li>a. <input checked="" type="checkbox"/></li> <li>b. <input checked="" type="checkbox"/></li> <li>c. <input checked="" type="checkbox"/></li> <li>d. <input checked="" type="checkbox"/></li> <li>e. <input checked="" type="checkbox"/></li> <li>f. <input checked="" type="checkbox"/></li> </ul>

I am requesting a copy of the following document(s) in accordance with the Freedom of Information Act:

1. Your organisation's current Risk Management Policy, and previous versions dating back to 1999 (or nearest equivalent, e.g. Risk Assessment Policy)

Your organisation's current Risk Management Procedures, and previous versions dating back to 1999 (or nearest equivalent, e.g. Risk Assessment Procedures).

I understand that these may be combined in one document. I also believe this request may be fulfilled by the patient safety and risk management department in your organisation (or equivalent departments).

Please particularly state if any prospective methods (e.g. Prospective Hazard Analysis (PHA) methods) are used in your organisation to assess/manage patient safety risks, even if these are not mentioned in the documents. Please also include documents pertaining to any external organisations involved in risk management in your organisation (e.g. plans, checklists, procedures, policies, etc.).

**Answer: Please find attached our current Risk Management Strategy (dated 2013) and the previous version dated 2010 as requested.**

**444/14**

### **Hospital Admissions**

Under the Freedom of Information Act, please could you provide, for 2013/14, a figure for:

- the total number of hospital beds within your Trust

**Answer: Our Trust reported an average of 459.5 General and Acute beds for 2013/14.**

- the number of deaths within your Trust where congestive heart failure was recorded as a reason

**Answer: Unfortunately, cause(s) of death is not recorded on our systems. We can only provide the number of inpatients who were admitted to our hospital where the primary diagnosis was heart failure. Of course, these patients would have been discharged from our hospital when medically fit. If this is information you would like, please let us know.**

- the number of elective admissions to hospital by patients, where congestive heart failure was recorded as a reason

**Answer: Please note that the reason for admission is not recorded for inpatient data on our systems. The data below has been provided on the basis of hospital inpatient discharges who had a primary diagnosis of this condition. Please note that it is possible for patients to have multiple inpatient stays.**

<b>Number of Inpatient stays who had a Primary Diagnosis of Heart Failure during 2013/14</b>
--

<b>2</b>
----------

- for the above patients, the average number of nights they stayed in hospital after they were admitted

**Answer: The average length of stay for the above detailed inpatient stays was 4.5 days.**

- the aggregate income received for treating these patients (this should be the same as the tariff for these patients multiplied by the number of patients multiplied by the average number of nights)

**Answer: Please note that our hospital receives income per episode rather than by day so we are not able to calculate the income received for treating these patients as you request. The average tariff for each episode was £2,912 so the total income is estimated at approximately £5,824.**

- the number of non-elective admissions to hospital by patients, where congestive heart failure was recorded as a reason

**Answer: The data below has been provided on the basis of hospital inpatient discharges who had a primary diagnosis of this condition. Please note that it is possible for patients to have multiple inpatient stays.**

**We can confirm that there were 289 non-elective inpatient stays to our hospital during 2013-14 where congestive heart failure was the primary diagnosis.**

- for the above patients, the average number of nights they stayed in hospital after they were admitted

**Answer: The average length of stay for the above detailed patients was 12.5 days.**

- the aggregate income received for treating these patients (as above, this should be the same as the tariff for these patients multiplied by the number of patients multiplied by the average number of nights)

**Answer: Please note that our hospital receives income per episode rather than by day so we are not able to calculate the income received for treating these patients as you request. The average tariff for each episode was £3,285 so the total income is estimated at approximately £955,189.**

- the number of unplanned admissions to hospital by patients, owing to ketoacidosis

**Answer: Unfortunately, ketoacidosis is not separately coded on our system in order to provide you with this information. It is grouped and coded together with other diabetes conditions. We could provide you with this information but it would cover a range of diabetes conditions and would not detail those related to ketoacidosis. If this is information you would like, please let us know.**

- for the above patients, the average number of nights they stayed in hospital after they were admitted

**Answer: Unfortunately, ketoacidosis is not separately coded on our system in order to provide you with this information. It is grouped and coded together with other diabetes conditions. We could provide you with this information but it would cover a range of diabetes conditions and would not detail those related to ketoacidosis. If this is information you would like, please let us know.**

- the aggregate income received for treating these patients (as above, this should be the same as the tariff for these patients multiplied by the number of patients multiplied by the average number of nights)

**Answer: Unfortunately, ketoacidosis is not separately coded on our system in order to provide you with this information. It is grouped and coded together with other diabetes conditions. We could provide you with this information but it would cover a range of diabetes conditions and would not detail those related to ketoacidosis. If this is information you would like, please let us know.**

- the number of planned admissions to hospital by patients, owing to ketoacidosis

**Answer: Unfortunately, ketoacidosis is not separately coded on our system in order to provide you with this information.**

- for the above patients, the average number of nights they stayed in hospital after they were admitted

**Answer: Unfortunately, ketoacidosis is not separately coded on our system in order to provide you with this information. It is grouped and coded together with other diabetes conditions. We could provide you with this information but it would cover a range of diabetes conditions and would not detail those related to ketoacidosis. If this is information you would like, please let us know.**

- the aggregate income received for treating these patients (as above, this should be the same as the tariff for these patients multiplied by the number of patients multiplied by the average number of nights)

**Answer: Unfortunately, ketoacidosis is not separately coded on our system in order to provide you with this information. It is grouped and coded together with other diabetes conditions. We could provide you with this information but it would cover a range of diabetes conditions and would not detail those related to ketoacidosis. If this is information you would like, please let us know.**

- the number of unplanned admissions to hospital by patients, owing to hypoglycaemia

**Answer: The data below has been provided on the basis of hospital inpatient discharges who had a primary diagnosis of this condition. Please note that it is possible for patients to have multiple inpatient stays.**

**We can confirm that there were 70 unplanned inpatient stays to our hospital during 2013-14 where hypoglycaemia was the primary diagnosis.**

- for the above patients, the average number of nights they stayed in hospital after they were admitted

**Answer: The average length of stay for the above detailed inpatient stays was 12.5 days.**

- the aggregate income received for treating these patients (as above, this should be the same as the tariff for these patients multiplied by the number of patients multiplied by the average number of nights)

**Answer: Please note that our hospital receives income per episode rather than by day so we are not able to calculate the income received for treating these patients as you request. The average tariff for each episode was £1,469 so the total income is estimated at approximately £102,830.**

- the number of planned admissions to hospital by patients, owing to hypoglycaemia

**Answer: The data below has been provided on the basis of hospital inpatient discharges who had a primary diagnosis of this condition. Please note that it is possible for patients to have multiple inpatient stays.**

**We can confirm that there was 1 planned inpatient stay to our hospital during 2013-14 where hypoglycaemia was the primary diagnosis.**

- for the above patients, the average number of nights they stayed in hospital after they were admitted

**Answer: The length of stay for the above detailed inpatient stay was 17 days.**

- the aggregate income received for treating these patients (as above, this should be the same as the tariff for these patients multiplied by the number of patients multiplied by the average number of nights)

**Answer: Please note that our hospital receives income per episode rather than by day so we are not able to calculate the income received for treating these patients as you request. The total income is estimated at approximately £1,773.**

- the number of unplanned admissions to hospital by patients, owing to hyperglycaemia with established diabetes

**Answer: Unfortunately, hyperglycaemia is not separately coded on our system in order to provide you with this information. It is grouped and coded together with other diabetes conditions. We could provide you with this information but it would cover a range of diabetes conditions and would not detail those related to hyperglycaemia. If this is information you would like, please let us know.**

- for the above patients, the average number of nights they stayed in hospital after they were admitted

**Answer: Unfortunately, hyperglycaemia is not separately coded on our system in order to provide you with this information. It is grouped and coded together with other diabetes conditions. We could provide you with this information but it would cover a range of diabetes conditions and would not detail those related to hyperglycaemia. If this is information you would like, please let us know.**

- the aggregate income received for treating these patients (as above, this should be the same as the tariff for these patients multiplied by the number of patients multiplied by the average number of nights)

**Answer: Unfortunately, hyperglycaemia is not separately coded on our system in order to provide you with this information. It is grouped and coded together with other diabetes conditions. We could provide you with this information but it would cover a range of diabetes conditions and would not detail those related to hyperglycaemia. If this is information you would like, please let us know.**

- the number of planned admissions to hospital by patients, owing to hyperglycaemia with established diabetes

**Answer: Unfortunately, hyperglycaemia is not separately coded on our system in order to provide you with this information. It is grouped and coded together with other diabetes conditions. We**



could provide you with this information but it would cover a range of diabetes conditions and would not detail those related to hyperglycaemia. If this is information you would like, please let us know.

- for the above patients, the average number of nights they stayed in hospital after they were admitted  
**Answer: Unfortunately, hyperglycaemia is not separately coded on our system in order to provide you with this information. It is grouped and coded together with other diabetes conditions. We could provide you with this information but it would cover a range of diabetes conditions and would not detail those related to hyperglycaemia. If this is information you would like, please let us know.**

- the aggregate income received for treating these patients (as above, this should be the same as the tariff for these patients multiplied by the number of patients multiplied by the average number of nights)  
**Answer: Unfortunately, hyperglycaemia is not separately coded on our system in order to provide you with this information. It is grouped and coded together with other diabetes conditions. We could provide you with this information but it would cover a range of diabetes conditions and would not detail those related to hyperglycaemia. If this is information you would like, please let us know.**

**445/14  
 Fridge Failures**

Please could you treat this inquiry as a request under the Freedom of Information Act 2000 and let me have the answers to the questions by completing the table below.

	2012/13	2013/14	2014/15 (to date)
Did you have fridge alarms during this period?	<b>No</b>	<b>Alarms installed and working from September 2013</b>	<b>Yes</b>
Number of instances of fridge failures where the fridge became too cold and froze products?	<b>One instance when a low reading of - 4.5 degrees was recorded</b>	<b>None reported</b>	<b>None reported</b>
Approximate value of stock lost?	<b>£34,870.66</b>	<b>Not applicable</b>	<b>Not applicable</b>

**446/14  
 Babies born with Obesity**

I would like to request information about the **number of babies that have been born at your trust with obesity from July 2011 to the present day.**

Could I please have a break down of the number, the month and year, where the baby was born and what its treatment was

**Answer: Unfortunately, we do not centrally record this information on a specific system in order to provide you with this data. This would be handwritten in patient records.**

**447/14  
 Staff Sickness**

I would be interested in any information held by your organisation regarding my request.

We do not require any information which identifies individuals.

I understand that I do not have to specify particular files or documents and that it is the responsibility of your department to provide the information I require.

Q - How many of your employees in your Hospital Trust have been signed off work because of anxiety/stress/depression or other psychiatric illnesses in the past 12 months and every year for the past 5 years? (if the same employee is off over a period where it changes years, please count them once in both years).

**Answer: The information detailed within this response, including historical sickness absence figures, is reflective of current employee absent records only, and does not take account of any ex-employees who may have been absent before leaving the Trust.**

Please see the table below.

Calendar Year	Number of staff who took sickness leave due to Anxiety/stress/depression/other psychiatric illnesses
2009	66
2010	109
2011	134
2012	164
2013	139
2014	306

Q – Please give the total number days lost due to all staff sickness and ill health in the past 12 months and every year for 5 years?

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

Calendar Year	Overall FTE Days lost due to sickness
2009	35822
2010	34179
2011	34037
2012	41523
2013	46149
2014	66100

Q – Please give the total number of days lost due to absences because of anxiety/stress/depression or other psychiatric illnesses in the past 12 months and every year for the past 5 years?

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

Calendar Year	FTE Days lost due to Anxiety/stress/depression/other psychiatric illnesses
2009	2607
2010	4443
2011	5496
2012	8207

2013	7022
2014	13982

Q - What's the longest time someone has been continuously signed off work at your Hospital Trust, because of anxiety/stress/depression or other psychiatric illnesses?

**Answer: The longest number of calendar days someone has been off work due to Anxiety/stress/depression/other psychiatric illnesses is 408 and is still ongoing.**

Q - How much do you estimate it has cost you having your employees signed off because of anxiety/stress/depression or other psychiatric illnesses in the past 12 months and every year for the past 5 years? (i.e. costs of covering staff)

**Answer: Please see the table below. Unfortunately, our 2010 records only go back as far as April 2010. This means for 2010, the figure only represents 8 months of the year.**

Calendar Year	Estimated cost of Staff sickness for Anxiety/stress/depression/ other psychiatric illnesses
2010 (Apr-Dec only)	£421,128
2011	£580,536
2012	£832,555
2013	£741,937
2014	£1,141,949

448/14

#### Cataract Surgery

1. Does your Trust offer self-funded cataract surgery to individuals?

**Answer: Yes**

2. How much does self-funded cataract surgery cost at your Trust?

**Answer: Our Trust's current price list only includes a private patient charge for an Orthoptic test and not cataract surgery. The Trust has a service level agreement with another NHS provider for ophthalmology services and therefore it is highly unlikely that a patient would be seen privately at Walsall Healthcare NHS Trust.**

3. Please provide your price list if available.

**Answer: Please see below.**

#### INPATIENTS

Length of Stay:

Non-intensive  
wards

@ £345/day

Cost per Day - ITU

@ £2,166/day

Cost per Day - HDU

@ £912/day

#### Time In Theatre

Please note: The patient should only be charged for the time actually spent in the operation theatre. This should exclude time in anaesthetics and in recovery.

Please note: Weekend use of theatres will be charged at double rates.

Operations lasting up to 30 minutes	@ £629
Operations lasting between 30 and 60 minutes	@ £1,181
Operations lasting 60 - 120 minutes	@ £2,186
Operations lasting more than 120 minutes	@ £2,990
Supplement for use of theatre at weekend	Double the rate shown above
<b>Supplements for high cost items:</b>	
Charnley hip prosthesis	@ £1,067
JRI hip prosthesis	@ £1,901
PFC knee system	@ £2,271
Coomrad Murray Elbow	@ £3,243
Global Shoulder	@ £2,272
Dynamic hip screw	@ £559
Other prostheses:	Please Enquire
CT scan (head w/o contrast)	@ £150
Isotopes:	Please Enquire
Chemotherapy drugs:	Please Enquire
Bone Anchored Hearing Aids – Including abutment	@ £3,993
All Inclusive Fixed Price Procedure	
Religious Circumcision - Under 2	@ £200
Religious Circumcision - Over 2	@ £500
Normal Accommodation	@ £30/day
<b>DAY CASES TREATED ON WARDS</b>	
Less than 15 minutes	@ £122
15- 30 minutes	@ £173
Greater than 30 minutes.	@ £319
Supplement for use of theatre	
Operations lasting up to 30 minutes	@ £562
Operations lasting between 30 and 60 minutes	@ £1,087
Operations lasting 60 - 120 minutes	@ £2,099
Operations lasting more than 120 minutes	@ £3,082

Supplement for use of theatre at weekend

Double the rate shown above

Supplement for use of side ward

@ £66

Male  
Female

Please Enquire  
Please Enquire

#### DRUGS ISSUED ON DISCHARGE

449/14

#### Patients Treated for Alcohol Misuse

Please, under the Freedom of Information Act, can you tell me the number of people aged under 18 treated for alcohol misuse at the Manor Hospital in each of 2014/15, 13/14 and 12/13?

**Answer:** Please see the table below which details the number of arrivals at our Emergency Department under 18 years old due to alcohol misuse. Please note that the 2014 figures cover April 2014 to January 2015. We can confirm that there have not been any direct admissions (not via our Emergency Department) of patients aged less than 18 years for alcohol misuse.

Financial Year	Number of Patients Aged Under 18yrs
Year 2012/13	68
Year 2013/14	67
Year 2014/15	150

Could you tell me the number of people aged under 16 treated for alcohol misuse at the Manor Hospital in each of 2014/15, 13/14 and 12/13?

**Answer:** Please see the table below which details the number of arrivals at our Emergency Department under 16 years old due to alcohol misuse. Please note that the 2014 figures cover April 2014 to January 2015. We can confirm that there have not been any direct admissions (not via our Emergency Department) of patients aged less than 16 years for alcohol misuse.

Financial Year	Number of Patients Aged Under 16yrs
Year 2012/13	25
Year 2013/14	36
Year 2014/15	104

Could you tell me the total number of people treated for alcohol misuse at the Manor Hospital in each of 2014/15, 13/14 and 12/13?

**Answer:** Please see the tables below which detail the total number of patients treated due to alcohol misuse which covers all ages of patients. Please note that the 2014 figures cover April 2014 to January 2015.

Financial Year	Number of Arrivals at Emergency Department (All Ages)
Year 2012/13	754
Year 2013/14	745

Year 2014/15	1060
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Financial Year	Number of Direct Admissions (All Ages)
Year 2012/13	14
Year 2013/14	10
Year 2014/15	3

#### 450/14 Waiting Times

1. Which Regional Team does your hospital belong to?

Please tick ONE of the following 4 options:

North of England	
Midlands and East of England	<input checked="" type="checkbox"/>
London	
South of England	

2. Please set out the number of individual elective procedures that took place in your Trust in 2014 for the following categories.

Hip replacement	165
Knee replacement	241
Hernia Operations	360
Adenoid Operations	12
Gallstone operations	265
Tonsillectomies	224
Cataract operations	995

3. Please set out the *mean* average waiting time (in days) within your Trust, for each of the following procedures in 2014.

Please only include "Referral to Treatment (RTT) waiting time"

**Answer: Following a data quality assessment by the Trust Performance, Finance and Investment Committee, a decision was taken in November not to submit RTT pathway performance data for an agreed period of time. Both the performance and the data quality issues relating to these measures continue to be the subject of robust internal monitoring.**

**The figures below have been sourced from a recently implemented Patient Administration System. Issues with the reports produced by the system are a known problem so the figures detailed in the table below may not be accurate. It is anticipated that actual figures are higher than shown.**

Hip replacement	146.98
Knee replacement	162.69
Hernia Operations	166.00
Adenoid Operations	78.50

Gallstone operations	<b>118.20</b>
Tonsillectomies	<b>100.08</b>
Cataract operations	<b>153.41</b>

4. Please set out the number of patients who waited for longer than 18 weeks, within your Trust, for each of the following procedures in 2014.

(Only include cases where clock was running)

**Answer: Following a data quality assessment by the Trust Performance, Finance and Investment Committee, a decision was taken in November not to submit RTT pathway performance data for an agreed period of time. Both the performance and the data quality issues relating to these measures continue to be the subject of robust internal monitoring.**

**The figures below have been sourced from a recently implemented Patient Administration System. Issues with the reports produced by the system are a known problem so the figures detailed in the table below may not be accurate. It is anticipated that actual figures are higher than shown.**

Hip replacement	<b>68</b>
Knee replacement	<b>101</b>
Hernia Operations	<b>156</b>
Adenoid Operations	<b>0</b>
Gallstone operations	<b>85</b>
Tonsillectomies	<b>37</b>
Cataract operations	<b>251</b>

**451/14**

#### **Hip and Knee Replacements**

I am writing to enquire whether it is possible to acquire some information with regards to cost of hospital stay and average length of hospital stays for patients who undergo hip and knee replacements.

**Answer: We can confirm that the average length of a hospital stay, during Jan-Dec 2014, for patients who underwent a hip replacement was 8.51 days and cost £3,997. The average length of a hospital stay, during Jan-Dec 2014, for patients who underwent a knee replacement was 6.48 days and cost £5,717.**

**452/14**

#### **Telephone Maintenance Contract(s)**

I would like to request information under the Freedom of Information Act. The information that I require relates to a specific telecommunications contract.

The contract information sent by the organisation previously has now expired please can you provide me with a new update of the telephone maintenance contract:

Please can you send me the following contract information with regards to the organisation's telephone system maintenance contract (VOIP or PBX, other) for hardware and Software maintenance and support:

1. Contract Type: Maintenance, Managed, Shared (If so please state orgs)

**Answer: HP – Maintenance and BT Managed**

2. Existing Supplier: If there is more than one supplier please split each contract up individually.

**Answer: As above.**

3. Annual Average Spend: The annual average spend for this contract and please provide the average spend over the past 3 years for each provider

**Answer: HP – £27K and BT - £80K**

4. Number of Users:

**Answer: HP – 900 users, BT – 600 users**

5. Hardware Brand: The primary hardware brand of the organisation's telephone system.

**Answer: HP – VCX, BT – Nortel Succession 1000S**

6. Application(s) running on PBX/VOIP systems: Applications that run on the actual PBX or VOIP system. E.g. Contact Centre, Communication Manager.

**Answer: Basic ACD**

7. Telephone System Type: PBX, VOIP, Lync etc

**Answer: VIOP**

8. Contract Duration: please include any extension periods.

**Answer: BT is a rolling monthly contract, HP is a yearly contract**

9. Contract Expiry Date: Please provide me with the day/month/year.

**Answer: BT is a rolling monthly contract, HP - 30<sup>th</sup> June 2015**

10. Contract Review Date: Please provide me with the day/month/year.

**Answer: 1<sup>st</sup> October 2014 for both contracts**

11. Contract Description: Please provide me with a brief description of the overall service provided under this contract.

**Answer: HP – Software Maintenance, BT – Fully Managed**

12. Contact Detail: Of the person from with the organisation responsible for each contract full Contact details including full name, job title, direct contact number and direct email address.

**Answer: Steve Darkes is the Director responsible for the HP contract within the Trust. His email address is; [steve.darkes@walsallhealthcare.nhs.uk](mailto:steve.darkes@walsallhealthcare.nhs.uk) and his contact number is; 01922 721172. Colin Plant is the Director responsible for the BT contract within the Trust. His email address is; [colin.plant@walsallhealthcare.nhs.uk](mailto:colin.plant@walsallhealthcare.nhs.uk) and his contact number is; 01922 721172.**

If the service support area has more than one provider for telephone maintenance then can you please split each contract up individually for each provider.

If the contract is a managed service or is a contract that provides more than just telephone maintenance please can you send me all of the information specified above including the person from with the organisation responsible for that particular contract.

If the maintenance for telephone systems is maintained in-house please can you provide me with:

1. Number of Users:

**Answer: This is not applicable to our organisation.**

2. Hardware Brand: The primary hardware brand of the organisation's telephone system.

**Answer: This is not applicable to our organisation.**

3. Application(s) running on PBX/VOIP systems: Applications that run on the actual PBX or VOIP system. E.g. Contact Centre, Communication Manager.

**Answer: This is not applicable to our organisation.**



4. Contact Detail: Of the person from with the organisation responsible for telephone maintenance full Contact details including full name, job title, direct contact number and direct email address.  
**Answer: Please see the answer to question 12 above.**

Also if the contract is due to expire please provide me with the likely outcome of the expiring contract. If this is a new contract or a new supplier please can you provide me with a short list of suppliers that bid on this service/support contract?

#### **453/14 ICT Contracts**

I would like to submit a Freedom of Information Request relating to specific ICT contract(s) for Server Hardware Maintenance, Server Virtualisation License and Maintenance and Storage Area Network Maintenance/Support which may include:

- Server Hardware Maintenance- contract relating to the support and maintenance of the's organisations servers.
- Virtualisation Licensing (VMware, Solaris, Unix, Linux, Windows Server)-
- Virtualisation Maintenance/Support (VMware, Solaris, Unix, Linux, Windows Server)
- Storage Area Network Maintenance/Support (EMC, NetApp etc)

For each of the types of server ICT contracts above can you please send me the following data types:

1. Contract Title:

**Answer:**

**Server Maintenance - servers are maintained in contract for approx 4yrs, after manufacturer warranty expires**

**SAN Maintenance – maintenance contract renewed annually**

**Network Maintenance – renewed annually**

**VMware Licensing - renewed annually**

2. Contract Type: Please input one the type of contract from above e.g. Hardware Maintenance, Virtualisation Licensing, Virtualisation Maintenance/Support, Storage Area Network Maintenance

**Answer:**

**Server Maintenance**

**SAN Maintenance**

**Network Maintenance**

**VMWare Licensing**

3. Existing/Current Supplier:

**Answer:**

**Server Maintenance - Windows**

**SAN Maintenance - NetApp**

**Network Maintenance - HP**

**VMware Licensing - VWware**

4. Hardware Brand: Please state the hardware or software brand related to the contract with supplier e.g. Hardware Maintenance could be Dell, IBM etc

**Answer:**

**Server Maintenance - Dell**

**SAN Maintenance - NetApp**

**Network Maintenance - HP**

**VMware Licensing - VWware**

5. Operating System / Software(Platform): (Windows, Linux, Unix, VMWare etc.) the brand name relating to the contract.  
**Answer:**  
**Server Maintenance - Windows**  
**SAN Maintenance - NetApp**  
**Network Maintenance - HP**  
**VMware Licensing - VWware**
6. Annual Average Spend: (For the whole duration of the contract, if the total value sent is per annum please state this in the response)  
**Answer:**  
**Server Maintenance - £12,000 inc VAT per annum**  
**SAN Maintenance - £90,000 inc VAT per annum**  
**Network Maintenance - £30,000 inc VAT per annum**  
**VMware Licensing - £31,000 inc VAT per annum**
7. Contract Duration: (Please can you also include notes if the contract includes any contract extension periods.)  
**Answer:**  
**Server Maintenance – 12 months**  
**SAN Maintenance - 12 months**  
**Network Maintenance - 12 months**  
**VMware Licensing - 12 months**
8. Contract Expiry Date:  
**Answer:**  
**Server Maintenance – Mar 2015**  
**SAN Maintenance – Mar 2015**  
**Network Maintenance – Jun 2015**  
**VMware Licensing – June 2015**
9. Contract Review Date: (An approximate date of when the organisation is planning to review this particular contract.)  
**Answer:**  
**Server Maintenance – Jan 2015**  
**SAN Maintenance - Jan 2015**  
**Network Maintenance – Apr 2015**  
**VMware Licensing – Apr 2015**
10. Brief Contract Description: I require a brief description of the service provided under this contract.  
**Answer:**  
**Server Maintenance - Hardware cover for Dell servers that are out of manufacture 3yr warranty**  
**SAN Maintenance - Hardware and support cover**  
**Network Maintenance - Hardware and firmware support**  
**VMware Licensing - Licensing upgrade and support**
11. Internal Contact: (The person from within the organisation that is responsible for reviewing and renewing this particular contract. Please include there full name, job title, direct contact number and direct email address.)  
**Answer: We do not release staff details below director level. This is withheld under Section 40 (Personal Information). Steve Darkes is the Director responsible for this service. His email address is; [steve.darkes@walsallhealthcare.nhs.uk](mailto:steve.darkes@walsallhealthcare.nhs.uk) and telephone number is 01922 721172.**

If there is more than one supplier for these contract can you please split the contract individually for each supplier. So the information above which I am requesting is for each supplier.

If this service is part of a managed contract please can you send me the contract information for this managed service including Hardware Brand, Number of Users, Operating System, and contact details of the internal contact responsible for this contract.

#### 454/14 Hearing Aids

In order to better understand the dynamics of the UK hearing aid market I'm submitting a FOI request for data on which manufacturer's hearing aids Walsall Healthcare NHS Trust, or any predecessor organisation, has purchased and dispensed over the past 5 years.

Ideally I'd like this data on a monthly basis and described on a £ and unit basis. An example data point might be:

*"Walsall Healthcare NHS Trust spent £20,000 on the 100 Sonova hearing aids purchased in November 2014"*

**Answer: Please find below the product name and total spend for the past five financial years. Unfortunately, our reporting system does not routinely provide purchases broken down by month. This would take more than 18 hours of work to complete so we have alternatively provided the total spend by financial year for each item.**

Information on the amount of product units purchased is withheld under Section 43 (Commercial Interests) as this would identify pricing structure.

#### 2010-11

Product Description	Total Spend
Hearing Aid - RIC Nathos CRT Wireless Beige	£190.08
Hearing Aid - RIC Nathos CRT Wireless Taupe	£186.12
Hearing aid BTE BE105 mini beige features M-T-O L/C CP48	£152.72
Hearing aid BTE Digital high power beige spirit 3 bte power	£18,315.80
Hearing aid BTE Digital high power beige spirit 3 bte super power	£5,523.60
Hearing aid BTE Digital high power blue spirit 3 bte power	£125.87
Hearing aid BTE Digital high power pink spirit 3 bte power	£0.00
Hearing aid BTE Digital moderate power beige spirit 3 bte direct	£16,304.34
Hearing aid BTE Digital moderate power pink spirit 3 bte direct	£0.00
Hearing aid BTE Digital moderate power spirit zest baby blue	£113.42
Hearing aid BTE Digital moderate power spirit zest baby pink	£417.13
Hearing aid BTE Digital moderate power spirit zest chroma beige	£140,267.64
Hearing aid BTE Digital moderate power spirit zest chroma beige tamper resist	£555.30
Hearing aid BTE Digital moderate power spirit zest dark brown	£2,946.80
Hearing aid BTE Digital moderate power spirit zest red	£293.63
Hearing aid BTE Digital spirit zest power baby blue	£260.80
Hearing aid BTE Digital spirit zest power baby pink	£260.80
Hearing aid BTE Digital spirit zest power chroma beige	£76,985.40
Hearing aid BTE Digital spirit zest power chroma beige tamper resist	£986.40
Hearing aid BTE Digital spirit zest power dark brown	£2,466.00
Hearing aid BTE Digital spirit zest power red	£0.00
Hearing aid BTE Digital spirit zest power red tamper resist	£197.28
Hearing aid BTE Digital super power beige Naida V SP	£24,553.70

Hearing aid BTE Digital super power transparent blue naida v sp	£258.46
Hearing aid BTE Digital super power transparent purple naida v sp	£258.46
Hearing aid BTE Digital ultra power beige Naida V UP	£19,857.05
Hearing aid BTE Digital ultra power brown Naida V UP	£707.10
Hearing aid BTE Digital ultra power light blue Naida V UP	£282.84
Hearing aid BTE Digital ultra power Safari Stripes Naida V UP	£288.62
Hearing aid BTE Digital ultra power transparent blue Naida v up	£282.84
Hearing aid BTE Digital ultra power transparent red Naida v up	£141.42
Hearing aid BTE High Power Nathos SP Beige	£19,299.60
Hearing aid BTE Spirit Zest Communicate BTE Steel Grey (tamper resistant)	£125.46
Hearing aid BTE Super High Power Nathos UP Beige	£8,966.50
Hearing aid BTE Super High Power Nathos UP Pure Transparent	£235.76
Hearing aid mini BTE Digital moderate power spirit zest mini baby pink	£171.82
Hearing aid mini BTE Digital moderate power spirit zest mini blue	£136.50
Hearing aid mini BTE Digital moderate power spirit zest mini chroma beige	£20,678.40
Hearing aid mini BTE Digital moderate power spirit zest mini chroma beige tamper resistant	£341.25
Hearing aid mini BTE Digital moderate power spirit zest mini CN brown	£682.50
Hearing aid mini BTE Digital moderate power spirit zest mini purple	£85.91
Hearing aid mini BTE Digital moderate power spirit zest mini red	£275.90
<b>Grand Total</b>	<b>£364,179.22</b>

2011-12

Product Description	Total Spend
Hearing Aid - RIC Nathos CRT Beige	£190.08
Hearing aid BTE Digital high power beige spirit 3 bte super power	£878.22
Hearing aid BTE Digital moderate power spirit zest baby blue	£113.42
Hearing aid BTE Digital moderate power spirit zest baby pink	£737.23
Hearing aid BTE Digital moderate power spirit zest baby pink tamper resist	£113.42
Hearing aid BTE Digital moderate power spirit zest blue	£170.13
Hearing aid BTE Digital moderate power spirit zest chroma beige	£180,911.28
Hearing aid BTE Digital moderate power spirit zest dark brown	£3,686.80
Hearing aid BTE Digital moderate power spirit zest purple	£226.84
Hearing aid BTE Digital moderate power spirit zest red	£1,361.04
Hearing aid BTE Digital moderate power spirit zest silver grey	£113.44
Hearing aid BTE Digital spirit zest power baby blue	£100.74
Hearing aid BTE Digital spirit zest power baby pink	£100.74
Hearing aid BTE Digital spirit zest power blue	£302.22
Hearing aid BTE Digital spirit zest power chroma beige	£90,666.00
Hearing aid BTE Digital spirit zest power dark brown	£5,540.70
Hearing aid BTE Digital spirit zest power purple	£201.48
Hearing aid BTE Digital spirit zest power red	£604.44
Hearing aid BTE Digital spirit zest power steel grey	£2,014.80
Hearing aid BTE Digital super power beige Naida V SP	£6,599.00
Hearing aid BTE Digital super power transparent Naida V SP	£263.96
Hearing aid BTE Digital super power transparent purple naida v sp	£263.96

Hearing aid BTE Digital ultra power beige Naida V UP	£4,323.90
Hearing aid BTE Digital ultra power Safari Stripes Naida V UP	£722.15
Hearing aid BTE Digital ultra power transparent blue Naida v up	£144.43
Hearing aid BTE Digital ultra power transparent purple Naida v up	£144.43
Hearing aid BTE High Power Nathos SP Beige	£52,782.80
Hearing aid BTE High Power Nathos SP Blue transparent	£215.42
Hearing aid BTE High Power Nathos SP Brown	£2,154.40
Hearing aid BTE High Power Nathos SP Light Pink	£215.42
Hearing aid BTE High Power Nathos SP Pure Transparent	£430.84
Hearing aid BTE High Power Nathos SP Red Transparent	£215.42
Hearing aid BTE Moderate Power Nathos M Palladium & Black	£131.78
Hearing aid BTE Spirit Zest Communicate BTE Chroma Beige	£125.46
Hearing aid BTE Super High Power Nathos UP Beige	£24,679.95
Hearing aid BTE Super High Power Nathos UP Blue transparent	£240.78
Hearing aid BTE Super High Power Nathos UP Brown	£1,203.90
Hearing aid BTE Super High Power Nathos UP Light Pink	£120.39
Hearing aid BTE Super High Power Nathos UP Palladium & Black	£361.17
Hearing aid BTE Super High Power Spirit Zest Communicate Super Power Chroma Beige	£1,254.30
Hearing aid mini BTE Digital moderate power spirit zest mini baby pink	£139.40
Hearing aid mini BTE Digital moderate power spirit zest mini baby pink tamper resistant	£278.80
Hearing aid mini BTE Digital moderate power spirit zest mini chroma beige	£11,850.70
Hearing aid mini BTE Digital moderate power spirit zest mini chroma beige tamper resistant	£697.00
Hearing aid mini BTE Digital moderate power spirit zest mini purple	£139.40
Hearing aid mini BTE Digital moderate power spirit zest mini red	£278.80
Hearing aid Mini BTE Moderate Power Nathos Micro Beige	£16,580.00
Hearing aid Mini BTE Moderate Power Nathos Micro Brown	£1,923.28
Hearing aid Mini BTE Moderate Power Nathos Micro Pure transparent	£132.64
Hearing aid Mini BTE Moderate Power Nathos micro silver	£197.67
<b>Grand Total</b>	<b>£416,844.57</b>

## 2012-13

Product Description	Total Spend
Hearing Aid - RIC Spirit Zest Plus RITE Chroma Beige	£8,861.60
Hearing Aid - RIC Spirit Zest Plus RITE Dark Brown	£167.20
Hearing Aid - RIC Spirit Zest Plus RITE Steel Grey	£167.20
Hearing Aid - RIC Spirit Zest RITE Chroma Beige	£4,298.30
Hearing Aid - RIC Spirit Zest RITE Dark Brown	£486.60
Hearing aid battery R41 zinc air size 312	-£1,682.67
Hearing aid battery R44 cochlear implant zinc air battery p675	£156.20
Hearing aid battery R44 cochlear implant zinc air battery size p675	£331.60
Hearing aid battery R44 zinc air size 675	£2,734.46
Hearing aid battery R48 zinc air size 13	£23,193.29
Hearing aid battery R70 zinc air size 10	£52.20
Hearing aid BTE Digital high power beige spirit 3 bte power	£5,386.00

Hearing aid BTE Digital high power beige spirit 3 bte super power	£1,254.60
Hearing aid BTE High Power Cassia SP CROS Bundle - Beige	£655.94
Hearing aid BTE High Power Cassia SP CROS Bundle - Silver	£327.97
Hearing aid BTE High Power Nathos SP Beige	£38,779.20
Hearing aid BTE High Power Nathos SP Black	£215.42
Hearing aid BTE High Power Nathos SP Blue transparent	£107.71
Hearing aid BTE High Power Nathos SP Brown	£1,077.20
Hearing aid BTE High Power Nathos SP Light Pink	£215.42
Hearing aid BTE High Power Nathos SP Red Transparent	£646.26
Hearing aid BTE High Power S V SP (purple transparent)	£240.08
Hearing aid BTE High Power Spirit Zest Plus Power Dark Brown	£103.24
Hearing aid BTE Moderate Power Cassia M H20 CROS Bundle - Beige	£11,150.98
Hearing aid BTE Moderate Power Cassia M H20 CROS Bundle - Black	£983.91
Hearing aid BTE Moderate Power Cassia M H20 CROS Bundle - Chocolate Brown	£1,311.88
Hearing aid BTE Moderate Power Cassia M H20 CROS Bundle - Silver	£655.94
Hearing aid BTE Moderate Power la belle BC 211 Anthracite /Black Right Inc Bespoke Spectacle Adaptation	£0.00
Hearing aid BTE Moderate Power la belle BC 421 Anthracite/Black Left Inc Bespoke Spectacle Adaptation	£0.00
Hearing aid BTE Moderate Power Phonak CROS beachy beige	£155.08
Hearing aid BTE Moderate Power Phonak CROS midnight black	£155.08
Hearing aid BTE Naida V SP Digital super power beige	£3,299.50
Hearing aid BTE Naida V SP Digital super power light pink	£263.96
Hearing aid BTE Naida V SP Digital super power transparent blue	£263.96
Hearing aid BTE Naida V SP Digital super power transparent purple	£263.96
Hearing aid BTE Naida V SP Digital ultra power safari stripes	£263.96
Hearing aid BTE Naida V UP Digital ultra power beige	£3,603.25
Hearing aid BTE Naida V UP Digital ultra power light pink	£288.86
Hearing aid BTE Naida V UP Digital ultra power safari stripes	£722.15
Hearing aid BTE spirit zest baby blue	£226.84
Hearing aid BTE spirit zest baby pink	£2,154.98
Hearing aid BTE spirit zest blue	£1,871.43
Hearing aid BTE spirit zest chroma beige	£163,330.56
Hearing aid BTE spirit zest dark brown	£3,970.40
Hearing aid BTE Spirit Zest Plus Chroma Beige	£592.10
Hearing aid BTE Spirit Zest Plus Dark Brown	£355.26
Hearing aid BTE spirit zest power baby pink	£302.22
Hearing aid BTE spirit zest power blue	£201.48
Hearing aid BTE spirit zest power chroma beige	£76,058.70
Hearing aid BTE spirit zest power red	£302.22
Hearing aid BTE spirit zest purple	£510.39
Hearing aid BTE spirit zest red	£2,381.82
Hearing aid BTE spirit zest silver grey	£56.72
Hearing aid BTE spirit zest steel grey	£56.72
Hearing aid BTE Super High Power Naida S V UP (blue moon)	£265.36
Hearing aid BTE Super High Power Naida S V UP (safari stripes)	£132.68
Hearing aid BTE Super High Power Nathos UP Beige	£16,252.65

Hearing aid BTE Super High Power Nathos UP Blue transparent	£240.78
Hearing aid BTE Super High Power Nathos UP Brown	£2,407.80
Hearing aid BTE Super High Power Nathos UP Red Transparent	£120.39
Hearing aid BTE Super High Power Spirit Zest Communicate Super Power Chroma Beige	£1,881.45
Hearing aid BTE Super High Power Spirit Zest Communicate Super Power Dark Brown	£1,254.30
Hearing aid mini BTE Digital moderate power spirit zest mini baby pink	£501.84
Hearing aid mini BTE Digital moderate power spirit zest mini chroma beige	£4,530.70
Hearing aid mini BTE Digital moderate power spirit zest mini CN brown	£125.46
Hearing aid mini BTE Digital moderate power spirit zest mini purple	£188.19
Hearing aid mini BTE Digital moderate power spirit zest mini red tamper resistant	£250.92
Hearing aid mini BTE Digital moderate power spirit zest mini steel grey	£125.46
Hearing aid Mini BTE Moderate Power Nathos Micro Beige	£26,528.00
Hearing aid Mini BTE Moderate Power Nios S H20 V (purple transparent)	£94.77
<b>Grand Total</b>	<b>£418,430.08</b>

#### 2013-14

Product Description	Total Spend
Hearing Aid - RIC Spirit Zest Plus RITE Chroma Beige	£2,508.00
Hearing Aid - RIC Spirit Zest Plus RITE Diamond Black	£167.20
Hearing Aid - RIC Spirit Zest RITE Chroma Beige	£811.00
Hearing aid BTE Digital high power beige spirit 3 bte super power	£250.92
Hearing aid BTE Digital moderate power spirit zest baby blue	£170.13
Hearing aid BTE Digital moderate power spirit zest baby pink	£1,701.30
Hearing aid BTE Digital moderate power spirit zest blue	£1,928.14
Hearing aid BTE Digital moderate power spirit zest chroma beige	£162,196.32
Hearing aid BTE Digital moderate power spirit zest dark brown	£4,027.12
Hearing aid BTE Digital moderate power spirit zest purple	£283.55
Hearing aid BTE Digital moderate power spirit zest red	£1,644.59
Hearing aid BTE Digital moderate power spirit zest silver	£226.88
Hearing aid BTE Digital moderate power spirit zest silver grey	£283.60
Hearing aid BTE Digital moderate power spirit zest steel grey	£113.44
Hearing aid BTE Digital spirit zest power baby pink	£201.48
Hearing aid BTE Digital spirit zest power blue	£402.96
Hearing aid BTE Digital spirit zest power chroma beige	£80,491.26
Hearing aid BTE Digital spirit zest power dark brown	£3,022.20
Hearing aid BTE Digital spirit zest power red	£201.48
Hearing aid BTE High Power Cassia SP CROS Bundle - Beige	£2,951.73
Hearing aid BTE High Power Nathos SP Beige	£38,779.20
Hearing aid BTE High Power Nathos SP Blue transparent	£323.13
Hearing aid BTE High Power Nathos SP Brown	£2,154.40
Hearing aid BTE High Power Nathos SP Light Pink	£215.42
Hearing aid BTE High Power Nathos SP Palladium & Black	£215.42
Hearing aid BTE High Power Nathos SP Pure Transparent	£538.55

Hearing aid BTE High Power Nathos SP Red Transparent	£646.26
Hearing aid BTE High Power Spirit Zest Plus Power Chroma Beige	£206.48
Hearing aid BTE Moderate Power Cassia M H20 - Beige Beige	£172.89
Hearing aid BTE Moderate Power Cassia M H20 CROS Bundle - Beige	£9,511.13
Hearing aid BTE Moderate Power Cassia M H20 CROS Bundle - Chocolate Brown	£327.97
Hearing aid BTE Moderate Power Cassia M H20 CROS Bundle - Mid Cloud Grey	£327.97
Hearing aid BTE Moderate Power Cassia M H20 CROS Bundle - Ocean Blue	£327.97
Hearing aid BTE Naida V SP Digital super power beige	£3,959.40
Hearing aid BTE Naida V SP Digital super power transparent blue	£263.96
Hearing aid BTE Naida V UP Digital ultra power beige	£2,306.08
Hearing aid BTE Naida V UP Digital ultra power brown	£288.86
Hearing aid BTE Naida V UP Digital ultra power safari stripes	£433.29
Hearing aid BTE Naida V UP Digital ultra power transparent	£288.86
Hearing aid BTE Naida V UP transparent red	£144.43
Hearing aid BTE Spirit Zest Plus Chroma Beige	£592.10
Hearing aid BTE Spirit Zest Plus Steel Grey	£118.42
Hearing aid BTE Super High Power Naida S V UP (blue moon)	£265.36
Hearing aid BTE Super High Power Naida S V UP (purple transparent)	£265.36
Hearing aid BTE Super High Power Naida S V UP (savannah beauty)	£265.36
Hearing aid BTE Super High Power Nathos UP Beige	£12,039.00
Hearing aid BTE Super High Power Nathos UP Brown	£1,203.90
Hearing aid BTE Super High Power Nathos UP Light Pink	£361.17
Hearing aid BTE Super High Power Nathos UP Palladium & Black	£240.78
Hearing aid BTE Super High Power Spirit Zest Communicate Super Power Chroma Beige	£1,630.59
Hearing aid BTE Super High Power Spirit Zest Communicate Super Power Dark Brown	£1,128.87
Hearing aid mini BTE Digital moderate power spirit zest mini baby pink	£188.19
Hearing aid mini BTE Digital moderate power spirit zest mini chroma beige	£4,391.10
Hearing aid mini BTE Digital moderate power spirit zest mini red	£62.73
Hearing aid Mini BTE Moderate Power Nathos Micro Beige	£11,937.60
Hearing aid Mini BTE Moderate Power Nathos Micro black	£131.78
<b>Grand Total</b>	<b>£359,837.28</b>

2014-15

Product Description	Total Spend
Hearing Aid - RIC Spirit Zest Plus RITE Chroma Beige	£1,508.50
Hearing Aid - RIC Spirit Zest Plus RITE Diamond Black	£162.56
Hearing Aid - RIC Spirit Zest Plus RITE Dark Brown	£150.85
Hearing Aid - RIC Spirit Zest Plus RITE Steel Grey	£81.28
Hearing Aid - RIC Spirit Zest RITE Chroma Beige	£66.53
Hearing Aid - RIC Spirit Zest RITE Dark Brown	£66.53
Hearing Aid - RIC Spirit Zest RITE Steel Grey	£66.53
Hearing aid BTE High Power Naida S V SP (black)	£234.08
Hearing aid BTE High Power Naida S V SP (blue moon)	£234.08
Hearing aid BTE High Power Nathos SP Beige	£20,944.00
Hearing aid BTE High Power Nathos SP Brown	£2,094.40
Hearing aid BTE High Power Nathos SP Pure Transparent	£209.44



Hearing aid BTE High Power Nathos SP Red Transparent	£209.44
Hearing aid BTE High Power Spirit Zest Plus Power Chroma Beige	£401.48
Hearing aid BTE High Power Spirit Zest Plus Power Dark Brown	£301.11
Hearing aid BTE Hook he10 680	£25.09
Hearing aid BTE Moderate Power Cassia M H20 CROS Bundle - Beige	£7,652.88
Hearing aid BTE Moderate Power Cassia M H20 CROS Bundle - Chocolate Brown	£318.87
Hearing aid BTE Moderate Power Cassia M H20 CROS Bundle - Mid Cloud Grey	£637.74
Hearing aid BTE Moderate Power Cassia M H20 CROS Bundle - Silver	£318.87
Hearing aid BTE Moderate Power Phonak CROS beachy beige	£1,055.46
Hearing aid BTE Moderate Power Phonak CROS mid cloud grey	£301.56
Hearing aid BTE Moderate Power Phonak CROS midnight black	£150.78
Hearing aid BTE Moderate Power Phonak CROS silver shadow	£150.78
Hearing aid BTE Naida V SP Digital super power beige	£3,265.00
Hearing aid BTE Naida V SP Digital super power transparent purple	£261.20
Hearing aid BTE Naida V UP Digital ultra power beige	£3,715.92
Hearing aid BTE Naida V UP Digital ultra power savannah beauty	£285.84
Hearing aid BTE Naida V UP Digital ultra power transparent purple	£428.76
Hearing aid BTE Nathos s+ m beige	£768.84
Hearing aid BTE Nathos s+ m chocolate	£192.21
Hearing aid BTE Nathos s+ m w beige	£9,314.55
Hearing aid BTE Nathos s+ m w black	£88.71
Hearing aid BTE Nathos s+ m w chocolate	£1,596.78
Hearing aid BTE Nathos s+ m w glacier ice gray	£3,282.27
Hearing aid BTE Nathos s+ micro black	£256.28
Hearing aid BTE Nathos s+ micro w beige	£6,209.70
Hearing aid BTE Nathos s+ micro w silver	£3,282.27
Hearing aid BTE Nathos s+ sp w beige	£6,283.20
Hearing aid BTE Nathos s+ sp w silver	£3,141.60
Hearing aid BTE Nathos s+ up w beige	£7,022.40
Hearing aid BTE Nathos s+ up w grey	£234.08
Hearing aid BTE Nathos s+ up w silver	£3,511.20
Hearing aid BTE Sky q70 m13 blue lagoon transparent purple hook	£369.60
Hearing aid BTE Sky q70 m13 caribbean pirate yellow hook	£184.80
Hearing aid BTE Sky q70 m13 ruby	£184.80
Hearing aid BTE Sky q70 m13 silver gray	£184.80
Hearing aid BTE Sky q70 sp royal purple transparent orange hook	£234.08
Hearing aid BTE Sky q70 sp ruby	£468.16
Hearing aid BTE Sky q70 up beige	£776.16
Hearing aid BTE Sky q70 up blue lagoon transparent purple hook	£517.44
Hearing aid BTE Sky q70 up caribbean pirate yellow hook	£129.36
Hearing aid BTE Sky q70 up royal purple transparent orange hook	£258.72
Hearing aid BTE Sky q70 up silver gray	£258.72
Hearing aid BTE spirit zest baby blue	£496.17
Hearing aid BTE spirit zest baby pink	£1,323.12
Hearing aid BTE spirit zest blue	£1,984.68
Hearing aid BTE spirit zest chroma beige	£110,644.96
Hearing aid BTE spirit zest chroma beige tamper resist	£275.65

Hearing aid BTE spirit zest dark brown	£4,260.91
Hearing aid BTE Spirit Zest Plus Dark Brown	£57.56
Hearing aid BTE spirit zest power baby blue tamper resist	£195.90
Hearing aid BTE spirit zest power baby pink	£391.80
Hearing aid BTE spirit zest power blue	£489.75
Hearing aid BTE spirit zest power chroma beige	£56,026.80
Hearing aid BTE spirit zest power dark brown	£1,959.00
Hearing aid BTE spirit zest power purple	£195.90
Hearing aid BTE spirit zest power red	£783.60
Hearing aid BTE spirit zest purple	£385.91
Hearing aid BTE spirit zest red	£2,425.72
Hearing aid BTE spirit zest steel grey	£165.39
Hearing aid BTE Super High Power Naida S V UP (beige)	£129.36
Hearing aid BTE Super High Power Naida S V UP (blue moon)	£258.72
Hearing aid BTE Super High Power Naida S V UP (purple transparent)	£258.72
Hearing aid BTE Super High Power Nathos UP Beige	£5,969.04
Hearing aid BTE Super High Power Nathos UP Blue transparent	£468.16
Hearing aid BTE Super High Power Spirit Zest Communicate Super Power Chroma Beige	£121.97
Hearing aid mini BTE Digital moderate power spirit zest mini blue	£243.96
Hearing aid mini BTE Digital moderate power spirit zest mini blue tamper resistant	£243.96
Hearing aid mini BTE Digital moderate power spirit zest mini chroma beige	£1,829.70
Hearing aid mini BTE Digital moderate power spirit zest mini CN brown	£1,097.82
Hearing aid mini BTE Digital moderate power spirit zest mini cn brown tamper resistant	£121.98
Hearing aid mini BTE Digital moderate power spirit zest mini red	£243.96
Hearing aid mini BTE Digital moderate power spirit zest mini steel grey	£60.99
Hearing aid Mini BTE Moderate Power Cassia Micro P - Beige Beige	£336.20
Hearing aid Mini BTE Moderate Power Nathos Micro Beige	£10,891.90
Hearing aid Mini BTE Moderate Power Nathos Micro black	£128.14
Hearing aid Mini BTE Moderate Power Nathos Micro Brown	£640.70
<b>Grand Total</b>	<b>£299,158.39</b>

**455/14  
Items Stolen**

Under the Freedom of Information act can you please tell me how many items were reported stolen from the Trust's hospitals in each calendar year during 2012, 2013 and 2014.

**Answer: During April 2012-March 2013, 7 reports of thefts were recorded. During April 2013-14, 14 reports of thefts were recorded. During April 2014-January 2015, 17 reports of thefts were recorded.**

For each incident please tell me:

- 1) What the stolen item was
- 2) Which hospital the theft was said to have taken place
- 3) What date the theft occurred
- 4) Whether the item belonged to the Trust or a patient
- 5) If owned by the Trust, what was the cost of replacing the item

**Answer: Please find a list below of all reported incidents of thefts at our Trust by patients and staff for the past two financial years and financial year 2014 up to January 2015.**

<b>Financial Year April 2012 – March 2013</b>					
<b>Victim: Patient/Staff?</b>	<b>Month</b>	<b>Location</b>	<b>Item Stolen</b>	<b>Value</b>	<b>If owned by the Trust, The Cost of Replacing the Item (£)</b>
Staff	June	Manor Hospital	£5 note, cigarettes loose change	£5 and change	Not applicable
Staff	July	Manor Hospital	Money from purse	£10	Not applicable
Staff	July	Manor Hospital	Purse, Money Bank Cards	£15	Not applicable
Staff	August	Ward Manor Hospital	Purse containing £10 note and change	£10 and change	Not applicable
Staff	August	Manor Hospital	Trousers, Chocolates,	Not Stated	Not applicable

			<b>Books</b>		
<b>Staff</b>	<b>Sept</b>	<b>Manor Hospital</b>	<b>Work Shoes</b>	<b>Not Stated</b>	<b>Not known</b>
<b>Staff</b>	<b>Sept</b>	<b>Manor Hospital</b>	<b>Purse, Mobile Phone</b>	<b>Not Stated</b>	<b>Not applicable</b>

<b>Financial Year April 2013 – March 2014</b>					
<b>Victim Patient / Staff?</b>	<b>Month</b>	<b>Location</b>	<b>Item Stolen</b>	<b>Value</b>	<b>If owned by the Trust, The Cost of Replacing the Item (£)</b>
<b>Patient</b>	<b>June</b>	<b>Manor Hospital</b>	<b>Money</b>	<b>£100</b>	<b>Not applicable</b>
<b>Staff</b>	<b>June</b>	<b>Manor Hospital</b>	<b>Money</b>	<b>£20</b>	<b>Not applicable</b>
<b>Staff</b>	<b>July</b>	<b>Manor Hospital</b>	<b>Purse, Money</b>	<b>£150.00</b>	<b>Not applicable</b>
<b>Staff</b>	<b>July</b>	<b>Manor Hospital</b>	<b>Money</b>	<b>£225.00</b>	<b>Not applicable</b>
<b>Staff</b>	<b>August</b>	<b>Manor Hospital</b>	<b>Prescription Reading Glasses</b>	<b>Not Stated</b>	<b>Not applicable</b>
<b>Staff</b>	<b>Nov</b>	<b>Manor Hospital</b>	<b>Mobile Phone</b>	<b>Not Stated</b>	<b>Not applicable</b>
<b>Patient</b>	<b>Nov</b>	<b>Manor Hospital</b>	<b>Baby Clothes</b>	<b>Not Stated</b>	<b>Not applicable</b>
<b>Staff</b>	<b>Dec</b>	<b>Manor Hospital</b>	<b>Charity Money</b>	<b>£16 - £20</b>	<b>Not applicable</b>
<b>Staff</b>	<b>January</b>	<b>Manor Hospital</b>	<b>Money &amp; Me to you cup</b>	<b>Not Stated</b>	<b>Not applicable</b>
<b>Staff</b>	<b>January</b>	<b>Manor Hospital</b>	<b>Money</b>	<b>£55.00</b>	<b>Not applicable</b>
<b>Patient</b>	<b>February</b>	<b>Manor Hospital</b>	<b>Handbag, Purse,</b>	<b>£10 - £15 cash</b>	<b>Not applicable</b>

			<b>Money</b>		
<b>Staff</b>	<b>February</b>	<b>Manor Hospital</b>	<b>Personal IPAD</b>	<b>Not Stated</b>	<b>Not applicable</b>
<b>Staff</b>	<b>March</b>	<b>Manor Hospital</b>	<b>Purse &amp; Cards</b>	<b>£7,500.00 withdrawn from account</b>	<b>Not applicable</b>
<b>Staff</b>	<b>March</b>	<b>Manor Hospital</b>	<b>Cash &amp; Vouchers</b>	<b>£30 Cash and approx £70 in Vouchers</b>	<b>Not applicable</b>

<b>Financial Year April 2014 – January 2015</b>					
<b>Patient / Staff</b>	<b>Month</b>	<b>Location</b>	<b>Item Stolen</b>	<b>Value</b>	<b>If owned by the Trust, The Cost of Replacing the Item (£)</b>
<b>Staff</b>	<b>April</b>	<b>Manor Hospital</b>	<b>Purse</b>	<b>Not Stated</b>	<b>Not applicable</b>
<b>Staff</b>	<b>May</b>	<b>Manor Hospital</b>	<b>Lottery Syndicate</b>	<b>£350.00</b>	<b>Not applicable</b>
<b>Staff</b>	<b>June</b>	<b>Manor Hospital</b>	<b>Handbag &amp; Contents</b>	<b>Not Stated</b>	<b>Not applicable</b>
<b>Staff</b>	<b>June</b>	<b>Manor Hospital</b>	<b>Money from Purse</b>	<b>£10</b>	<b>Not applicable</b>
<b>Staff</b>	<b>June</b>	<b>Manor Hospital</b>	<b>Money from Purse</b>	<b>£20</b>	<b>Not applicable</b>
<b>Staff</b>	<b>July</b>	<b>Manor Hospital</b>	<b>Purse from</b>	<b>Not Stated</b>	<b>Not applicable</b>

			<b>Handbag</b>		
<b>Staff</b>	<b>July</b>	<b>Manor Hospital</b>	<b>Mountain Bike</b>	<b>Not Stated</b>	<b>Not applicable</b>
<b>Staff</b>	<b>July</b>	<b>Manor Hospital</b>	<b>Petty Cash Tin</b>	<b>£40</b>	<b>Not applicable</b>
<b>Staff</b>	<b>August</b>	<b>Manor Hospital</b>	<b>Number Plates from Car</b>	<b>Not Stated</b>	<b>Not applicable</b>
<b>Staff</b>	<b>August</b>	<b>Manor Hospital</b>	<b>Money</b>	<b>£10</b>	<b>Not applicable</b>
<b>Staff</b>	<b>August</b>	<b>Manor Hospital</b>	<b>Money</b>	<b>£13</b>	<b>Not applicable</b>
<b>Staff</b>	<b>September</b>	<b>Manor Hospital</b>	<b>Money</b>	<b>£5</b>	<b>Not applicable</b>
<b>Staff</b>	<b>September</b>	<b>Manor Hospital</b>	<b>Wage Slip</b>	<b>N/A</b>	<b>Not applicable</b>
<b>Staff</b>	<b>October</b>	<b>Community Premises</b>	<b>2 x Laptops, Laptop Bags &amp; Chargers</b>	<b>Not Stated</b>	<b>Estimated cost at £1,140.78</b>
<b>Staff</b>	<b>October</b>	<b>Community Premises</b>	<b>Briefcase, Mobile Phone, Sat Nav</b>	<b>Not Stated</b>	<b>Not applicable</b>
<b>Staff</b>	<b>October</b>	<b>Manor Hospital</b>	<b>Christmas Savings</b>	<b>£300</b>	<b>Not applicable</b>
<b>Staff</b>	<b>November</b>	<b>Manor Hospital</b>	<b>Money</b>	<b>Not Stated</b>	<b>Not applicable</b>

\*There have been no reported Thefts for the months of December & January.

## Services and Care Provided to People with Learning Disabilities

I would like to make the following request under the freedom of information act, relating to services and care provided to people with a learning disability, their families and carers. For all of the questions below, please explain how you your trust does this, if they do, and provide examples.

1. Does your NHS trust have a mechanism in place to identify and flag patients with learning disabilities and protocols that ensure that pathways of care are reasonably adjusted to meet the health needs of these patients?

**Answer: Our Trust does not have a flagging system in place to identify adults with a learning disability. Staff alert the Acute Learning Disabilities Liaison Nurse if a patient is admitted into their ward area or attends A&E. Community Nurses also contact the Acute Learning Disabilities Nurse if one of their clients is admitted. The Trust has 10 key messages around supporting adults with a learning disability which is available within each ward area. Use of the hospital passports allows staff to appropriately meet their needs and consider reasonable adjustments.**

2. Does your NHS trust provide readily available and comprehensible information to patients with learning disabilities about the following criteria:

- treatment options;
- complaints procedures;
- appointments?

**Answer: The Acute Learning Disabilities Liaison Nurse has access to easy read information to support clients.**

3. Does your NHS trust have protocols in place to provide suitable support for family carers who support patients with learning disabilities?

**Answer: Our Trust does not have any formal protocols in place. The Trust Visiting Policy promotes the opportunity for relatives / carers to support 'vulnerable' adults within the hospital setting. The Acute Learning Disability Liaison Nurse meets with carers / relatives to ensure that they feel supported and that staff are meeting their needs. Reasonable adjustments are made to meet patient need when supporting families.**

4. Does your NHS trust have protocols in place to routinely include training on providing health care to patients with learning disabilities for all staff?

**Answer: Our Trust does not have any formal protocols in place. Awareness regarding learning disabilities was previously included as part of the clinical update for staff. More recently the Acute Liaison Nurse has been delivering ward based awareness sessions to clinical staff.**

5. Does your NHS trust have protocols in place to encourage representation of people with learning disabilities and their family carers?

**Answer: Our Trust does not have any formal protocols in place. The Trust has a Disability Advisory Group which has representation from adults with a learning disability and the Acute Learning Disabilities Liaison Nurse is also a member. People with Learning Disabilities support our training**

**sessions/presentations when they are available and when time and support is available to support them during the session. Advice is sought from people with Learning Disabilities for all training to ensure suitability and representation of their needs before being used.**

6. Does your NHS trust have protocols in place to regularly audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports?

**Answer: Our Trust does not have any formal protocols in place to audit practices. The Acute Learning Disabilities Nurse attends focus groups with adults who have a learning disability and / or carers who have accessed healthcare within Walsall. Their feedback has informed the Trust of areas for improvement within care delivery.**



**457/14  
level 2 Adult Critical Care beds**

Under the Freedom of Information Act 2000, I request that your Trust provide me with the following information:

**Please provide me with the number of (a) available and (b) occupied Level 2 adult critical care beds at your trust in May and December of each year from 2011 to 2014.**

(For ease of answering, a table is provided further below.)

**In answering, please describe the number of available and occupied Level 2 adult critical care beds as a monthly snapshot taken at midnight on the last Thursday of each month – that is, using the same snapshot as you use for describing total critical care beds for your returns to NHS England’s Critical Care Bed Capacity statistics.**

For reference, the guidance that NHS England provides on counting beds is below (note that this methodology is expressed here in terms of both Level 2 and Level 3 beds, whereas the question asked in this Freedom-of-Information request applies just to Level 2 beds): *“Count all adult critical care (ITU, HDU or other) beds that are funded and available for critical care patients (Levels 2 and 3) at midnight on the last Thursday of the reporting period. Note that this should be the actual number of beds at that time and not the planned number of beds. Beds funded but not available due to staff vacancies should not be counted unless the vacancies have been filled by bank or agency staff. Beds that are not funded, but are occupied should be counted.”*

For reference, the definition of ‘Level 2’ given by NHS England is below: *“Patients requiring more detailed observation or intervention including support for a single failing organ system or post operative care and those “stepping down” from higher levels of care. Also known as High Dependency.”*

**Number of Level 2 adult critical care beds at your trust**

Number of available beds								Number of occupied beds							
May-11	Dec-11	May-12	Dec-12	May-13	Dec-13	May-14	Dec-14	May-11	Dec-11	May-12	Dec-12	May-13	Dec-13	May-14	Dec-14
13 beds, 5 ITU, 8 HDU	13 beds, 5 ITU, 8 HDU	13 beds, 5 ITU, 8 HDU	13 beds, 5 ITU, 8 HDU	13 beds, 5 ITU, 8 HDU	13 beds, 5 ITU, 8 HDU	13 beds, 5 ITU, 8 HDU	13 beds, 5 ITU, 8 HDU	8	8	8	10	6	6	7	6

458/14

## Private Patients Income

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

1. How much income did your Trust receive in Private Patient Income in the financial years 2009/10, 2010/11, 2011/12, 2012/13, 2013/14

- a. excluding income from overseas patients

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

Financial Year	Income
2009/10	£53,818.55
2010/11	£51,151.00
2011/12	£14,312.00
2012/13	£22,179.00
2013/14	£13,713.70

- b. including income from overseas patients

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

Financial Year	Income
2009/10	£64,498.49
2010/11	£55,133.00
2011/12	£27,098.81
2012/13	£38,796.00
2013/14	£25,107.86

2. How much is the Trust budgeting to receive in Private Patient Income in 2014/15 and 2015/16

- a. excluding income from overseas patients

**Answer: We do not include this income in our budgets as it cannot be accurately predicted.**

- b. including income from overseas patients

**Answer: We do not include this income in our budgets as it cannot be accurately predicted.**

Please note that the definition of Private Patient Income for the purposes of this Freedom of Information request should refer to income the Trust has received from treating private or self-funding patients.

459/14

## Neurological Conditions

Within Walsall Healthcare NHS Trust, I would be grateful if you would let me know, at your earliest convenience:

1. The total number of patients treated for neurological conditions in your area  
**Answer: During 2012-13, 3533 patients were admitted to our hospital in any diagnosis position which matched the ICD-10 codes within the attachment you emailed us. In 2013-14, 3658 patients were admitted with a primary diagnosis of one of these codes. Please note that treatment information is not recorded on our system for A&E or outpatients so these patients are not included in this figure.**
2. The total number of patients treated for primary headache disorders in your area  
**Answer: During 2012-13, 91 patients were admitted to our hospital in any diagnosis position which matched the ICD-10 codes detailed in your email to us. During 2013-14 there were 91. Please note that treatment information is not recorded on our system for A&E or outpatients so these patients are not included in this figure.**
3. The total number of patients treated for migraine in your area  
**Answer: During 2012-13, 222 patients were admitted to our hospital in any diagnosis position which matched the ICD-10 codes detailed in your email to us and during 2013-14 there were 176. Please note that treatment information is not recorded on our system for A&E or outpatients so these patients are not included in this figure.**
4. Botox treatments:
  - a. if available, the total number of migraine patients receiving Botox treatments in your area  
**Answer: Our Trust does not provide botox treatment for patients with migraines.**
  - b. if available, average number of days waiting time for patients from referral to administering Botox treatment  
**Answer: This is not applicable to our Trust.**
  - c. whether the administration of Botox treatments is monitored by a headache specialist (yes/no)  
**Answer: No as this is not applicable to our Trust.**

I have attached an excel spreadsheet to our email request, to enable you to swiftly and easily add this data. Please note that there are two tabs, for years 2012-13 and 2013-14. Please add the data for both years.

**Answer: The above response is also attached within the excel spreadsheet as requested.**

460/14

## Injuries to Elderly Patients

I would like to request the following information in relation to attacks against the elderly.

More specifically, I would like to know:

1. In 2014, how many elderly patients (those 65 years and older) were admitted to hospital with a diagnosis of the following (ICD 10 codes as indicated):
  - a) X99 Assault by sharp object
  - b) Y00 Assault by blunt object
  - c) Y04 Assault by bodily force
  - d) Y05 Sexual assault by bodily force

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

2. Please include the same information as request in 1.a) to d) for the following years:

(1) 2005

(2) 2010

(3) 2012

(4) 2013

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

Diagnosis Code	Number of Patients 65 years and over Admitted				
	2014	2013	2012	2010	2005
a) X99 Assault by sharp object	0	0	0	0	0
b) Y00 Assault by blunt object	0	0	0	0	0
c) Y04 Assault by bodily force	4	2	3	3	2
d) Y05 Sexual assault by bodily force	0	1	0	0	0

**461/14**

**Live Birth Rates**

Would you please share live birth rates for walsall from 2010 - 2014.

**Answer: Please see the table below which details live births at Walsall Manor Hospital and our Midwifery Led Unit.**

Year	Total Number of Live Births
2010	3732
2011	4421
2012	4689
2013	4697
2014	4648

462/14

## A&E Attendances

I am emailing to request if you can provide me with the following information:

- the number of patients admitted into a A and E per month over the last 5 years(10 yrs if possible) split up into age, gender, ethnicity and age range.

**Answer: Please see the tables below which detail the total number of admitted patients to inpatient wards covering all medical conditions. Unfortunately, we are not able to break this information down by quarters of the year. Walsall Healthcare NHS Trust was formed in 2011 following the merge of Walsall Hospitals NHS Trust and Walsall Teaching PCT NHS Trust. Unfortunately, we do hold accurate information prior to 2011.**

Total Number of Attenders to A&E	Year 2011	Year 2012	Year 2013	Year 2014
<b>Total</b>	<b>55955</b>	<b>77372</b>	<b>93839</b>	<b>91789</b>

Gender of Attenders to A&E who were Admitted to Hospital	Year 2011	Year 2012	Year 2013	Year 2014
<b>Female</b>	<b>6101</b>	<b>9357</b>	<b>10942</b>	<b>11003</b>
<b>Male</b>	<b>5422</b>	<b>8260</b>	<b>9912</b>	<b>10055</b>

Ethnic Groupings of Attenders to A&E who were Admitted to Hospital	Year 2011	Year 2012	Year 2013	Year 2014
<b>Any Other Ethnic Group</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>92</b>
<b>Asian Bangladeshi</b>	<b>118</b>	<b>171</b>	<b>164</b>	<b>22</b>
<b>Asian Indian</b>	<b>469</b>	<b>830</b>	<b>948</b>	<b>133</b>
<b>Asian or Asian British - Any other Asian background</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>110</b>
<b>Asian or Asian British - Bangladeshi</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>153</b>
<b>Asian or Asian British - Indian</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>603</b>
<b>Asian or Asian British - Pakistani</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>701</b>
<b>Asian Other</b>	<b>112</b>	<b>152</b>	<b>176</b>	<b>26</b>
<b>Asian Pakistani</b>	<b>552</b>	<b>758</b>	<b>858</b>	<b>143</b>
<b>Black African</b>	<b>56</b>	<b>79</b>	<b>100</b>	<b>21</b>
<b>Black Caribbean</b>	<b>99</b>	<b>143</b>	<b>196</b>	<b>23</b>

<b>Black or Black British - African</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>62</b>
<b>Black or Black British - Any other Black background</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>23</b>
<b>Black or Black British - Caribbean</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>132</b>
<b>Black Other</b>	<b>16</b>	<b>29</b>	<b>38</b>	<b>8</b>
<b>Chinese</b>	<b>11</b>	<b>16</b>	<b>15</b>	<b>4</b>
<b>Mix Other</b>	<b>23</b>	<b>46</b>	<b>58</b>	<b>8</b>
<b>Mix White-Asian</b>	<b>25</b>	<b>18</b>	<b>17</b>	<b>3</b>
<b>Mix White-BlackAfrican</b>	<b>7</b>	<b>9</b>	<b>17</b>	<b>2</b>
<b>Mix White-BlackCaribb</b>	<b>61</b>	<b>68</b>	<b>81</b>	<b>8</b>
<b>Mixed - Any other background</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>42</b>
<b>Mixed - White and Asian</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>34</b>
<b>Mixed - White and Black African</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>20</b>
<b>Mixed - White and Black Caribbean</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>46</b>
<b>Not Available</b>	<b>1</b>	<b>525</b>	<b>981</b>	<b>184</b>
<b>Not Known</b>	<b>360</b>	<b>133</b>	<b>4</b>	<b>1971</b>
<b>Not Stated</b>	<b>63</b>	<b>105</b>	<b>121</b>	<b>1536</b>
<b>Other Ethnic</b>	<b>50</b>	<b>72</b>	<b>91</b>	<b>18</b>
<b>Other Ethnic Group - Chinese</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>
<b>White - Any other White background</b>	<b>120</b>	<b>191</b>	<b>193</b>	<b>188</b>
<b>White - British</b>	<b>9350</b>	<b>14235</b>	<b>16745</b>	<b>14671</b>
<b>White - Irish</b>	<b>30</b>	<b>37</b>	<b>52</b>	<b>66</b>

<b>Age groupings of Attenders to A&amp;E admitted to Hospital</b>	<b>Year 2011</b>	<b>Year 2012</b>	<b>Year 2013</b>	<b>Year 2014</b>
<b>Unknown</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>5</b>
<b>0-09</b>	<b>1015</b>	<b>1436</b>	<b>1348</b>	<b>1023</b>
<b>10-19</b>	<b>630</b>	<b>910</b>	<b>919</b>	<b>806</b>
<b>20-29</b>	<b>1005</b>	<b>1536</b>	<b>1905</b>	<b>1667</b>
<b>30-39</b>	<b>903</b>	<b>1309</b>	<b>1712</b>	<b>1690</b>
<b>40-49</b>	<b>1018</b>	<b>1489</b>	<b>1967</b>	<b>1977</b>

<b>50-59</b>	<b>988</b>	<b>1543</b>	<b>1897</b>	<b>1960</b>
<b>60 and over</b>	<b>5963</b>	<b>9394</b>	<b>11106</b>	<b>11930</b>

- the number of patients admitted into A and E per month over the last 5 years(10 yrs if possible) due to the following minor illnesses: Headache, Diarrhoea, Sore Throat, Cold and Flu, Temperature, Head Lice, Earache, Hay Fever Cough, Dry Skin, indigestion, Constipation, Vaginal Thrush, Nappy Rash, Bites and Stings, Sun Burn Mouth Ulcers, Cold Sores, Simple Eczema or any other minor illnesses.

**Answer: Please see the table below which details admitted patients from A&E who had a primary diagnosis of one of these conditions. As the number of patients are very low, we felt it best to provide annual totals rather than monthly totals. Walsall Healthcare NHS Trust was formed in 2011 following the merge of Walsall Hospitals NHS Trust and Walsall Teaching PCT NHS Trust. Unfortunately, we do not hold accurate information prior to 2011.**

<b>Grouping</b>	<b>Admitting Diagnosis text</b>	<b>Year 2011</b>	<b>Year 2012</b>	<b>Year 2013</b>	<b>Year 2014</b>
<b>Diarrhoea</b>	<b>Other bacterial intestinal infections : Enterohaemorrhagic Escherichia coli infection</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
<b>Diarrhoea</b>	<b>Other bacterial intestinal infections : Other intestinal Escherichia coli infections</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>
<b>Diarrhoea</b>	<b>Campylobacter enteritis</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>
<b>Diarrhoea</b>	<b>Other bacterial intestinal infections : Campylobacter enteritis</b>	<b>9</b>	<b>8</b>	<b>12</b>	<b>2</b>
<b>Diarrhoea</b>	<b>Enterocolitis due to Clostridium difficile</b>	<b>14</b>	<b>17</b>	<b>11</b>	<b>14</b>
<b>Diarrhoea</b>	<b>Other bacterial intestinal infections</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>Diarrhoea</b>	<b>Other and unspecified bacterial intestinal infections</b>	<b>0</b>	<b>18</b>	<b>11</b>	<b>2</b>

<b>Diarrhoea</b>	<b>Other and unspecified gastroenteritis and colitis of infectious origin</b>	<b>0</b>	<b>133</b>	<b>211</b>	<b>216</b>
<b>Diarrhoea</b>	<b>Diarrhoea and gastroenteritis of presumed infectious origin</b>	<b>13</b>	<b>4</b>	<b>0</b>	<b>0</b>
<b>Vaginal thrush</b>	<b>Candidiasis of vulva and vagina</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
<b>Vaginal thrush</b>	<b>Other and unspecified</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>
<b>Headache</b>	<b>Cluster headache syndrome</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>

Headache	Other headache syndromes : Cluster headache syndrome	1	2	1	0
Headache	Other headache syndromes : Tension-type headache	7	5	12	0
Headache	Tension-type headache	0	0	0	9
Headache	Other headache syndromes : Drug-induced headache not elsewhere classified	1	0	1	1
Headache	Other headache syndromes	0	0	1	0
Earache	Otalgia	0	0	0	1
Earache	Otalgia and effusion of ear	0	0	2	0
Cold & Flu	Acute nasopharyngitis [common cold]	3	2	1	1
Sore Throat	Acute pharyngitis	9	11	5	1
Sore Throat	Acute pharyngitis, unspecified	0	0	0	4
Cold & Flu	Influenza with other respiratory manifestations, virus not identified	0	0	0	1
Cold & Flu	Influenza, virus not identified : Influenza with oth resp manifestation virus not identified	0	3	0	0
Mouth Ulcers	Stomatitis and related lesions : Other forms of stomatitis	1	1	0	0
Indigestion	Dyspepsia	9	12	9	8
Diarrhoea	Noninfective gastroenteritis and colitis	0	0	0	12
Diarrhoea	Other and unspecified noninfective gastroenteritis and colitis	119	33	9	2
Constipation	Constipation	0	0	0	168
Constipation	Other functional intestinal disorders	86	127	153	30
Nappy Rash	Diaper [napkin] dermatitis	1	0	0	0
Simple Eczema	Dermatitis, unspecified	0	0	0	5
Simple Eczema	Other dermatitis : Dermatitis unspecified	1	1	3	1
Dry Skin	Other disorders of skin and subcutaneous tissue NEC : Disorder of skin and subcutaneous tissue unspecified	1	1	1	1
Temperature	Fever of unknown origin : Fever unspecified	16	9	23	24
Headache	Headache	77	112	159	196



- the cost for providing hospital beds per month over the last 5 years

**Answer: We would be grateful if you could respond to our email to you on the 10<sup>th</sup> March. Please reply within 12 weeks from the date of the email. If we do not hear from you before this time, your request for this information will be closed.**

- the cost for providing one hospital bed per patient (average) over the last 5 years(The average cost of a patient using a bed taking into account all costs. I.e it costs x amount on average to provide a bed to a patient)

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

Financial Year	Average Cost of Providing x1 hospital bed
2013/14	£186,481
2012/13	£188,322
2011/12	£198,508
2010/11	£174,811
2009/10	£163,693

-the number of patients admitted and readmitted into A and E due to medication related issues per month over the last 5 years.

**Answer: Unfortunately, it has not been possible to identify admissions or re-admissions due to medication related problems or any reason related to medication. Unfortunately, this is not coded separately on our system and would only be handwritten in patient records. Only primary diagnoses are linked to admissions/discharges on our system. Alternatively, if there is a medical condition(s) which would be the result of medication usage problems, we can certainly search our system for any information. Please provide us with the list of these medical conditions if you require this information.**

463/14

**A&E Attendances**

Can you please provide me with the following information:

- Number of patients that have been met in A and E within 4 hours for each month over the last 5 years
- Percentage of patients that have been met in A and E within 4 hours for each month over the last 5 years

**Answer: This is exempt under Section 21 (Information available by other means) as this data is available on the NHS Statistic Website and submitted on a weekly basis. Please use the link below to access this information on the NHS England website.**

<http://www.england.nhs.uk/statistics/statistical-work-areas/ae-waiting-times-and-activity/>

464/14

**Hospital Food**

I would be grateful if you would treat this correspondence as a formal request for disclosure of the following information, under the Freedom of Information Act 2000 ("FoI").

Description of information sought:

1. The total number of complaints about the quality/variety of hospital food in the past 12 months? Can I also have the figures for the previous 12 months. (When a trust runs more than one hospital, can I have the figure broken down for each hospital)

**Answer: This information within this response relates to Walsall Manor Hospital.**

**We can confirm that in 2013 there were 2 food related complaints received by our Trust. In 2014, there was 1 food related complaint received by our Trust.**

2. A breakdown of the nature of the complaints - for example 20 for poor quality, 10 for lack of variety and 5 for too cold.

**Answer: One complaint received in 2013 related to a lack of variety and the other related to special/cultural concerns (vegan diet).**

**The complaint received in 2014 related to special/cultural concerns (coeliac diet).**

3. Any measures brought in as a result of the complaints such as extra training for cooks, changing food providers, extra food on the menus?

**Answer: With regard to a lack of variety, additional light meal choices & multi-cultural dishes were added to the menu (see attached).**

**With regard to vegan diet, a separate menu was produced specifically for vegan patients (see attached).**

**With regard to Coeliac diet/Gluten free, as well as the choices on the standard menu an additional menu was produced to offer more choice (see menu attached).**

465/14

**Retail/Commercial Leased Spaces (Response closed)**

466/14

## Finance and Procurement

I would like to submit a Freedom of Information request to the organisation's finance and procurement department relating to contact details of people from within the organisation that is responsible for efficiency and savings.

Please find the attached file which details and list the type of contact details I require for within finance and procurement. Please can you send me their full name, actual job title, direct contact number and direct email address.

**Answer: This information has also been entered into the enclosed spreadsheet as requested.**

Procurement Contacts				
	Full Name	Actual Job Title	Contact Number	Direct Email Address
Head of Procurement	<b>We do not release individual staff details below Director level. This is withheld under section 40 (Personal Information). The Director responsible for this service is Ian Baines.</b>	<b>Director of Finance</b>	<b>01922 721172</b>	<a href="mailto:ian.baines@walsallhealthcare.nhs.uk">ian.baines@walsallhealthcare.nhs.uk</a>
Head of Category Management	<b>We do not currently employ someone with this job title. However, the Director who is responsible for this service is Ian Baines.</b>	<b>Director of Finance</b>	<b>01922 721172</b>	<a href="mailto:ian.baines@walsallhealthcare.nhs.uk">ian.baines@walsallhealthcare.nhs.uk</a>
ICT Category Manager	<b>We do not currently employ someone with this job title. However, the Director who is responsible for this service is Ian Baines.</b>	<b>Director of Finance</b>	<b>01922 721172</b>	<a href="mailto:ian.baines@walsallhealthcare.nhs.uk">ian.baines@walsallhealthcare.nhs.uk</a>
Fleet Category Manager	<b>We do not currently employ someone with this job title. However, the Director who is responsible for this service is Ian Baines.</b>	<b>Director of Finance</b>	<b>01922 721172</b>	<a href="mailto:ian.baines@walsallhealthcare.nhs.uk">ian.baines@walsallhealthcare.nhs.uk</a>
Utilities Category Manager	<b>We do not currently employ someone with this job title.</b>	<b>Director of Finance</b>	<b>01922 721172</b>	<a href="mailto:ian.baines@walsallhealthcare.nhs.uk">ian.baines@walsallhealthcare.nhs.uk</a>

	However, the Director who is responsible for this service is Ian Baines.			
Insurance Category Manager	We do not currently employ someone with this job title. However, the Director who is responsible for this service is Ian Baines.	Director of Finance	01922 721172	<a href="mailto:ian.baines@walsallhealthcare.nhs.uk">ian.baines@walsallhealthcare.nhs.uk</a>
Finance Contacts	Ian Baines	Director of Finance	01922 721172	<a href="mailto:ian.baines@walsallhealthcare.nhs.uk">ian.baines@walsallhealthcare.nhs.uk</a>
Can you please send me contact details of people from within the Council responsible for savings within the organisations? <b>Answer: We recommend you contact Walsall Council directly for this information. Their FOI office can be contacted via email address <a href="mailto:foi@walsall.gov.uk">foi@walsall.gov.uk</a> or postal address; Customer Focus and Intelligence, Corporate Performance Management, Civic Centre, Darwell Street, Walsal, WS1 1TP.</b>				
	Full Name	Actual Job Title	Contact Number	Direct Email Address
Director of Finance	Ian Baines	Director of Finance	01922 721172	<a href="mailto:ian.baines@walsallhealthcare.nhs.uk">ian.baines@walsallhealthcare.nhs.uk</a>
Efficiency Manager	We do not currently employ someone with this job title. However, the Director responsible for this service is Ian Baines.	Director of Finance	01922 721172	<a href="mailto:ian.baines@walsallhealthcare.nhs.uk">ian.baines@walsallhealthcare.nhs.uk</a>
Savings Manager	We do not currently employ someone with this job title. However, the Director responsible for this service is Ian Baines.	Director of Finance	01922 721172	<a href="mailto:ian.baines@walsallhealthcare.nhs.uk">ian.baines@walsallhealthcare.nhs.uk</a>
Budget Saving Manager	We do not currently employ someone with this job title. However, the Director responsible for this service is Ian Baines.	Director of Finance	01922 721172	<a href="mailto:ian.baines@walsallhealthcare.nhs.uk">ian.baines@walsallhealthcare.nhs.uk</a>

467/14

**Information on a Ward/Unit at the Hospital – request closed**

468/14

**Suicides**

Could you please give me figures for inpatient suicide – ie people who have killed themselves while being treated in hospital either on a ward as an inpatient or in an A and E department. Could I have figures for 2010, 2011, 2012, 2013, 2014 please?

**Answer: We can confirm that there were no inpatient or A&E Department suicides between 2010 and 2014 at our hospital.**

469/14

**Structural Chart for Finance**

Could you please provide me with a structure chart of the current Finance team, inclusive of member's names and their job titles? If a structure chart is not available, could you please provide me with a list of the current members of the Finance team complete with their job titles?

**Answer: Staff details below Director level are withheld under Section 40 (Personal Information).**

**Our Trust's structural charts for Finance are available to download from our website via our Publication Scheme. Exemption 21 (Information available by other means) has been applied to your request. Please use the link to access this information on our website;**

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

470/14

**Interpreting and Translation Services**

Under the Freedom of Information Act 2000, I would like to request the following information:

1. The name of the designated person responsible for the managing of interpreting and translation services on behalf of Walsall Healthcare NHS Trust?

**Answer: Individual staff details are withheld below Director level under Section 40 (Personal Information). We can confirm the Director responsible for this service is Amir Khan.**

2. Who are your current providers of Translation and Interpreting services?

**Answer: Our organisation currently use Global Translation Services for language and translation Services and BID Services or Communication Plus for sign language translation.**

3. Is the service contracted?

**Answer: We do not have a contract with these companies.**

4. If the service is contracted, when did the contract commence and when is it due to expire?

**Answer: This is not applicable to our Trust.**

5. Was the contract awarded after using an OJEU tendering process or was the service accessed through a framework, if so which one?  
**Answer: A tendering process was previously used but our Trust now identifies companies from the Health Trust Europe Framework.**
6. How many face-to-face interpreting (not BSL) bookings have you had during 2013/2014 financial year?  
**Answer: Unfortunately, we do not have a record of the bookings made for the whole financial year but can advise that from 16<sup>th</sup> August 2013 to 30<sup>th</sup> March 2014, 3546 bookings were made for face-face interpretation. Please note that cancellations of bookings is not recorded on the spreadsheet held by our in-house Interpreting Service so some of these bookings may have been cancelled nearer or on the day.**
- a. How much did this cost during this time period for face-to-face interpreting services?  
**Answer: We can confirm that during 2013/14 our Trust made invoice payments to Global Translation Services and Five Star which totalled £83,361. Please note that this figure does not include translation or interpretation appointments completed by our in-house interpreters.**
7. How many telephone interpreting bookings were made during 2014?  
**Answer: Unfortunately, the number of telephone bookings made is not recorded centrally on our systems in order to provide this information.**
- a. How much did this cost during this time period for telephone interpreting services?  
**Answer: We can confirm that the company does not charge our Trust for telephone interpreting.**
8. How many BSL (British Sign Language) bookings were made during 2014?  
**Answer: During 2014, 331 BSL translation bookings were made by our Trust. Please note that cancellations of bookings is not recorded on the spreadsheet held by our in-house Interpreting Service so some of these bookings may have been cancelled nearer or on the day.**
- a. How much did this cost during this time period for BSL (British Sign Language) interpreting services?  
**Answer: We can confirm that during 2013/14 our Trust made invoice payments to BID Services and Communication Plus which totalled £28,152. Please note that this figure does not include translation or interpretation appointments completed by our in-house interpreters.**
9. How many written Translation bookings were made during 2014?  
**Answer: During 2014, we are aware of 1 document which was translated.**
- a. How much did this cost during this time period for Translations services?  
**Answer: It cost approximately £486.**

#### **471/14**

#### **VAT savings solutions for temporary staff**

In relation to VAT savings solutions for engagement of temporary staff, please provide answers to the following questions.

1. Does your Trust use a VAT solution for doctors / admin and clerical staff / other non-nursing staff groups? Please state the staff group(s).

**Answer: Our Trust does not currently operate a system for recovery of VAT on temporary staffing, however we are in the process of implementing one.**

2. If yes, which company do you use (eg HB Retinue, STAFFflow, 247 time, NHS Professionals, Liaison, PWC, other)?

**Answer: The system our Trust is in the process of implementing will be STAFFflow. We anticipate the system going live in April.2015.**

3. In the current financial year, what savings have been achieved through using a VAT savings solution? Please state in pounds (£).

**Answer: As we have not been using a system, we are not able to provide this information.**

4. What proportion of the 20% VAT saving is retained by your Trust and how much is taken by the supplier?

**Answer: As we have not been using a system, we are not able to provide this information.**

**472/14**

### **Retired Nurses**

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

- The number of the Trust's Staff Nurses that retired during 2014 and the number that are due to retire in 2015.

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

**Answer: 26 substantive Nurses retired during 2014. No Nurses have retired in 2015 so far but retirees for the rest of the year cannot be predicted as the default retirement age (formerly 65) has been phased out. Most staff can now work for as long as they want to. For more information please see the link below on the gov.uk website;**

<https://www.gov.uk/retirement-age>

**473/14**

### **Use of Agency Nurses**

Please can you provide the following information under the freedom of information act:

The number of qualified nurses working on a temporary (Agency) basis at the Trust on 1st December 2014, divided into:

- RGN – Registered General Nurse

**Answer: Unfortunately, our system records shift information rather than number of nurses.**

**As of the 9<sup>th</sup> March 2015, upon searching the bookings made via the Temporary Staffing system, there were 15 qualified Nurse shifts (Registered General Nursing) that were booked with an agency during 1<sup>st</sup> December. We are not able to confirm how many nurses the agency company arranged to cover these shifts.**

- RMN – Registered Mental Nurse

**Answer: Unfortunately, our system records shift information rather than number of nurses.**

**As of the 9<sup>th</sup> March 2015, upon searching the bookings made via the Temporary Staffing system, there were no shifts (Registered Mental Health Nursing) that were booked with an agency during 1<sup>st</sup> December.**

- RNLD – Registered Nurse Learning Disabilities

**Answer: Unfortunately, our system records shift information rather than number of nurses.**

**As of the 9<sup>th</sup> March 2015, upon searching the bookings made via the Temporary Staffing system, there were no shifts (Registered Nurse in Learning Disabilities) that were booked with an agency during 1<sup>st</sup> December.**

Please do not include bank staff.

**474/14**

### **Clinical Incident Reporting**

I wish to request the following information:

How are clinical incidents reported;

using dedicated software? Manual on excel sheet? Manual on paper? Other?

**Answer: Clinical incidents are reported using a dedicated system.**

If software or other, can you specify what software or method do you use?

**Answer: Our Trusts dedicated reporting system is called Safeguard Incident Reporting System and using the dedicated software supplied to us by Ulysses.**

May I have an example of an anonymised clinical incident reporting document?

**Answer: Please find attached a copy of a clinical incident form.**

How many incidents were reported during the financial year 2013-2014, and how many have been reported in 2014-2015 so far?

**Answer: During the financial year 2013/2014 a total of 11,016 incidents were reported. This is the combined total of all incident types to include Clinical incidents, Non-clinical incidents, Health & Safety, Violence and Aggression and Maternity related incidents. (Clinical Incidents total = 8966).**

**During the financial year 2014 to date, a total of 11,155 incidents were reported, of which 9,004 were clinical incidents.**

How many full time equivalent staff are employed (approximately) to deal with incident reporting and documentation?

**Answer: From a Governance perspective there are approximately 10 members of staff who oversee the incidents reported for the purposes of Divisional/Board reporting.**



475/14

**Radiology equipment and Trust workforce**

Could you provide me with your responses to two FOIs you've previously received:

1. Radiology equipment - "The list of radiology/imaging equipment held by the Trust, across all hospital sites, providing the following information for each piece of equipment..."

**Answer: We believe you are referring to reference number 406/14 – Radiology Imaging Equipment. Please find a copy of this response below.**

This is a request for information under the Freedom of Information Act 2000 regarding data on Walsall Manor Hospital's radiology/imaging equipment.

Please provide the following information:

The list of radiology/imaging equipment held by the Trust, across all hospital sites, providing the following information for each piece of equipment:

- f. Age of equipment
- g. Manufacturer
- h. Model
- i. Hospital site equipment is located
- j. Any proposed replacement dates/years

A list of the specific equipment that we are requesting this formation for is provided below:

- 8. Nuclear medicine systems
- 9. CT
- 10. MR
- 11. Xray (including static and mobile xray systems)
- 12. Interventional systems (including mobile surgery systems, interventional xray systems)
- 13. Mammography systems (static and mobile)
- 14. Ultrasound systems

**Answer: Please see the table below which details this information.**

MANUFACTURER	MODEL	Modality	YEAR OF INSTALL	REPLACEMENT YEAR 2014/15	REPLACEMENT YEAR 2015/16	REPLACEMENT YEAR 2016/17	REPLACEMENT YEAR 2017/18	REPLACEMENT YEAR 2018/19	REPLACEMENT YEAR 2019/20	YEAR 2020 ONWARDS
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XO GRAPH	ZIEHM VISION	Mobile fluoroscopy	2010							Yes
XO GRAPH	ZIEHM VISION	Mobile fluoroscopy	2009						Yes	
PHILIPS	BV PULSERA	Mobile fluoroscopy	2014							Yes
PHILIPS	BV PULSERA	Mobile fluoroscopy	2014							Yes
ZONARE	Z.ONE	OUTPATIENTS	2009		Yes					
SONOSITE	MICROMAX	Ultrasound	2002	Yes						
SIEMENS	ANTARES	Ultrasound	2006	Yes						
SIEMENS	ANTARES	Ultrasound	2007	Yes						
GE HEALTHCARE	LOGIQ E9	Ultrasound	2010			Yes				
GE HEALTHCARE	LOGIQ E9	Ultrasound	2010			Yes				
GE HEALTHCARE	VOLUSON 730 EXP	Ultrasound	2007	Yes						
PHILIPS	IU22	Ultrasound	2012					Yes		
GE HEALTHCARE	VOLUSON E	Ultrasound	2010	Yes						
GE HEALTHCARE	VOLUSON E6	Ultrasound	2010	Yes						
SIEMENS	SONOLINE G50	Ultrasound	2003	Yes						
SIEMENS	SONOLINE G50	Ultrasound	2004	Yes						
SIEMENS	SONOLINE G50	Ultrasound	2003	Yes						
PHILIPS	HD11	Ultrasound	2008	Yes						
PHILIPS	HD15	Ultrasound	2012					Yes		
GE HEALTHCARE	AMX 4 PLUS	Mobile Radiography	2005		Yes					
GE HEALTHCARE	AMX 4 PLUS	Mobile Radiography	2007				Yes			
GE HEALTHCARE	AMX 4 PLUS	Mobile Radiography	2007				Yes			
GE HEALTHCARE	AMX 4 PLUS	Mobile Radiography	2007				Yes			
GE HEALTHCARE	AMX 4 PLUS	Mobile Radiography	2008					Yes		
GE HEALTHCARE	OPTIMUS BUCKY	Plain Film Radiography	2000	Yes						
GE HEALTHCARE	LIGHTSPEED CT	CT	2008		Yes					
GE HEALTHCARE	DISCOVERY	Plain Film Radiography	2010							Yes
GE HEALTHCARE	DEFINIUM 6K	Plain Film Radiography	2010							Yes
GE HEALTHCARE	INNOVA 2000	Cardiac Catheter	2005		Yes					

GE HEALTHCARE	DEFINIUM 6K	Plain Film Radiography	2010							Yes
GE HEALTHCARE	LIGHTSPEED CT	CT	2010				Yes			
GE HEALTHCARE	SENOGRAPH DS	Mammography	2010							Yes
GE HEALTHCARE	SENO ESSENTIALS	Mammography	2010							Yes
MEDRAD	MEDRAD ENVISION	Injector	2010							Yes
XOGRAPH	PROLINE XC	Dental	2010							Yes
XOGRAPH	INTRA ORAL	Dental	2010							Yes
	EZEM EMPOWER	CO2 insufflator	2010							Yes
	EZEM EMPOWER	CO2 insufflator	2010							Yes
MEDRAD	722998 INJECTOR	Injector	2010							Yes
PHILIPS	MULTI DIAGNOSTIC ELEVA FD	Static Fluoroscopy	2010							Yes
PHILIPS	SKYLIGHT	Nuclear Medicine	2005	Yes						
KODAK	CR7400	Dental	2008							
SIEMENS	SIEMENS YSIO INC WIRELESS DETECTORS	Plain Film Radiography	2013							Yes
SIEMENS	SIEMENS YSIO INC WIRELESS DETECTORS	Plain Film Radiography	2013							Yes
WOLVERSON	INDICO 100	Plain Film Radiography	2008					Yes		

2. Trust workforce - "Please advise the size of the trust workforce in total for each of the following staff groups– please provide data in WTE (Whole Time Equivalent):..."

**Answer: We believe you are referring to reference number 355/14 – The Trust’s Workforce. Please find a copy of this response below.**

Under the Freedom of Information Act may I please request the following information?

1. Please advise the size of the trust workforce in total for each of the following staff groups– please provide data in WTE (Whole Time Equivalent):

Data	2011-12	2012-13	2013-14
------	---------	---------	---------

Healthcare assistants	<b>359.19</b>	<b>363.67</b>	<b>408.76</b>
Nurses Band 5 - 7	<b>854</b>	<b>884.6</b>	<b>951.7</b>
Midwives	<b>128.9</b>	<b>139</b>	<b>145.4</b>
FY1 doctor	<b>35.6</b>	<b>35</b>	<b>31</b>
FY2 doctor	<b>34.8</b>	<b>38.6</b>	<b>39.71</b>
Staff Grade Practitioner	<b>4</b>	<b>7</b>	<b>5</b>
Associate Specialist Registrar	<b>7.8</b>	<b>4.3</b>	<b>4.3</b>
Specialist Registrar	<b>-</b>	<b>-</b>	<b>-</b>
Consultant (all specialties)	<b>114.9</b>	<b>123.57</b>	<b>137.5</b>

2. Please advise the average time (in days), from permission to recruit to start date for the following substantive staff groups:

Data	Days/ 2013-14
Nurses	<b>70 days on average</b>
Midwives	<b>70 days on average</b>
Consultant doctors (all specialties)	<b>130 days</b>
Mid-grade doctors medical	<b>84 days</b>
Mid-grade doctors surgical	<b>Not recruited to for 3 years</b>

3. Please advise the numbers of current vacant substantive posts across the following:

Answer: Vacancies listed as per General Ledger as at 30.11.14

Data	WTE Vacancies
Nurses – bands 5-7	<b>40.19</b>
Midwives	<b>-12.15 (Over-establishment)</b>
Consultant doctors (all specialties)	<b>16.26</b>
Mid-grade doctors medical	<b>8</b>
Mid-grade doctors surgical	<b>5.9</b>

4. Please advise the average sickness absence rates in percentages for the following substantive staff groups:

Data	2011-12	2012-13	2013-14
Nurses	<b>4.05%</b>	<b>4.55%</b>	<b>4.51%</b>
Medics	<b>1.65%</b>	<b>1.38%</b>	<b>1.66%</b>
Whole organisation average	<b>3.88%</b>	<b>4.41%</b>	<b>4.28%</b>

5. Please advise the average total Bank and Agency spend for the following staff groups:

Data	2011-12 (£)	2012-13 (£)	2013-14 (£)
Healthcare assistants/care support workers - Agency	<b>159,161</b>	<b>191,602</b>	<b>1,317,269</b>
Healthcare assistants/care support workers - Bank	<b>1,613,346</b>	<b>2,091,502</b>	<b>3,169,781</b>
Nurses all grades - Agency	<b>595,948</b>	<b>1,432,207</b>	<b>3,324,605</b>
Nurses all grades - Bank	<b>2,564,773</b>	<b>2,621,127</b>	<b>2,882,094</b>
Mid-grade medics all specialties Agency	<b>698,850</b>	<b>812,395</b>	<b>1,230,185</b>
Mid-grade medics all specialties - Bank	<b>1,026,858</b>	<b>881,787</b>	<b>1,149,185</b>
Consultants all specialties - Agency	<b>520,921</b>	<b>508,079</b>	<b>758,585</b>
Consultants all specialties – Agency - Bank	<b>1,813,289</b>	<b>1,721,378</b>	<b>1,897,644</b>

6. If you source temporary staffing from external suppliers please advise how many suppliers you source the following staff groups from:

Data	Suppliers
Nurses	<b>20</b>
Medics	<b>Tier 1: 19</b> <b>Tier 2: 4</b> <b>Tier 3: 14</b>
Healthcare Asst./care support workers	<b>20</b>

476/14

**Nurse Employment**

I would like to request the following information under the Freedom of Information Act 2000:

1) The total number of qualified nurses [i.e. Band 5 and above] that you currently employ, in each Agenda for Change band.

e.g. Band 5: 112 nurses, Band 6: 45 nurses etc

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

**2015**

Agenda for Change Band	Head count of Nurses	FTE of Nurses
5	592	522.5
6	431	373.4
7	210	186.6
8A	50	44.5
8B	5	5
8C	3	3
<b>Total</b>	<b>1291</b>	<b>1135</b>

**2014**

Agenda for Change Band	Head count of Nurses	FTE of Nurses
5	610	538.2
6	350	303.3
7	212	190.9
8A	49	45.1
8B	4	4
8C	1	1
<b>Total</b>	<b>1226</b>	<b>1082.5</b>

**2013**

Agenda for Change Band	Head count of Nurses	FTE of Nurses
5	600	527.5
6	340	294.9
7	211	191.7
8A	52	48.2
8B	5	5
8C	2	2
8D	1	1
<b>Total</b>	<b>1211</b>	<b>1070.3</b>

**2012**

<b>Agenda for Change Band</b>	<b>Head count of Nurses</b>	<b>FTE of Nurses</b>
<b>5</b>	<b>582</b>	<b>509.9</b>
<b>6</b>	<b>325</b>	<b>279.5</b>
<b>7</b>	<b>212</b>	<b>192.3</b>
<b>8A</b>	<b>54</b>	<b>51.7</b>
<b>8B</b>	<b>5</b>	<b>5</b>
<b>8C</b>	<b>2</b>	<b>2</b>
<b>8D</b>	<b>1</b>	<b>1</b>
<b>Total</b>	<b>1181</b>	<b>1041.4</b>

2) The number of nurses that you currently employ, in each Agenda for Change band, who qualified as a nurse [i.e. obtained their primary nursing qualification] in an EU or EEA country other than the UK. e.g. Band 5: 23 nurses, Band 6: 4 nurses, etc.

**Answer: Unfortunately, this data is not centrally recorded on a system in order to provide you with this information.**

3) The number of nurses that you currently employ, in each Agenda for Change band, who qualified as a nurse [i.e. obtained their primary nursing qualification] in a non-EU/EEA country. e.g. Band 5: 23 nurses, Band 6: 4 nurses, etc.

**Answer: Unfortunately, this data is not centrally recorded on a system in order to provide you with this information.**

Please can you also provide me with the same information as requested in 1) 2) and 3) for the same time [i.e. February] in 2014, 2013 and 2012.

477/14

### Patients treated with Head Injuries

I am writing under the Freedom of Information Act to ask for the following information:

\* How many patients have been treated at your Trust's hospital(s) for head injuries directly associated with sporting incidents.

\* Specific detail on the severity/nature of each head injury, the sport which caused it (where recorded) and the outcome.

This request relates to the following time period:

\* Each year for the last five years.

**Answer: Please see the table below which details patients who presented to our A&E Department with a primary diagnosis of a head injury due to a sporting incident.**

Unfortunately, information is not available based on inpatient data as the 'cause' is not recorded as part of the inpatient data set. The cause would only be written in patient notes.

Primary diagnosis	Ae Disposal	Year 2010	Year 2011	Year 2012	Year 2013	Year 2014
CONCUSSION	DISCHARGE TO GP BADGER SERVICE/ URGENT CARE CENTRE	0	0	0	0	1
CONCUSSION	DISCHARGED	1	1	1	1	0
CONTUSION-FACE/LEFT	DISCHARGED	0	0	0	1	0
CONTUSION-RIGHT KNEE	DISCHARGED	0	0	0	1	0
DIAGNOSIS NOT CLASSIFIABLE	DISCHARGED	0	0	0	0	1
HEAD INJURY	ADMITTED		1	4	2	0
HEAD INJURY	DISCHARGED	21	19	17	13	4
HEAD INJURY	DISCHARGED WITH GP LETTER	4	3	2	1	0
HEAD INJURY	REFERRED TO OUTPATIENTS DEPARTMENT CLINIC	2	1	1	0	0
HEAD INJURY	TRANSFERRED TO PAEDIATRIC OBSERVATION	2	0	1	0	0



<b>HYPER-GLYCAEMIA</b>	<b>DISCHARGED</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>LACERATION-EYEBROW(S)</b>	<b>DISCHARGED</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>LACERATION-FOREHEAD</b>	<b>DISCHARGED</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>LACERATION-HEAD</b>	<b>DISCHARGED</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>1</b>	<b>3</b>
<b>LACERATION-RIGHT EYEBROW</b>	<b>DISCHARGED</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>LACERATION-RIGHT EYEBROW</b>	<b>DISCHARGED WITH GP LETTER</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>LACERATION-SCALP</b>	<b>DISCHARGED</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>0</b>
<b>LACERATION-SCALP</b>	<b>DISCHARGED WITH GP LETTER</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>LACERATION-UPPER LIP</b>	<b>DISCHARGED</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
<b>NASAL INJURY WITHOUT DEFORMITY</b>	<b>DISCHARGED</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>PSYCHIATRIC CND- ANXIETY/AGITATION</b>	<b>DISCHARGED WITH GP LETTER</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>SOFT TISSUE INJURY-FACE</b>	<b>DISCHARGED</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>
<b>TOTALS</b>		<b>35</b>	<b>36</b>	<b>35</b>	<b>24</b>	<b>9</b>

**478/14**

**Laparoscopic procedures**

Under the Freedom of Information Act, please can you answer the following questions:

1a. How many Laparoscopic procedures are performed by the Hospital/Trust each year?

**Answer: These figures only cover inpatient and outpatient activity. We can confirm that this procedure was performed 1149 times during financial year 2013-14 (Apr-Mar). During 2014-15 financial year (April 2014 to end of February 2015), this procedure was performed 1133 times.**

2a. What products does your Hospital/Trust use to prevent/rectify scope fogging during Laparoscopic surgery?

**Answer: All lap theatres have a scope warmer and a variety of products are used eg. Endoscopic laparoscopic visual improvement sponge.**

2b. What was the Hospital's/Trust's spend each year on these individual products?

**Answer: Our Procurement Department has confirmed spend on this product during 2013-14 was £483.60 and during 2014-15 was £910.00.**

3a. Does the Hospital/Trust use "Clarify" (Covidien) formerly known as "D-HELP" (New Wave Surgical)?

**Answer: No**

3b. If so, what was the Hospital's/Trust's annual spend on Clarify/D-HELP?

**Answer: This is not applicable to our Trust.**

**479/14  
Medical Devices**

I'm trying to find out some information on the numbers and types of specific medical devices used across the Trust, as outlined in the attached spreadsheet.

In each case, I was looking for the Make/Model, Quantity available for use, Date of Purchase (where numerous purchases have been made, the date of the largest/ most significant purchase) and where applicable the contract expiry date for the named device.

For ease of documentation please find attached a spreadsheet for completion.

**Answer: Please see the table below which is dated 2<sup>nd</sup> March 2015. Unfortunately, we attempted to open your attached spreadsheet but it would not allow us to enter information. This table is also enclosed as an excel spreadsheet. Unfortunately, we only have the month of purchase recorded and available.**

	Model	Quantity	Month of Purchase	Unit	Price	Contract Expiry
Volumetric	GP PLUS	x88	Sep-14	ITU/HDU	This information is exempt under Section 43 (Commercial Interests).	Year 2021
Volumetric	Colleague (Single and Triple channel)	x218 single and x4 3 channel pumps	Jan-12	Trust Wide	This information is exempt under Section 43 (Commercial Interests).	n/a
Syringe	Asena GH	x314	Sep-14	Trust Wide	This information is exempt under Section 43 (Commercial Interests).	Year 2021
TCI/TIVA	Asena PK	x12	Sep-14	Theatres	This information is exempt under Section 43 (Commercial Interests).	Year 2021

<b>PCA</b>	<b>PCAM</b>	<b>x25</b>	<b>Sep-14</b>	<b>Trust Wide</b>	<b>This information is exempt under Section 43 (Commercial Interests).</b>	<b>Year 2021</b>
<b>Enteral Feed Pump</b>	<b>Flowcare</b>	<b>x20</b>	<b>Pumps are replaced each year by supplier.</b>	<b>Trust Wide</b>	<b>This information is exempt under Section 43 (Commercial Interests).</b>	<b>28/03/2015</b>
<b>Epidural Pump</b>	<b>Bodyguard 545</b>	<b>x20</b>	<b>Sep-13</b>	<b>Trust Wide</b>	<b>This information is exempt under Section 43 (Commercial Interests).</b>	<b>n/a</b>
<b>Ambulatory Pump</b>	<b>Mckinley T34</b>	<b>x112</b>	<b>Jan-13</b>	<b>Trust Wide</b>	<b>This information is exempt under Section 43 (Commercial Interests).</b>	<b>n/a</b>

**480/14  
Agency Staffing**

Under the Freedom of Information Act 2000 I seek the following information:

1. The most paid for one shift to locum or agency staff of the following occupations in 2014:

- Dentists (dental hygienists, dental nurses, dental technicians, dental therapists)
- Health care assistants
- Nurses
- Surgeons
- Anaesthetists
- Therapists
- Midwives
- Neurologists
- Paramedics
- Psychiatrists

**Answer: Please see the table below which is dated 16<sup>th</sup> March 2015. Please note that this information has been obtained from paid invoices and does not cover any missing invoices or timesheets. The number of hours within a shift varies between role and cover requirements.**

Job Role	Locum/Bank/Agency Worker	Highest Payment Recorded (incl VAT)	Notes
Dentist	Locum	£1,024.20	-
Health Care Assistant	Agency	£942.62	Bank holiday rate
Nurse	Agency	£1,894.31	Bank holiday rate
Surgeon	Locum	£1,680	-
Anaesthetist	Locum	£1,775.28	Cover for 24 hours of Consultant on-call due to sickness absence
Therapist	Agency	£633.06	-
Midwife	Bank Worker	£224	Sunday/Bank holiday rate
Neurologist	Not Applicable	0-We did not pay any invoices for these roles	Not applicable
Paramedic	Not Applicable	0-We did not pay any invoices for these roles	Not applicable
Psychiatrist	Not Applicable	0-We did not pay any invoices for these roles	Not applicable

2. The total amount paid to locums agency or outside staff for each of those types of staff above in 2012, 2013, and 2014. Please breakdown by year and staff type. If this will exceed the cost limit please do this for dental staff, specialists and consultants, and for therapists.

**Answer: Please see the table below which covers varying shifts and could cover multiple vacant posts.**

	Internal Locum/Bank Workers			Agency		
	2012	2013	2014	2012	2013	2014
Dentists (dental hygienists, dental nurses, dental technicians, dental therapists)	£146,624	£68,576	£128,967	0	0	0
Health care assistants	£1,858,822	£2,945,658	£3,115,329	£143,618	£1,176,268	£831,908
Nurses	£1,904,033	£2,065,938	£2,334,140	£987,356	£3,514,797	£2,948,367
Surgeons	£108,608	£246,625	£294,920	£146,035	£66,714	£38,900
Anaesthetists	£783,109	£955,469	£1,334,544	£293,905	£100,076	£13,857
Therapists	£48,067	£47,232	£17,995	£229,100	£216,426	£706,737
Midwives	£36,384	£50,337	£73,022	0	0	0
Neurologists	0	0	0	0	0	0
Paramedics	0	0	0	0	0	0
Psychiatrists	0	0	0	0	0	0

I would prefer to receive this information electronically, preferably as a data set, eg. in Excel, NOT as a PDF.

**Answer: Please find the attached excel spreadsheet as requested.**

**481/14**

#### **Number of Inpatient Beds**

Please confirm the total number of inpatient beds your trust has.

**Answer: We can confirm that the Trust reported 458 General and Acute beds on the most recent daily report which is submitted to the Department of Health (410 core beds and 48 that were escalation beds opened for capacity).**

**The trust reported an average of 457.8 general and acute overnight beds on the most recent quarterly KH03 return to the Department of Health (these are available on the NHS England statistics website).**

**482/14**

#### **Infant Nutrition Products**

We would like to request the following information as we were not able to find this on your website or within the general formulary link we have for Walsall Healthcare NHS Trust.

1. Link to the Formulary that contains Infant Nutrition Products.

**Answer: Unfortunately, our Trust does not have a formulary that contains these products. We have a contract with Nutricia so would use all their products in the acute setting. Please see the links below to the relevant products. Please note that Neonatal staff may use other products.**

<http://www.nutricia.co.uk/products/category/allergy>

[http://www.nutricia.co.uk/products/category/paediatric\\_ons](http://www.nutricia.co.uk/products/category/paediatric_ons)

[http://www.nutricia.co.uk/products/category/paediatric\\_tube](http://www.nutricia.co.uk/products/category/paediatric_tube)

2. Please provide the Formulary document and guidelines that contain Infant Nutrition product prescribing recommendations.

**Answer: Please find this document as an appendix enclosed with this letter as requested.**

3. Does your organisation use any external guidelines with ref to Infant Nutrition (eg PrescQIPP) or share guidelines with any other NHS organisations?

**Answer: Our Trust subscribes to and uses the Staffordshire, Shropshire and Black Country Newborn Network Guidelines.**

483/14

### Specialist Nurses for Neurological Conditions

Under the Freedom of Information Act, I would be grateful if you could answer the following questions:

1. How many full-time equivalent specialist nurses for a) Motor Neurone Disease and b) all neurological conditions were employed in your Trust in each of the last 5 years and how many are employed at the time you respond to this request?

**Answer: The Trust does not currently employ a Specialist Nurse for Motor Neurone Disease but there is a multi-disciplinary Community Neurological Team in place who manage the patients in this group through the pathway of care alongside other Community Services.**

**The Trust does employ a Specialist Nurse for both Multiple Sclerosis and Parkinson's Disease both full time members of staff. The Clinical Nurse Specialists work as part of the Community Neurological Rehabilitation Team which also has Consultant Support for both Neurological, Parkinson's and Rehabilitation Care. The Specialist Nurses also support patients in acute based clinics.**

Year	Number of Specialist Motor Neurone Disease Nurses Employed	Number of Specialist Neurology Nurses Employed
2010	0	2 (x1 Multiple Sclerosis and x1 Parkinson's Disease)
2011	0	2 (x1 Multiple Sclerosis and x1 Parkinson's Disease)
2012	0	2 (x1 Multiple Sclerosis and x1 Parkinson's Disease)
2013	0	2 (x1 Multiple Sclerosis and x1 Parkinson's Disease)
2014	0	2 (x1 Multiple Sclerosis and x1 Parkinson's Disease)
2015-Currently	0	2 (x1 Multiple Sclerosis and x1 Parkinson's Disease)

2. How many patients diagnosed with a) Motor Neuron Disease, b) Multiple Sclerosis and c) Parkinson's Disease received support from a specialist nurse in your Trust in each of the last 5 years (including this year to date)?

**Answer:** Due to relatively small numbers, the Community Neurological Team do maintain a record of patients diagnosed with Motor Neurone Disease per year which are encapsulated in the table below.

Referral Dates	Number of Clients with Motor Neurone Disease
April 2010-March 2011	18 (includes new referrals and active caseload)
April 2011- March 2012	11
April 2012- March 2013	6
April 2013- March 2014	13
April 2014- March 2015	9

Unfortunately, the Community Neurological Team do not centrally record diagnosed patients with Multiple Sclerosis or Parkinson’s Disease on a register but current caseloads have remained fairly stable over the last five years. Some patients have left the caseload and new patients have also been admitted to the Specialist Nurse Caseload.

**Specialist Multiple Sclerosis Nurse Current Caseload = 250 patients**

**Specialist Parkinson’s Nurse Current Caseload= approximately 430 patients**

- How much did your Trust spend on employing specialist nurses for neurological conditions in each of the last 5 years, and how much are you planning to spend on it in 2015/16?

**Answer:** As we have only employed two Neurology Specialist Nurses over the last 5 years, this information is withheld under Section 40 (Personal Information). We can confirm that these Nurses are Band 7 (1<sup>st</sup> April 2015 salary range-£31,072-£40,964)

**484/14**

### **Hypercholesterolemia**

Please supply the following information relating to treatment for hypercholesterolemia at your trust;

How many patients with hypercholesterolemia have been treated in the last 12 months?

If you can split by diagnosis, how many are Familial hypercholesterolemia or Statin Resistant patients?

If you can provide the treatment that these patients are on, please complete the following;

**Answer:** Please note that we do not perform apheresis at our Trust. The only local facilities are Birmingham Children’s Hospital and University Hospital Birmingham. Unfortunately, different types of hypercholesterolemia are not coded separately in order to provide you with this information.

**Please note that the total number of patients also covers patients who received other treatments which are not in your list. This is why the total number does not equal the totals breakdown by treatment.**

Patient Treatment	Total hypercholesterolemia	Familial hypercholesterolemia	Statin Resistant hypercholesterolemia	Post-acute cardiac syndrome hypercholesterolemia
Total Patients	2118	Not able to identify	Not able to identify	Not able to identify
Fibrates	25	Not able to identify	Not able to identify	Not able to identify
Ezetimibe	67	Not able to identify	Not able to identify	Not able to identify



Statins	874	Not able to identify	Not able to identify	Not able to identify
Colestyramine	1	Not able to identify	Not able to identify	Not able to identify
Cholestagel	0	Not able to identify	Not able to identify	Not able to identify
Apheresis	N/A	N/A	N/A	N/A

If possible please could you supply the following addition information?

- Does the trust have a policy or procedures in place (shared with CCGs or otherwise) for cascade testing of relatives of Familial Hypercholesterolemia patients?  
**Answer: Our Trust are initiating FH services with cascade testing from 1<sup>st</sup> April 2015. No policies or procedures are in place at the moment as this is not a service currently provided.**
- Does the trust have plans to conduct an assessment of performance against the measures in the NICE quality standard on FH, and can they supply key findings from the assessment?  
**Answer: This would be the remit of the new FH service which starts in April 2015. Unfortunately, as our Trust is not currently providing this service, we are not able to provide this information as this needs to be decided once the service is up and running.**
- What systems are in place for adults with FH to receive lipid-modifying drug treatment to reduce LDL-C concentration by more than 50% from baseline measurement?  
**Answer: FH patients are currently seen in our standard lipid clinic. Unfortunately, as our Trust is not currently providing this service, we are not able to provide this information.**

485/14

#### Nursing Staff in A&E

Under the Freedom of Information Act 2000, I request that your Trust provides me with the following information:

In January 2015 The National Institute for Health and Care Excellence published draft recommendations on minimum ratios concerning safe staffing for nursing in A&E departments. The draft recommendations were:

- 2 registered nurses to 1 patient in cases of major trauma or cardiac arrest
- 1 registered nurse to 4 cubicles in either 'majors' or 'minors'.

The guidance can be accessed here: <http://www.nice.org.uk/guidance/gid-accidentandemergencysettings/resources/accident-and-emergency-departments-guideline-consultation3>

- In line with the above, please could you state whether the Type 1 Major A&E departments within your Trust were meeting the above ratios at the time when the draft guidance was published in January 2015 (please provide figures by Full-Time-Equivalent (FTE)).  
**Answer: Our Trust meets the x1 Registered General Nurse (RGN) to x4 cubicles on the day shift not night shift. Yes, our Trust also meets the x2 Registered Nurses to x1 patient major trauma/ cardiac arrest for initial management. Establishment = Registered Nurse's 54.61 wte/ Clinical Support Worke 7.79 wte**
- Please could you state whether you have plans in place to meet the above recommendations?  
**Answer: A further workforce review is planned for summer 2015.**

- c) Please could you state the average number of FTE registered nurses that were on duty in your Type 1 Major A&E department during the a) day b) night. Please provide this information for January 2015 or for the most recent period available.

**Answer: The average number of FTE Registered Nurses on duty during the day is x7 RGNs and x1 Nurse in Charge (NIC). During the night there is an average of x6 RGNs and x1 NIC.**

- d) Please could you also state the average number of cubicles there are in your Type 1 Major A&E departments during the a) day b) night? Please provide this information for January 2015 or for the most recent period available.

**Answer: A&E Cubicles are used 24 hrs per day. Our Trust currently has x4 resuscitation, x8 majors and x11 intermediate cubicles. We also have x1 cubicle for see and treat which not open at night.**

I would prefer to receive this information electronically.

**486/14**

### **Missed Patient Appointments**

I would be grateful if you would treat this correspondence as a formal request for disclosure of the following information, under the Freedom of Information Act 2000 ("Fol").

Description of information sought:

\*How many missed patient appointments were there at Walsall Manor Hospital between January 1, 2014 and December 31, 2014?

**Answer: During this time period, a total of 401,303 acute and community outpatient appointments were booked (figure excludes cancellations) with 44655 of these appointments not attended giving a DNA rate of 11%. As a comparison to 2013/14, a total of 447,692 outpatient appointments were booked with 42,682 of these appointments not being attended giving a DNA rate of 9%. These figures include both Consultant and Nurse led clinics.**

\*What was the cost/money wasted to the hospital of the missed appointments?

**Answer: Unfortunately, we are not able to cost community outpatient appointments in order to identify the income lost. We can only confirm the amount of additional income our Trust would have received if each acute appointment was attended during this time period. This was £2,965,000.**

**487/14**

### **Legal Spend**

I am distributing a freedom of information request to hopefully receive the following information from you:

- What does your organisation spend on legal fees e.g. external legal advice and what is the breakdown of fees and expenses

**Answer: We can confirm that during the 2013/14 financial year, our Trust spent £39,990 on legal fees. To date in 2014/15 financial year, our Trust has spent £53,362. Unfortunately, a breakdown of this spend is not available on our systems.**

- What is the breakdown of spend e.g. what percentage of work is completed on an hourly rate basis, capped fee, fixed fee etc.  
**Answer: This data is not recorded on our systems in order to provide you with this information.**
- Who in your organisation is responsible for managing external legal spend  
**Answer: Our Director of Governance.**
- What controls do you have in place to manage external legal counsel spend  
**Answer: Overall rates are agreed at outset of commissioner.**
- Do you use any of the eBilling (also known as Enterprise Legal Management or Legal Spend Management) tools (e.g. Serengetti, Mitratach, CT Tymetrix, Datacert etc.) available in the market to manage your legal spend – if yes what are you currently paying for this system and does the vendor charge your firms to use the same  
**Answer: No**
- Do you use a matter management system and if yes how much do you pay for the system  
**Answer: No**
- How do you decide if work is completed internally or by external counsel  
**Answer: On a case by case basis.**
- What performance management do you complete with your external legal counsel to ensure you are receiving value for money  
**Answer: Annual Review.**
- What is the breakdown of spend e.g. % of time billed by partner, by senior associate, junior associate, trainee and paralegals etc.  
**Answer: This data is not recorded on our systems in order to provide you with this information.**
- What is the breakdown of your legal spend by location e.g. how much work is performed in London, Manchester, Birmingham, Edinburgh, Glasgow, Cardiff, Belfast etc.  
**Answer: This data is not recorded on our systems in order to provide you with this information.**
- How do you measure what value added services law firms provide to you (e.g. free advice, free training, free secondees etc.)  
**Answer: An element of free training is included and agreed at the Annual Review.**
- Do you use external consultants to advice on how to manage your legal spend more effectively. If yes, who and what have you spent with them in the last 12 months  
**Answer: No**

488/14

Expenditure on Competition Requirements ([request closed](#))

**489/14  
Hospital Food**

I am writing to you in order to make a request under the Freedom of Information Act 2000.

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

1. Are processed red meat products – particularly bacon, sausages, ham, salami and pepperoni – served to patients anywhere in your Trust?

**Answer: Yes, our Trust has the following products on our menus; ham, sausage, bacon and faggots.**

2. Is your Trust able to cater for vegan\* hospital patients and, if so, could you please provide me with an example of 5-days worth of meal options for vegan patients?

(\*Vegans consume no animal products, including meat, fish, dairy products, eggs and honey.)

**Answer: Yes, our Trust does cater for vegan patients. Please see the enclosed menu as requested.**

**490/14  
Liver Disease**

I should like to request the following information:

1. Age and sex of each of the youngest five patients treated for liver disease in each of the past three years - 2012, 2013, 2014.

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

Liver Disease 2012				
Age (Yrs)	15	19	28	30
Male	x1	-	x1	x1
Female	-	x1	-	x1

Liver Disease 2013					
Age (Yrs)	18	19	22	28	32
Male	x1	-	x1	x1	x1
Female	-	x1	-	-	-

Liver Disease 2014					
Age (Yrs)	6	21	22	29	30
Male	-	x1	-	-	-
Female	x1	-	x1	x1	x1

2. Of these, were any suspected or found to be linked to their consumption of alcohol?

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

Alcoholic Liver Disease 2012				
Age (Yrs)	15	19	28	30
Male	-	-	-	x1
Female	-	-	-	-

Alcoholic Liver Disease 2013					
Age (Yrs)	18	19	22	28	32
Male	-	-	-	-	x1
Female	-	-	-	-	-

Alcoholic Liver Disease 2014					
Age (Yrs)	6	21	22	29	30
Male	-	-	-	-	-
Female	-	-	-	-	x1

**491/14**

**Medical Locums**

I would like to make the following request under the Freedom of Information Act in order to assist me with my academic research concerning Medical Locum Agencies.

1. What are your current provisions for procuring Medical Locum Agency Doctors:
  - a. Mastervend Arrangement **Answer: Yes**
    - i. If yes, please state which agency **Answer: Medacs**
  - b. Managed Service **Answer: No**
    - i. If yes, please state the provider
  - c. Neutral vendor arrangement **Answer: No**
    - i. If yes, please state the provider
  - d. Preferred Supplier arrangement – local arrangement **Answer: No**
  - e. Preferred Supplier arrangement – national framework, ie CCS/HTE/LPP **Answer: No**
    - i. If yes, which framework?
  - f. Hybrid Preferred Supplier arrangement **Answer: No**

2. Are your agency rates:

- a. Locally agreed **Answer: No**
  - b. Fixed by the framework (eg, CCS) **Answer: Yes, as much as possible.**
3. Do you find that rates are escalated over the contract rates? **Answer: Yes, increasingly so.**
4. Do you deduct breaks from agency doctors? **Answer: Not currently but our Trust is planning to start doing this shortly.**
5. Do you pay reduced rates for non-resident shifts? **Answer: Yes**
6. Do you pay for travel and/or accommodation costs for agency doctors? **Answer: No**
7. Do you use 'off framework' agencies, ie, those not covered by your framework? **Answer: Yes**
- a. If so, please state:
    - i. How you ensure compliance **Answer: Our Trust only uses companies by exception via the master vend agency (Medacs)**
    - ii. How you manage pay and commission rates **Answer: Via invoice**
8. Please state which framework you use for the provision of Medical Locums? **Answer: Please see the answer above.**
9. What was your total spend (excluding VAT) for 2013/2014?  
**Answer: Our Trust's total agency spend for Medics (excluding VAT) for 2013/14 was £2,374,004.**
10. Do you use a Direct Engagement/VAT Mitigation Model, eg, Staff Flow, 24/7 time, Staffflow?  
**Answer: Our Trust is in the process of implementing STAFFflow. We anticipate the system going live in April 2015.**

**492/14**  
**Recruitment Agencies and Vacancies** ([Request closed](#))

493/14

### Income from Private Patients

Please could the Trust provide information on the following under the FOI act:

1. Please disclose the total income the Trust derived from private patients in the following financial years:

- a) 2010/11
- b) 2011/12
- c) 2012/13
- d) 2013/14
- e) 2014/15 (please provide a year to date figure and a projected end of year figure)

**Answer: Please see the table below which excludes income from overseas patients. As we are at the end of March at the moment, we do not anticipate the figure for 2014/15 changing vastly in the future.**

Financial Year	Income
2010/11	£51,151
2011/12	£14,312
2012/13	£22,179
2013/14	£13,713.70
2014/15	£10,803.05

2. Please disclose the total number of private patients the Trust treated in each of the following financial years:

- a) 2010/11
- b) 2011/12
- c) 2012/13
- d) 2013/14
- e) 2014/15 (please provide a year to date figure and a projected end of year figure)

**Answer: Please see the table below which excludes overseas patients. As we are at the end of March at the moment, we do not anticipate the figure for 2014/15 changing vastly in the future.**

Financial Year	Total Number of Private Patients Treated
2010/11	96
2011/12	57
2012/13	85
2013/14	58
2014/15	43

3. Please list any treatments and procedures that have been added to the list of services that patients can pay for privately at your trust since April 2014

**Answer: We can confirm that no treatments or procedures have been added to the list of services for private patients since April 2014.**

4. Please can the trust disclose the total (trust-wide) income received in each of the following financial years:

**Answer: Figures reported are in rounded £000's.**

a) 2010/11 - **Answer: £180,863,000**

b) 2011/12 - **Answer: £226,983,000**

c) 2012/13 - **Answer: £228,409,000**

d) 2013/14 - **Answer: £237,049,000**

e) 2014/15 (please provide a year to date figure and a projected end of year figure)

**Answer: £218,588,000 ( Projected figure of £237,782,000)**



494/14

## Salary and Remunerations for Board Members

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

1. *The salary of each board member by title, including non-executive directors of the trust for 2013-2014*

**Answer: This information is detailed within our 2013/14 Annual Report. This is exempt under Section 21 (Information available by other means) as this report is accessible via our publications page on our Trust website. Please use the link below to access the report;**

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

2. *The salary of each board member by title, including non-executive directors of the trust for 2014-2015*

**Answer: As this is the current financial year, these figures will be calculated as part of the end of year Annual Report. It is intended for future publication around June/July 2015. A copy of the report will be published on our publications page on our Trust website via the link mentioned above. This is exempt under Section 22 (Information intended for future publication).**

3. *The salary and remunerations package for each board member by title, including non-executive directors of the trust for 2013-2014*

**Answer: This information is detailed within our 2013/14 Annual Report. This is exempt under Section 21 (Information available by other means) as this report is accessible via our publications page on our Trust website. Please use the link below to access the report;**

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

4. *The salary and remunerations package for each board member by title, including non-executive directors of the trust for 2014 - 2015*

**Answer: As this is the current financial year, these figures will be calculated as part of the end of year Annual Report. It is intended for future publication around June/July 2015. A copy of the report will be published on our publications page on our Trust website via the link mentioned above. This is exempt under Section 22 (Information intended for future publication).**

495/14

**Expenditure on Competition Requirements (Response being finalised)**

496/14

**Re-admissions due to Circumcision Complications**

I would like to know how many patients have been re-admitted to hospital because of complications arising from a circumcision. I would like to know the figures for the past five years, with a break down on a month by month basis.

**Answer: Please see the table below. Where the month is not listed, the number of patients is 0.**

Month of Attendance	Number of Patients
Sep10	1
Jan12	1
Mar12	1
Feb13	1
May13	1
Jun13	1
Aug13	2
Oct13	2
Mar14	1
May14	1
Oct14	1

497/14

**Advertising for British Doctors and Medical Staff Currently Working Abroad**

I would like to know if you have advertised in other countries for British doctors and medical staff, currently working abroad, to return to work in the UK.

**Answer: We can confirm that our Trust has not advertised in other countries for doctors or medical staff to return to work in the UK.**

If this is the case, I would like to know what the cost is, and which countries you have advertised in.

**Answer: This is not applicable to our Trust.**

I would like the breakdown on a month by month basis for the past five years.

**Answer: This is not applicable to our Trust.**

498/14

**Disciplinary Action for Stealing Medical Supplies**

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

1. Number of staff who received disciplinary action for stealing medical supplies between 2012-2013, 2013-2014.

2. In each case please list:

- a. What was stolen or the person attempted to steal
- b. The month it happened
- c. The action taken (E.g. struck off, suspended, warning)

**Answer: We have checked our HR records and cannot find any instances during this time period of members of staff being under disciplinary proceedings for theft of medical supplies.**

**499/14**

### **Patient Self-Discharges**

How many patients discharged themselves from your care in 2012, 2013 and 2014, broken down by year?

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

<b>Discharge Method</b>	<b>Year</b>	<b>Total Discharges</b>
Patient discharged him/herself or was discharged by a relative or advocate	2012	479
Patient discharged him/herself or was discharged by a relative or advocate	2013	530
Patient discharged him/herself or was discharged by a relative or advocate	2014	633

**500/14**

### **Complaints**

How many complaints were placed against your doctors and nurses in 2012, 2013 and 2014, broken down by year?

**Answer: The data below has been obtained from our Safeguard system;**

<b>Year</b>	<b>Number of Nursing Complaints</b>	<b>Number of Medical Complaints</b>
<b>2012</b>	<b>94</b>	<b>153</b>
<b>2013</b>	<b>104</b>	<b>222</b>
<b>2014</b>	<b>78</b>	<b>190</b>

**501/14**

### **Patients Seen by Sexual Health Services**

I would like to find out how many people undertaking sexual health tests at clinics under the Walsall Healthcare NHS Trust have indicated on their registration questions/problem information that they have been paid for sex during their sexual history. Could you please provide figures split into the years 2012, 2013 and 2014.

**Answer: We can confirm that 15 patients disclosed that they had been paid for sex during 2012, 29 patients in 2013 and 21 in 2014.**

Please split this showing how many instances this has occurred with each age?

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

Finally, could you show how many times a person who has been paid for sex has tested positive for either chlamydia, gonorrhoea, syphilis or HIV, within these periods (2012, 2013 and 2014).

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

Please split this into ages also.

Answer: Please see the tables below.

2012		
Age of Patient	Number of Patients	Positive Testing Results
18	1	1 patient Chlamydia.
23	1	1 patient Chlamydia.
25	1	
26	1	
27	2	1 patient both Chlamydia and Gonorrhoea.
30	1	
31	1	
34	1	
36	1	
38	1	
39	1	
41	1	
43	1	
47	1	

2013		
Age of Patient	Number of Patients	Positive Testing Results
19	1	
23	2	
24	1	
26	1	
27	1	1 patient HIV
29	2	2 patients Hepatitis C, 2 patients Chlamydia.
30	1	
31	2	1 patient HIV
32	2	
34	2	
35	1	
36	1	
37	4	2 patients Hepatitis C
39	1	
40	1	
43	2	
46	1	
48	1	
49	2	

2014		
Age	Number of Patients	Positive Testing Results
20	1	
21	2	
25	2	1 patient Hepatitis B
27	2	

28	2	
29	1	
34	1	
36	1	
37	1	
39	1	
45	4	
46	1	
47	2	

502/14

**Audited Accounts for 2014-15, Bariatric Operations, Circumcision Operations**

Please send me copies of your audited accounts for year end 2014-15.

**Answer: As we are currently in financial year 2014-15, the Annual Accounts Report will not be available until July 2015. We recommend you contact us again after this date.**

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

**Answer: As we are currently in financial year 2014-15, the auditors fee to audit our accounts has not yet been finalised. We recommend you contact us again after July 2015. However, we can confirm that the accounts auditors in 2013-14 were Grant Thornton UK LLP. Their audit fees for 2013-14 were £100,000.**

Please send me the hospital fixed price fees for a bariatric operation and the names of Consultants who do such operations and their outpatient fees before the operation.

**Answer: Our organisation does not have a fixed price for bariatric operations. We actually treat very few private inpatients as most Surgeons undertake their private work elsewhere. If we did undertake the operation privately, the total cost would consist of the cost of the length of stay and time in theatre. These costs are broken down below.**

The cost of an inpatient stay on a ward is £345 per day.

Theatre costs depend on the length of the operation. Please see the table below.

Time of Operation	Cost £
Operations lasting up to 30 minutes	629
Operations lasting over 30 and up to 60 minutes	1181
Operations lasting over 60 and up to 120 minutes	2186
Operations lasting longer than 120 minutes	2990

The following surgeon is currently employed by our organisation who performs Bariatric operations;

**Mr Mirza, Bariatric General Surgeon**

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.

Please send me the hospital fixed price fees for a male circumcision operation and the names of the Consultant Urology Surgeons and their outpatients fees before the operation.

**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.**

**The following surgeons are currently employed by our organisation.**

**Mr S Chandrasekharan, Consultant Urologist**

**Mr S Ganta, Consultant Urologist**

**Mr S R Koneru, Consultant Urologist**

**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.**

**503/14**

**Staff Sickness Absences**

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

Please tell me the number of sick days taken for stress-related illnesses by all clinical staff working at your hospital trust in each of the last five financial years a) 2010/11 b) 2011/12 c) 2012/13 d) 2013/14 d) 2014/15 YTD.

Please provide the information in the following format. I have of course used example figures:

Total number of sick days taken by all clinical staff for stress-related illnesses:

a) 2010/11: xx

b) 2011/12: xx

c) 2012/13: xx

d) 2013/14: xx

d) 2014/15 YTD: xx

**Answer: Please note that the data provided in response to this request, including the historical sickness absence figures, is reflective of current employee absence records only and does not take into account any ex-employees who may have been absent before leaving the Trust.**

<b>Total number of sick days taken by all clinical staff for stress-related illnesses:</b>	
<b>Calendar Days Lost During 2010/11</b>	<b>2790</b>
<b>Calendar Days Lost During 2011/12</b>	<b>2165</b>
<b>Calendar Days Lost During 2012/13</b>	<b>2757</b>
<b>Calendar Days Lost During 2013/14</b>	<b>1481</b>
<b>Calendar Days Lost During 2014/15 YTD</b>	<b>2042</b>

Please also provide me with a breakdown of these figures for each year in the following categories: a) nurses b) doctors c) consultants.

Total number of sick days taken by nurses for stress-related illnesses:

a) 2010/11: xx

b) 2011/12: xx

c) 2012/13: xx

d) 2013/14: xx

d) 2014/15 YTD: xx

Answer: Please see the tables below;

Total number of sick days taken by nurses for stress-related illnesses	
Calendar Days Lost During 2010/11	1311
Calendar Days Lost During 2011/12	1405
Calendar Days Lost During 2012/13	1839
Calendar Days Lost During 2013/14	770
Calendar Days Lost During 2014/15 YTD	1138

Total number of sick days taken by doctors for stress-related illnesses:

- a) 2010/11: xx
- b) 2011/12: xx
- c) 2012/13: xx
- d) 2013/14: xx
- d) 2014/15 YTD: xx

Answer: Please see the table below;

Total number of sick days taken by doctors* for stress-related illnesses	
Calendar Days Lost During 2010/11	0
Calendar Days Lost During 2011/12	0
Calendar Days Lost During 2012/13	0
Calendar Days Lost During 2013/14	36
Calendar Days Lost During 2014/15 YTD	14
*Medical & Dental staff excluding consultants	

Total number of sick days taken by consultants for stress-related illnesses:

- a) 2010/11: xx
- b) 2011/12: xx
- c) 2012/13: xx
- d) 2013/14: xx
- d) 2014/15 YTD: xx

Answer: Please see the table below. We can confirm that there are no current Consultant employees with a record of sickness absence during this time.

Total number of sick days taken by consultants for stress-related illnesses:	
Calendar Days Lost During 2010/11	0
Calendar Days Lost During 2011/12	0
Calendar Days Lost During 2012/13	0
Calendar Days Lost During 2013/14	0
Calendar Days Lost During 2014/15 YTD	0

504/14

### Paediatric Medical Staffing

Under the Freedom of Information Act, please could you provide me with the following information regarding your Paediatric Medical Staffing.

Could you please supply this in an excel spreadsheet format.

1. The number of Consultants (Total and WTE) currently within the department  
**Answer: We currently employ 12 Consultants (10.53 FTE) within the department.**
2. The number of Middle grade doctors (Total and WTE) currently within the department  
**Answer: We currently employ 6 Middle Grade Doctors (5.80 FTE) within the department.**
3. The number of SHO's (Total and WTE) currently within the department  
**Answer: We currently employ 17 SHOs/Training Grade Doctors (16.71 FTE) within the department.**
4. What the overnight staff Rotas are?  
**Answer: We have full shift rotas at Middle Grade and Junior (SHO/F2) level. 'Out of hours' on the Middle Grade rota, each day we have x1 Doctor working at 9pm-9.30am, x1 at 9pm-5am and x1 at 9am-9.30pm. On the SHO rota, we have x2 doctors working 9pm-9.30am and x1 doctor working 9am-9.30pm**
5. What the 2013/14 total medical staff spend was?  
**Answer: We can confirm that the total spend for Paediatric medical staff during 2013/14 was £3,467,254.**
6. What the Gross paediatric income for 2013/14 was? Could I please have the full income generated for the paediatrics' department, this includes all activities.  
**Answer: We can confirm the value of income during this time period was £4,792,907.**

505/14

### Hip and Knee Replacements

I'd like to make a freedom of information request for some information regarding expenditure by supplier (e.g. Smiths Medical, Smith & Nephew etc.). This would relate to the purchase of Orthopaedic products for the latest year (and previous years if possible).

Specifically, I'm interested in products related to primary Hips and Knees procedures. This would include:

Hip Replacement:

- Primary cemented/cementless Femoral implants
- Metal/Ceramic/Bipolar/Unipolar Modular Heads
- Standard/Crosslinked polyethylene Acetabular cups
- Standard/Crosslinked/Ceramic/Metal modular Acetabular inserts

Knee Replacement:

- CR/PS Cemented/Cementless Femur Primary Bicondylar
- FB/MB Primary CR/CS/PS Articular Surfaces
- FB/MB Primary Cemented/Cementless Tibial Components
- Cemented/Cementless Tibial Components

I've attached an example of the data format I would find useful, which lists :



- The Supplier
- Order Quantity
- Unit Price or Order Value (both are listed)
- Item Description
- Order Date

Of course if the data has any further attributes these would also be useful.

**Answer: Please find enclosed with this letter a list of purchased components during 2013/14.**

**Orders for these items are placed in two different ways and on different systems with the five main suppliers used by the Trust. Please note that we may record item descriptions slightly different on our systems which may or may not cover your list above. Unfortunately, order date is not available for some supplier orders on our systems.**

**Unit price is withheld under Section 43 (Commercial Interests) as this relates to pricing structure.**

**506/14**

**Healthcare Chaplains**

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

Q1. Number of Chaplains As of 01/10/2014 Please state how many paid Health Care Chaplains were employed at your Trust:	<b>x9 chaplains (includes x2 current vacancies)</b>
Q2 Paid and Voluntary Chaplaincy hours As of 01/10/2014 Please state how many hours per week you employed Healthcare Chaplains for at your Trust:	
a How many paid chaplaincy hours were there per week?	<b>113 hours per week</b>
b How many voluntary chaplaincy hours were there per week?	<b>17 hours per week</b>
Q3 The Faith profile of your paid Chaplaincy. As of 01/10/2014 Please state how many hours per week you employed <u>paid</u> healthcare chaplains for at your Trust of the following faiths:	
1) Baha'i	<b>0 hours per week</b>
2) Buddhist	<b>0 hours per week</b>
3) Christian - Anglican	<b>83.5 hours per week (we work ecumenically so this covers point 4 below as well)</b>
4) Christian - excluding Roman Catholic	<b>0 hours per week</b>
5) Christian - Roman Catholic	<b>12.25 hours per week</b>
6) Hindu	<b>3.5 hours per week</b>

7) Jain	0 hours per week
8) Jewish	0 hours per week
9) Muslim	8.75 hours per week
10) Sikh	5 hours per week
11) Zoroastrian	0 hours per week
12) Other (please specify)	0 hours per week
Q4 The Faith profile of the Trust's patients. What were the recorded religions by percentage for patients in the year 2013-14?	
1) Baha'i	Please see the table below
2) Buddhist	Please see the table below
3) Christian - Anglican	Please see the table below
4) Christian - excluding Roman Catholic	Please see the table below
5) Christian - Roman Catholic	Please see the table below
6) Hindu	Please see the table below
7) Jain	Please see the table below
8) Jewish	Please see the table below
9) Muslim	Please see the table below
10) Sikh	Please see the table below
11) Zoroastrian	Please see the table below
12) Other (please specify)	Please see the table below

Religion	Number of Patients	Percentage of Total Number of Patients
Adventist	6	0.004%
Afro-Caribbean Religions	1	0.001%
Agnosticism	23	0.017%
Ahmadi	1	0.001%
Anglican	6	0.004%
Atheist	139	0.102%

<b>Babi &amp; Bahal Faiths</b>	<b>2</b>	<b>0.001%</b>
<b>Baptist</b>	<b>83</b>	<b>0.061%</b>
<b>Buddhist</b>	<b>4</b>	<b>0.003%</b>
<b>Cao Dai</b>	<b>1</b>	<b>0.001%</b>
<b>Chinese Evangelical Christian</b>	<b>1</b>	<b>0.001%</b>
<b>Christadelphian</b>	<b>36</b>	<b>0.026%</b>
<b>Christian (non-Catholic, non-specific)</b>	<b>545</b>	<b>0.399%</b>
<b>Christian Scientists</b>	<b>5</b>	<b>0.004%</b>
<b>Christian Spiritualist</b>	<b>2</b>	<b>0.001%</b>
<b>Church of England</b>	<b>19438</b>	<b>14.239%</b>
<b>Church of God of Prophecy</b>	<b>1</b>	<b>0.001%</b>
<b>Church of Ireland</b>	<b>18</b>	<b>0.013%</b>
<b>Church of Scotland</b>	<b>15</b>	<b>0.011%</b>
<b>Declined to give</b>	<b>390</b>	<b>0.286%</b>
<b>Druidism</b>	<b>1</b>	<b>0.001%</b>
<b>Elim Pentecostalist</b>	<b>1</b>	<b>0.001%</b>
<b>Evangelical Christian</b>	<b>12</b>	<b>0.009%</b>
<b>Free Church</b>	<b>1</b>	<b>0.001%</b>
<b>Greek Orthodox</b>	<b>21</b>	<b>0.015%</b>
<b>Hinduism</b>	<b>667</b>	<b>0.489%</b>
<b>Humanism</b>	<b>2</b>	<b>0.001%</b>
<b>Indian Orthodox</b>	<b>1</b>	<b>0.001%</b>
<b>Islam</b>	<b>2718</b>	<b>1.991%</b>
<b>Jainism</b>	<b>6</b>	<b>0.004%</b>
<b>Jehovahs Witnesses</b>	<b>95</b>	<b>0.070%</b>
<b>Judaism</b>	<b>9</b>	<b>0.007%</b>
<b>Latter Day Saints</b>	<b>7</b>	<b>0.005%</b>
<b>Meditation</b>	<b>2</b>	<b>0.001%</b>
<b>Methodism</b>	<b>654</b>	<b>0.479%</b>
<b>Muslim</b>	<b>726</b>	<b>0.532%</b>
<b>New Age</b>	<b>4</b>	<b>0.003%</b>
<b>Nonconformist</b>	<b>88</b>	<b>0.064%</b>
<b>non-Roman Catholic</b>	<b>12</b>	<b>0.009%</b>
<b>Not Known</b>	<b>106227</b>	<b>77.815%</b>
<b>Not Religious</b>	<b>745</b>	<b>0.546%</b>
<b>Orthodox</b>	<b>4</b>	<b>0.003%</b>
<b>Paganism</b>	<b>3</b>	<b>0.002%</b>
<b>Pentecostal</b>	<b>56</b>	<b>0.041%</b>
<b>Plymouth Brethren</b>	<b>1</b>	<b>0.001%</b>
<b>Presbyterian</b>	<b>1</b>	<b>0.001%</b>
<b>Protestant</b>	<b>6</b>	<b>0.004%</b>
<b>Quaker</b>	<b>1</b>	<b>0.001%</b>
<b>Rastafarian</b>	<b>6</b>	<b>0.004%</b>
<b>Reformed Christian</b>	<b>1</b>	<b>0.001%</b>

Reformed/Presbyterian	4	0.003%
Roman Catholic Church	2065	1.513%
Salvation Army Member	5	0.004%
Sikhism	1616	1.184%
Spiritualism	12	0.009%
Taoism	1	0.001%
United Reform	1	0.001%
Vodun	1	0.001%
Voodoo	1	0.001%
Zen Buddhism	9	0.007%
Zoroastrianism	2	0.001%
<b>Total</b>	<b>136512</b>	<b>100%</b>

507/14

### Independent providers of drug delivery services

I wish to request the following information:

If the amount of work required to comply with this requests exceeds the limit, could you only provide answers for biological drugs.

**Answer: The information detailed below relates to biological drugs only.**

1) Does your hospital provide a drug delivery service to patients at home?

**Answer: Not directly.**

- a. If yes for the years 11/12, 12/13, and 13/14 how much was spent on drugs delivered by this service, and how many patients did this service provide for?

**Answer: This is not applicable to our organisation.**

- b. Which drugs are provided in this service?

**Answer: This is not applicable to our organisation.**

- c. For each drug listed - for the years 11/12, 12/13, and 13/14:

**Answer: This is not applicable to our organisation.**

- i. How many patients received this drug:

At hospital

**Answer: This is not applicable to our organisation.**

- ii. At home

**Answer: This is not applicable to our organisation.**

- iii. How much was spent on this drug:

**Answer: This is not applicable to our organisation.**

- iv. For patients at hospital

**Answer: This is not applicable to our organisation.**

- v. For patients at home

**Answer: This is not applicable to our organisation.**

2) Do external provider(s) provide a drug delivery service to patients at home for your hospital?

**Answer: Yes**

a. If so which ones?

**Answer: Alcura, BUPA and Healthcare at Home.**

b. For each provider can you provide the same information requested in 1) a, b, and c

**Answer: Unfortunately, due to data quality issues, spend for Alcura, BUPA and Healthcare at Home would not be accurate. Our providers were also changed in November 2013. Therefore, spend on a drug basis has been provided in the last table as opposed to patient number basis. The drug spend is representative of those drugs booked to patients at home on our Pharmaceutical system.**

	Alcura	BUPA	Healthcare at Home
<b>Current Drugs Provided:</b>	Simponi	Fosteo, Orencia, Stelara	Cimzia, Enbrel, Humira

For part c(i), unfortunately, patient details are not recorded against invoice payments on our system in order to identify the number of patients who received each of these drugs at hospital.

For part c(ii.i), unfortunately, our invoice payment system does not record information broken down by drug which just covers patients at hospital.

For part c(ii.ii), how much was spent on these drugs for patients at home, please see the table below. Please note that the spend for Simponi, Forsteo, Orencia and Stelara for financial year 2013/14 is unavailable as providers were changed from Medco to Alcura and BUPA during that year.

		Simponi	Fosteo, Orencia, Stelara	Cimzia, Enbrel, Humira
<b>Financial Year 2012/13</b>	<b>Spend (£)</b>	17,243.93	23,684.93	821,309.39
<b>Financial Year 2013/14</b>	<b>Spend (£)</b>	90,380.95	26,691.77	1,013,663.09

508/14

## Early Discharge from Hospital

I wish to request the following information:

Does your hospital use an early discharge scheme, use virtual wards, or a recovery at home scheme (i.e. a scheme for individuals to be discharged early from hospital who still have a clinical need but lower acuity than is necessary to take up a hospital bed)?

**Answer: The hospital operates a discharge from day one process whereby patients are identified as early as possible in their admission as requiring input on discharge and section 2's issued to local authorities at this stage.**

**The Trust has a Community Matron in reach service which operates on a virtual ward which hold a caseload both in the Acute Trust and Community. Matrons will in reach and support discharge as well as manage their caseloads in the Community to prevent admissions.**

**The Trust has early discharge pathways such as the Intravenous (IV) pathway where patients can be discharged on IV medication and have this at home.**

**A virtual ward has only recently been implemented at our hospital. The key aim of the Walsall Healthcare NHS Trust Virtual ward is to:**

- **Care for acutely ill patients within the community to prevent avoidable hospital admissions and deliver care within patients own home environment. This may facilitate a reduced length of stay in the acute hospital as care is available outside of the hospital environment.**
- **Admission to the Virtual ward is determined by clinical/medical judgment and predictive modeling. Patients will remain under the care of the virtual ward for as long as their medical condition requires it.**
- **The ward also serves as a communication hub ensuring the transition period from hospital/higher levels of care is smooth and patients are monitored and reviewed appropriately. It acts as a hospital at home where care is reviewed by multidisciplinary teams with discharge planning and optimising independence being an integral aspect of care.**

- a. If yes does your hospital use an external provider or providers for this? If so which provider(s)?

**Answer: No, our Trust does not use an external provider for this as it is provided by services within the Trust.**

- b. Which wards use the scheme?

**Answer: All wards use the scheme mentioned above.**

- c. How many patients use the scheme each year (or quarter/month if available)?

**Answer: In relation to IV pathway patients, approximately 40 patients per month receive this care pathway in their own home.**

**There are approximately 200 patients on the virtual ward at any one time, there are approximately 400 patients on community matron caseloads at any one time and approx. 4500 patients on District Nursing caseloads at any one time. The virtual ward patients will be a subset of the caseloads of all of the above patient populations including Rapid Response.**

- d. i. Broken down by ward and provider?  
**Answer: Unfortunately, this data is not recorded by wards in order to provide you with this information. Provider information is not applicable.**
- e. What are the clinical criteria used to determine who gets an early discharge?  
**Answer: Any patient over the age of 18 who has a Walsall GP, or lives in the Walsall Area, deemed medically fit to not require an acute bed. Please find attached the IV pathway which details some exclusions medically.**

**509/14  
Cancelled Operations**

I wish to request the following information:

- 1) How many operations were cancelled in '13/'14?  
**Answer: We can confirm that 203 operations were cancelled during this time period.**
- 2) How many were cancelled because of a shortage of beds?  
**Answer: 105 were cancelled due to a shortage of beds.**
- 3) What is the breakdown of 1 and 2 by consultant specialty?  
**Answer: Please see the information below.**

<u>G.SURGERY</u>	<u>Total *</u>
Admin error	1
Critical care bed not available	12
Equipment failure/unavailable	2
List Overrun	19
Ward bed not available	20
<b>Total</b>	<b>54</b>

<u>UROLOGY</u>	<u>Total *</u>
Admin error	2
Critical care bed not available	3
List Overrun	10
Surgeon unavailable	2
Ward bed not available	6
<b>Total</b>	<b>23</b>

<u>T &amp; O</u>	<u>Total *</u>
Admin error	4
Critical care bed not available	7
Equipment failure/unavailable	6
List Overrun	14
Surgeon unavailable	2
Ward bed not available	32
<b>Total</b>	<b>65</b>

<u>ENT</u>	<u>Total *</u>
Admin error	2
Critical care bed not available	3

Emergencies/ Trauma	1
List Overrun	4
Surgeon unavailable	3
Ward bed not available	6
<b>Total</b>	<b>19</b>

<b>OPHTHALMOLOGY</b>	<b>Total *</b>
Equipment failure/unavailable	8
<b>Total</b>	<b>8</b>

<b>ORAL &amp; DENTAL</b>	<b>Total *</b>
Admin error	5
List Overrun	1
Surgeon unavailable	2
Ward bed not available	14
<b>Total</b>	<b>22</b>

<b>GYNAECOLOGY</b>	<b>Total *</b>
Critical care bed not available	1
List Overrun	10
Ward bed not available	1
<b>Total</b>	<b>12</b>

**Grand Total** **203**

**\*Total = Number of last minute cancellations in the qtr for non clinical reasons**

4) What is the breakdown of 1 by reason for cancellation?

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

**510/14  
Pest Control**

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

1. How many times have you had to call out pest control to deal with an infestation at any of your hospital premises in a) 2009/10 and b) 2013/14

**Answer: During 2009/10 and 2013-14 pest control were called 12 times due to infestations in both years.**

2. For each infestation, please list a) the type of vermin and b) the ward / department within the hospital which was affected

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

Date called out	Reason for call out	Area
02/04/2009	Rodents	External/Grounds ducting



09/04/2009	Silverfish	Ward
06/06/2009	Cockroach	Refuse room
15/06/2009	Flying ants	Education & Training centre
19/06/2009	Flying ants	Ward
01/07/2009	Ants	Neonatal
09/07/2009	Wasp nest	East wing
10/07/2009	Bed bugs	Accommodation
17/09/2009	Flys	Mortuary
25/09/2009	Pigeon chicks	East wing
09/12/2009	Mouse	Ward
12/02/2010	Bites	Ward
15/04/2013	Ants	Ward
03/05/2013	Earwigs	Ward
09/07/2013	Ants	Neonatal
05/08/2013	Wasp nest	Ward
08/08/2013	Wasps	Ward
09/09/2013	Flys	shower room
19/09/2013	Rats	Boiler room
12/10/2013	Mouse	Staff room
18/10/2013	Mouse	Staff room
17/12/2013	Mouse	Staff room
8/01/2014	Flies	Ward
31/03/2014	Mouse	HDU

511/14

#### Patients for Whom the NHS Trust receives a Recovery of NHS Charges

This is a freedom of information (Fol) request, in reference to your NHS Trust.

**Background:** The Compensation Recovery Scheme (CRS) is a scheme whereby costs incurred by NHS hospitals and Ambulance Trusts for treatment from injuries from road traffic accidents and personal injury claims are recovered; it is known as Recovery of NHS Charges. The scheme is governed by the Road Traffic (NHS Charges) Act 1999 and Part 3 of the Health and Social Care (Community Health and Standards) Act 2003 and administered by the Compensation Recovery Unit (CRU) (<https://www.gov.uk/government/collections/cru>), which is part of the Department for Work and Pensions (DWP). In order to calculate the appropriate amount of money to recoup, the CRU contact the Health Service Hospital detailed under the 'Hospitals Details' section on the CRU1 form ([https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/271325/cru1.rtf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/271325/cru1.rtf)). The NHS hospital subsequently provides details of whether NHS treatment was with or without admission to hospital, the number of admission days and ambulance charges.

As such, can you please provide the following pieces of information, broken down by year for the last 5 years (including 2014/15):

- Total and actual cost\* of all treatments for all patients for whom the NHS Trust receives a Recovery of NHS Charges / CRU1 notification form and/or provides details to the CRU about

whether NHS treatment was with or without admission to hospital, the number of admission days and ambulance charges.

(\*This is not the amount of money recouped or the data which is supplied to the CRU, but the real and actual costs of all the treatments for the patient.)

NOTE: The request is for a single monetary figure (£) for the entire NHS Trust – not individual figures for patients, departments, types of injuries, etc.

**Answer: Unfortunately, it is not possible to provide this information. Your request covers any treatment that a patient may receive from a road traffic accident or personal injury claim, this would be a huge amount of costings to identify for all conditions. As care and treatments are individual to a patient, the costs may be different as it would be linked to length of stay, diagnostic tests and staffing costs etc. Patients may also receive treatment over months or years. Some costs also would be estimates so it is not possible to provide accurate figures.**

**We would be grateful if you could narrow your request down. We do hold the number of patients we have referred to the CRU for recovery of NHS charges. If this is something you may find useful please let us know.**

512/14

#### **Longest Wait for Patient in A&E**

1. What was the single longest wait for a patient in your A&E department between Nov 1 2014 and Feb 28 2015 for a. treatment, or a decision to admit or discharge (as defined in the four hour standard) and

**Answer: We can confirm that the longest single wait for a patient in our A&E Department was 19 hours and 48 minutes. This related to a complex road traffic collision case and the patient was clinically unstable requiring intervention for many teams before a decision to admit could be made.**

b. admission or transfer to another hospital once a decision had been taken? Please give time of attendance, date and length of wait, and outcome eg a patient waited for 5 hours and 27 minutes before decision to admit after attending the unit at 00.1am on Jan 1/a patient waited eight hours and 45 minutes for a bed after decision to admit was taken at 11.23am on Feb 25

**Answer: We can confirm that the longest single wait for a patient to be admitted or transferred to another hospital was 12 hours and 32 minutes on the 4th January 2015. The reason recorded for the wait was that a bed was awaited.**

2. What were the comparable figures between Nov 1 2013 and Feb 28 2014?

**Answer: The longest single wait for a patient in our A&E Department during this time period was 18 hours.**

**The longest single wait for a patient to be admitted or transferred to another hospital during this time period was 12 hours. The reason recorded for the wait was that a bed was awaited.**

3. What were the comparable figures between Nov 1 2009 and Feb 28 2010?

**Answer: The longest single wait for a patient in our A&E Department during this time period was 16 hours and 32 minutes.**

**The longest single wait for a patient to be admitted or transferred to another hospital during this time period was 11 hours and 57 minutes. The reason recorded for the wait was that a bed was awaited.**

Just in case you need clarification in the first part of the request I am asking for the longest wait using the standard criteria involved in measuring four hour waits ie  
The clock starts from the time that the patient arrives in A&E and stops when the patient leaves the department on admission, transfer from the hospital or discharge

513/14

## Patients Treated who were Foreign Nationals

Pursuant to the Freedom of Information Act, I would like to request the following information please.

- The amount spent treating foreign nationals identified as being chargeable for the past two years, broken down by the financial years April 2012 - 2013 and April 2013 - 2014.

**Answer: The following figures represent the amounts which were chargeable when our Trust treated foreign nationals.**

<b>April 2012/13</b>	<b>£14,698</b>
<b>April 2013/14</b>	<b>£11,394</b>

The following points are only relevant to those hospitals which treat maternity patients. If your hospital does not, please reply saying that you have not treated any maternity patients.

- The amount spent treating foreign nationals identified as being chargeable for maternity care for the past two years, broken down by the financial years April 2012 - 2013 and April 2013 - 2014.

**Answer: We can confirm that our Trust did not provide maternity care to any overseas visitors during the financial year requested.**

- The amount of unpaid bills for treating foreign nationals identified as being chargeable for maternity care over the same period of time, broken down for the same financial years.

**Answer: This is not applicable to our Trust.**

- A list of patients who were foreign nationals identified as being chargeable and the country they were from, for the financial year April 2013- 2014.

**Answer: This is not applicable to our Trust.**

- The average cost for vaginal delivery and one night stay on the maternity ward at this hospital.

**Answer: The latest data available is for financial year 2013/14. Please see the table below. This information as well as a reference document is also available on the government.uk website using the following link;**

**<https://www.gov.uk/government/publications/nhs-reference-costs-2013-to-2014>**

Specialty	Description	Average Cost - Walsall Healthcare (£)	No. FCEs (£)	No. Inlier Bed Days (£)	Unit Cost per Excess Bed Day (£)	No. Excess Bed Days (£)
Obstetrics	Normal Delivery with CC Score 2+	2,670.32	31	81	247.03	5
Obstetrics	Normal Delivery with CC Score 1	2,701.09	34	87	305.67	5
Obstetrics	Normal Delivery with CC Score 0	2,271.08	124	286	297.45	41
Obstetrics	Normal Delivery with Epidural or Induction, with CC Score 2+	3,388.53	116	345	318.79	21
Obstetrics	Normal Delivery with Epidural or Induction, with CC Score 1	3,146.91	97	263	299.30	10
Obstetrics	Normal Delivery with Epidural or Induction, with CC Score 0	2,824.36	404	1,008	294.88	41
Obstetrics	Normal Delivery with Epidural and Induction, or with Post-partum Surgical Intervention, with CC Score 2+	3,894.81	39	123	309.49	8
Obstetrics	Normal Delivery with Epidural and Induction, or with Post-partum Surgical Intervention, with CC Score 1	3,311.39	58	160	80.02	1
Obstetrics	Normal Delivery with Epidural and Induction, or with Post-partum Surgical Intervention, with CC Score 0	3,193.17	160	441	209.91	1
Obstetrics	Normal Delivery with Epidural or Induction, and with Post-partum Surgical Intervention, with CC Score 2+	3,351.04	6	16		
Obstetrics	Normal Delivery with Epidural or Induction, and with Post-partum Surgical Intervention, with CC Score 1	2,971.48	7	18		
Obstetrics	Normal Delivery with Epidural or Induction, and with Post-partum Surgical Intervention, with CC Score 0	2,667.65	15	32		
Obstetrics	Normal Delivery with Epidural, Induction and Post-partum Surgical Intervention, with CC Score 2+	3,984.66	6	18		
Obstetrics	Normal Delivery with Epidural, Induction and Post-partum Surgical Intervention, with CC Score 1	3,120.97	12	34	308.23	3
Obstetrics	Normal Delivery with Epidural, Induction and Post-partum Surgical Intervention, with CC Score 0	3,122.33	18	47		
Obstetrics	Assisted Delivery with CC Score 2+	3,404.92	3	12		
Obstetrics	Assisted Delivery with CC Score 1	3,766.49	5	19	321.76	1
Obstetrics	Assisted Delivery with CC Score 0	2,580.53	15	35		
Obstetrics	Assisted Delivery with Epidural or Induction, with CC Score 2+	3,453.08	17	53	286.13	1
Obstetrics	Assisted Delivery with Epidural or Induction, with CC Score 1	3,267.68	13	37		
Obstetrics	Assisted Delivery with Epidural or Induction, with CC Score 0	3,268.64	73	185		

Obstetrics	Assisted Delivery with Epidural and Induction, or with Post-partum Surgical Intervention, with CC Score 2+	4,684.05	37	137	294.55	2
Obstetrics	Assisted Delivery with Epidural and Induction, or with Post-partum Surgical Intervention, with CC Score 1	3,878.03	41	126		
Obstetrics	Assisted Delivery with Epidural and Induction, or with Post-partum Surgical Intervention, with CC Score 0	3,366.78	108	291	318.44	5
Obstetrics	Assisted Delivery with Epidural or Induction, and with Post-partum Surgical Intervention, with CC Score 2+	2,765.44	1	2		
Obstetrics	Assisted Delivery with Epidural or Induction, and with Post-partum Surgical Intervention, with CC Score 1	2,882.48	5	13		
Obstetrics	Assisted Delivery with Epidural or Induction, and with Post-partum Surgical Intervention, with CC Score 0	3,129.48	4	13		
Obstetrics	Assisted Delivery with Epidural, Induction and Post-partum Surgical Intervention, with CC Score 2+	5,489.70	2	10		
Obstetrics	Assisted Delivery with Epidural, Induction and Post-partum Surgical Intervention, with CC Score 1	3,620.50	6	17		
Obstetrics	Assisted Delivery with Epidural, Induction and Post-partum Surgical Intervention, with CC Score 0	3,459.07	13	40		
Obstetrics	Planned Caesarean Section with CC Score 4+	2,911.20	29	89		
Obstetrics	Planned Caesarean Section with CC Score 2-3	3,072.28	134	378	326.78	5
Obstetrics	Planned Caesarean Section with CC Score 0-1	2,630.39	333	763	329.28	1
Obstetrics	Emergency Caesarean Section with CC Score 4+	7,347.90	48	243	105.59	41
Obstetrics	Emergency Caesarean Section with CC Score 2-3	4,756.90	197	834	253.21	25
Obstetrics	Emergency Caesarean Section with CC Score 0-1	3,673.32	535	1,767	289.48	12

- The average cost for caesarean section at this hospital.

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

- The amount spent treating foreign nationals from the EEA, or Switzerland who hold a EHIC card for the past two years, broken down by the financial years April 2012 - 2013 and April 2013 - 2014.

**Answer: Unfortunately, this is not centrally recorded in order to provide you with this information. Our Trust is currently trying to arrange for this information to be recorded on our patient administration system**

**514/14  
Hand Hygiene Audits**

Please send me:

A summary of the annual results of any Hand Hygiene Audits conducted within your NHS Acute Trust in the time period: January 1<sup>st</sup> 2005 – present. Including, if available, for each year:

- Number of opportunities
- Number of opportunities taken
- Number of opportunities not taken
- Details of the audit process(es) used

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

**Answer: Unfortunately, we do not have any summary documents that we can provide you with. We can however provide a summary for the aspects you request in the table below.**

Year	Total opportunities	Opportunities completed	% compliance
2007	Data not available	Data not available	80%
2008	Data not available	Data not available	80%
2009	Data not available	Data not available	95%
2010	355	343	97%
2011	328	314	96%
2012	Data not available	Data not available	96%
2013	External audit	External audit	63%
2014	Data not available	Data not available	80%

**Infection Control audits - Method**

The Infection Prevention and Control Team (IPCT) complete observations during routine visits to areas within the acute services and observed staff during their daily routine. The observations last between 15 and 20 minutes and ward staff are not made aware the observations are being completed.

The audit is based around the five moments of hand hygiene:

- Before patient contact
- After patient contact
- After exposure or potential exposure to blood and body fluids
- Before aseptic or clean procedures
- After contact with patient environments

515/14

### Claims made by Patients for Missing Property

Over the last three years, how many instances have the trust had of claims made by patients for property going missing from bedside (or other patient access) lockers/ cabinets?

**Answer: Please see below.**

Financial Year	Number of Claims for Patients Lost Property
2011/12	13
2012/13	23
2013/14	29

How much has the trust had to pay out to patients to reimburse or satisfy these claims?

**Answer: Please see below.**

Financial Year	Value Paid
2011/12	£2,400.27
2012/13	£4,519.01
2013/14	£9,225.67

Can you please send me the forename, surname and email address of, where in post, the following job holders:

Head of Pharmacy

**Answer: We do not release individual staff details below Director level. This information is withheld under Section 40 (Personal Information). The Director responsible for this service is Will Willson, Director of Pharmacy. His email address is [will.willson@walsallhealthcare.nhs.uk](mailto:will.willson@walsallhealthcare.nhs.uk) and his postal address is; Walsall Healthcare NHS Trust, Manor Hospital, Moat Road, Walsall, WS2 9PS**

Head of Medicine Management

**Answer: We do not release individual staff details below Director level. This information is withheld under Section 40 (Personal Information). The Director responsible for this service is Amir Khan our Medical Director. His email address is [amir.khan@walsallhealthcare.nhs.uk](mailto:amir.khan@walsallhealthcare.nhs.uk) and his postal address is; Walsall Healthcare NHS Trust, Manor Hospital, Moat Road, Walsall, WS2 9PS**

Lead Nurse, Medicine Management

**Answer: We do not release individual staff details below Director level. This information is withheld under Section 40 (Personal Information). The Director responsible for this service is Amir Khan our Medical Director. His email address is [amir.khan@walsallhealthcare.nhs.uk](mailto:amir.khan@walsallhealthcare.nhs.uk) and his postal address is; Walsall Healthcare NHS Trust, Manor Hospital, Moat Road, Walsall, WS2 9PS**

Head of Estates

**Answer: We do not release individual staff details below Director level. This information is withheld under Section 40 (Personal Information). The Director responsible for this service is Colin Plant, Director of Estates and Facilities. His email address is [colin.plant@walsallhealthcare.nhs.uk](mailto:colin.plant@walsallhealthcare.nhs.uk) and his postal address is; Walsall Healthcare NHS Trust, Manor Hospital, Moat Road, Walsall, WS2 9PS**

Manager of Estates

**Answer: We do not release individual staff details below Director level. This information is withheld under Section 40 (Personal Information). The Director responsible for this service is Colin Plant, Director of Estates and Facilities. His email address is**



[colin.plant@walsallhealthcare.nhs.uk](mailto:colin.plant@walsallhealthcare.nhs.uk) and his postal address is; Walsall Healthcare NHS Trust, Manor Hospital, Moat Road, Walsall, WS2 9PS

516/14

## Electronic Patient Records

Dear Freedom of Information representative of the Walsall Healthcare NHS Trust

1, What is the Trust's current policy / position regarding a trust wide Electronic Patient Record (EPR) in relation to acute, primary, secondary, tertiary, and community care. Where applicable kindly mention how the Trust is wishing to obtain a Trust wide EPR, and a paperless or paper-light environment, with relevant times scales and type of solution.

**Answer: Please see our IM&T Strategy (from page 9) which is attached with this letter.**

2, Kindly provide an up-to-date and granular Trust IT department structure chart containing positions and contact details, kindly ensure information relating to the Clinical Information Officer / Department is present.

**Answer: This is exempt under Section 21 (Information available by other means) as our Trust Informatics Department structure is available to access via our website using the following link:**

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

**Staff contact details are withheld under Section 40 (Personal Information) but our switchboard can be reached on 01922 721172**

3, Kindly provide information about which company has provided the Trust with a solution to support the following functionality / departments:-

Trust wide Electronic Patient Record  
Patient Administration System  
Emergency department Solution  
Maternity Solution  
Electronic observations / Early warning signs / Vital signs  
Theatre Management Solution  
Radiology Information System  
Radiology Images (PACS)  
Bed Management / Capacity  
Trust wide agenda / planning  
Clinical care portal  
Patient care portal  
Prescribing for oncology  
Pharmacy dispensing support  
Laboratory  
Electronic Ordering / Results  
Discharge paperwork  
Clinical documentation  
Sterilization  
Cardiology PAS  
Community PAS  
Paediatrics PAS  
Data Warehouse / Business Intelligence

While I understand that some trusts have one solution to support all the required functionality and departments, while other trusts will have many applications to support a single line of functionality, kindly supply details of the application that mostly supports the requirement. If you wish to add additional functionality / departments that are of importance, then kindly do so at the bottom of the list.

Therefore where possible:-

Kindly provide a product name and supplying company of the Trust's current IT solution that supports each functionality or department listed above, or state if the solution is developed in-house.

Kindly provide a contract end date, or end-of-life date for in house applications, for each component system.

Kindly indicate if additional companies can become involved in any current (or within the next three years) solution change process the Trust is undertaking regarding each functionality / department.

Kindly include further information the Trust deem as relevant.

This information can be best delivered back in an excel sheet with the above functionalities / departments as row titles and the below items as column headings:-

Functionality / Department

Product

Company name

Current end of life / contract end date

Solution change process occurring in the Trust in the next three years -

Additional Companies may be added as potential suppliers

No Additional Companies may be added as potential suppliers

Not Changing supplier

Not Applicable

Comments – for example, Expected start date for tender process / How companies can become involved.

A template has been uploaded to box.com for trusts to respond with. Kindly click on the following link to access, and / or use the email below if you have further questions.

<https://app.box.com/s/6vuy46nc42ws1rsciy0gxsvi2ivtlvdu>

**Answer: This information has been entered into a spreadsheet as requested and is attached with this letter.**

4, Kindly provide the Trust's Clinical Digital Maturity Index (CDMI).

**Answer: This is exempt under Section 21 (Information available by other means) as this can be found on the EHI Intelligence website using the following link:**

<http://www.ehi.co.uk/ehi-intelligence/>

5, What's the Trust's historical and projected annual spend on the above mentioned IT applications, such as licensing, maintenance and support.

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

6, Kindly provide details of strategic IT projects that the Trust are, will be, or are planning to carrying out over the next few years.

**Answer: Please see our IM&T Strategy which is attached with this letter.**

7, What internal or external to the trust information source (contact person or website) should be used by the external bodies to obtain more information about any upcoming tenders / change processes in connection with the replacement of solutions for the above listed functionalities / departments.

**Answer: All NHS tenders are advertised on relevant healthcare press media e.g. EHI, HSJ, Government tenders. You can contact CCS Crown Commercial services and/or the Department of Health or check these sites:**

EHI Intelligence=<http://www.ehi.co.uk/ehi-intelligence/>

Health Service Journal=<http://www.hsj.co.uk/home/tenders/>

NHS Business Services Authority=<https://nhsbsa.bravosolution.co.uk/web/login.shtml>

NHS Commercial Solution=<https://commercialsolutions.bravosolution.co.uk/web/login.shtml>

Walsall Healthcare NHS Trust Tendering Process=

<https://intendhost.co.uk/walsallhealthcarenhs/asp/home>

8, Who would be the most suitable person / position within the Trust to approach if more information is required, kindly provide their current contact details.

**Answer: The Procurement Department lead on upcoming tenders. You can contact them on telephone 01922 721172.**

**517/14**

**Number of Doctors and Total Spend**

Question 1:

How many doctors work at your trust in the following grades:

Please include trainees whether employed by a lead employer or employed locally and doctors employed on honorary clinical contracts. Please do not include doctors employed on zero hour contracts for bank locum purposes.

- Consultant
- Associate Specialist
- Specialty Doctor
- ST3+ level trainees or middle grade level trust doctors
- CT1-2 level trainees or lower level trust doctors
- Foundation year 2
- Foundation year 1

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

Role	Headcount
Associate Specialist (Closed)	4
Consultant	149
Foundation Year 1	35
Foundation Year 2	45
Specialty Doctor	48
CT1-2 level trainees or lower level trust doctors	44
ST3+ level trainees or middle grade level trust doctors	45

Question 2:

Can you please confirm your trust's total revenue spend for the financial year 2013/2014.  
**Answer: Our Trust's total revenue spend for financial year 2013/14 was £228,193,000**

**518/14  
 Benchmarking Tools**

The reason behind this request is to establish what benchmarking tools are available and how they are used. We are trying to understand how useful they are to the trust and whether these tools do what is required by the trust, such as aid decision making, forward planning, adjust and evaluate patient pathways and used to improve the quality of care provided to your patients.

Please find below a table of questions:

**Answer: We have completed two separate tables as we use a few different benchmarking tools. Please see the highlighted entries below.**

Does your trust use/have a Benchmarking tool(s)?	<b>Yes</b>	No
What is the name of the Tool that is currently being used within the trust?	<b>Dr Foster Quality investigator Healthcare Evaluation Data (HED)</b>	
Did the trust invest in a tool or was it developed internally?	<b>Invest</b>	Trust Development
How is the data presented within the trust?	<b>Dashboards</b>	<b>Tables</b>
	<b>Presentations</b>	Memos
	Other (please specify):	
What is the tool used for?	<i>(E.g.: Improve patient pathways)</i> <b>To provide intelligence of the Trusts performance compared to local and National averages.</b> <b>To identify financial and business opportunities around referrals from GPs.</b>	
Who/which team has responsible for maintaining/updating the tool?	<b>Tools are updated by Dr Foster based at Imperial College Healthcare London and HED based at University Hospitals Birmingham.</b>	
How is the tool updated/data collected?	Real time	Daily
	Weekly	Other(please specify): <b>Data is extracted from HES and SUS data carried by HSCIC.</b>
At what time period is the tool updated?	Weekly	<b>Monthly</b>
	Quarterly	Yearly
	Other (please specify):	
Who has access to the tool?	<b>Directors</b>	<b>Service Line Managers</b>
	<b>Managers</b>	<b>Leads</b>
	Ward/Departmental	Other(please

	Staff	specify):
Does the tool analyse patient level data?	<b>Yes</b>	No

Does your trust use/have a Benchmarking tool(s)?	<b>Yes</b>	No
What is the name of the Tool that is currently being used within the trust?	<b>Internal Benchmarking Monitoring Tool</b>	
Did the trust invest in a tool or was it developed internally?	Invest	<b>Trust Development</b>
How is the data presented within the trust?	<b>Dashboards</b>	<b>Tables</b>
	<b>Presentations</b>	Memos
	Other (please specify):	
What is the tool used for?	<b>The three areas highlighted above are collated against various key performance indicators and are then compiled into a report</b>	
Who/which team has responsible for maintaining/updating the tool?	<b>Performance Team</b>	
How is the tool updated/data collected?	Real time	Daily
	Weekly	Other (please specify): <b>Data is extracted from NHS England and from the Health &amp; Social Care Information Centre when data becomes available</b>
At what time period is the tool updated?	Weekly	<b>Monthly</b>
	Quarterly	Yearly
	Other (please specify):	
Who has access to the tool?	<b>Directors</b>	<b>Service Line Managers</b>
	<b>Managers</b>	<b>Leads</b>
	<b>Ward/Departmental Staff</b>	Other (please specify):
Does the tool analyse patient level data?	Yes	<b>No</b>

519/14

**Weight of the Heaviest Patients Treated**

1. What was the weight in kgs of the heaviest person treated at your hospital in the 2014 calendar year where the primary cause of their admission was recorded as obesity?

**Answer: Unfortunately, the specific weight of patients is not recorded on our Clinical Coding system in order to identify this information. This would be handwritten in patient records. We can however confirm that 93 patients were admitted with a primary diagnosis code of obesity.**

2. What was the weight in kgs of the heaviest baby born at your hospital in the 2014 calendar year?

**Answer: We can confirm that the heaviest baby born at our hospital weighed 12lbs 8 oz which equates to 5.6kgs.**

**520/14**

**Public Finance Initiatives**

The information I am requesting is:

- 1) Name of Premises/Project (if multiple locations involved please list each premise);
- 2) Primary use of building/project;
- 3) Annual Payment;
- 4) Capital Cost of Construction/Equipment;
- 5) Date Contract Started;
- 6) Length of Contract;
- 7) Any Additional Charges (for damage to premises/project additional services);
- 8) If contact cancelled please indicate the reason from one of the following:
  - Poor level of service
  - Not value for money
  - Other reason

**Answer: Please see the table below. This is also enclosed electronically in the questionnaire as requested.**

Name of Premises/Project	Primary use of building/project i.e. High School, General hospital	Annual Fee	Capital Cost of Construction/ Equipment	Date Contract Started	Length of Contract	Any other charges in addition to Annual Fee (damage to premises/project additional services) if so what was the amount.	Have any penalties applied for non-compliance of contracts, if so what was the amount.	If contract cancelled please indicate the reason from one of the following: 1. Poor level of service 2. Not value for money 3. Other reason	<u>Optional –</u> how would you rate the PFI for service delivery: 1- Low 2- Good 3- Excellent
Manor Hospital	Acute Hospital	£15.6m	£170m	20 Nov 2007	33 years	£330k (change to services)	£10K	Not applicable	Good



521/14

### Elective Work Outsourcing

Please tell me if the trust has outsourced any of its elective work to independent sector providers between September 2014 - March 2015?

**Answer: We can confirm that our Trust has outsourced some of its elective work since October 2014.**

If so, please tell me how many operations were outsourced in each month and how many in each specialty?

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

Specialty	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Total
T&O	1	10	7	3	11	19	51
General Surgery	-	-	3	10	3	18	34
Urology	-	-	-	2	9	14	25
<b>Total</b>	<b>1</b>	<b>10</b>	<b>10</b>	<b>15</b>	<b>23</b>	<b>51</b>	<b>110</b>

522/14

### Equipment and Adaptations for Obese Patients

I would like information relating to:

a) The amount of money spent by your NHS Trust on equipment and adaptations for obese patients over the last 5 years and a detailed break down on what exactly this money was spent on - i.e operating table, bariatric equipment, the widening of corridors, etc.

**Answer: We can provide spend on the purchasing of bariatric equipment for the last three financial years. Unfortunately, this information was not centrally recorded prior to April 2011. Our Trust is still finalising the 2014/15 spend so this is not available at the moment. We anticipate that information will be available around June 2015 if you would like to contact us again at this time to request this information.**

Financial Year	Bariatric Equipment Type	Amount spent on Purchasing the Equipment
2011-12	Toileting	£73
	Commode	£1,858
	Manual Handling	£2,183
	Walking aids	£399
	Perching Stools	£340
	Seating	£250
	Showering	£231
	Community Beds	£5,035
		<b>TOTAL £10,369</b>

Financial Year	Bariatric Equipment Type	Amount spent on Purchasing the Equipment
2012-13	Toileting	£192

	Commode	£1,575
	Manual Handling	£5,089
	Walking aids	£1,627
	Perching Stools	£907
	Seating	£7,193
	Showering	£1,976
	Community Beds	£2,850
		<b>TOTAL £21,409</b>

Financial Year	Bariatric Equipment Type	Amount spent on Purchasing the Equipment
2013-14	Toileting	£664
	Perching Stools	£524
	Shower Chairs	£2,425
	Walking Aids	£2,900
	Commodes	£4,638
	Community Beds	£2,156
	Other Equipment	£8,913
		<b>TOTAL £22,220</b>

We can also provide the spend on Specialist Bariatric bed rental costs in the last three financial years and the current year so far. We also currently own 15 bariatric beds in the community.

Financial Year	Specialist Bariatric Bed Rental (£)
2011-12	2,820
2012-11	10,156
2013-14	2,948
2014-15 (up to 20/03/15)	475

b) The amount of money specifically spent on larger toilets for obese patients or the adaption of toilets for obese patients over the last 5 years.

**Answer: We can confirm that no structural work to accommodate bariatric patients has been undertaken at Walsall Manor Hospital during this time period. However, in the new build which opened in 2010 at our hospital, the toilets are designed to take 30+ stone in weight.**

**Commodoes are purchased by our organisation for patients on the understanding that patients return them when no longer required. Please see the tables above for spend on commodes.**

**523/14**

### **Staff Smoking Policy Breaches**

Please could you provide me with the following:

The number of NHS staff at the trust who have been disciplined for breaching the trust's smoking policy.

Please provide, if possible, a breakdown by staff department, date of incident and nature of the breach of policy (smoking, smelling of smoke, helping patients smoke, etc.)

Please provide figures from 2010 onwards, unless this will exceed the number of working hours permitted to respond to an FOI. Should this be the case please provide figures for 2013 onwards.

By "smoking" I mean the smoking of tobacco or of electronic cigarettes.

By "disciplined" I mean staff who have received a verbal warning, written warning, formal warning or undergone disciplinary action.

By "breaching the trust's smoking policy" I mean staff who have been censured for smoking, smelling of cigarette smoke, assisting patients who wish to smoke, selling tobacco products or using e-cigarettes.

If the trust does not have a specific smoking policy but does discipline staff for smoking under a different area of regulations, please provide those figures in lieu.

**Answer: We can confirm that our Trust has not disciplined any member of staff for smoking whilst on duty.**

**524/14**

### **Public Health Funerals**

Does this Trust conduct Public Health Funerals (burials of individuals with no known family or

1. next of kin)?

**Answer: Yes, our Trust does arrange funerals for deceased patients who have no known next of kin.**

2. How many public Health funerals has the Trust conducted since January 2014 to the present (if applicable)?

**Answer: Approximately 15 adult funerals are recorded as being arranged by our Trust since January 2014.**

3. Can you list the names of all the deceased individuals the Trust has carried out public Health funerals for since January 2014 (if applicable)

**Answer: Please note that this information was also released in the local press at the time. Unfortunately, prior to September 2014, this information was not centrally recorded so we are not able to provide this.**

<u>Name</u>	<u>Year of Birth</u>	<u>Year of Death</u>
James Doran	1939	2014
Victor Coussens	1930	2014
David Northall	1950	2014
Alfred Brindley	1927	2014

<b>Charles Latham</b>	<b>1923</b>	<b>2014</b>
<b>Myrna Lunn</b>	<b>1942</b>	<b>2015</b>
<b>Roger Lomas</b>	<b>1945</b>	<b>2015</b>
<b>Colin Harris</b>	<b>1935</b>	<b>2015</b>
<b>Dawn Miller</b>	<b>1965</b>	<b>2015</b>
<b>Susie Walker</b>	<b>1984</b>	<b>2015</b>
<b>John Birch</b>	<b>1945</b>	<b>2015</b>
<b>Malcolm Steatham</b>	<b>1941</b>	<b>2015</b>

4. Can you list the last known address of all the deceased individuals the Trust has carried out public Health funerals for since January 2014 (if applicable)  
**Answer: This information is withheld under Section 40 (Personal Information).**
5. Can you list the date of birth and date of death of all the deceased individuals the Trust has carried out public Health funerals for since January 2014 (if applicable)  
**Answer: Date and month of death as well as day and month of birth is withheld under Section 40 (Personal Information). Year of birth is detailed above as this information was released in the local press at the time.**
6. Can you list whether or not the deceased individuals the Trust has carried out public Health funerals for since January 2014 details have been referred, or will be referred (or even might be referred) to the Treasury solicitor (if applicable).  
**Answer: The referral of deceased's accounts to a Treasury Solicitor is only completed when a deceased patient is admitted with a property value over £500 and is kept by the Trust for safe keeping. The referral to the Treasury Solicitor is currently completed by our Finance Department. If the deceased has property or valuables kept outside of the Trust, the responsibility for the referral to the Treasury Solicitor, falls to the executor or deceased's bank.**  
**We can confirm that none of the public health funerals listed above have been referred to the Treasury Solicitor by our organisation.**
7. Has the Trust passed on any of this information (or similar information) on an informal basis or as a formal FOI request to another individual or company, if yes, what is the name of the individual/ company  
**Answer: We are not aware of any other requests that cover this timeframe for this information.**
8. Is there an individual or department in charge of carrying out the Trusts public Health Funerals? If yes, can you send me their names, emails and phone numbers?  
**Answer: Our General Office arrange funerals for deceased patients who have no known next of kin. Staff details are withheld below Director under Section 40 (Personal Information).**  
**The Divisional Director responsible for this service is Rachael Benson and he can be contacted on telephone number 01922 721172. His email address is [rachael.benson@walsallhealthcare.nhs.uk](mailto:rachael.benson@walsallhealthcare.nhs.uk)**
9. What is the name of the person(s) who refers information to the Treasury Solicitor? Can you send me their name, email and phone number?  
**Answer: Please see the answer above for the contact details of the Director responsible for the General Office Service who arrange funerals.**

I would like to request data on the number of inpatient Laparoscopic Hernia Surgery Episodes done within your trust during the period 1<sup>st</sup> January 2014 – 31<sup>st</sup> December 2014. In particular I would like the results broken down by numbers of surgeries done for the following:

1. T20.2 Primary repair of inguinal hernia using prosthetic material (There is usually an additional code of Y75.1 OR Y75.2 assigned to indicate the surgery was done laparoscopically)  
**Answer: 12 inpatients matched this criteria on our system.**
2. T21.2 Repair of recurrent inguinal hernia using prosthetic material (There is usually an additional code of Y75.1 OR Y75.2 assigned to indicate the surgery was done laparoscopically)  
**Answer: 1 inpatient matched this criteria on our system.**
3. T24.2 Repair of umbilical hernia using prosthetic material (There is usually an additional code of Y75.1 OR Y75.2 assigned to indicate the surgery was done laparoscopically)  
**Answer: 7 inpatients matched this criteria on our system.**
4. T25.2 Primary repair of incisional hernia using insert of prosthetic material (There is usually an additional code of Y75.1 OR Y75.2 assigned to indicate the surgery was done laparoscopically)  
**Answer: 26 inpatients matched this criteria on our system.**
5. T26.2 Repair of recurrent incisional hernia using insert of prosthetic material (There is usually an additional code of Y75.1 OR Y75.2 assigned to indicate the surgery was done laparoscopically)  
**Answer: 1 inpatient matched this criteria on our system.**
6. T27.2 Repair of ventral hernia using insert of prosthetic material (There is usually an additional code of Y75.1 OR Y75.2 assigned to indicate the surgery was done laparoscopically)  
**Answer: 8 inpatients matched this criteria on our system.**

**526/14**

**NHS Commissioner Fines**

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

1. How much money has your NHS trust been fined by NHS Commissioners for failing to meet contract targets in the financial years a) 2011-2012, b) 2012-2013, c) 2013-2014 and d) 2014-2015 to date?

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

<b>2011/12</b>	<b>£431,988</b>
<b>2012/13</b>	<b>£260,587</b>
<b>2013/14</b>	<b>£451,565</b>
<b>2014/15 (up to October 2014)</b>	<b>£833,333</b>

2. Please breakdown the above figures (1. a-d) by (all) category of fine (such as A+E waiting times, Clostridium Difficile, cancer waiting times etc.)

**Answer: Please see the breakdown detailed below.**

**2011/12**

<b>Choose &amp; Book</b>	<b>£45,000</b>
<b>Electronic Discharge Summaries</b>	<b>£45,000</b>
<b>Mixed Sex Accommodation</b>	<b>£16,988</b>
<b>Outpatient Letters</b>	<b>£30,000</b>
<b>SI Breach</b>	<b>£285,000</b>

smoking in pregnancy	£10,000
<b>Grand Total</b>	<b>£431,988</b>

### 2012/13

Outpatient Letters	£35,000
Electronic Discharge Summaries	£25,000
Choose & Book	£27,000
18 Weeks RTT	£82,810
SI Breach	£90,777
<b>Grand Total</b>	<b>£260,587</b>

### 2013/14

Ambulance handover	£70,200
18 Weeks RTT	£63,557
Electronic Discharge Summaries	£25,000
Outpatient Letters	£20,000
Operations Cancelled	£9,494
Zero Tolerance MRSA	£2,755
A&E 4 hr Wait	£64,936
SI Breach	£143,108
<b>Grand Total</b>	<b>£399,050</b>

### 2014/15

SI Breach	£90,000
Cancer waiting times	£16,890
Missing NHS No	£1,814
Electronic Discharge Summaries	£15,200
Ambulance handover	£78,435
A&E 4 hr Wait	£202,540
Diagnostic Wait	£23,915
18 Weeks RTT	£404,538
<b>Grand Total</b>	<b>£833,332</b>

**527/14**

#### **Mobile Devices**

RE: Infection potential of mobile devices when used in the healthcare environment.

As such, please can you provide me with all current policies or guidelines that make reference to the use and management of mobile phones and tablet devices in the healthcare environment, by staff, service users, and visitors – this applies to both personal and institutionally-owned devices.

I am requesting a copy of all policies that make reference to the use and management of mobile devices in any context within the Trust, not just infection control.

Definition of terms:

- Tablet devices – any handheld/mobile tablet computer, for example, but not restricted to, the Apple iPad.
- Healthcare environment – institution or area where NHS patients or service users are cared for.

**Answer: Please find enclosed a copy of our IM&T Policy and Policy for Hospital Issued Mobile Telephones as requested. Please note that the mobile telephone policy is currently being reviewed and updated.**

**With our Trust's Hand Hygiene Policy the device should not become contaminated and therefore not pose a healthcare infection risk. A copy of our Hand Hygiene Policy is also enclosed with this letter for your information.**

**Our Trust does not currently use tablet devices routinely.**

#### **528/14 Anaesthetics**

Please provide:

- For the NHS year 2013/14, the number of procedures (split by day case and inpatient (inpatient procedures should not include day case procedures – the two cohorts should be mutually exclusive)) where the following drugs were used for the induction of anaesthesia:
  - o Sevoflurane
  - o Isoflurane
  - o Desflurane
  - o Propofol

**Answer: Unfortunately, anaesthesia data is not recorded on our systems in order to provide this information.**

**We can confirm that most of our patients have Propofol given Intravenously for Induction of anaesthesia. We rarely use Desflurane and Isoflurane for inhalational induction, but sometimes use Sevoflurane for inhalational induction especially in patients that have needle phobia or children.**

**Most of our patients are maintained with either Sevoflurane or Desflurane with a small proportion being maintained with Propofol and Isoflurane.**

- For the NHS year 2013/14, the number of procedures (split by day case and inpatient (inpatient procedures should not include day case procedures – the two cohorts should be mutually exclusive)) where the following drugs were used for the maintenance of anaesthesia:
  - o Sevoflurane
  - o Isoflurane
  - o Desflurane
  - o Propofol

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

#### **529/14 Digital Dictation**

Please could you supply me with answers correct as of today, 24<sup>th</sup> of March 2015 for the following questions?

1) Does the Trust currently use a digital dictation or speech recognition workflow solution Trust wide or within any departments. If so which solution do you use and where?

**Answer: Yes, Escription, a Nuance product is used to produce outpatient clinic letters across all outpatient clinic areas. Our Imaging Department also use talking point a GHG product for speech recognition, as well as integrated digital dictation system into the radiology system provided by HSS.**

2) How long is the contract and when is the contract due for renewal? Please include any extensions the Trust may take advantage of and a breakdown of costs. (I.E the initial outlay for hardware and implementation, and any recurring costs such as license fee and maintenance)

**Answer: With regards to Escription – the contract was taken out in April 2013 and was for a period of 3 years. No decision has been made yet on what the Trust is going to do from April next year. The Trust has spent approximately £45,094.50 over the last 2 years in hardware for the system (there was an initial outlay when our Trust started with a pilot of the system as we were a lighthouse site – then we went to tender). The yearly site wide license and maintenance is £120,000.**

3) If the Trust currently don't have a solution in each department, does the Trust have any plans to implement such systems either trust wide or on a departmental basis? If so, who will be overseeing this procurement?

**Answer: Our Trust is looking to implement a new dictation system for Blood Sciences. Staff details are withheld below Director level under Section 40 (Personal Information). The Director responsible for Procurement Services is Ian Baines.**

4) If Digital Dictation is in place, do the Trust have any plans to move to a speech recognition solution to support paperless NHS 2018? If so, when?

**Answer: Escription is a speech to text system. As yet there are no plans to move to a full speech record system.**

5) What volume of documents do the Trust send for outsourced transcription, and at what cost?

**Answer: Our Trust do not outsource any documents for transcription.**

**530/14**

#### **Finance Department Structure**

Can you please send me an organogram of the finance department at the trust

**Answer: This is exempt under Section 21 (Information available by other means) as our Trust's Financial Department structure is available to access via our website using the following link:**

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

**531/14**

#### **Strategy**

Could you please tell me whether your NHS Trust has a formal strategy (not policy) in place to recognise the value (both training and personal development) of an employee being a member of the Royal Air



Force Medical Reserves? If not, a simple “no” will be fine however, if you do could I possibly have a copy for my research?

**Answer: No, our Trust does not have a strategy in place which covers this.**

**532/14**

### **Agency Nursing Spend**

We would like the Trust to answer the following questions as instructed under the above Act;

1. Who is your Director of Nursing and their email address  
**Answer: Kathryn Halford is our Director of Nursing. Her email address is; [kathryn.halford@walsallhealthcare.nhs.uk](mailto:kathryn.halford@walsallhealthcare.nhs.uk)**
2. Who is your Procurement Director and their email address  
**Answer: Ian Baines is the Director responsible for this Service. His email address is; [ian.baines@walsallhealthcare.nhs.uk](mailto:ian.baines@walsallhealthcare.nhs.uk)**
3. Who is responsible for Agency Nursing within the Trust, and their email address  
**Answer: Kathryn Halford is our Director responsible for Agency Nursing within the Trust. Her email address is; [kathryn.halford@walsallhealthcare.nhs.uk](mailto:kathryn.halford@walsallhealthcare.nhs.uk)**
4. What procurement Framework is the Trust currently aligned to for Agency Nursing i.e. CCS, HTE, LPP or no framework  
**Answer: HTE**
5. Please provide us with Nursing Agency spend by Band from 2-8 across General, Critical, Midwifery and Community specialty  
**Answer: Unfortunately, our invoice payment system does not record agency spend by individual banding or job role so we are not able to provide this breakdown. We can provide the following spend by band groupings below;**

**Nursing Bands 5-7**  
**2013/14 - £3,321,270**  
**2014/15 (up to Feb15) - £3,320,809**

**HCA Bands 2-3**  
**2013/14 - £1,317,231**  
**2014/15 (up to Feb15) - £799,078**

**The above figures relate to when invoice payments are made and not necessarily when the shift occurred. Please note that we may still be processing invoices recently received.**

6. How many Nursing agencies have provided Nursing staff to you in the last 12mths, and how many are ‘on’ or ‘off’ framework  
**Answer: 28 agencies are currently used by our Trust, 9 of which are non-framework.**
7. A breakdown by hours and/or shifts that your current Nursing Agencies have filled in last 12mths  
**Answer: 12,566 shifts.**

533/14

### Pregnant Mothers

Could you let me know how many babies were born to mothers who had abused/ taken drugs during pregnancy each year for the past 5 years including 2014-2015.

**Answer: We can provide the number of births where babies had withdrawal symptoms due to maternal drug use and births where there was a history of maternal drug use.**

Financial Year	Grouping	Total Births
2010/11	Birth where baby has withdrawal symptoms due to maternal drug use	7
2010/11	Birth where there is a history of maternal drug use but baby did not show any withdrawal symptoms	8
2011/12	Birth where baby has withdrawal symptoms due to maternal drug use	21
2011/12	Birth where there is a history of maternal drug use but baby did not show any withdrawal symptoms	14
2012/13	Birth where baby has withdrawal symptoms due to maternal drug use	19
2012/13	Birth where there is a history of maternal drug use but baby did not show any withdrawal symptoms	13
2013/14	Birth where baby has withdrawal symptoms due to maternal drug use	8
2013/14	Birth where there is a history of maternal drug use but baby did not show any withdrawal symptoms	11
2014/15 (up to Feb15)	Birth where baby has withdrawal symptoms due to maternal drug use	17
2014/15 (up to Feb15)	Birth where there is a history of maternal drug use but baby did not show any withdrawal symptoms	11

How many babies were born showing neo-natal withdrawal symptoms each year for the past five years.

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

Could you also let me know from the mothers who had taken drugs what was the breakdown for each type of drugs e.g. heroin, cocaine

**Answer: Unfortunately, the type of drug is not recorded on our systems in order to provide you with this information.**

534/14

### Foreign Nurses

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

*1 - How many nurses that were recruited from overseas (non-UK) in a) 2013/14 and b) 2012/13 have been referred to the Nursing and Midwifery Council?*

**Answer: Our Trust has not recruited any overseas Nurses during this time period.**

*2 - For each case, please specify why they were referred (ie reason for referral) and the outcome of the referral (eg under investigation, referral for disciplinary hearing, or any sanction).*

**Answer: This is not applicable to our organisation.**

*3 - Please include a breakdown by nationality of those nurses that were referred.*

**Answer: This is not applicable to our organisation.**

535/14

**Number of Patients Bitten or Struck by a Dog**

Please may I request the following:

1) The number of cases recorded under the ICD-10 code W54 (Bitten or struck by dog) in your acute trust between January 2010 and March 2015 inclusive on a month-by-month basis, in whichever format is easiest to supply;

**Answer: The table below details any matches recorded in any of the diagnosis positions between 1<sup>st</sup> January 2010 and 28<sup>th</sup> February 2015. Where no month is displayed, no patients were identified.**

Month of Attendance	Number of Patients
Jan 2010	1
Apr 2010	1
May 2010	1
Jun 2010	2
Aug 2010	2
Sep 2010	1
Dec 2010	1
Jan 2011	2
Jun 2011	2
Jul 2011	2
Aug 2011	3
Sep 2011	1
Oct 2011	1
Nov 2011	1
Jan 2012	1
Mar 2012	2
May 2012	1
Aug 2012	1
Jan 2013	4
May 2013	1
Jun 2013	1
Jul 2013	3
Aug 2013	2
Sep 2013	1
Jan 2014	2
Feb 2014	4
Apr 2014	1
May 2014	4
Jun 2014	3
Jul 2014	1
Aug 2014	4
Sep 2014	1
Oct 2014	2
Nov 2014	2
Dec 2014	1

2) A list of the age, gender and treatment speciality code of each patient recorded under the ICD-10 code W54 (Bitten or struck by dog) in your acute trust between January 2010 and March 2015 inclusive on a month-by-month basis, in whichever format is easiest to supply; and

**Answer: The table below details any matches recorded in any of the diagnosis positions between 1<sup>st</sup> January 2010 and 28<sup>th</sup> February 2015. Where no month is displayed, no patients were identified.**

Month of Attendance	Age of Patient	Gender of Patient	Treatment Code
Jan 2010	16	Male	110
Apr 2010	34	Female	110
May 2010	42	Male	110
Jun 2010	14	Male	110
Jun 2010	65	Female	110
Aug 2010	11	Male	110
Aug 2010	44	Male	110
Sep 2010	33	Male	110
Dec 2010	22	Male	110
Jan 2011	18	Female	120
Jan 2011	34	Male	110
Jun 2011	32	Female	502
Jun 2011	86	Female	110
Jul 2011	24	Male	110
Jul 2011	49	Male	110
Aug 2011	12	Female	100
Aug 2011	46	Male	110
Aug 2011	58	Female	100
Sep 2011	43	Male	110
Oct 2011	9	Male	110
Nov 2011	73	Female	300
Jan 2012	20	Female	110
Mar 2012	16	Male	110
Mar 2012	45	Male	110
May 2012	18	Male	100
Aug 2012	26	Female	100
Jan 2012	24	Male	110
Jan 2013	39	Male	120
Jan 2013	54	Female	110
Jan 2013	81	Female	110
May 2013	49	Male	110
Jun 2013	52	Male	110
Jul 2013	20	Female	110
Jul 2013	37	Male	110
Jul 2013	64	Male	110
Aug 2013	44	Male	110

Aug 2013	70	Male	300
Sep 2013	40	Male	300
Jan 2014	26	Male	110
Jan 2014	50	Male	110
Feb 2014	12	Male	110
Feb 2014	32	Female	110
Feb 2014	63	Male	110
Feb 2014	68	Female	110
Apr 2014	15	Male	420
May 2014	5	Male	110
May 2014	42	Female	110
May 2014	43	Female	100
May 2014	58	Male	110
Jun 2014	4	Female	420
Jun 2014	42	Female	110
Jun 2014	88	Female	110
Jul 2014	59	Female	110
Aug 2014	39	Male	110
Aug 2014	47	Male	110
Aug 2014	59	Female	110
Aug 2014	61	Male	300
Sep 2014	20	Male	120
Oct 2014	38	Female	110
Oct 2014	57	Female	110
Nov 2014	24	Female	110
Nov 2014	35	Female	110
Dec 2014	2	Male	420

3) The number of operations carried out on patients recorded under the ICD-10 code W54 (Bitten or struck by dog) in your acute trust between January 2010 and March 2015 inclusive on a month-by-month basis, in whichever format is easiest to supply.

**Answer: The table below details any matches recorded in any of the diagnosis positions between 1<sup>st</sup> January 2010 and 28<sup>th</sup> February 2015. Where no month is displayed, no patients were identified.**

Month Of Attendance	Number of Patients
Jan 2010	1
Apr 2010	1
May 2010	1
Jun 2010	2
Aug 2010	1
Jan 2011	2
Jun 2011	1
Jul 2011	1
Aug 2011	3

Sep 2011	1
Oct 2011	1
Jan 2012	1
Mar 2012	2
Aug 2012	1
Jan 2013	3
May 2013	1
Jun 2013	1
Jul 2013	2
Aug 2013	1
Sep 2013	1
Jan 2014	2
Feb 2014	3
May 2014	2
Jun 2014	2
Aug 2014	4
Sep 2014	1
Oct 2014	2
Nov 2014	2

**536/14  
Oesophageal Cancer**

Under the Freedom of Information Act, please provide figures for your Trust, for (i) 2011/12, (ii) 2012/13 and (iii) 2013/14:

1. No. of patients diagnosed with Barrett’s oesophagus (Specify time period)

**Answer: The figures below cover 1<sup>st</sup> April 2011 to 31<sup>st</sup> March 2014 where diagnosis or procedure fits the coding for this condition not just primary diagnosis.**

2011/12	208
2012/13	169
2013/14	167

a. Of those diagnosed with Barrett’s oesophagus, the number with high grade dysplasia

**Answer: Unfortunately, our clinical coding system does not break down conditions by type so we are unable to provide this information.**

b. Of those diagnosed with Barrett’s oesophagus, the number with low grade dysplasia

**Answer: Unfortunately, our clinical coding system does not break down conditions by type so we are unable to provide this information.**

2. No. of patients under surveillance with Barrett’s oesophagus

**Answer: Unfortunately, our clinical coding system does not record this data so we are unable to provide this information.**

a. Of those under surveillance, the number with high grade dysplasia

**Answer: Unfortunately, our clinical coding system does not record this data so we are unable to provide this information.**

b. Of those under surveillance, the number with low grade dysplasia

**Answer: Unfortunately, our clinical coding system does not record this data so we are unable to provide this information.**

3. No. of patients diagnosed with oesophageal adenocarcinoma

**Answer: As type of cancer is not separately coded on our system, we are only able to provide the number of patients who were diagnosed with cancer of the oesophagus. Please see the figures below.**

2011/12	69
2012/13	70
2013/14	67

4. No. of patients diagnosed with Barrett's oesophagus who had an endoscopic mucosal resection (EMR)

**Answer: Unfortunately, we can only provide the number of patients who were diagnosed with cancer of the oesophagus who had a procedural code of endoscopic musical resection (EMR). Please see the figures below.**

2011/12	0
2012/13	0
2013/14	0

a. Of those who had EMR, the number for low grade dysplasia

**Answer: Unfortunately, our clinical coding system does not break down conditions by type so we are unable to provide this information.**

b. Of those who had EMR, the number for high grade dysplasia

**Answer: Unfortunately, our clinical coding system does not break down conditions by type so we are unable to provide this information.**

c. Of those who had EMR, the number for intramucosal cancer

**Answer: Unfortunately, our clinical coding system does not record this information, type of cancer is not separately coded.**

5. No. of patients diagnosed with Barrett's oesophagus who had radiofrequency ablation (RFA) without EMR

**Answer: Unfortunately, we can only provide the number of patients who were diagnosed with cancer of the oesophagus who had a procedural code of radiofrequency ablation (RFA). Please see the figures below.**

2011/12	0
2012/13	0
2013/14	0

a. Of those who had RFA, the number for low grade dysplasia

**Answer: Unfortunately, our clinical coding system does not break down conditions by type so we are unable to provide this information.**

b. Of those who had RFA, the number for high grade dysplasia

**Answer: Unfortunately, our clinical coding system does not break down conditions by type so we are unable to provide this information.**

c. Of those who had RFA, the number for intramucosal cancer

**Answer: Unfortunately, our clinical coding system does not record this information, type of cancer is not separately coded.**

6. No. of patients diagnosed with Barrett's oesophagus who had EMR followed by radiofrequency ablation (RFA)

**Answer: Unfortunately, we can only provide the number of patients who were diagnosed with cancer of the oesophagus who had a procedural code of EMR and endoscopic mucosal resection (EMR). Please see the figures below.**

2011/12	0
2012/13	0
2013/14	0

a. Of those who had RFA, the number for low grade dysplasia

**Answer: Unfortunately, our clinical coding system does not break down conditions by type so we are unable to provide this information.**

b. Of those who had RFA, the number for high grade dysplasia

**Answer: Unfortunately, our clinical coding system does not break down conditions by type so we are unable to provide this information.**

c. Of those who had RFA, the number for intramucosal cancer

**Answer: Unfortunately, our clinical coding system does not record this information, type of cancer is not separately coded.**

7. No. of patients diagnosed with Barrett's oesophagus treated with photodynamic therapy

**Answer: Unfortunately, we can only provide the number of patients who were diagnosed with cancer of the oesophagus who had a procedural code for photodynamic therapy. Please see the figures below.**

2011/12	0
2012/13	0
2013/14	0

8. No. of patients diagnosed with Barrett's oesophagus treated with cryotherapy

**Answer: Unfortunately, we can only provide the number of patients who were diagnosed with cancer of the oesophagus who had a procedural code for cryotherapy. Please see the figures below.**

2011/12	0
2012/13	0
2013/14	0

9. No. of patients diagnosed with Barrett's oesophagus who had an antireflux operation

**Answer: Unfortunately, we can only provide the number of patients who were diagnosed with cancer of the oesophagus who had a procedural code for an antireflux operation. Please see the figures below.**

2011/12	1
2012/13	1
2013/14	1



10. No. of patients diagnosed with Barrett's oesophagus who had an Oesophagectomy

**Answer: Unfortunately, we can only provide the number of patients who were diagnosed with cancer of the oesophagus who had a procedural code for oesophagectomy. Please see the figures below.**

2011/12	0
2012/13	0
2013/14	0

11. Total no. of patients treated for oesophageal cancer

**Answer: We are only able to provide the number of patients who were diagnosed with cancer of the oesophagus. All of these patients though would receive treatment. Please see the figures below.**

2011/12	69
2012/13	70
2013/14	67

a. Adenocarcinoma

**Answer: Unfortunately, our clinical coding system does not record this information, type of cancer is not separately coded.**

b. Squamous cell carcinoma

**Answer: Unfortunately, our clinical coding system does not record this information, type of cancer is not separately coded.**

c. Other cancer types

**Answer: Unfortunately, our clinical coding system does not record this information, type of cancer is not separately coded.**

12. Total no. of patients treated for oesophageal cancer who had previously been diagnosed with Barrett's oesophagus

**Answer: We can confirm that 3 patients during 2013/14 who were treated for cancer after a diagnosis of Barrett's oesophagus.**

13. No. of patients with high grade dysplasia put back into surveillance without any other treatment

**Answer: Unfortunately, our clinical coding system does not break down conditions by type so we are unable to provide this information.**

14. Number of patients with HGD in surveillance who developed adenocarcinoma

**Answer: Unfortunately, our clinical coding system does not record this information, type of cancer is not separately coded.**

15. No. of people with adenocarcinoma treated with endoscopic therapies

**Answer: Unfortunately, our clinical coding system does not record this information, type of cancer is not separately coded.**

16. No. of people with stage T1A are treated with a) endoscopic therapies b) resection c) other treatments

**Answer: Unfortunately, our clinical coding system does not record this information, stages are not separately coded.**

17. No. of people with stage T1B are treated with a) endoscopic therapies b) resection c) other treatments

**Answer: Unfortunately, our clinical coding system does not record this information, stages are not separately coded.**

18. How many people with stage T2 are treated with a) endoscopic therapies b) resection c) other treatments

**Answer: Unfortunately, our clinical coding system does not record this information, stages are not separately coded.**

**537/14**

**Sterile Services**

Please send me:

1) How many surgical instruments and surgical instrument trays have been processed by the Trust's Sterile Services Department (SSD)?

Instruments volumes	2012/13	2013/14
How many trays of instruments has the SSD processed during the following two NHS business years?	<b>38,506</b>	<b>47,603</b>
How many instruments has the SSD processed during the following two NHS business years?	<b>110,242</b>	<b>139,490</b>
What is the average number of instruments per tray?	<b>50</b>	<b>50</b>

2) How many staff are employed in your SSD? (exclude those that are involved with flexible endoscope processing)

Staff data	Number of FTE
General Manager	<b>1</b>
Deputy manager	<b>1</b>
Production manager	<b>0</b>
Technician	<b>16.71</b>
Team Leader / supervisor	<b>3.66</b>
Administration	<b>0</b>
Maintenance / engineer	<b>0</b>
External transport / logistics	<b>0</b>
Porter	<b>0</b>
Trainer	<b>0</b>
Quality	<b>0</b>
Other	<b>0</b>

3) Under the Agenda for Change paygrades, what band are the Technicians identified above in?

**Answer: Band 2**

4) How many washers and autoclaves do you have in your SSD? Please provide information by manufacturer and age.

Equipment	Number	Manufacturer	Age
Washers	<b>3</b>	<b>Steris</b>	<b>6 months</b>
Autoclaves	<b>4</b>	<b>BMM Weston</b>	<b>6 months</b>

5) Does the Trust's SSD process instruments for other customers, such as community services or other NHS/private service providers?

3rd Party work	Number of instruments processed on an annual basis
Community	<b>7,380</b>
Other NHS	<b>0</b>
Private	<b>0</b>

6) What are the opening hours of the SSD?

Opening hours	Hours per day (for example 8:00am to 8:00pm)
Monday	<b>7.00am to 8.00pm</b>
Tuesday	<b>7.00am to 8.00pm</b>
Wednesday	<b>7.00am to 8.00pm</b>
Thursday	<b>7.00am to 8.00pm</b>
Friday	<b>7.00am to 8.00pm</b>
Saturday	<b>9.00am to 5.00pm</b>
Sunday	<b>9.00am to 5.00pm</b>

7) Does the SSD use any instrument tracking technology and if so, what system is used?

**Answer: Nexus.**

8) Does the SSD have any cost improvement targets to achieve in 2015/16, 2016/17, 2017/18?

**Answer: Yes.**

9) Which department in the Trust has main responsibility for the SSD?

**Answer: Surgery Division**

10) In relation to surgical cancellations due to sterilisation failures:

a. How many operations were cancelled in 2014 due to issues with the sterilisation of equipment?

**Answer: Unfortunately, there is not an option to select sterilisation failure on the system as a reason for a cancelled operation. We are not able to provide this information.**

b. What were the costs associated with these cancellations?

**Answer: As this data cannot be identified, no cost can be calculated.**

538/14

**Finance Department Structure**

I would like to FOI request the structure chart for the Finance department in the Walsall Healthcare NHS Trust.

**Answer: Our Financial structural chart is available via our publication scheme on our Trust website. Exemption 21 (Information available by other means) has been applied to your request. Please use the link below to access this information;**

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

