

## FREEDOM OF INFORMATION

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**264/15**

**NHS Confederation / NHS Employers donations**

At a time of ever tighter NHS budgets I would like to make of Freedom of information request regarding how much your NHS Trust has donated to / given to / spent with the charities NHS Confederation and NHS Employers for each financial year for the last 3 years.

Both these organisations are made up of NHS trusts as members although they claim they are not public bodies, and are currently running at a surplus with reserves of £9 million.

I have requested this information from the NHS Confederation but they have claimed that as a charity they are exempt from FoI and hence I am having to write to you all individually rather than the central organisation taking responsibility, I apologise for the increase in staff time it will therefore take to acquire this information.

**Answer: We can confirm that the following payments were made to the NHS Confederation during the following financial years;**

<b>2012/13</b>	<b>£5,662.80</b>
<b>2013/14</b>	<b>£7,289.16</b>
<b>2014/15</b>	<b>£5,745.60</b>

**265/15**

**Annual Financial Statements for Yr End 2007/08 and 2008/09**

Please provide us with the FULL (NOT summarized) financial statements (with independent auditor's report) of Walsall Healthcare NHS Trust for the year ended 2007/08 and 2008/09. We have been unable to locate these from your website or other sources.

**Answer: Please find attached our financial statement for 2007/08. Only the annual accounts for 2008/09 is available. – available upon request**

**Follow Up Questions Received from Requester:**

The 2007/08 document includes both the full financial accounts and auditor's report. However the 2008/09 document only includes the full financial accounts without auditor's report. Therefore could you please provide us the auditor's report (or annual audit letter) for 2008/09 financial year.

**Answer: Please find enclosed the financial statement for 2008/09 as requested. We apologise for any inconvenience – available upon request**

**266/15**

**Interpreting and Translation Costs**

Please could you send me the following costs for Interpreting and Translation Services as used by your trust:

Face to Face Interpreting (current cost per hour - present supplier)

**Answer: The cost per hour is dependent upon which company is used. The time interpretation is required and the language required may also affect the hourly rate. Our Finance Department estimates that the hourly charge is anywhere between £20 - £40 for spoken languages and about £70 - £80 for British Sign Language per hour.**

**Unfortunately, our invoice payment system does not record face to face or written payments separately so we are not able to breakdown spend in this way.**

Face to Face Interpreting (total spend 2014-15)

**Answer: Unfortunately, our invoice payment system does not record face to face or written payments separately so we are not able to breakdown spend in this way.**

**We can confirm that our Trust spent a total of £158,584 on interpreting and translation services during 2014/15. This covers;**

**-services provided by external suppliers and by our in-house Linkworker service  
-face to face interpreting, translation and British Sign Language**

Translation Current Costs (per 100 words - present supplier)

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

Translation Costs (total spend 2014-15)

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

**267/15**

### **Autism Spectrum Disorder Assessment/Diagnosis**

-What is the current average waiting time for children and adults who have been referred by their GP (or an alternative professional) for a full autism spectrum disorder assessment/diagnosis?

**Answer: Adults who require this assessment are not referred to our Trust from their GP. GPs refer any patients requiring this assessment to Dudley & Walsall Mental Health Partnership NHS Trust. We recommend you contact their Freedom of Information Office directly for this information. Their office can be contacted via an Information Request Form on their website using this link; <http://www.dwmh.nhs.uk/foi/faq/>. Alternatively, their postal address is; FOI Enquires, Corporate Affairs, Dudley and Walsall Mental Health Partnership NHS Trust, Trust Headquarters, Trafalgar House, 47-49 King Street, Dudley, West Midlands, DY2 8PS.**

**The Trust only sees children – waiting time for commencement of assessment is a maximum of 18 weeks.**

- In addition to providing an estimation of how long a patient will need to wait in order to begin the assessment process, I would also like to know how long the process is estimated to take.

**Answer: This information is not applicable to our Trust for adults. The assessment process varies according to the age and presenting needs of the child. If a child presents at 2 then support is put into place to assess progress over time with a view to diagnosis at approx. 3years. If a child presents at 3+ and the presenting features are clear then the diagnosis may only take 6 weeks.**

- I would like this information to be broken down separately for adults and children. If possible, I would also like it to be broken down by asperger's and other autism spectrum disorders.

**Answer: We do not record information separately for children with AS and Asperger's.**

**There are clear protocols in place for assessment and diagnosis but timescales are dependent upon presenting features and child's needs.**

268/15

### Occupational Therapists and Allied Health Professionals

Please provide contact information including First Name, Surname, Email Address and Telephone Number for all of the Occupational Therapists and Allied Health Professionals who are Occupational Therapists or provide a service which can be defined as Occupational Therapy from .

**Answer: Staff details are withheld below Director level under Section 40 (Personal Information). The Director responsible for these employees is Richard Cattell, our Chief Operating Officer. His contactable on telephone number 01922 721172 and email address; [richard.cattell@walsallhealthcare.nhs.uk](mailto:richard.cattell@walsallhealthcare.nhs.uk). Some of these employees are also under Kathryn Halford, our Director of Nursing. She is contactable on telephone number 01922 721172 and email address; [Kathryn.halford@walsallhealthcare.nhs.uk](mailto:Kathryn.halford@walsallhealthcare.nhs.uk)**

If you can't provide individual details please provide a contact such as Head OT with First Name, Surname, Email Address and Telephone Number.

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

If your organisation does not have Occupational Therapists or Allied Health Professionals who are Occupational Therapists or provide a service which can be defined as Occupational Therapy – please provide the name of the organisation who is responsible for providing you with Occupational Therapists. Please include the First Name, Surname, Email Address and Telephone Number of all of the Occupational Therapists they provide.

**Answer: Our Trust does offer Occupational Therapy Services, please see the answer above.**

If this information is already published on the internet – please provide a link to where this information is available.

269/15

### Value and Volumes of NHS Supply Chain Items

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

**NOTE: These items, or similar, may have been purchased from NHS Supply Chain or direct from the supplier. Please indicate which.**

**Small parts containers NHS Supply Chain ref: WYL4699, WYL4700 to WYL4706 or similar.**

**Answer: Following searches on our system, we can confirm no usage for these product reference numbers or similar products during financial year 2014/15 through NHS Supply Chain or direct with suppliers.**

**Bucket Plastic 10L Round e.g. NHS Supply Chain ref: MLE368 – various colours**

**Answer: Following searches on our system, we can confirm no usage for this product reference number or similar products during financial year 2014/15 through NHS Supply Chain. For similar products, there is a total direct spend recorded with a supplier during this period of £87.20. Quantity information is withheld under section 43 (Commercial Interests) as this would detail pricing structure.**

270/15

### Capital Projects

Does the trust have any capital projects it is currently seeking funding for, awaiting a decision on, or has been told in the last 6 months that it will not receive funding for?

**Answer: Currently the Trust is awaiting decisions on 2 projects.**

Please give a brief description of what the capital project/projects are:

**Answer: 1] Integrated Critical Care Unit Project – Improve the service provision for high dependent / critical care patients by combining the services in a specialised facility within the confines of the current Trust building.**  
**2] Maternity Expansion Project – As a result of neighbouring Trust issues, the Trust has experienced a steady increase in the number of patients utilising maternity services, and forecasts indicate a continuation of this trend thereby necessitating expansion to accommodate this increase.**

Please tell me how much funding is required?

**Answer: The combined total of funding required is £5.4 million.**

If the trust does have capital projects it has requested funding for, which organisation did the trust request funding from?

**Answer: Department of Health**

If funding has been denied does this mean the trust will not go ahead with the capital project, or will you seek funding from other sources?

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

If so, which other sources have you approached for funding and has it been successful?

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

**271/15**

### **Thoracentesis and Bronchoscopy Procedures**

This is a Freedom of Information request.

1. Please tell me in which hospital department/s are the procedures called Thoracentesis and Bronchoscopy usually in?

**Answer: Walsall Manor Hospital carries out the procedures of bronchoscopy and thoracocentesis. Bronchoscopy is usually carried out in the Endoscopy Unit by the Respiratory Physicians. Bronchoscopy is also carried out by Intensive Care Physicians in our Intensive Care Unit.**

**Thoracocentesis can be done either by simple aspiration of fluid from the pleura or by introduction of a tube called intercostal tube into pleura. A simple aspiration can be done on medical wards. Intercostal tube drainage is done on medical wards. For both the above procedures, the person must be trained and proficient.**

2. Please tell me if Thoracentesis and Bronchoscopy could be done by nurses, for example in Resus or Acute departments?

**Answer: Within Walsall Manor Hospital, our practice is not for Nurses to carry out thoracocentesis and bronchoscopy**

3. Please tell me if Thoracentesis and Bronchoscopy could be done by Resus or Acute department doctors?

**Answer: Bronchoscopy is not done by Resus or Acute Department Doctors within Walsall Manor Hospital. Simple thoracocentesis can be carried out if the Doctors are appropriately trained in Acute Departments.**

4. Please tell me what specialised qualification and training is required by nurses and doctors to conduct Thoracentesis and Bronchoscopy?

**Answer: As our current practice is not for Nurses to carry out these procedures, we are not able to comment.**

**For Doctors to carry out bronchoscopies, they must have CCT or certification in respiratory medicine. Thoracentesis by means of intercostal tube drainage is usually carried out by Doctors who are trained.**

5. Please tell what circumstances / conditions are required before Thoracentesis and Bronchoscopy?

**Answer: We have presumed this question relates to a patient circumstance/condition. Bronchoscopy is usually carried out for lung shadows and there are numerous other indications for bronchoscopy. Thoracentesis is carried out for collection of fluid between the pleura called pleural effusion.**

6. Please tell me if Thoracentesis and Bronchoscopy helps against aspiration developing into aspiration pneumonia and bronchopneumonia?

**Answer: Our Trust is not aware that thoracentesis directly helps against aspiration developing into aspiration pneumonia and bronchopneumonia. It is not routine practice to do bronchoscopy to prevent aspiration pneumonia/bronchopneumonia, though rarely in intensive care setting, this has been done.**

7. Please tell me how many times chest x rays, chest ct scans, chest mri scans and chest ultrasound scans of a patient is advisable inside 10 days?

**Answer: There is no limit on how many times those examinations can be performed. Examinations will be carried out based on clinical need.**

8. Please tell me how many times Thoracentesis and Bronchoscopy in a patient is advisable inside 10 days?

**Answer: In general, bronchoscopy is only done once but can be repeated depending on the clinical condition. Thoracoscopy again, can be repeated depending on the clinical condition.**

9. Please tell if sedation can be used to ease patients for Thoracentesis and Bronchoscopy?

**Answer: Thoracentesis usually does not require sedation, though some physicians do give painkillers with sedative property prior to intercostal tube drainage. Usually, bronchoscopy is done under intravenous sedation however this is not an absolute must.**

10. Please tell me the lead times / time it takes after a callout / 'beep' and referral for Thoracentesis and Bronchoscopy and Chest Physiotherapy (if this depends on urgency then please tell time it takes on different urgency levels?)

**Answer: Answer depends on the urgency of the situation. Fast track bronchoscopy is usually carried out within two weeks of the referral. Time for urgent and routine bronchoscopy varies. The timing for thoracoscopy depends on the urgency of the situation.**

11. Are Thoracentesis and Bronchoscopy only available in ITU / ICU departments?

**Answer: Both thoracentesis and bronchoscopy are available within our Intensive Care Units.**

12. Where does your Critical Care Outreach Team sit - do they sit in ITU / ICU departments?

**Answer: No, our Trust's Critical Care Outreach Team are allocated to the Division of Medicine and Long Term Conditions.**



**272/15**

**Mental and Behavioural Disorder Admissions**

For each of the following primary diagnosis codes please state (a) how many admissions you had for people aged under 18, and (b) what was the age of the youngest child admission for that category?

F10 – mental and behavioral disorder due to alcohol

F11 – mental and behavioral disorder due to opioids

F12 – mental and behavioral disorder due to cannabinoids

T51 – Toxic effect of alcohol

For 2014-15 financial year

**Answer: We can confirm that during 2014-15, a total of 11 inpatients had a primary diagnosis code of F10. The youngest of these patients was aged 13 years. Unfortunately outpatient diagnosis data is not recorded electronically.**

**Following searches on our system, no patients were identified with the other codes during 2014-15.**

**273/15**

**Staff Nurses**

1. How many nurses in the last two years has your trust recruited from inside the EU and how many from outside the European Union?

**Answer: We can confirm that our Trust has recruited 64 Nurses from within the EU and zero outside the EU.**

2. Where are these nurses from?

**Answer: Italy, Greece, Romania, Portugal, Spain, Poland, Albania and Croatia.**

3. Of these how many have secured work permits and have arrived in the UK?

**Answer: None have secured work permits. We can confirm that 59 of the 64 Nurses have started working for our Trust.**

4. How many overseas nurses have you made job offers to outside of the EU, who have not yet secured work permits?

**Answer: None**

5. What is the turn-over rate for nurses in your organisation?

**Answer: The current turnover rate for Nursing and Midwifery staff within our Trust (accurate as at 31 August 2015) based on FTE is 7.87%.**

6. How many nurse vacancies do you currently have in your organisation?

**Answer: As at 31 August 2015, there were 135.94 FTE vacancies within the Nursing and Midwifery staff group within our Trust.**

7. How many more nurses do you feel you will have to recruit from overseas over the next two years to provide safe dignified care to patients in your organisation?

**Answer: None at the moment however, our Trust will recruit overseas Nurses only if vacancies are not filled by Nurses within the United Kingdom.**

**274/15**

**Invoices paid**

1. Total No. of suppliers invoices paid?

**Answer: Total number of invoices paid by our Trust during 01/07/15 to 30/09/015 was 11,535.**

2. Total value of suppliers invoices paid?

**Answer: £21,836,193.20**

3. Nos of suppliers invoices paid within 10 working days?

**Answer: 2,299 local supplier invoices were paid within 10 working days. Please note that our Trust is only required to pay local supplier invoices within 10 working days.**

4. % of suppliers invoices paid within 10 working days?

**Answer: 45.3% of the local supplier invoices mentioned above were paid within 10 working days.**

5. Nos of suppliers invoices paid within 30 calendar days?

**Answer: 10,210 supplier invoices were paid within 30 calendar days.**

6. % of suppliers invoices paid within 30 calendar days?

**Answer: 89.5% of supplier invoices were paid within 30 calendar days.**

**Follow Up Questions Received from Requester:**

The first question within my request has not been answered and also the figures do not appear to be correct. Please review and correct them.

**Answer: The information for question 1 has now been completed and explanations provided for the remaining questions. We apologise for any inconvenience.**

**275/15**

**Carboxyhaemoglobin Levels and Masimo Rad-57 Oximeter**

- What methods of measuring carboxyhaemoglobin levels do each hospital covered by the Trust use

**Answer: Blood gas analyser.**

- Whether or not each hospital covered by the Trust has a Masimo Rad-57 Oximeter in its accident and emergency department.

**Answer: No, there are none on our Trust site.**

**276/15**

**Radiology**

1. How many a) CT b) MRI scanners does the Trust have?

**Answer: Our Trust has two CT scanners and one MRI Scanner.**

2. a) How many megavoltage linear accelerators does the Trust have?

**Answer: None**

- b) How many of these are capable of

i) IMRT

**Answer: Not applicable.**

ii) IGRT?

**Answer: Not applicable.**

c) What proportion of

i) all cancer patients

**Answer: Not applicable.**

ii) prostate cancer patients

**Answer: Not applicable.**

iii) head and neck cancer patients

**Answer: Not applicable.**

*who have radiotherapy* are treated with IMRT or IGRT?

3. Please specify the age of each of the above CT/ MRI/ megavoltage machines.

**Answer: The CT scanners were installed in 2009 and 2010 with the MRI scanner being installed in 2001.**

4. Do you currently have plans to replace any of the above? If so, when do you plan to replace the above and has this been budgeted for?

**Answer: Our Trust plans to replace the scanners within the next 3-5 years. This has not currently been budgeted for.**

**Follow Up Questions From Requester:**

Many thanks for the update, but I note that you still haven't specified the age of the MRI scanner. I would be grateful if you could do so

**Answer: We apologise for missing this from our updated response. We can confirm that the two CT scanners were installed in 2009 and 2010 so they are 6 and 5 years old. The MRI Scanner (please note this is not a Trust asset) was installed in 2001 so 14 years old.**

**277/15**

**Physical Attacks**

1) For each of the last five years, please provide the total number of physical attacks by patients on a) patients

**Answer: Please see the figures below. Archived records prior to January 2012 are not available due to a change in system. The archived system only captured the high level category information and is not able to breakdown to the various sub-headings of whether it was a patient on patient or patient on staff etc. We can only provide category totals of the type of incident from the system. If this information would be useful to you, please let us know which category totals/totals of the type of incidents you require.**

January 2012 – March 2012	1
April 2012 - March 2013	5
April 2013 - March 2014	4
April 2014 –March 2015	0

b) staff

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

January 2012 – March 2012	19
April 2012 - March 2013	81
April 2013 - March 2014	129
April 2014 –March 2015	143

c) visitors

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

January 2012 – March 2012	0
April 2012 - March 2013	2
April 2013 - March 2014	0
April 2014 –March 2015	4

on premises owned by your trust and the total amount of compensation paid out by your trust for physical attacks in each case.

**Answer: During the past 5 years, there has only been one incident were a member of staff was assaulted by a patient and received £1,775 in damages for compensation.**

2) For each of the last five years, please provide the number of attacks by staff on  
a) patients

**Answer: Please see the figures below. Archived records prior to January 2012 are not available due to a change in system. The archived system only captured the high level category information and is not able to breakdown to the various sub-headings of whether it was a staff on patient or staff on staff etc.**

January 2012 – March 2012	0
April 2012 - March 2013	1
April 2013 - March 2014	3
April 2014 –March 2015	4

b) staff

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

January 2012 – March 2012	0
April 2012 - March 2013	0
April 2013 - March 2014	1
April 2014 –March 2015	0

c) visitors

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

January 2012 – March 2012	0
April 2012 - March 2013	0
April 2013 - March 2014	0
April 2014 –March 2015	0

on premises owned by your trust and the total amount of compensation paid out by your trust for physical attacks in each case.

**Answer: Nil**

3) For each of the last five years, please provide the number of physical attacks by visitors on  
a) patients

**Answer: Please see the figures below. Archived records prior to January 2012 are not available due to a change in system. The archived system only captured the high level category information and is not able to breakdown to the various sub-headings of whether it was a staff on patient or staff on staff etc.**

January 2012 – March 2012	0
April 2012 - March 2013	0
April 2013 - March 2014	3
April 2014 –March 2015	0

b) staff

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

January 2012 – March 2012	0
April 2012 - March 2013	0
April 2013 - March 2014	3
April 2014 –March 2015	3

c) visitors

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

January 2012 – March 2012	0
April 2012 - March 2013	0
April 2013 - March 2014	0
April 2014 –March 2015	0

on premises owned by your trust and the total amount of compensation paid out by your trust for physical attacks in each case.

**Answer: Nil**

**This information is also detailed within the enclosed excel spreadsheet as requested.**

**278/15**

### **Dog Attacks**

The number of dog attack injuries treated within your area for the years 2005 to present.

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

Calendar Year	Number of Inpatients with Relevant Diagnosis Coding
2005	5
2006	9
2007	6
2008	9
2009	16
2010	8
2011	10
2012	5
2013	12
2014	25
2015 (up to Sept15)	7

**279/15**

[Request Closed](#)

**280/15**

### **Patients with Dementia**

There is an objective in the National Dementia Strategy for Dementia for improved quality of care for people with dementia. We are therefore interested to know:

- The number of patients aged 65 and over who have fallen in hospital in 2014-15 or the last year for which statistics are available?  
**Answer: As mentioned in our letter to you dated 7<sup>th</sup> September, unfortunately, we cannot provide accurate figures from our Clinical Coding System.**
- Number of patients aged 65 and over with a coding of dementia who have fallen in hospital in financial year 2014-15 or the last year for which statistics are available?  
**Answer: Please see the answer above.**
- The number of patients aged 65 and over discharged between the hours of 2300 and 0600 in financial year 2014-15 or the last financial year for which statistics are available?  
**Answer: We can confirm that the number of patients who met this criteria was 824.**
- The number of patients aged 65 and over with a coding of dementia discharged between the hours of 2300 and 0600 in financial year 2014-15 or the last financial year for which statistics are available?  
**Answer: We can confirm that the number of patients who met this criteria was 107.**
- The number of delayed discharges and delayed transfers of care for patients aged 65 and over in financial year 2014-15 or the last financial year for which statistics are available?  
**Answer: Unfortunately, this data is not recorded so figures cannot be provided. Patient diagnosis or age is not centrally recorded in terms of delayed discharges or transfer of care. Only the total numbers of patients who experience a delay and the reason for the delay is recorded. If this information would be useful to you, please let us know.**
- The number of delayed discharges and delayed transfers of care for patients aged 65 and over with a coding of dementia in financial year 2014-15 or the last financial year for which statistics are available?  
**Answer: Unfortunately, this data is not recorded so figures cannot be provided. Patient diagnosis or age is not centrally recorded in terms of delayed discharges or transfer of care. Only the total numbers of patients who experience a delay and the reason for the delay is recorded. If this information would be useful to you, please let us know.**
- The number of delayed discharges and delayed transfers of care for patients aged 65 and over in financial year 2014-15 or the last financial year for which statistics are available **by reason** e.g. awaiting completion of assessment?  
**Answer: Unfortunately, this data is not recorded so figures cannot be provided. Patient diagnosis or age is not centrally recorded in terms of delayed discharges or transfer of care. Only the total numbers of patients who experience a delay and the reason for the delay is recorded. If this information would be useful to you, please let us know.**
- The number of delayed discharges and delayed transfers of care for patients aged 65 and over with a coding of dementia in financial year 2014-15 or the last financial year for which statistics are available **by reason** e.g. awaiting completion of assessment?  
**Answer: Unfortunately, this data is not recorded so figures cannot be provided. Patient diagnosis or age is not centrally recorded in terms of delayed discharges or transfer of**

**care. Only the total numbers of patients who experience a delay and the reason for the delay is recorded. If this information would be useful to you, please let us know.**

- The number of patients aged 65 and over with a coding of dementia admitted from home in financial year 2014-15 or the last financial year for which statistics are available?

**Answer: We can confirm that the number of patients who met this criteria was 1788.**

- The number of patients aged 65 and over with a coding of dementia admitted from home and discharged to a care home in financial year 2014-15 or the last financial year for which statistics are available?

**Answer: We can confirm that the number of patients who met this criteria was 37.**

- The average length of stay for patients aged 65 and over for the three financial years 2012-13, 2013-14 and 2014-15 or the last three financial years that figures are available?

**Answer: This information was detailed in our letter to you dated 7<sup>th</sup> September. Please see the table below.**

Financial Year	Average Length of Stay for Patients Aged 65 and Over (Nights)
2012-13	5.28
2013-14	5.38
2014-15	5.67

- The average length of stay for patients aged 65 and over with a coding of dementia for the three financial years 2012-13, 2013-14 and 2014-15 or the last three financial years that figures are available?

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

Financial Year	Average Length of Stay for Patients with Dementia Aged 65 and Over (Nights)
2012-13	14.49
2013-14	13.83
2014-15	16.17

- The number of hospital readmissions within 30 days for patients aged 65 and over in financial year 2014-15 or the last financial year for which statistics are available?

**Answer: This information was detailed in our letter to you dated 7<sup>th</sup> September. Please see the table below.**

Financial Year	Emergency Re-Admissions within 30 days of Initial Discharge (Patients Aged 65 and Over)
2012-13	2428

2013-14	2657
2014-15	2946

- The number of hospital readmissions within 30 days for patients aged 65 and over with a coding of dementia in financial year 2014-15 or the last financial year for which statistics are available?  
**Answer: This information was detailed in our letter to you dated 7<sup>th</sup> September. Please see the table below.**

Financial Year	Emergency Re-Admissions within 30 days of Initial Discharge (Dementia Patients Aged 65 and Over)
2012-13	298
2013-14	358
2014-15	345

- The number of current a) board-level staff b) clinical staff c) non-clinical staff?  
**Answer: Please see the table below.**

Staff Group	Number of Staff
Board-Level	8 Executive Directors and 7 Non-Executive Directors
Clinical	2882 Substantive staff (Permanent and fixed term)
Non-Clinical	1534 substantive staff (permanent and fixed term)

### 281/15 Contact Details

Under the FOI Act, please supply me with the contact details (email and telephone) of all Heads of departments/managers of all EME Departments that are under the umbrella of the Trust

**Answer: Staff details below Director/Consultant level are withheld under Section 40 (Personal Information). Our Director of Estates & Facilities is Colin Plant. His contact number is; 01922 721172 and email address is; [colin.plant@walsallhealthcare.nhs.uk](mailto:colin.plant@walsallhealthcare.nhs.uk)**

In addition where applicable the same information with regards to Facilities managers/estate managers again within any hospitals under the trust.

**Answer: Staff details below Director/Consultant level are withheld under Section 40 (Personal Information). Our Director of Estates & Facilities is Colin Plant. His contact number is; 01922 721172 and email address is; [colin.plant@walsallhealthcare.nhs.uk](mailto:colin.plant@walsallhealthcare.nhs.uk)**

### 282/15 ICT Network and Systems Information

1. Local Area Network
  - a. What Manufacturer is your LAN Network?

**Answer: HP**



- b. What date does your support contract come up for renewal on the LAN Network?  
**Answer: October 2015. Every 12 months. This is currently being reviewed and agreed.**
- c. What is the current cost of the LAN Network Support?  
**Answer: This is currently being agreed.**
- d. Which company is the support contract with?  
**Answer: This is currently being agreed. The recent contract was held by HP.**
- e. What procurement route do they use for this, is there a preferred framework  
**Answer: NHS procurement framework**
2. Phone System
- a. What Manufacturer is your phone system?  
**Answer: 3com and Nortel within our Community Services and Maintel for our Acute Services.**
- b. When date does your support contract come up for renewal on the Phone System?  
**Answer: All our telephony contracts have expired.**
- c. What is the current cost of the phone system Support?  
**Answer: Please see below**
- Annual: BT - £80,000, Virgin Media - £27,000**
- Estimated Monthly: BT - £6,666, Virgin Media - £2250**
- d. Which Company is the support Contract with?  
**Answer: BT on best endeavors, HP (3com) now unsupported.**
- e. What procurement route do they use for this, is there a preferred framework  
**Answer: NHS procurement framework**
3. Storage (SAN)
- a. What Manufacturer of SAN are you using?  
**Answer: ProAct**
- b. When was the SAN purchased?  
**Answer: 30 January 2009**
- c. How Many Virtual Servers are you running?  
**Answer: 310**
- d. What procurement route do they use for this, is there a preferred framework  
**Answer: NHS procurement framework**
4. Data Centre
- a. Do you use offsite/Third Party Data Centres?  
**Answer: No**
- b. What Services and how big are the offsite facilities?  
**Answer: Not applicable.**
- c. When are the contracts due for renewal?

**Answer: Not applicable.**

5. Cloud Services

a. Do you use third Party Cloud services?

**Answer: No**

b. What services are used and what size are these?

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

c. When are the contracts due for renewal?]

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

d. What procurement route do they use for this, is there a preferred framework

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

6. Contacts

a. Who is responsible for ICT in the organisation and what are their contact details?

**Answer: Steve Darkes, Director of Informatics is responsible for this service. His email address is [steve.darkes@walsallhealthcare.nhs.uk](mailto:steve.darkes@walsallhealthcare.nhs.uk) and contact number is; 01922 721172.**

b. Who is responsible for ICT Infrastructure in the organisation and what are their contact details?

**Answer: Steve Darkes, Director of Informatics is responsible for this service. His email address is [steve.darkes@walsallhealthcare.nhs.uk](mailto:steve.darkes@walsallhealthcare.nhs.uk) and contact number is; 01922 721172.**

**283/15**

**Injury Costs Recovery Scheme**

Please can you provide me with information about the total amounts collected by the Trust/Hospital in relation to the Injury Costs Recovery Scheme per year for the past 5 years.

**Answer: The total amounts collected by the Trust in relation to Injury Costs Recovery Scheme for the past 5 years is as follows:-**

<b>2014/15</b>	<b>£998,075.63</b>
<b>2013/14</b>	<b>£931,936.30</b>
<b>2012/13</b>	<b>£902,852.84</b>
<b>2011/12</b>	<b>£948,093.58</b>
<b>2010/11</b>	<b>£763,734.45</b>

**284/15**

**Agency and Locum Spend**

I would like to request information on the trust agency locum spend for the past financial year.

Please could you provide me the locum spend for doctor's only. It would be helpful if you could break it down into each specialty and then further into each grade (SHO, Registrar, Consultant).

I.E.;

Emergency Medicine

SHO

Registrar

Consultant

**Answer: The spend detailed within the tables below covers financial year 2014-15. A breakdown by specialty, grade, agency and locum has been provided as requested.**

<b>DIVISION OF SURGERY</b>	<b>2014-15 £'s</b>
<b>ANAESTHETICS</b>	<b>1,285,761</b>
Locum Consultants	611,800
Agency Other Career Grades	12,456
Locum Other Career Grades	633,132
Locum F1 House Officer	756
Locum F2 Senior House Officer	6,768
Locum Specialist Train 1 to 5	16,704
Agency F2 Senior House Officer	1,385
LOCUM ASSOCIATE SPECIALIST	2,761
<b>WAITING LIST INITIATIVES</b>	<b>135,536</b>
Locum Consultants	117,311
Locum Specialised Registrars	18,225
<b>ENT</b>	<b>5,783</b>
Locum Other Career Grades	5,783
<b>GENERAL SURGERY</b>	<b>325,041</b>
Locum Consultants	201,961
Agency Other Career Grades	7,447
Locum Other Career Grades	30,019
Locum F1 House Officer	1,569
Locum F2 Senior House Officer	12,798
Locum Specialist Train 1 to 5	52,003
Agency F2 Senior House Officer	4,184
Agency Specialist Train 1 to 5	3,493
Locum Specialised Registrars	11,081
Agency F1 House Officer	486
<b>ORTHODONTIC</b>	<b>128,533</b>
Locum Consultants	128,533
<b>RHEUMATOLOGY</b>	<b>46,953</b>
Locum Consultants	46,953
<b>TRAUMA &amp; ORTHOPAEDIC</b>	<b>209,135</b>
Locum Consultants	51,391
Agency Other Career Grades	1,087
Locum Other Career Grades	113,438
Locum F1 House Officer	10,645
Locum F2 Senior House Officer	4,847
Locum Specialist Train 1 to 5	1,142
Agency F2 Senior House Officer	15,014
LOCUM ASSOCIATE SPECIALIST	9,122
Locum Specialised Registrars	1,204
Agency F1 House Officer	1,246
<b>UROLOGY</b>	<b>11,136</b>
Locum Consultants	2,563
Locum Other Career Grades	6,616
Agency Consultants	1,478
Locum F2 Senior House Officer	480

<b>DIVISION OF SURGERY Total</b>	<b>2,147,877</b>
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<b>DIVISION OF MEDICINE AND LONG TERM CONDITIONS</b>	<b>2014-15 £'s</b>
<b>A&amp;E</b>	<b>1,109,612</b>
Locum Consultants	165,422
Agency Other Career Grades	517,411
Locum Other Career Grades	210,109
Agency Consultants	89,088
Locum F2 Senior House Officer	9,329
Locum Specialist Train 1 to 5	50,005
Agency F2 Senior House Officer	5,769
Agency Specialist Train 1 to 5	41,017
Locum Specialised Registrars	4,994
Agency Specialised Registrars	16,469
<b>AMU</b>	<b>730,444</b>
Locum Consultants	226,111
Agency Other Career Grades	145,113
Locum Other Career Grades	-11,713
Locum F1 House Officer	909
Agency Consultants	287,187
Locum F2 Senior House Officer	50,476
Locum Specialist Train 1 to 5	5,735
Agency F2 Senior House Officer	1,682
Agency Specialist Train 1 to 5	24,945
<b>ELDERLY</b>	<b>361,829</b>
Locum Consultants	47,173
Agency Other Career Grades	54,866
Locum Other Career Grades	102,145
Locum F1 House Officer	6,115
Agency Consultants	12,861
Locum F2 Senior House Officer	77,629
Locum Specialist Train 1 to 5	37,201
Agency F2 Senior House Officer	2,955
Agency Specialist Train 1 to 5	17,628
Locum Specialised Registrars	3,256
<b>MEDICINE</b>	<b>558,136</b>
Locum Consultants	160,013
Agency Other Career Grades	154,065
Locum Other Career Grades	27,399
Locum F1 House Officer	5,738
Agency Consultants	88,812
Locum F2 Senior House Officer	9,343
Locum Specialist Train 1 to 5	19,679
Agency F2 Senior House Officer	16,523
Agency Specialist Train 1 to 5	73,180
Locum Specialised Registrars	2,394
Agency F1 House Officer	990
<b>RESPIRATORY</b>	<b>60,302</b>

Locum Consultants	13,721
Agency Consultants	46,580
<b>SEXUAL HEALTH</b>	<b>4,025</b>
Locum Consultants	878
Locum Other Career Grades	3,146
<b>STROKE MEDICINE</b>	<b>15,868</b>
Locum Consultants	15,868
<b>SWIFT DISCHARGE LOUNGE</b>	<b>16,218</b>
Locum Consultants	16,218
<b>DIVISION OF MEDICINE AND LONG TERM CONDITIONS Total</b>	<b>2,856,434</b>

<b>DIVISION OF WOMENS, CHILDRENS AND CLINICAL SUPPORT SERVICES</b>	<b>2014-15 £'s</b>
<b>OBSTETRICS</b>	<b>707,336</b>
Locum Consultants	80,575
Agency Other Career Grades	151,826
Locum Other Career Grades	34,822
Locum F1 House Officer	105
Agency Consultants	872
Locum F2 Senior House Officer	105,591
Locum Specialist Train 1 to 5	222,308
Agency F2 Senior House Officer	22,838
Agency Specialist Train 1 to 5	57,656
Locum Specialised Registrars	30,743
<b>PAEDIATRICS</b>	<b>1,028,521</b>
Locum Consultants	233,068
Agency Other Career Grades	115,546
Locum Other Career Grades	79,809
Locum F1 House Officer	303
Agency Consultants	16,437
Locum F2 Senior House Officer	360,026
Locum Specialist Train 1 to 5	116,134
Agency F2 Senior House Officer	4,072
Agency Specialist Train 1 to 5	90,596
LOCUM ASSOCIATE SPECIALIST	5,944
Locum Specialised Registrars	6,585
<b>PATHOLOGY</b>	<b>306,456</b>
Locum Consultants	155,193
Agency Other Career Grades	22,604
Locum Other Career Grades	27,467
Agency Consultants	101,193
<b>DIVISION OF WOMENS, CHILDRENS AND CLINICAL SUPPORT SERVICES Total</b>	<b>2,042,314</b>

<b>CORPORATE SERVICES</b>	<b>2014-15 £'s</b>
<b>OCCUPATIONAL HEALTH</b>	<b>80,710</b>

Agency Consultants	80,710
<b>TEACHING</b>	<b>4,758</b>
Locum Other Career Grades	4,758
<b>CORPORATE SERVICES TOTAL</b>	<b>85,468</b>

**285/15**

**Safe Harbour Agreement**

In the light of the recent ruling by the European Court of Justice that the Safe Harbour agreement is invalid, can you please supply the following information:

1) Does Walsall Healthcare NHS Trust Store and process UK/EU citizen data in the US?

**Answer: No, our Trust does not store or process UK/EU citizen data in the US.**

2) If so, approximately how much UK/EU citizen data is stored in the US?

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

3) If so, which service provider is storing and processing that data?

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

4) If so, was the Safe Harbour Agreement Safe used to determine the “adequacy” of transferring the data to the US, under the Eighth Principle of the Data Protection Act?

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

5) If Safe Harbour was not used as an adequacy mechanism, what was the mechanism used to ensure compliance with the Data Protection Act?

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

**286/15**

**Alcohol & Drug Related Illnesses**

1. How many people under the age of 14 have been treated for alcohol related illness at your hospitals in 2014 and (as a separate figure) so far this year?

**Answer: Unfortunately, due to coding restrictions, alcohol related illnesses are not coded separately on our system in order to provide this information.**

**We can provide the figures below which cover Emergency Department attendances for patients up to the age of 14 years (inclusive) who had a diagnosis coding of poisoning (including overdose). Please note that this code is also used for other types of poisoning ie other substances and not just alcohol.**

**2014 90**

**2015 101 (up to the end of September 2015)**

2. What was the youngest person treated for alcohol related illness in those periods (separate figures)?

**Answer: Unfortunately, due to coding restrictions, alcohol related illnesses are not coded separately in order to provide this information. We can provide the details for the youngest patient who was treated for poisoning as mentioned in the answer above although this would cover all types of substances not just alcohol. If this information would be useful to you, please let us know.**

3. How many people under the age of 14 have been treated for drug related illness at your hospitals in 2014 and (as a separate figure) so far this year?

**Answer: The figures below relate to Emergency Department attendances for patients up to the age of 14 years (inclusive) who had a diagnosis coding of poisoning (including overdose) of either prescriptive drugs, proprietary drugs, controlled drugs or drug illnesses by accidental means.**

**2014 42**

**2015 28 (up to the end of September 2015)**

4. What was the youngest person treated in those periods (separate figures)?

**Answer: Please see below. We have identified that the youngest patients treated were babies. This may be due to withdrawal symptoms from mother.**

**2014 209 days old**

**2015 93 days old (up to the end of September 2015)**

**287/15**

**Locum Doctors**

Please find attached below an FOI request, regarding the employment of locum doctors by your Trust in the previous financial year.

We would greatly appreciate it if you could provide us with the information for the questions included in our FOI request letter

Could you please provide us with information on the following questions regarding the use of locum doctors for the last financial year:

1. How much did you spend last year on:
  - a. Permanent doctor salaries?
  - b. Locum doctor salaries?

In a tabular form, for your ease of use, please fill in the table below:

	Amount Spent (£):
Permanent Doctor Salaries	<b>£33,711,287</b>
Locum Doctor Salaries	<b>£4,822,327 – Locum, £2,309,766 - Agency</b>
Total Doctor Salaries	<b>£40,843,379</b>

2. How much did you spend on locum salaries broken down into
  - a. Internal locum salaries (doctors provided via the hospital's staff bank)?
  - b. External locum salaries (locums employed via agencies, including the commission fees paid to the agencies)?

	Amount Spent (£):

Internal Locum Salaries	<b>£4,822,327</b>
External Locum Salaries	<b>£2,309,766</b>

3. Of the amount spent on external locums salaries, what was an indicative percentage spent on agency fees/commissions?

**Answer: Unfortunately, this data is not recorded on our systems in order to provide this information.**

6. How much was spent on locum doctors by:

a. Specialty (e.g medicine, surgery, anaesthetics, ITU/HDU, obstetrics and gynaecology, paediatrics, psychiatry, ophthalmology, emergency department, GP, pathology, radiology) and

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

b. Level

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

DIVISION OF SURGERY	2014-15 £'s
<b>ANAESTHETICS</b>	<b>1,285,761</b>
Locum Consultants	611,800
Agency Other Career Grades	12,456
Locum Other Career Grades	633,132
Locum F1 House Officer	756
Locum F2 Senior House Officer	6,768
Locum Specialist Train 1 to 5	16,704
Agency F2 Senior House Officer	1,385
LOCUM ASSOCIATE SPECIALIST	2,761
<b>WAITING LIST INITIATIVES</b>	<b>135,536</b>
Locum Consultants	117,311
Locum Specialised Registrars	18,225
<b>ENT</b>	<b>5,783</b>
Locum Other Career Grades	5,783
<b>GENERAL SURGERY</b>	<b>325,041</b>
Locum Consultants	201,961
Agency Other Career Grades	7,447
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Locum F1 House Officer	1,569
Locum F2 Senior House Officer	12,798
Locum Specialist Train 1 to 5	52,003
Agency F2 Senior House Officer	4,184
Agency Specialist Train 1 to 5	3,493
Locum Specialised Registrars	11,081
Agency F1 House Officer	486
<b>ORTHODONTIC</b>	<b>128,533</b>
Locum Consultants	128,533
<b>RHEUMATOLOGY</b>	<b>46,953</b>
Locum Consultants	46,953
<b>TRAUMA &amp; ORTHOPAEDIC</b>	<b>209,135</b>
Locum Consultants	51,391



Agency Other Career Grades	1,087
Locum Other Career Grades	113,438
Locum F1 House Officer	10,645
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Locum Specialist Train 1 to 5	1,142
Agency F2 Senior House Officer	15,014
LOCUM ASSOCIATE SPECIALIST	9,122
Locum Specialised Registrars	1,204
Agency F1 House Officer	1,246
<b>UROLOGY</b>	<b>11,136</b>
Locum Consultants	2,563
Locum Other Career Grades	6,616
Agency Consultants	1,478
Locum F2 Senior House Officer	480
<b>DIVISION OF SURGERY Total</b>	<b>2,147,877</b>

<b>DIVISION OF MEDICINE AND LONG TERM CONDITIONS</b>	<b>2014-15 £'s</b>
<b>A&amp;E</b>	<b>1,109,612</b>
Locum Consultants	165,422
Agency Other Career Grades	517,411
Locum Other Career Grades	210,109
Agency Consultants	89,088
Locum F2 Senior House Officer	9,329
Locum Specialist Train 1 to 5	50,005
Agency F2 Senior House Officer	5,769
Agency Specialist Train 1 to 5	41,017
Locum Specialised Registrars	4,994
Agency Specialised Registrars	16,469
<b>AMU</b>	<b>730,444</b>
Locum Consultants	226,111
Agency Other Career Grades	145,113
Locum Other Career Grades	-11,713
Locum F1 House Officer	909
Agency Consultants	287,187
Locum F2 Senior House Officer	50,476
Locum Specialist Train 1 to 5	5,735
Agency F2 Senior House Officer	1,682
Agency Specialist Train 1 to 5	24,945
<b>ELDERLY</b>	<b>361,829</b>
Locum Consultants	47,173
Agency Other Career Grades	54,866
Locum Other Career Grades	102,145
Locum F1 House Officer	6,115
Agency Consultants	12,861
Locum F2 Senior House Officer	77,629
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Locum Specialised Registrars	3,256
<b>MEDICINE</b>	<b>558,136</b>
Locum Consultants	160,013
Agency Other Career Grades	154,065
Locum Other Career Grades	27,399
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Agency Consultants	88,812
Locum F2 Senior House Officer	9,343
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Agency F2 Senior House Officer	16,523
Agency Specialist Train 1 to 5	73,180
Locum Specialised Registrars	2,394
Agency F1 House Officer	990
<b>RESPIRATORY</b>	<b>60,302</b>
Locum Consultants	13,721
Agency Consultants	46,580
<b>SEXUAL HEALTH</b>	<b>4,025</b>
Locum Consultants	878
Locum Other Career Grades	3,146
<b>STROKE MEDICINE</b>	<b>15,868</b>
Locum Consultants	15,868
<b>SWIFT DISCHARGE LOUNGE</b>	<b>16,218</b>
Locum Consultants	16,218
<b>DIVISION OF MEDICINE AND LONG TERM CONDITIONS Total</b>	<b>2,856,434</b>

<b>DIVISION OF WOMENS, CHILDRENS AND CLINICAL SUPPORT SERVICES</b>	<b>2014-15 £'s</b>
<b>OBSTETRICS</b>	<b>707,336</b>
Locum Consultants	80,575
Agency Other Career Grades	151,826
Locum Other Career Grades	34,822
Locum F1 House Officer	105
Agency Consultants	872
Locum F2 Senior House Officer	105,591
Locum Specialist Train 1 to 5	222,308
Agency F2 Senior House Officer	22,838
Agency Specialist Train 1 to 5	57,656
Locum Specialised Registrars	30,743
<b>PAEDIATRICS</b>	<b>1,028,521</b>
Locum Consultants	233,068
Agency Other Career Grades	115,546
Locum Other Career Grades	79,809
Locum F1 House Officer	303
Agency Consultants	16,437
Locum F2 Senior House Officer	360,026
Locum Specialist Train 1 to 5	116,134
Agency F2 Senior House Officer	4,072
Agency Specialist Train 1 to 5	90,596

LOCUM ASSOCIATE SPECIALIST	5,944
Locum Specialised Registrars	6,585
<b>PATHOLOGY</b>	<b>306,456</b>
Locum Consultants	155,193
Agency Other Career Grades	22,604
Locum Other Career Grades	27,467
Agency Consultants	101,193
<b>DIVISION OF WOMENS, CHILDRENS AND CLINICAL SUPPORT SERVICES Total</b>	<b>2,042,314</b>

288/15

### Drug Treatments for Cancer Patients

Within your health trust how many patients are currently [within the past 6 months] being treated for head and neck cancer (Squamous cell carcinoma) ?

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

Of these how many are treated with the following therapies;

- Carboplatin  
**Answer: This is not applicable to our Trust, please see comment above.**
- Cetuximab  
**Answer: This is not applicable to our Trust, please see comment above.**
- Cisplatin  
**Answer: This is not applicable to our Trust, please see comment above.**
- Docetaxel  
**Answer: This is not applicable to our Trust, please see comment above.**
- 5-Fluorouracil (5FU)  
**Answer: This is not applicable to our Trust, please see comment above.**
- Radiotherapy Only  
**Answer: This is not applicable to our Trust, please see comment above.**

If your health trust has a protocol or pathway for the treatment of head and neck cancer patients [including referral pathway to other trusts], please could you provide details ?

**Answer: Our Trust does not treat any head and neck cancer patients. All patients are referred to University Hospitals Birmingham NHS Foundation Trust.**

Within your health trust how many patients are currently [within the past 6 months] being treated for Colorectal Cancer?

**Answer: We can confirm that 66 patients have been treated for colorectal cancer during this time period.**

Of these how many are treated with the following therapies;

- Bevacizumab **Answer: 6 patients**
- Cetuximab **Answer: 2 patients**
- Panitumumab **Answer: 1 patients**
- Aflibercept **Answer: 4 patients**
- Oxaliplatin **Answer: Nil**

- Irinotecan **Answer: Nil**
- 5-Fluorouracil **Answer: 1 patient**
- Irinotecan with 5-fluorouracil (5FU) and folinic acid [FOLFIRI] **Answer: 9 patients**
- Oxaliplatin with 5-fluorouracil (5FU) and folinic acid [FOLFOX] **Answer: 7 patients**
- Capecitabine and oxaliplatin (CAPOX / XELOX) **Answer: 17 patients**
- Capecitabine and irinotecan (CAPIRI) **Answer: Nil**

**Answer: Please note that the remaining patients received other treatment which is not listed above.**

**289/15**

### **Continence Services**

1. Do you provide continence aids to meet the assessed needs of:

a) Care home residents who have been assessed as qualifying for fully-funded NHS Continuing Healthcare Yes / No?

**Answer: No**

b) Care home residents who have been assessed as qualifying for Funded Nursing Care payments Yes / No?

**Answer: Yes**

c) Care home residents who have been assessed as requiring personal care only ie residential residents who are not in receipt of CHC or FNC funding Yes / No?

**Answer: Yes**

2. If you have adopted a different approach between 1a, 1b and 1c please explain why.

**Answer: We understand that the CHC payment includes an element for continence management.**

3. If the answer to any of Questions 1a, 1b or 1c is yes:

a) please provide us with details of the continence aids that you provide (including the types of aids and number of items supplied per resident per week for each of the three categories of resident 1a, 1b and 1c).

**Answer: Abena products, full range available to assessed need. Provision (number per day) is on assessed clinical need. Our guidelines are that this is generally three per day but we provide on individual need.**

b) is the type of aid and amount of items supplied varied according to individual residents' assessed need? If so, please explain how. If not, please explain why not.

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

c) have you set a maximum limit of the number of continence pads and / or other continence aids supplied per resident? If so, please tell us what this limit is and explain why it has been set at this level.

**Answer: The general suggested number per day is three and this is based on product company guidelines regarding absorbency levels etc, however as above we supply to individual need and this may be greater than three per day.**

4. If you do not directly provide continence aids, do you instead make a payment to reimburse care homes for purchasing continence aids for their residents Yes / No?

**Answer: Please the response to question 2 above.**

5. If the answer to Question 4 is yes:

a) for the three categories of residents identified in Questions 1a, 1b and 1c, what is the amount of this payment per resident per week?

**Answer: We recommend you contact Walsall Clinical Commissioning Group for this information as they decide this for CQC patients.**

b) is the amount paid a standard sum or does it vary according to a resident's assessed needs?

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

c) please provide us with details of your calculations to determine that the amount paid is sufficient to meet residents' assessed needs.

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

d) please provide us with details of your processes for making these payments (e.g. are they made upon receipt of an invoice from the care home, are they paid automatically together with Funded Nursing Care payments etc?)

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

6 Does every care home resident get a continence assessment Yes / No. If the answer is no, please explain why not.

**Answer: No. Nursing homes assess their own residents needs and then we supply to that need, residential home residents are assessed by the continence service or District Nursing Team upon referral by the home or family etc**

7 How often do you normally review a resident's continence assessment? Do you have a maximum time limit between such assessments and if so, what is this limit?

**Answer: For patients who are provided with continence aids, our guidelines are to review annually or as a change/need arises.**

**290/15**

**Trust Debt**

Please send me the following;

-Total level of aged trust debt

**Answer: As at the end of October 2015, the Trust had £4,199,082 aged debt.**

-Total level of written off trust debt

**Answer: We can confirm that no debt has been written-off during 2015/16.**

-Total number of staff employed in debt recovery

**Answer: 1 person is employed who completes this work.**

-Total debt identified in 15/16, 14/15 and 13/14

**Answer: In 2013/14, £5,216,488.07 debt was identified, in 2014/15 £7,361,688.47 was identified and up to the end of October 2015, £4,199.082 has been identified.**

-Total invoices paid by value in 15/16, 14/15 and 13/14

**Answer: Please see below the total value of paid invoices from our customers.**

**2013/14 £227,612,983.20**

**2014/15 £237,049,698.05**

**2015/16 (up to end of October 2015) £137,383,412.07**

-Total value of all bad debt/number of cases held by trust

**Answer: The total value of bad debt currently amounts to £12,318.30**

-% of debt originating from customers who reside inside the EU

**Answer: 64.8% (£7,978.30). Please note that the UK resides within the EU.**

-% of debt originating from customers who reside outside the EU

**Answer: 35.2% (£4,340)**

-% of debt originating from customers who reside in the UK

**Answer: Please see the answer above. Our systems do not split UK customers separately as the UK is part of the EU.**

291/15

**Emergency Department**

1. How many patients are referred from Urgent Care Centre to A&E following triage?  
**Answer: 2961 during the period of October 2014 – September 2015.**
  
2. Is triage done by a qualified medical staff  
**Answer: Within our Emergency Department (ED), triage is undertaken by a registered Nurse.**
  
3. Are patients in the A&E queue taken in sequence of attendance or by priority measure?  
**Answer: Triage decides the priority. Therefore, patients are seen in priority order.**
  
- How is this defined and Handled?  
**Answer: This is based on the National triage tool of Manchester triage model.**
  
4. Can we obtain details of cost of interpreting services 2015 and 2014  
**Answer: Please see our Trusts Interpreting and Translation Services total annual costs below. This covers all interpreting and translation services provided across all departments within the Trust. The costs also include our in-house Linkworker Service who also provide interpreting services for our patients.**  
  

<b>2014</b>	<b>£161,544</b>
<b>2015</b>	<b>£131,477</b>
  
5. What arrangements are in place for patients with learning disabilities, Blind and Deaf patients?  
**Answer: Learning Disability Nurses are available via switchboard Monday – Friday between 9am-5pm. Blind and deaf patients have appropriate sticker identification on ED records and interpreter services are provided and arranged via switchboard.**
  
6. What arrangements are in place after 8pm and at weekends?  
**Answer: Interpreter services available 24hrs per day. Unfortunately, no Learning Disability support is available out of hours unless patients have their own carer.**
  
7. Is there a national standard on staffing for consultants/nurses in A&E? Do we meet it?  
**Answer: The Royal College of Nursing developed a staffing tool but this was not accepted and implemented nationally. NICE guidance on staffing levels in A&E was awaited, however work on this programme has been suspended.**  
  
**In relation to Medics, yes there is a National staffing standard for Type 1 EDs in England recommended by The Royal College of Emergency Medicine. Our Trust does fall short of this standard.**
  
8. Can we ascertain the mandatory training that is provided for nursing and reception staff?  
**Answer: Please see the extract below from our Statutory and Mandatory Training Policy which details this information.**

### Staff group one -Administrative and Clerical

Roles include

Non-clinical staff, including non-clinical managers, Clerical Officers/Workers, Secretary's, Personal Assistant, Receptionists, Admin Apprentice, Analyst's, Executive Board Members, Personal assistant, Secretary's, Ward Clerks, Medical records, Finance, IT, HR, L&D,

Subject	Frequency
<p><b>Corporate update</b>            (Introduction to Health &amp; Safety at Work etc. Act 1974            Use of Equipment            Control of Substances Hazardous to Health (COSHH)            Slips, Trips and Falls            Manual Handling            Violence and Aggression            Work Related Stress            Display Screen Equipment            Infection Control/Hand Washing            Medicines Management            Risk Management            Adverse Incident Reporting            Complaints            Whistle Blowing            Countering Fraud in the NHS            Gifts, Hospitality and Conduct            Major Incident Plan            Safe guarding Adults Level 1)</p>	<p><b>Bi-annually</b></p>
<p>Fire Safety            (The Regulatory Reform (Fire Safety) Order 2005)</p>	<p><b>Bi-annually</b></p>
<p>Information governance            (The Data Protection Act 1998            The Freedom of Information Act 2000)</p>	<p><b>Annually</b></p>
<p>Equality and diversity</p>	<p><b>3 yearly</b></p>



(Equality Act 2010) (Human Rights Act 1998)	
Moving and Handling (Load) (Manual Handling Operations Regulation 1992)	<b>3 yearly</b>
Conflict resolution (NHS Protect (2013))	<b>3 yearly</b>
Safeguarding Children Level 1	<b>3 yearly</b>

**Staff group two - Registered clinical staff providing diagnostic, technical and therapeutic patient care, staff directly supporting those in clinical roles and Nursing, Paediatric and Midwifery staff**

Roles include Dietitians, Radiographers and Physiotherapists, Occupational Therapy, Orthoptists, Chiropody/Podiatrist, Speech & Language therapist, Healthcare/Wellbeing Apprentice, Play specialists, AHP assistants, Clinical Support Workers, ODPs, Paediatric Nurse, Registered Nurse, Midwives, Assistant practitioners, District Nurses, Pharmacists

<b>Subject</b>	<b>Frequency</b>
Infection prevention and control CPR/Anaphylaxis Medicines management Fire Safety Health and Safety Safeguarding level 1 Dementia and falls awareness Tissue Viability Diabetes Consent Palliative/ End of life care Moving and Handling Health records Never events	<b>Annually</b>
Information governance (The Data Protection Act 1998)	<b>Annually</b>

The Freedom of Information Act 2000)	
Equality and diversity awareness (Equality Act 2010) (Human Rights Act 1998)	<b>Every three years</b>
Safeguarding Children Level 1	<b>Every three years</b>
Safe enough to care	<b>Three yearly</b>

### Role specific

Subject	Frequency
Safeguarding Children Level 3	<b>Every three years for those with Safeguarding responsibilities</b>

9. Who has the responsibility for updating and monitoring the patient board?  
**Answer: Medical and nursing staff.**
  
10. What is the plan to address that space constraints in A& E?  
**Answer: Our Trust has three capital schemes in development based on our assessment of need (risk). Our Intensive Critical Care Unit has had the business case accepted and we await the funding externally, the maternity estate needs redesign and we are working up an outline business case as part of our maternity modernisation. The next estate challenge is to improve the environment in ED. This will follow the maternity outlined business case.**
  
11. What are the plans in BCF to help alleviate some of the pressures on A&E?  
**Answer: We recommend you contact Walsall Clinical Commissioning Group directly for this information. Their Freedom of Information office can be contact via email address; [foi@walsall.nhs.uk](mailto:foi@walsall.nhs.uk) or postal address: Jubilee House, Bloxwich Lane, Walsall, WS2 7JL.**

### **Follow Up Questions Received From Requester:**

Please would you clarify the response to question 1 concerning the number of patients referred from the Urgent Care Centre to A&E following triage.

You advised that there were 2961 from October 2014 to September 2015 but it would be helpful if this could be put into context for us i.e. could you let us know the total number of people who attended the UCC during this period or alternatively the percentage of the total attendance at UCC.

**Answer: Between 29/09/14 and 30/09/15 there were 35,986 attendances to the Urgent Care Centre that were defined as 'direct attendances'.**

292/15

### Cyber Abuse, Trolling / Bullying

1. Does your organisation have a cyber abuse or cyber trolling/bullying or social media policy - or a related policy such as Bullying and Harassment or Internet Usage - where cyber abuse or cyber bullying is mentioned? if so can I request a copy?

**Answer: We do not have a specific cyber abuse policy but we have a Social Media and Information Management and Technology Policies which mention the appropriate use of cyber systems. Please find these documents enclosed with this letter – available upon request**

2. Have any staff at your organisation (names or specific details are not needed) - been disciplined or suspended, or their employment terminated due to anything related to cyber abuse, social media conduct, cyber bullying, internet usage, or bullying and harassment by electronic means in the last 3 years?

**Answer: Yes, please see below.**

**2013 – 5 disciplinaries for inappropriate use of social media**

**2014 – 0 disciplinaries/suspensions**

**2015 – 0 disciplinaries/suspensions**

293/15

### Pathology Estates

In relation to the pathology laboratories at your Trust, please provide answers to the following questions.

1. Please state the year your Trust's laboratories were last fully refurbished?

**Answer: Our new Microbiology and Blood Sciences laboratories were opened in 2011. Our Histology Department has not had a refurbishment since it was opened in 1989.**

2. Please state the year your Trust's laboratories were last re-equipped, if this wasn't part of the refurbishment?

**Answer: Equipment replacement is ongoing, some of which occurred as part of new laboratories in 2011.**

3. How many biomedical science trainee positions have you offered in the last three years?

**Answer: Please see below.**

**2013-14      x2 internal students**

**2014-15      x5 students from university on one year placements, x2 internal students**

**2015-16      x4 students from university on one year placements, x2 internal students.**

4. What percentage of locums make up your scientific workforce (healthcare scientists, lab technicians, pathologists etc)? Please give figures for the last three years.

**Answer: This varies at different times. Currently one Locum Consultant Microbiologist and one Locum Histology Biomedical Scientist which equates to less than 1% of the workforce.**

5. Does your Trust have an electronic pathology order communication system that provides end to end connectivity for:

A. The community (CCGs)?

**Answer: Yes.**

B. Trust related work?

**Answer: Yes.**

5. What order communication system do you use?  
**Answer: ICE**

**294/15  
 Procedures Referred Outside the Trust**

This is a request under the Freedom of Information act for the following information:

1) During the last three years the number of times a procedure had to be referred outside of the Trust due to a patients weight – ie they were too heavy/large for an MRI scan.

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

2) In each instance please state the reason for the referral and where they were referred to.

**Answer: Unfortunately, the reason for the referral is exemption under Section 20 (Cost of Compliance Exceeds Appropriate Limit). Reason for referral information is not electronically captured so would require a manual check of paper records. However, details of where these patients were referred to is detailed below.**

Calendar Year	Number of Patients who were Referred Outside the Trust due to Their Weight	Location of Where These Patients were Referred To
2013	14	Heart of England NHS Foundation Trust
2014	8	Sandwell & West Birmingham Hospitals NHS Trust
2015 to date (29 Oct 15)	26	Sandwell & West Birmingham Hospitals NHS Trust

**295/15  
 Procurement of Pre-Printed Stationery**

I wonder if you could provide the following information regarding the Trust’s procurement of Pre-Printed Stationery:

- Does the Trust have an officially awarded contract for print?  
**Answer: Yes**
- When was the contract awarded and for what period of time?  
**Answer: 01 December 2012 to 30 November 2014 and 2 year extension which takes it to 30 November 2016.**
- Who is the current supplier?  
**Answer: H. Jenkinsons & Co**
- Which (if any) Framework Agreements does Trust use for print procurement?  
**Answer: None are used.**
- What is the Trust’s annual spend on Pre-Printed Stationery?  
**Answer: Approximately £115,000 per annum (covers period 01 December 2014 to 29 October 2015)**

296/15

## Electronic Systems

Please can you supply information regards the following questions

1. What business intelligence benchmarking software they use(e.g. Dr Foster, CHKS?)

**Answer: HED Healthcare Evaluation Data.**

2. Do you currently use an real time A&E reporting system? If so which one?

**Answer: No**

3. Do you currently connect multiple data sources(e.g. SUS, Primary Care, Ambulance, Social Data)?

**Answer: No**

- a. If so, which data do you current connect

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

- b. If so, do you currently have a business intelligence system which connects these data sources?

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

297/15

## Waiting List times and Targets in NHS

Please can you confirm which services within your Hospital/Trust have missed the waiting times in line with the NHS Constitution for both Urgent and Non urgent patients.

**Answer: Section 21 exemption (Information available by other means) has been applied to this request. This information is detailed within our monthly Performance & Quality Report under the 'Board papers' section of our website. Please use the link below to view this information.**

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

In addition

How many weeks in total over the last 12 months have targets have been missed by each service.

**Answer: Section 21 exemption (Information available by other means) has been applied to this request. This information is detailed within our monthly Performance & Quality Report under the 'Board papers' section of our website. Please use the link below to view this information.**

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

What financial sanctions have been put on the Trust/Hospital for missed targets and how much has it cost the trust in the last 12 Months as a total and by department.

**Answer: Walsall Clinical Commissioning Group have notified us of the intention to levy fines of £1,493,246 so far this financial year (April-August) so this is not applicable to our Trust.**

Why targets are being missed - Staffing, Demand, Capacity, Budget?

**Answer: Targets are being missed due to staffing, demand, capacity and budget.**

Further information can be accessed from our monthly Performance & Quality Reports which are available under the 'Board papers' section of our website. Please use the link below to view this information.

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

**298/15**

#### **Contact Details**

Lift service manager please can you forward their details.

I.e. name and email address, it would help me in my quest to contact them.

**Answer: This service is part of a PFI contract. We recommend you contact Skanska Facilities directly as they hold this information. Please contact either Marc Needham, Sarah Betts or Alan Walsh by emailing Sarah Betts via email address; [sarah.betts@skanska.co.uk](mailto:sarah.betts@skanska.co.uk) or telephone number 01922 656470.**

**299/15**

#### **Software Development & Testing**

I would like to make a request for the following information under the Freedom Of Information Act (2000).

1. Who is part of your software development and testing framework?

**Answer: Our Trust's Informatics Department do not undertake any research or development.**

2. What is your spend annually for development and testing of software?

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

3. Can you confirm if any further regional frameworks exist for such services in addition to the framework referred to in question 1?

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

4. When are the framework(s) referred to in question 1 and/or question 3 subject to re-procurement?

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

5. Who is your point of contact for IT procurement?

**Answer: Steve Darkes, Director of Informatics is responsible for this service. His email address is [steve.darkes@walsallhealthcare.nhs.uk](mailto:steve.darkes@walsallhealthcare.nhs.uk) and contact number is; 01922 721172.**

**300/15**

#### **EPR systems**

I would be grateful if you could answer the following questions under the Freedom of Information act 2000.

What EPR system does the Trust use?

**Answer: Lorenzo, Orion, Careplus, VitalPAC and Badger systems.**

Is this a Trust wide EPR system?

**Answer: Lorenzo, Careplus, Orion and VitalPAC are trustwide. The Badger system is only used by specific areas/departments within the Trust.**

Was this EPR system purchased under the National Programme for IT (NPfIT)?

**Answer: Please see below.**

**Lorenzo**      **Yes**  
**Careplus**     **No**  
**Orion**        **No**  
**VitalPAC**    **No**  
**Badger**       **No**

When was this system installed?

**Answer: Please see below.**

**Lorenzo**      **March 2014**  
**Careplus**     **2007**  
**Orion**        **2002**  
**VitalPAC**    **September 2015**  
**Badger**       **2012**

How long are you contracted to use this EPR system?

**Answer: Please see below.**

**Lorenzo**      **5 years**  
**Careplus**     **12 months**  
**Orion**        **3 years**  
**VitalPAC**    **5 years**  
**Badger**       **12 months**

Does the system function as you had intended it to?

**Answer: Please see below.**

**Lorenzo**      **Yes**  
**Careplus**     **Yes**  
**Orion**        **Yes**  
**VitalPAC**    **Yes**  
**Badger**       **We plan a phased roll out of the functionality across the Trust. Configuration, System, Interface and User Acceptance Testing has successfully been undertaken on the functionality currently live.**

When does the Trust plan to procure a new EPR system?

**Answer: Our Trust does not have any plans to procure any new systems at the moment.**

### **301/15**

#### **Gainshare Agreements**

I have a Freedom of Information request I hope you can help me with:

1. Are there any gainshare agreements in place between you the provider and a CCG?

If "No" – end.

If "Yes", then please provide the following details:

**Answer: Yes.**

Disease Area	CCG included in the gainshare agreement	Names of any specific drugs involved	How will savings be apportioned between you and the CCG?
<b>Rheumatology</b>	<b>NHS Walsall CCG</b>	<b>Adalimumab</b>	<b>50:50</b>
“	“	<b>Abatacept</b>	“



“	“	<b>Certolizumab</b>	“
“	“	<b>Etanercept</b>	“
“	“	<b>Golimumab</b>	“
“	“	<b>Tocilizumab</b>	“
<b>Dermatology</b>	“	<b>Adalimumab</b>	“
“	“	<b>Etanercept</b>	“
“	“	<b>Ustekinumab</b>	“
<b>Gastroenterology</b>	“	<b>Adalimumab</b>	“
<b>Osteoporosis</b>	“	<b>Teriparatide</b>	“

2. Who (what position) within the Trust is responsible for the agreement?

**Answer: Our Head of Income and Costing in consultation with our Director of Pharmacy.**

3. How and in what form are the savings from any gainshare given to the CCG?

**Answer: Our Trust remit all of the saving to the CCG initially in the form of a reduced recharge, then claim 50% of it back twice yearly.**

302/15

**Access to Health Records**

I'd like to request the following information under the Freedom of Information Act

Do you have an Access to Health Records Team? If yes, can you please respond to the following questions

**Answer: Yes, our Trust does have a Health Records Department.**

**Clarification to Requester: In order to provide you with the correct information, we would be grateful if you could confirm whether your questions relate to Subject Access Requests only. This is where people can approach our Trust to request a copy of their health records.**

**Alternatively, are you referring to the whole of our Health Records Team who action internal requests for records ie records for clinics/theatre every day.**

Response from Requester: Yes, just Subject Access Requests

1. WTE and Headcount, A4C Bandings

**Answer: The following staff members complete subject access requests within our Trust;**

**x2 (1.34 WTE) Band 2**

**x1 (1 WTE) Band 1**

**Each request is signed off by the Care Group Manager, Health Records and/or the Medical Director before release.**

2. Number of Requests broken down by month received in the last three financial years

**Answer: Please see the table below which details the total number of requests received each month at our Trust in the last three financial years.**

2013/14	April	May	June	July	August	September	October	November	December	January	February	March	TOTAL
Requests	177	112	92	151	76	125	148	100	116	96	85	110	1388

2014/15	April	May	June	July	August	September	October	November	December	January	February	March	TOTAL
Requests	113	61	143	73	113	100	76	83	88	97	77	123	1147

2015/16	April	May	June	July	August	September	TOTAL
Requests	84	111	92	108	72	116	639

3. Budget Statements and actual income broken down as above, please ensure that you include any deficits

2013/14	April	May	June	July	August	September	October	November	December	January	February	March	TOTAL
Income	£ 8,770	£ 5,460	£ 4,250	£ 7,410	£ 3,610	£ 6,080	£ 7,270	£ 4,890	£ 5,800	£ 4,750	£ 4,250	£ 5,500	£ 68,040

2014/15	April	May	June	July	August	September	October	November	December	January	February	March	TOTAL
Income	£ 5,650	£ 2,930	£ 7,130	£ 3,673	£ 5,675	£ 5,000	£ 3,770	£ 4,130	£ 4,360	£ 4,810	£ 3,810	£ 6,070	£ 57,008

2015/16	April	May	June	July	August	September	TOTAL
Income	£ 4,140	£ 5,480	£ 4,535	£ 5,315	£ 3,475	£ 5,770	£ 31,505

4. Please list your current charges and how they have been calculated, including costs for an administration fee and photocopying charges.  
**Answer: The application for written health records (full or part) is £40 per application inclusive of copies, postage and packaging. If copies of x-rays are also requested a further charge of £10 is made where these are available in electronic format (PACS). Therefore the maximum charge inclusive of postage and packing is £50. Viewing of the health record is free.**

**If copies of a clinical photographs are required by a Sealed Court Order, the cost will be recharged to the requesting Local Authority.**

**For Healthcare Professionals treating patients in other NHS organisations, Police, Coroner, Criminal Injuries Board, Pensions and Social Services (subject to appropriate authority) there is no fee.**

**303/15  
Bank Staff**

Please could you supply me with some information with regards to your 'Staff Bank'  
I am looking to obtain current, and historic rates of pay for bank Healthcare Assistants, and Registered Nurses from 2010 to present.

Please include the hourly pay rates for:  
Day  
Night  
Saturday  
Sunday  
Bank Holiday  
and details of how 'holiday pay' is accrued/paid.

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

	<u>Support Worker Day Rate</u>	<u>Staff Nurse Day Rate</u>
2010	7.34	10.59
2011	7.34	10.59
2012	7.34	10.59
2013	7.49	10.94
2014	7.49	10.98
2015	7.72	11.09

The enhanced rates are:

Support Worker:

Saturday	44%
Sunday	88%
Night Duty	44%
Bank Holiday	88%

Staff Nurse

Saturday	30%
Sunday	60%
Night duty	30%
Bank Holiday	60%

All bank staff are paid Working Time Directive at 12.07%.

**304/15  
Agency Usage**

I would like to request the following information regarding your agency usage for the last tax year:  
- Amount of spend on agency Community Psychiatric Nurses

**Answer: £0**

- Amount of spend on agency Ward-based Mental Health Nurses

**Answer: £0**

- Amount of spend on agency District and Community Nurses RGNs

**Answer: £130,537**

- Amount of spend on agency General and Acute Ward Based Nurses

**Answer: £3,204,369**

Would you also kindly provide me with the additional information of which agency framework you work to and which agencies currently provide you with staff?

**Answer: Please see the list below which details our Trust's current agency suppliers for Nursing as of the 13<sup>th</sup> November.**

AGENCY	FRAMEWORK
Acton Banks	HTE
Arcadia	HTE
Falcon	HTE
HCL	HTE
ID Medical	HTE
Kare Plus	CCS & LPP
Last Minute (Robin)	LPP
Mayday	HTE
Medacs	HTE
Medbank	HTE
Medics Pro	HTE
Meridian	HTE
MSI	HTE
Nursing Personnel	HTE
Plan B Healthcare	Subcontract via Mayday HTE
Precedo	CCS
Primera	HTE
Pulse	HTE
Servoca	HTE
SWIIS	HTE
Team 24	HTE
Team Support	CCS
Thornbury	No framework
VIP	Subcontract via Mayday HTE

**305/15**

### **Internal Major Incidents**

Question:

1. Within 2015 has the Trust changed its policy on how an 'internal major incident' is declared or triggered? (To be clear: NOT the operational structure of roles in response but the triggers that enable it to be called)

**Answer: No.**

- If YES:

- A) What were the changes? In addition - Is it possible to have a copy of the old and new policy (electronic copy is best)?

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

B) Were additional categories introduced within the escalation process towards when an internal major incident is called?

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

- If NO:

Is the Trust reviewing the current plans or does the Trust intend to change the plans within the next year?

**Answer: Our Trust may review the Escalation Policy in line with our experience over the winter 2015/16 period and in line with our normal procedures.**

**306/15**

### **Agencies for Nurses and Carers**

Could you please provide me with the following:

1) A list of the names of all agencies used by the Trust to provide locum nurses and carers in the last three financial years,

**Answer: Please see the list below and note that some agencies supply our Trust with staff for other roles, eg. Doctors, Admin and Clerical. Some agencies may have only been used by our Trust for short periods of time.**

2) And the amount paid to each company (agency/supplier) in each of the last three financial years.

**Answer: Please find below the total value of invoice payments made to each company. Please note that some agencies supply our Trust with staff for other roles, eg. Doctors, Admin and Clerical.**

Agency Name	Value of Invoice Payments in 2013-14 £	Value of Invoice Payments in 2014-15 £	Value of Invoice Payments in 2015-16 (up to end of June 2015) £
ACTON BANKS LIMITED	0	201,500	170,725
ARCADIA RECRUITMENTLTD	0	43,375	10,697
BNA	114,295	11,378	0
BNA HEALTHCARE	0	421	0
CLARRIOTS HOMECARE LTD	0	0	26,316
FALCON RECRUITMENT AND TRAINING LTD	0	753	0
GODIVA HEALTHCARE LTD	37,818	270,879	4,307
HCL HEALTHCARE	181,563	115,800	37,121
HCL NURSING	30,013	28,518	14,015
ID MEDICAL	548,980	360,231	273,101
KARE PLUS	260,939	151,816	41,389
LAST MINUTE HEALTHCARE LTD	0	316,505	272,563
MAYDAY HEALTHCARE PLC	45,243	9,463	880
MEDACS HEALTHCARE SERVICES PLC	1,703,315	1,491,520	451,645
MEDBANK HEALTHCARE SOLUTIONS LTD	59,030	74,720	13,322
MEDICS PRO LTD	237,784	347,408	129,410
MERIDIAN BUSINESS SUPPORT	263,783	150,213	55,811
MSI RECRUITMENTLTD	26,995	153,132	61,103

PLAN B HEALTHCARE	4,305	8,482	23,404
PRECEDO HEALTHCARE SERVICES LIMITED	5,768	81,693	23,379
PRIMERA ASSISTED LIVING	41,675	63,458	30,267
PULSE - (FORMERLY QUALITY LOCUM SERV LTD	385,200	255,622	235,253
SERVOCA NURSING CARE	856	4,224	1,010
SWIIS(UK) LTD	78,966	93,848	20,988
TEAM 24 LIMITED	41,967	14,307	14,547
TEAM SUPPORT MIDLANDS LTD	57,605	110,748	103,728
THORNBURY NURSING SERVICES	1,017,044	884,731	343,950
VIP NURSING	0	16,977	50,091
<b>Grand Total</b>	<b>5,143,145</b>	<b>5,261,723</b>	<b>2,409,020</b>

307/15

### Maternity Adverse Events

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

1. Please tell me how many adverse events occurred in the maternity department in the financial years  
a) 2014/15 b) 2013/14

**Answer: We have presumed you are referring to serious incidents within our Maternity Services. Please see the information below.**

2. For each incident in question 1a) and b), please specify the type of incident eg maternal death, unexpected neonatal death, stillbirth, medicines adverse incident, diagnosis etc.

**Answer: We have presumed you are referring to serious incidents that have occurred within our Maternity Services. Please see the information below.**

Category	2013/14	2014/15
Unexpected admission to Neonatal Intensive Care Unit	5	5
Intra-partum Death	2	0
Safeguarding Child Issue	1	0
Downs Screening Issues (during antenatal period)	1	1
Intra-uterine Death	4	4
Un-expected Neonatal Death	2	0
Maternal admission to ITU	1	2
Complication of birth	1	0
Security Issue – false maternal details	1	0
Venous Thrombo-embolism (postnatal)	0	1
Retained Swab (post delivery)	0	1
<b>TOTAL</b>	<b>18</b>	<b>14</b>

3. Please tell me on how many occasions a woman gave birth in a location other than a hospital bed in the financial years a) 2014/15 b)2013/14

**Answer: On our Badger system, data shows that there were 55 births during financial year 2014/15 and 38 births during financial year 2013/14**

4. Please specify the locations for 3a) and b)

**Answer: In 2014/15, there were 45 births before arrivals (BBAs) and 10 home births. In 2013/14, there were 32 BBAs and 6 home births. Unfortunately the location of the BBAs is not electronically recorded on our system so it cannot be provided.**

5. Please tell me how much the trust paid out in compensation to patients and families for maternity errors in the financial years a) 2014/15 and b) 2013/14

**Answer: We recommend you contact the NHS Litigation Authority (NHSLA) for information related to costings. Their Freedom of Information Office can be contacted via email address; [foi@nhsla.com](mailto:foi@nhsla.com) or postal address; Freedom of Information Office, NHS Litigation Authority, 2<sup>nd</sup> Floor, 151 Buckingham Palace Road, London, SW1W 9SW.**

### 308/15

#### Ultrasound scan charges

Please send me:

1) The charges for ultrasound baby scan pictures for the years 2011, 2012, 2013, 2014 and 2015 until now (how much you charge expectant mums/dads).

**Answer: The charges for 2011 were £3.50 per scan. The charges from 2012 to date are £5.00 per scan or £10.00 for 3 scans.**

2) The figures for how much profit has been made from the ultrasound charges for each year from 2011 to now.

**Answer: The Trust does not produce a trading account recording income and related expenditure regarding ultrasound scans as the Trust does not operate this service to patients as a means of generating profits.**

3) An explanation for why the charges increased (if they did so).

**Answer: The charges were slightly increased to bring into line with neighboring Trusts, and reflect general increased costs incurred by the Trust regarding equipment, staffing etc.**

### 309/15

#### Cost of Running a Catheter

I wondered if you would be able to provide me with the full and actual cost of running one of your catheter labs for 1 hour fully staffed if possible please regardless of the procedure.

**Answer: The figures below represent the current full and actual costs of running a session. A session equates to one working day.**

Breakdown	Cost Per Session	Cost Per Hour
Staffing Costs/Pay	£ 2,333	£ 292
Other Costs/Non Pay	£ 778	£ 97
Building/Equipment Costs/Overheads	£ 682	£ 85
<b>Total</b>	<b>£ 3,793</b>	<b>£ 474</b>



**310/15****Staffing and expenditure***Data request*

What is the number of whole time equivalent (WTE) staff, working for the trust in administration and non-clinical support services and what is the people-related expenditure on these services? People related expenditure is defined as the sum of salaries, bonuses, benefits, NI contributions, pension contributions and any other direct staffing costs. Please provide this broken out by services (see table below). This should be given for the most recent reporting period and if some data is not available, please still provide data for those areas that are available.

**Answer: Please see the table completed as requested.**

Service	WTEs	People related expenditure (£)
Finance	39.47	1,588,440
HR	55.93	1,616,954
Commercial/strategy	5.00	£246,144
IM&T (Information Management & Technology)	114.63	3,729,311
Legal	N/A	N/A
Public affairs/communications	5.00	177,985
Property/estates/facilities (excluding soft FM services)	24.93	£962,162
Sterile services	24.96	£609,883

**311/15****Delivery models for clinical and non clinical support services***Data request*

What is the delivery model for clinical and non-clinical support services and what is the trust's approximate annual expenditure on these services? Please provide this information broken out by services (see table below). This should be given for the most recent reporting period and if some data is not available, please still provide data for those areas that are available.

**Answer: Please see the completed table below as requested. These figures are based on the 2014/15 financial year.**

Service	Delivered in-house?	Partially outsourced?	Fully outsourced?	Annual expenditure (£)
Pathology	Y	N	N	£11,942,634
Pharmacy	Y	N	N	£2,303,167
Cleaning	Y	N	N	£4,774,411
Security	N	Y	N	£530,909
Catering	Y	N	N	£1,280,525
Hard FM	N	Y	N	£6,235,405
Laundry	N	N	Y	£898,540

**312/15  
Autopsy**

1. How many in percentage terms are your deceased body autopsies also having skull autopsy or brain organ autopsy?

**Answer: All unless stated otherwise for the coroner, therefore 100%.**

2. Are there orders given to pathologist by someone else saying that the skull or brain organ autopsies are required?

**Answer: Yes, as per coroner post mortem procedures, brain is included in a full autopsy.**

3. When skull autopsy or brain organ autopsies are done, what percentage have tissues taken for histology examination?

**Answer: We would be grateful if you could reply to our email to you dated 27<sup>th</sup> November. Please respond within 12 weeks from the date of this email. If we do not hear from before this time, your request for this information will be closed**

4. After the autopsy what is the skull sealed with?

**Answer: It is not sealed, the cranial cavity is packed tight and the skin overlying the skull is sutured tight.**

5. After the skull is sealed are the skull autopsy lines visible?

**Answer: Yes.**

6. Where is the skull sawn from where to where?

**Answer: In a horizontal plane in a cap-manner, a finger above the ear.**

7. How many skull autopsies in percentage terms have the brain organ removed for later examination?

**Answer: We would be grateful if you could reply to our email to you dated 27<sup>th</sup> November. Please respond within 12 weeks from the date of this email. If we do not hear from before this time, your request for this information will be closed**

8. Suppose there is not a skull autopsy or brain organ autopsy permission required by the pathologist, then what is the criteria for doing it?

**Answer: If there is no permission for skull or brain examination, then it is not performed. The coroner is the deciding person in such cases.**

9. Are hospital records read first by the pathologists before doing any sort of autopsies?

**Answer: Yes, when available.**

**313/15  
Fixed Telecommunications and Internet Services**

1. *Current Fixed Line (Voice Circuits) Provider* **Answer: This contract has very recently been out to tender and is still being agreed and written. Exemption under section 43 (Commercial Interests) has been applied.**

*Fixed Line Renewal Date*

**Answer: Answer: This contract has very recently been out to tender and is still being agreed and written. Exemption under section 43 (Commercial Interests) has been applied..**

*Fixed Line*

**Answer : All line contracts have expired. This contract has very recently been out to tender and is still being agreed and written. Exemption under section 43 (Commercial Interests) has been applied.**

*Number of Lines-*

**Answer: Number of users: BT – 600, Virgin Media - 900**

**2. Minutes/Landline Provider- Answer: BT and Virgin Media**

*Minutes/Landline Renewal Date- please provide day, month and year (month and year is also acceptable). If this is a rolling contract please provide me with the rolling date of the contract.*

**Answer: As above.**

*Minutes Landline Monthly Spend-*

**Estimated Monthly: BT - £6,666, Virgin Media - £2250**

*Minute's Landlines Duration:*

**Answer: The contracts have expired and are currently on a rolling month by month basis.**

*Number of Extensions:*

**Answer: 1500**

**3. Fixed Broadband Provider- Answer: None**

*Fixed Broadband Renewal Date- please provide day, month and year (month and year is also acceptable). If this is a rolling contract please provide me with the rolling date of the contract.*

**Answer: This is not applicable to our organisation**

*Fixed Broadband Annual Spend-*

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

**4. VOIP/PBX Installation Date: -**

**Answer: This was installed more than 8 years ago and unfortunately, the exact date of installation is not known so cannot be provided.**

*Renewal Date on any leased Telephony systems - please provide day, month and year (month and year is also acceptable). If this is a rolling contract please provide me with the rolling date of the contract.*

**Answer: This is not applicable to our organisation**

*Lease Provider- Supplier's name.*

**Answer: This is not applicable to our organisation**

**6. Internal Contact: Answer: Steve Darkes is our Director of Informatics who is responsible for this service. His email address is [steve.darkes@walsallhealthcare.nhs.uk](mailto:steve.darkes@walsallhealthcare.nhs.uk) and postal address is; Walsall Healthcare NHS Trust, Manor Hospital, Moat Road, Walsall, WS2 9PS**

7. Managed Service Contract – **Answer: This is not applicable to our organisation**  
Contract Title

**Answer: This is not applicable to our organisation**

Supplier's Name

**Answer: This is not applicable to our organisation**

Services Included

**Answer: This is not applicable to our organisation**

Total Contract Value

**Answer: This is not applicable to our organisation**

Duration

**Answer: This is not applicable to our organisation**

Expiry Date- please provide day, month and year (month and year is also acceptable)

**Answer: This is not applicable to our organisation**

Review Date- please provide day, month and year (month and year is also acceptable)

**Answer: This is not applicable to our organisation**

Internal Contact: **Answer: Steve Darkes is our Director of Informatics who is responsible for this service. His email address is [steve.darkes@walsallhealthcare.nhs.uk](mailto:steve.darkes@walsallhealthcare.nhs.uk) and postal address is; Walsall Healthcare NHS Trust, Manor Hospital, Moat Road, Walsall, WS2 9PS**

### **314/15 Liability Claims**

- i) The number of litigation claims the trust has been notified of, in respect of negligent treatment
- ii) The number of negligence claims where the trust has admitted liability
- iii) The number of claims resulting in a financial settlement or out of court award of damages

For all of the requests I above I would like the information in reference to 2010-2015, broken down by each calendar or financial year, whichever is more convenient. I would also like to request information regarding the nature of the claims, for example whether they relate to obstetrics, paediatrics etc.

I appreciate you may have concerns about confidentiality so I am happy for patient information to be removed so this request can be fulfilled.

**Answer: The total number of litigation claims in respect of negligent treatment the Trust received during 2010-2014 were;**

<b>2010</b>	<b>65</b>
<b>2011</b>	<b>71</b>
<b>2012</b>	<b>108</b>
<b>2013</b>	<b>116</b>

As we are currently in 2015 and our Trust is still processing and being notified of claims we cannot accurately confirm the total number received at the moment.

We recommend you contact the National Health Service Litigations Authority (NHSLA) as they manage negligence and other claims on behalf of our Trust. They hold information and evidence about cases and make an informed decision about its merits. If a liability exists then they proceed to quantify and resolve the claim. They should be able to confirm cases where a liability existed and whether any financial settlements were agreed from their records. You can contact their Freedom of Information Office directly via email address; [foi@nhsla.com](mailto:foi@nhsla.com) or postal address; Freedom of Information Office, NHS Litigation Authority, 2<sup>nd</sup> Floor, 151 Buckingham Palace Road, London, SW1W 9SW.

Due to a change in reporting systems covering 2010 and 2011, we are only able to provide a specialty breakdown for claims during 2012 – 2014. This information is detailed below.

2012	
Specialty	Total Number of Claims Received
Accident & Emergency	1
Anaesthesia	15
Bariatric Surgery	2
Cardiology	4
Dental Hospital	1
Ear Nose and Throat	1
Gastroenterology	2
General Medicine	10
General Practice	1
General Surgery	12
Gynaecology	6
Haematology	1
Obstetrics	22
Ophthalmology	1
Paediatrics	4
Radiology	1
Trauma & Orthopaedic	18
Urology	4
Vascular Surgery	1
<b>TOTAL</b>	<b>108</b>

2013	
Specialty	Total Number of Claims Received
Accident & Emergency	1
Anaesthesia	18
Cardiology	2
Chemical Pathology	1
Chiropody	1
Dental Hospital	1
Ear Nose and Throat	2

Endocrinology	1
General Medicine	3
General Surgery	14
Genito-Urinary Medicine	1
Geriatric Medicine	1
Gynaecology	6
Haematology	1
Neurology	1
Obstetrics	19
Paediatric Surgery	1
Paediatrics	2
Radiology	4
Respiratory	1
Rheumatology	1
Trauma & Orthopaedic	28
Urology	3
Vascular Surgery	2
<b>TOTAL</b>	<b>116</b>

2014	
Specialty	Total Number of Claims Received
Accident & Emergency	1
Anaesthesia	18
Bariatric Surgery	2
Biochemistry	1
Cardiology	1
Chemical Pathology	1
Community Medicine	1
Community Obstetrics	2
Ear Nose and Throat	1
Endocrinology	1
Gastroenterology	1
General Medicine	2
General Surgery	5
Genito-Urinary Medicine	18
Geriatric Medicine	1
Gynaecology	7
Histopathology	1
Neurology	1
Obstetrics	27
Oncology	2
Ophthalmology	1
Paediatrics	6
Radiology	8
Trauma & Orthopaedic	28
Urology	1
<b>TOTAL</b>	<b>138</b>

**315/15  
Shortage of Nurses**

The information, I wish to request is;

- the number of nurses retiring each year – going back from the last three years – 2011-2012  
**Answer: Please see the tables below which cover the time period 1<sup>st</sup> April 2011 to 24 November 2015.**
- annual leavers per year – going back from the last three years – 2011-2012  
**Answer: Please see the tables below which cover the time period 1<sup>st</sup> April 2011 to 24 November 2015.**
- and if known the reason for leaving and if known where they are moving on to.  
**Answer: Please see the tables below.**

Nursing Substantive Leavers by Reason & Destination (FTE)	2011-12						2011-12 Total
	Education/ Training	Education Sector	NHS Organisation	No Employment	Self Employed	Unknown	
Dismissal	0.00	0.00	0.00	0.00	0.00	3.13	3.13
Employee Transfer	0.00	0.00	1.00	0.00	0.00	0.00	1.00
End of Fixed Term Contract	1.00	0.92	0.49	1.50	0.00	0.60	4.51
Flexi Retirement	0.00	0.00	0.00	0.00	0.00	1.00	0.00
Mutually Agreed Resignation	0.00	0.00	0.00	0.00	0.00	1.00	1.00
Redundancy-Compulsory	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Retirement	0.00	0.00	0.00	3.85	0.00	3.93	7.79
Voluntary Resignation	0.00	0.00	4.50	0.61	0.53	8.86	14.41
<b>TOTAL</b>	<b>1.00</b>	<b>0.92</b>	<b>5.99</b>	<b>5.97</b>	<b>0.53</b>	<b>16.43</b>	<b>31.84</b>

All Substantive Leavers by Reason & Destination (FTE)	2011-12											2011-12 Total
	Abroad-EU Country	Abroad-Non EU Country	Education/ Training	Education Sector	NHS Organisation	No Employment	Other Private Sector	Other Public Sector	Private Health/ Social Care	Self Employed	Unknown	
Dismissal	0.00	0.00	0.00	0.00	0.00	5.08	0.00	0.00	0.00	0.00	9.99	15.07
Employee Transfer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	18.21	0.00	0.00	3.50	22.71
End of Fixed Term Contract	0.00	3.00	1.00	0.92	61.79	12.70	0.00	1.00	0.00	1.00	130.25	211.67
Flexi Retirement	0.00	0.00	0.00	0.00	0.00	0.22	0.00	0.00	0.00	0.00	0.80	1.02
Mutually Agreed Resignation	0.00	0.00	0.00	0.00	0.00	6.97	0.00	0.00	0.00	0.00	5.00	11.97
Redundancy-Compulsory	0.00	0.00	0.00	0.00	0.00	2.00	0.00	0.00	0.00	1.00	2.95	5.95
Redundancy-Voluntary	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.93	1.93
Retirement	0.00	0.00	0.00	0.00	1.40	14.12	0.00	0.00	0.00	0.00	25.17	40.69
Voluntary Resignation	1.00	4.00	0.00	0.00	27.10	14.94	6.60	0.00	0.60	2.53	55.21	111.98
<b>TOTAL</b>	<b>1.00</b>	<b>7.00</b>	<b>1.00</b>	<b>0.92</b>	<b>91.29</b>	<b>57.02</b>	<b>6.60</b>	<b>19.21</b>	<b>0.60</b>	<b>4.53</b>	<b>231.81</b>	<b>422.98</b>

Nursing Substantive Leavers by Reason & Destination (FTE)	2012-13						2012-13 Total
	Education Sector	General Practice	NHS Organisation	No Employment	Other Public Sector	Unknown	
Dismissal	0.00	0.00	0.00	2.11	0.00	0.00	2.11
Employee Transfer	0.00	0.00	1.00	0.00	0.00	0.00	1.00
End of Fixed Term Contract	1.00	0.00	1.00	1.67	0.00	3.11	6.77
Flexi Retirement	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mutually Agreed Resignation	0.00	0.00	0.00	3.80	0.00	0.00	2.80
Redundancy-Compulsory	0.00	0.00	0.00	1.00	0.00	0.00	1.00
Retirement	0.00	0.00	0.85	4.83	1.00	5.92	12.60
Voluntary Resignation	1.50	0.92	18.82	4.05	0.00	4.45	29.74
<b>TOTAL</b>	<b>2.50</b>	<b>0.92</b>	<b>21.67</b>	<b>16.45</b>	<b>1.00</b>	<b>13.47</b>	<b>56.02</b>

All Substantive Leavers by Reason & Destination (FTE)	2012-13												2012-13 Total	
	Abroad- EU Country	Abroad- Non EU Country	Armed Forces	Education / Training	Education Sector	General Practice	NHS Organisation	No Employment	Other Private Sector	Other Public Sector	Self Employed	Social Services		Unknown
Dismissal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11.40	0.00	0.00	0.00	0.00	6.65	18.05
Employee Transfer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2.00
End of Fixed Term Contract	0.00	0.00	0.00	1.00	2.10	0.00	90.07	18.45	2.80	1.80	0.00	0.00	85.31	201.53
Flexi Retirement	0.00	0.00	0.00	0.00	0.00	0.00	0.40	0.00	0.00	0.00	0.00	0.00	0.00	0.40
Mutually Agreed Resignation	0.00	0.00	0.00	0.00	0.00	0.00	0.00	12.80	0.00	0.00	0.85	0.00	3.86	17.51
Redundancy- Compulsory	0.00	0.00	0.00	0.00	0.00	0.00	1.00	3.62	0.00	0.00	0.00	0.00	1.32	5.94
Redundancy-Voluntary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.53	0.53
Retirement	0.00	0.00	0.00	0.00	0.00	0.00	6.65	21.83	0.00	1.00	0.00	0.00	15.94	45.42
Voluntary Resignation	1.00	5.67	1.00	5.20	3.50	0.92	57.97	23.45	11.48	2.40	1.64	1.00	22.29	137.52
<b>TOTAL</b>	<b>1.0</b>	<b>5.67</b>	<b>1.00</b>	<b>6.20</b>	<b>5.60</b>	<b>0.92</b>	<b>158.09</b>	<b>91.54</b>	<b>14.28</b>	<b>5.20</b>	<b>2.49</b>	<b>1.00</b>	<b>134.91</b>	<b>428.91</b>



Nursing Substantive Leavers by Reason & Destination (FTE)	2013-14							2013-14 Total
	Education / Training	NHS Organisation	No Employment	Other Private Sector	Other Public Sector	Private Health / Social Care	Unknown	
Dismissal	0.00	0.00	1.00	0.00	0.00	0.00	1.72	2.72
Employee Transfer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
End of Fixed Term Contract	1.00	4.40	0.00	0.00	0.00	0.00	2.53	7.93
Flexi Retirement	0.00	2.00	0.40	0.00	0.00	0.00	0.00	2.40
Mutually Agreed Resignation	0.00	0.00	0.80	0.00	0.00	0.00	1.60	2.40
Redundancy-Compulsory	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Retirement	0.00	4.53	7.33	0.00	0.00	0.00	6.60	18.47
Voluntary Resignation	0.93	17.24	2.61	1.00	4.25	2.00	12.29	40.33
<b>TOTAL</b>	<b>1.93</b>	<b>28.17</b>	<b>12.15</b>	<b>1.00</b>	<b>4.25</b>	<b>2.00</b>	<b>24.75</b>	<b>74.25</b>

All Substantive Leavers by Reason & Destination (FTE)	2013-14												2013-14 Total	
	Abroad-EU Country	Abroad-Non EU Country	Education / Training	Education Sector	General Practice	NHS Organisation	No Employment	Other Private Sector	Other Public Sector	Private Health / Social Care	Self Employed	Social Services		Unknown
Dismissal	0.00	0.00	0.00	0.00	0.00	0.00	3.40	0.00	0.00	0.00	0.00	0.00	6.37	9.77
Employee Transfer	0.00	0.00	0.00	0.00	0.00	7.13	0.00	0.80	0.00	0.00	0.00	0.00	0.00	7.93
End of Fixed Term Contract	2.60		3.20		4.00	98.95	20.14	1.00	5.60	0.00	0.00	0.00	87.74	223.22
Flexi Retirement	0.00	0.00	0.00	0.00	0.00	3.00	1.13	0.00	0.00	0.00	0.00	0.00	0.00	4.13
Mutually Agreed Resignation	0.00	0.00	0.00	0.00	0.00	0.00	3.69	0.00	0.00	0.00	0.00	0.00	1.60	5.29
Redundancy-Compulsory	0.00	0.00	0.00	0.00	0.00	0.00	4.64	0.00	0.00	0.00	0.00	0.00	2.20	6.84
Redundancy-Voluntary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	
Retirement	0.00	0.00	0.00	0.00	0.00	6.48	21.08	0.00	0.00	0.00	0.00	0.00	13.16	40.72
Voluntary Resignation	1.20	1.00	3.53	1.00	0.53	78.07	14.33	14.51	7.85	3.00	1.81	0.32	45.63	172.79
<b>TOTAL</b>	<b>3.80</b>	<b>1.00</b>	<b>6.73</b>	<b>1.00</b>	<b>4.53</b>	<b>193.63</b>	<b>68.40</b>	<b>16.31</b>	<b>13.45</b>	<b>3.00</b>	<b>1.81</b>	<b>0.32</b>	<b>156.70</b>	<b>470.69</b>

Nursing Substantive Leavers by Reason & Destination (FTE)	2014-15									2014-15 Total
	Abroad-Non EU Country	Education Sector	General Practice	NHS Organisation	No Employment	Other Private Sector	Other Public Sector	Self Employed	Unknown	
Dismissal	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	1.00
Employee Transfer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
End of Fixed Term Contract	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	8.25	8.25
Flexi Retirement	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Mutually Agreed Resignation	0.00	0.00	0.00	0.00	0.92	0.00	0.00	0.00	0.00	0.92
Redundancy-Compulsory	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00
Retirement	0.00	0.00	0.00	2.88	9.67	0.00	0.00	0.00	2.50	15.05
Voluntary Resignation	0.92	2.00	0.31	14.05	7.73	1.00	2.00	1.00	20.25	49.26
<b>TOTAL</b>	<b>0.92</b>	<b>2.00</b>	<b>0.31</b>	<b>17.93</b>	<b>18.32</b>	<b>1.00</b>	<b>2.00</b>	<b>1.00</b>	<b>31.00</b>	<b>74.47</b>

All Substantive Leavers by Reason & Destination (FTE)	2014-15												2014-15 Total
	Abroad-EU Country	Abroad-Non EU Country	Education / Training	Education Sector	General Practice	NHS Organisation	No Employment	Other Private Sector	Other Public Sector	Private Health / Social Care	Self Employed	Unknown	
Dismissal	0.00	0.00	0.00	0.00	0.00	2.00	7.32	0.00	0.00	0.00	0.00	5.36	14.68
Employee Transfer	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00
End of Fixed Term Contract	2.00		1.00	1.40	5.37	103.56	16.40	2.00	1.66	1.13	0.00	108.26	242.77
Flexi Retirement	0.00	0.00	0.00	0.00	0.00	0.00	0.80	0.00	0.00	0.00	0.00	0.00	0.80
Mutually Agreed Resignation	0.00	0.00	0.00	0.00	0.00	0.00	14.42	0.00	0.00	0.61	0.00	1.00	16.03
Redundancy-Compulsory	0.00	0.00	0.00	0.00	0.00	0.00	1.60	0.00	0.00	0.00	0.00	1.80	3.40
Redundancy-Voluntary	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	1.00
Retirement	0.00	1.00	0.00	0.00	0.00	11.66	26.71	0.00	0.00	0.00	0.00	15.73	55.10
Voluntary Resignation	1.00	2.92	3.00	3.77	2.45	47.97	23.87	9.28	4.64	1.00	3.01	53.74	156.66
<b>TOTAL</b>	<b>3.00</b>	<b>3.92</b>	<b>4.00</b>	<b>5.17</b>	<b>7.82</b>	<b>166.18</b>	<b>92.12</b>	<b>11.28</b>	<b>6.30</b>	<b>2.74</b>	<b>3.01</b>	<b>185.88</b>	<b>491.44</b>

Nursing Substantive Leavers by Reason & Destination (FTE)	2015-16											2015-16 Total
	Abroad-Non EU Country	Education / Training	Education Sector	General Practice	NHS Organisation	No Employment	Other Private Sector	Prison Service	Private Health / Social Care	Self Employed	Unknown	
Dismissal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.60	0.60
Employee Transfer	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
End of Fixed Term Contract	0.00	0.00	0.00	0.00	1.80	0.00	0.00	0.00	0.00	0.00	0.92	2.72
Flexi Retirement	0.00	0.00	0.00	0.00	3.00	0.00	0.00	0.00	0.00	0.00	0.00	3.00
Mutually Agreed Resignation	0.00	0.00	0.00	0.00	0.00	0.67	0.00	0.00	0.00	0.00	0.00	0.67
Redundancy-Compulsory	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Retirement	0.00	0.00	0.00	0.00	5.45	5.64	0.00	0.00	0.00	0.00	1.97	13.07
Voluntary Resignation	1.00	0.50	1.00	1.92	19.84	4.51	1.66	0.92	2.43	0.92	16.36	51.05
<b>TOTAL</b>	<b>1.00</b>	<b>0.50</b>	<b>1.00</b>	<b>1.92</b>	<b>30.09</b>	<b>10.82</b>	<b>1.66</b>	<b>0.92</b>	<b>2.43</b>	<b>0.92</b>	<b>19.85</b>	<b>71.11</b>

All Substantive Leavers by Reason & Destination (FTE)	2015-16												2015-16 Total	
	Abroad-EU Country	Abroad-Non EU Country	Education / Training	Education Sector	General Practice	NHS Organisation	No Employment	Other Private Sector	Other Public Sector	Prison Service	Private Health / Social Care	Self Employed		Unknown
Dismissal	0.00	0.00	0.00	0.00	0.00	0.00	3.97	0.00	0.00	0.00	0.00	0.00	4.37	8.35
Employee Transfer	0.00	0.00	0.00	0.00	0.00	69.61	0.00	0.00	1.60	0.00	0.00	0.00	0.00	1.60
End of Fixed Term Contract	1.00		1.25	1.00	6.16	3.00	5.89	1.40	0.00	0.00	0.00	0.00	77.64	163.95
Flexi Retirement	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.92	3.92
Mutually Agreed Resignation	0.00	0.00	0.00	0.00	0.00	0.00	7.19	1.00	0.00	0.00	0.00	0.00	1.61	9.79
Redundancy-Compulsory	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Redundancy-Voluntary	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Retirement	0.00	0.00	0.00	0.00	0.00	9.50	12.21	0.00	0.00	0.00	0.00	0.00	6.91	28.62
Voluntary Resignation	1.00	1.00	2.00	2.40	2.31	57.07	19.39	6.06	2.00	0.92	4.43	2.67	45.17	146.40
<b>TOTAL</b>	<b>2.00</b>	<b>1.00</b>	<b>3.25</b>	<b>3.40</b>	<b>8.47</b>	<b>139.17</b>	<b>48.65</b>	<b>8.46</b>	<b>3.60</b>	<b>0.92</b>	<b>4.43</b>	<b>2.67</b>	<b>136.62</b>	<b>362.63</b>

316/15

### Acute Myocardial Infarctions

- Which test(s) does the Trust use to diagnose patients who present with suspected acute myocardial infarction (AMI)? Please give details of tests used - including the brand and name of the test(s).

**Answer: Our Trust uses the High Sensitivity Troponin T assay (Roche Diagnostics) to aid the diagnosis of an acute myocardial infarction.**

- What, if any, guidelines or protocols does the Trust follow to support the diagnosis of suspected AMI? Please give details.

**Answer: Our Trust follows the Black Country & Local guidelines based on NICE guidance.**

- Does your Trust use early rule-out protocols to diagnose AMI? If so, please give details.

**Answer: Whilst our Trust does not have a point of care test in our Emergency Department (ED), low clinical risk and negative serial troponin with subsequent ambulatory care and investigations are set out in a guideline as per NICE.**

- What is the average waiting time for a diagnosis following a suspected AMI at the Trust?

**Answer: The National Institute for Cardiovascular Outcomes Research (NICOR) detail on their website that more than 92% of patients are reviewed by a Cardiologist within 24 hours.**

- What is the target turn-around-time for tests used in the diagnosis of AMI in the Trust? What percentage of tests are performed within this target turn-around-time?

**Answer: The ED target turnaround time for Troponin tests is 90% within 1 hour and 90% within 2 hours for inpatients. Our Trust is currently achieving 94.2% within 1 hour for ED tests and 96% within 2 hours for inpatients.**

**ECGs are reported within minutes, all abnormal Troponin and ECGs are reviewed by an on-call team, post take ward round and Acute Coronary Syndrome Cardiac Specialist Nurse.**

- How long has the Trust and/or hospitals within the Trust been using their current troponin test(s)?

**Answer: The current test has been in use since October 2011 within our Trust.**

317/15

### Recruited or Advertisements for Board Members

- 1) Recruited or advertised for a board member in the past 6 months? This includes permanent, interim or acting

**Answer: Our Trust has recruited two board members in the past 6 months.**

- 2) If so, what position did you recruit for?

**Answer: Permanent recruitment to the Director of Finance and Performance role and to the Director of Organisational Development and Human Resources role.**

- 3) If so, what salary did you either agree with this person or put on the advert? Please provide the figure

**Answer: Please see below the annual salaries which were agreed with these individuals. The adverts stated that the salary was competitive.**

**Director of Finance & Performance**

**£110,000 - £115,000**

**Director of Organisation Development and Human Resources**

**£105,000 - £110,000**

- 4) Have any candidates turned down a board level position in the last 6 months because the salary offered was too low?

**Answer: No, all successful candidates within the last six months have accepted their positions and salaries.**

**Follow Up Questions Received from the Requester:**

Thank you, but what were the salaries that were agreed upon?

**Answer: This information is intended for future publication in our Annual Report. Exemption 22 (Information Intended for Future Publication) has been applied to this question. The report will be accessible via our Trust website using the link below in July 2016.**

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

**Follow Up Questions Received from the Requester:**

Thank you, but I asked for the salaries if they had been agreed. Please provide the figures

**Answer: The response above for question 3 has been amended to detail this information. The annual salaries reflect the format of this information within our Annual Reports (bands of £5000).**

**318/15**

**Vacancy Rates and Expenditure on Agency Nursing Staff**

Please may I make a Freedom of Information request to your Trust?

- 1) Please state the name of your trust  
**Answer: Walsall Healthcare NHS Trust**

Please provide your most recent available figures for:

- 2) The trust's vacancy rates as a percentage for directly employed
  - a) Registered Nurses  
**Answer: The Trust vacancy rate for registered nurses during October 2015 was 8.83%**
  - b) Registered nurses to work in A&E – 14.39%  
**Answer: The Trust vacancy rate for registered nurses to work in A&E during October 2015 was 8.83%**
- 3) The trust's vacancy rates as a percentage for directly employed
  - a) Doctors  
**Answer: The Trust vacancy rate for doctors during October 2015 was 5.35%**
  - b) A&E doctors  
**Answer: The Trust vacancy rate for A&E doctors during October 2015 was 6.93%**
  - c) A&E Consultants  
**Answer: The Trust vacancy rate for A&E consultants during October 2015 was 0.00%**
- 4) The trust's expenditure on agency nursing staff as a PERCENTAGE of overall nursing staff expenditure for October 2015.  
**Answer: The Trust vacancy expenditure on agency nursing staff as a PERCENTAGE of overall nursing staff expenditure for October 2015 was 5.59%**
- 5) The "ceiling percentage" for agency nursing spend allocated to your trust by Monitor/NHSTDA for Quarters 3/4 of 2015/16.  
**Answer: The "ceiling percentage" for agency nursing spend allocated by Monitor/NHSTDA for Quarters 3/4 of 2015/16 was 6.00%**

319/15

**Friends & Family Test System**

Please provide details of the Trust's current Friends and Family Test supplier/system:

1. When the service was implemented and the specialties included?

**Answer:** The Friends and Family Test (FFT) is an important feedback tool that supports the fundamental principle that people who use NHS services should have the opportunity to provide feedback on their experience. Since it was initially launched in April 2013, the FFT has been rolled out in phases to most NHS-funded services in England, giving all patients the opportunity to leave feedback on their care and treatment. The Trust has complied with the contractual reporting requirements and rolled out the survey according to the contractual national time table.

Further details can be found at: <https://www.england.nhs.uk/ourwork/pe/fft/>

While the results will not be statistically comparable against other organisations because of the various data collection methods, FFT will continue to provide a broad measure of patient experience that can be used alongside other data to inform service improvement and patient choice.

2. Monthly values for the numbers of patients surveyed?

**Answer:** Since April 2015 – the table below sources the number of surveys completed which does not necessarily relate to the number of patients.

Month	Number of Surveys Completed							
	Inpatient	A&E	Outpatient	Community	Maternity - Antenatal	Maternity - Birth	Maternity - Postnatal (Hosp)	Maternity - Postnatal (Comm)
Apr15	719	57	590	356	38	88	286	11
May15	1226	206	728	196	2	56	37	2
Jun15	1269	150	579	260	0	111	192	25
Jul15	1727	127	953	278	231	38	395	15
Aug15	1504	72	616	256	11	29	299	15
Sep15	1247	65	789	320	110	29	155	4
Oct15	1707	259	739	202	43	118	355	19

3. Specific details of any aims/targets set for the Friends and Family Test and whether or not these have been achieved?

**Answer:** Internal Targets (no national targets) applied to Friends & Family Test Measures (target is applied against each month's performance against the % Recommended figure) – April 2015 onwards

Internal Target Percentages to be Achieved for the Friends and Family Test						
Inpatient	A&E	Outpatient	Maternity - Antenatal	Maternity - Birth	Maternity - Postnatal (Hosp)	Maternity - Postnatal (Comm)
94%	87%	96%	95%	96%	92%	97%

**For Inpatient, Outpatient, A&E and Maternity Birth (these four are considered to be the main areas monitored nationally). We have overachieved against all targets since April 2015.**

4. Details of any patient complaints or technical difficulties encountered whilst the service is in operation?

**Answer: This is not applicable.**

6. Does the Trust survey patients by SMS?

**Answer: No**

7. Where are the SMS carriers servers located?

**Answer: This is not applicable.**

If the service uses automated IVR/IVM (Interactive Voice Response/Interactive voice Messaging) calls;

8. Where are the servers that undertake these calls located?

**Answer: This is not applicable.**

9. Do the IVR servers process patient identifiable data?

**Answer: This is not applicable.**

If the service uses agent calls;

10. What percentage of the overall service outcomes are completed by an agent?

**Answer: This is not applicable.**

11. What information do agents have access to?

**Answer: This is not applicable.**

12. Are all agents making the calls based in a call centre?

**Answer: This is not applicable.**

13. Where are the call centres situated?

**Answer: This is not applicable.**

14. If not what percentage of calls are made by home workers?

**Answer: This is not applicable.**

15. Geographically, where are the home based workers?

**Answer: This is not applicable.**

16. What security measures are in place to prevent home-based workers from replicating data locally?

**Answer: This is not applicable.**

17. Are all home based staff CRB checked?

**Answer: This is not applicable.**

18. Have you received any complaints at all regarding the agent call service (including but not limited to: manner, tone, ability to understand accents or dialects)?

**Answer: This is not applicable.**

19. Please provide details of the member(s) of staff responsible for the implementation and continued running of the service and their role within the Board?

**Answer: Director of Nursing, Heads of Nursing, Patient Experience Lead, Performance and Information Team, all staff teams**

21. How do you keep personal information secure when transferring to a third party supplier?

**Answer: The completed, anonymised forms are sent via recorded delivery to I Want Great Care.**

Supplier Details

Please provide details of:

25. Suppliers(s) of the above services:

**Answer: I Want Great Care (iWGC) Ltd**

26. Expected contract length:

**Answer: Contract expires on 31<sup>st</sup> March 2016.**

27. Contract review date:

**Answer: January 2016**

28. Cost of contract:

**Answer: Annual spend is £20,000.**

29. Details of the implementation costs and on-going support costs:

**Answer: As this would detail the pricing structure of the contract, this information is withheld under section 43 (Commercial Interests).**

30. Details of the processes followed to procure The Friends and Family Test?

**Answer: The service was procured through a full OJEU compliant tender process.**

31. Details of the channels used to publish the notification of procurement, for the Friends and Family Test service?

**Answer: Advertised in the Official Journal via website TED – Tenders Electronic Daily.**

Paper Surveys

32. Does the Trust use paper cards to survey patients and if so what departments?

**Answer: Yes. Acute and Community Teams as per national contractual requirements i.e. Inpatient, Outpatient, Day Case, A&E, Maternity, Community Nursing, Community Children's Services, Intermediate Team, Stroke Services, Community Inpatient Unit, Smoking Cessation Team.**

33. Who keys in the data from paper surveys?



**Answer: I Want Great Care Ltd**

34. If this is outsourced, what company input this information?

**Answer: I Want Great Care Ltd**

Local surveys

35. Does the Trust carry out local surveys?

**Answer: Yes**

36. If so, what methods are used to survey patients?

**Answer: Paper based questionnaires.**

37. If outsourced, what supplier is used?

**Answer: This is not applicable.**

**320/15**

**A&E Waits and Consultants**

1. How many patients had to wait a) 12 hours or more and b) 24 hours or more in A&E before being discharged/moved to another department in i) the financial year 2014/15 and ii) the financial year 2015/16 so far? (This data should include the arrival time to the time at which they left the department.)

**Answer: During 2014-15, 954 A&E patients waited more than 12 hours with no patients waiting 24 hours or more. During 1<sup>st</sup> April 2015 to 31<sup>st</sup> October 2015, 390 patients waited more than 12 hours with no patients waiting 24 hours or more.**

2. Please state the longest time a patient waited in A&E before being discharged/moved to another department in a) 2014/15 and b) 2015/6 ?

**Answer: During 2014-15, the longest time an Emergency Department (ED) patient waited before being discharged/moved to another department was 1188 minutes with the reason being recorded as 'clinical exception'. During 1<sup>st</sup> April to 31<sup>st</sup> October 2015, the longest time an ED patient waited was 1204 minutes with the reason being recorded as 'waiting for a bed'.**

3. Please state the reasons for a) and b) (eg waiting for a bed)

**Answer: Please see this information provided above.**

4. Please state how many consultants there are onsite in the A&E unit on a) a typical Wednesday afternoon at 3pm b) a typical Sunday afternoon at 3pm c) a typical Wednesday night at midnight d) a typical Sunday night at midnight (this does not include consultants who are oncall from home)

**Answer: During a Wednesday afternoon at 3pm, four Consultants are on site. During a Sunday afternoon at 3pm, no Consultant is on site. During a Wednesday night at midnight, no Consultant is on site. During a Sunday night at midnight, no consultant is on site.**

5. Please state a) the total number of consultant posts available in your department and b) the number which are currently vacant.

**Answer: We currently have 6.00 FTE funded Consultant posts within our ED. Our Trust also has an additional 2 Locum Consultants that are working to cover a gap that we have of four Middle Grade Doctors within the ED.**

**We currently have no Consultant posts vacant.**

**321/15**  
**Self Harm**

1) How many people have been admitted to A&E or Hospital for self harm where it was classified as self-inflicted poisoning or injury in the last five years, alternatively if this isn't available the last 3 years is fine.  
**Answer: Please see the table below.**

Financial Year	Total count of valid attendances for 'Self Harm'	Total count of Valid Attendances where a patient attended more than once.
2015-2016 (to end of October 2015)	627	147
2014-2015	1150	400
2013-2014	1318	439
2012-2013	1427	472
2011-2012	1349	423

2) How many of these people who self-harmed were treated more than once by the hospital in this time?  
**Answer: This information is displayed within the table above.**

3) How many people have been admitted to A&E due to attempted suicide in the last five years, alternatively if this isn't available the last 3 years is fine.  
**Answer: Unfortunately, 'attempted suicide' is not a coding option on our system in order to identify this data.**

4) How many of these people who attempted suicide were treated more than once by the hospital in this time?  
**Answer: As data on these patients cannot be identified we are not able to provide this information.**

5) And how many recorded deaths have there been in the time frame where the cause of death was suicide.  
**Answer: As data on these patients cannot be identified we are not able to provide this information.**

**322/15**  
**Immunotherapy in an Allergy Indication**

Please can you supply the total number of items purchased by product for immunotherapy in an allergy indication. E.g. GRAZAX 75,000 SQ-T oral lyophilisate. Please supply a full list of products used and the number of items for the last 12 months within your trust

**Answer: Our Trust only procures a product called Omalizumab which is licensed for patients with convincing IgE (immunoglobulin E) mediated asthma. Our Trust does not procure any other immunotherapy in an allergy indication.**

**Our Trust has procured a total of 95 syringes of the 150mg Omalizumab pre-filled syringe between 1/10/2014 to 31/10/2015.**

323/15

### Missed Hospital Appointments

1) How many hospital appointments were missed by patients in the financial years 12/13, 13/14, 14/15?

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

**The Trust implemented a new Patient Administration System in 2014. Initial problems with some clinics resulted in some of the data within the system being inaccurate. Operational processes have been embedded throughout 2015 to ensure that clinics are cashed up correctly and as such we would expect to see a reduction in the 2015/16 financial year.**

Year	Total Number of Appointments Missed	Cost To Trust
Year 2012/13	40883	£ 3,894,218
Year 2013/14	41367	£ 3,516,193
Year 2014/15	49365	£ 4,850,965
<b>Grand Total</b>	<b>131615</b>	<b>£ 12,261,376</b>

2) How much did this cost the hospital trust in the financial years 12/13, 13/14, 14/15?

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

324/15

### Unserviced Meals on Wards

Please could you provide me with the number of unserved meals (ward food wastage) at each of your sites in 2014/15, and what percentage of all meals provided this represents. For plated meal systems, this is the number (calculated over the full menu cycle or 7 days where no menu cycle is used), of unserved in-patient meals remaining at the end of the meals service period expressed as a percentage of the total number of meals provided and available at the commencement of the meal service period. For bulk systems use an apportionment of remaining meals based on visual inspection.

**Answer: We can confirm that during 2014, there were 561,246 unserved meals at our hospital. This represents a percentage of 6.61% of all meals provided.**

325/15

### Complaints and Delayed Transfers of Care

Please may I make a Freedom of Information request to your Trust?

1) Name of:

a) your trust **Answer: Walsall Healthcare NHS Trust**

b) the hospitals in your trust **Answer: Walsall Manor Hospital**

2) Between April and October 2015, how many complaints/concerns were raised by Trust staff members regarding:

a) staffing levels/staffing shortages

**Answer: We can confirm that 251 incidents were reported by staff on our system during 1<sup>st</sup> April 2015 and 31<sup>st</sup> October 2015.**

**We can confirm that our Human Resources Department have not received any grievances from staff in relation to these type of concern.**

b) shifts being filled by under-qualified staff/staff "acting up"/agency staff/locums

**Answer: Unfortunately, the categorisation options within our incident reporting system are very specific. The only closest category we can identify is 'Appropriate skills not available'. There were 15 incidents reported by staff on our system under this category during 1<sup>st</sup> April 2015 and 31<sup>st</sup> October 2015. As staff can report different concerns within one incident it is possible that there may be overlaps.**

**We can confirm that our Human Resources Department have not received any grievances from staff in relation to these type of concern.**

c) staff overwork/unpaid overtime

**Answer: Unfortunately, the categorisation options within our incident reporting system are very specific. The only closest category we can identify is 'Excessive Workload To Staff Ratio'. There were 177 incidents reported by staff on our system under this category during 1<sup>st</sup> April 2015 and 31<sup>st</sup> October 2015. As staff can report different concerns within one incident it is possible that there may be overlapping.**

**We can confirm that our Human Resources Department have not received any grievances from staff in relation to these type of concern.**

d) staff not being able to take breaks

**Answer: Unfortunately, we cannot a identify a category option within our incident reporting system which would detail this information.**

**We can confirm that our Human Resources Department have not received any grievances from staff in relation to these type of concern.**

3) What is the longest time (in days) one patient has remained in a bed at your NHS Trust due to delays in transfer of care (DTC) from September 2014 to September 2015?

**Answer: The longest reported delayed transfer of care for a patient between September 2013 to September 2015 was 57 days.**

4) What was the age of the patient (from question 3) and the reason for delay?

**Answer: The age of the patient was 82 years old. There were a number of reasons for the delay which were in occurrence order;**

**Awaiting assessment for first 7 days**

**Patient choice of home**

**Awaiting home to assess**

**Patient choice of home**

**Awaiting assessment**

**Awaiting funding to be agreed**

**Awaiting home to be assessed**

**Discharged**

5) What is the longest time (in days) one patient has remained in a bed at your NHS Trust due to delays in transfer of care (DTC) from September 2013 to September 2015?

**Answer: This would be the same patient as mentioned for question 3 and 4 above.**

6) What was the age of the patient (from question 5) and the reason for delay?

**Answer: This is the same patient as mentioned for question 3 and 4 above.**

**326/15**

**MRI and CT Scanners**

Equipment type (CT or MRI):

**Answer: Please note that our MRI service is provided by an external company.**

Manufacturer:

**Answer: The manufacturer for the two CT scanners is GE.**

Model:

**Answer: VCT.**

Located in which hospital within Trust:

**Answer: Walsall Manor Hospital.**

Acquisition year:

**Answer: One in 2009 and the other in 2010.**

How it was financed (owned by Trust or leased via MES):

**Answer: Capital purchase.**

If MES which provider do you use:

**Answer: This is not applicable.**

What year will the equipment be replaced:

**Answer: No agreed date but one is currently planned for replacement in 2017 with the other in 2018.**

Is maintenance done in-house or by 3rd party provider:

**Answer: This is undertaken by a 3<sup>rd</sup> party provider.**

If 3rd party provider which provider do you use:

**Answer: NHS Supply Chain.**

What is the annual maintenance cost:

**Answer: The annual maintenance cost is £400,000.**

What are the operational hours of the equipment:

**Answer: For Scanner 1 – 8.30am-5.30pm Monday to Friday. For Scanner 2 – 8am-8pm Monday to Friday and Saturday/Sunday 10am-2pm plus emergencies outside of these hours.**

**327/15**

**Walsall Formulary Management Group Members**

Could the Walsall Healthcare NHS Trust staff who are also members of the Walsall Formulary Management Group could be listed in the format of the file attached?

**Answer: Our Deputy Director of Pharmacy and Non-Medical Prescribing Lead are members of the Walsall Formulary Management Group.**

**Staff details are withheld below Director level under Section 40 (Personal Information).**

**Please find enclosed the completed spreadsheet as requested.**

328/15

**Trust surplus/ deficit**

1. What was your Trust's surplus/ deficit at the end of Q1 of this financial year?

**Answer: This information is detailed within a Finance Report which is regularly discussed at our Board meetings. Board papers are accessible via our Trust website. Exemption 21 (Information Available by Other Means) has been applied to this request. Please see the link below to access the report.**

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

2. What was your Trust's surplus/ deficit at the end of Q2 of this financial year?

**Answer: This information is detailed within a Finance Report which is regularly discussed at our Board meetings. Board papers are accessible via our Trust website. Exemption 21 (Information Available by Other Means) has been applied to this request. Please see the link below to access the report.**

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

3. What is your Trust's projected surplus/ deficit at the end of this financial year?

**Answer: This information is detailed within a Finance Report which is regularly discussed at our Board meetings. Board papers are accessible via our Trust website. Exemption 21 (Information Available by Other Means) has been applied to this request. Please see the link below to access the report.**

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

329/15

**Private Medical Cover**

Does your trust pay for private medical/health insurance for any members of staff?

**Answer: No, our Trust does not pay for private medical/health insurance for any members of staff.**

If so, please tell me the total spent on it in the past financial year, and the number of staff benefiting.

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

330/15

**Car Parking Charges**

How much money did the trust raise from car parking charges in each of the last four years (state the amount and the years for which figures are available)?

**Answer: We have taken car parking charges to mean actual income received through patient and visitor car parking charges. The income received by financial years is detailed below.**

<u>Year</u>	<u>Income from Patient and Visitor Car Parking</u>
2011/12	£830,337
2012/13	£986,331
2013/14	£1,007,183
2014/15	£972,730

Do you charge for disabled parking? If so, how much of the total amount raised by the trust from car parking charges came from disabled parking?

**Answer: Our Trust does charge for disabled parking but this is not recorded separately to our parking in order to identify this information.**

Do you employ a private firm to run the car park for you? If so, how much of the money generated by parking fees is taken by the private firm?

**Answer: No.**

Please provide a breakdown of your car park charges - per hour/per day/per week.

**Answer: A 'pay on foot' system operates and the charge is £1 for 30 minutes, £2 for the first hour and £1 per hour for every hour after than up to a maximum daily fee of £6.**

Do you provide concessions for long-term visitors? What are these?

**Answer: Yes, weekly concessions at a lower rate are available for regular visitors to the hospital at a charge of £10 per week.**

**331/15  
Expenses**

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

1. Please tell me the total sum paid in expenses to the trust's board of directors in each of the previous five financial years a) 2010/11 b) 2011/12 c) 2012/13 d) 2013/14 e) 2014/15 and also f) 2015/16 year to date.

**Answer: Please see below.**

<b>2010-11</b>	<b>£4,413.20</b>	
<b>2011-12</b>	<b>£2,385.13</b>	
<b>2012-13</b>	<b>£1,301.20</b>	
<b>2013-14</b>	<b>£1,114.34</b>	
<b>2014-15</b>	<b>£1,813.71</b>	
<b>2015-16 (up to Dec 15)</b>	<b>£1,662.10</b>	

2. Please provide me with a breakdown of expenses claimed by each individual member of the board for each of these financial years, giving me details of each individual claim, including the amount and what the money was for.

**Answer: All paper expense claim forms for employees of our Trust are archived by month and alphabetic order together. The amount of each individual claim and what it was for would be hand written on the claim form itself and is not electronically recorded. In order to find this information, it would take more than 18 hours of work. From our current system, we are however able to categorise the type of expense claim and totals, please see below.**

Sum of GROSS AMOUNT 2010 - 2011						
DIRECTOR	Business Miles NT	Lease Car Miles NT	Misc Expenses NP NT	Parking	Subsistence Pay NP NT Night Allow First 30	Grand Total
Non - Executive Director	957.27	-	-	-	-	957.27
Non - Executive Director	99.69	-	-	-	-	99.69
Non - Executive Director	487.81	-	122.00	-	-	609.81
Chief Executive	-	261.30	1,912.65	114.70	69.31	2,357.96
Director of Finance	549.19	-	-	-	-	549.19
Medical Director	-	-	-	-	274.95	274.95
Director of Human Resources	321.71	-	608.50	17.00	-	947.21
Director of Nursing / Chief Operating Officer	28.44	-	24.00	2.00	-	54.44
Director of Nursing / Chief Operating Officer	142.25	-	87.20	-	-	229.45
Grand Total	1,041.59	261.30	2,632.35		344.26	4,413.20



Sum of GROSS AMOUNT 2012 – 2013						
DIRECTOR	Business Miles TAS	Lease Car Miles TAS	Misc Expenses NP NT	Parking	Subsistence Pay NP NT Night Allow First 30	Grand Total
Non - Executive Director	341.90	-	3.60	-	-	345.50
Non - Executive Director	651.37	-	56.10	-	-	707.47
Non - Executive Director	193.98	-	-	-	-	193.98
Non - Executive Director	814.93	-	224.85	-	648.60	1,688.38
Chief Operating Officer	35.16	-	180.60	-	88.00	303.76
Director of Human Resources	218.89	-	-	-	-	218.89
Medical Director	-	-	35.80	-	-	-
Director of Finance	109.60	-	64.50	-	-	174.10
Grand Total	1,178.58	-	505.75	-	736.60	2,385.13

Sum of GROSS AMOUNT 2013 - 14						
DIRECTOR	Business Miles NT	Lease Car Miles NT	Misc Expenses NP NT	Parking	Subsistence Pay NP NT Night Allow First 30	Grand Total
Non - Executive Director	-	-	35.00	-	41.90	76.90
Non - Executive Director	-	-	125.80	-	375.73	501.53
Chief Operating Officer	-	-	65.20	3.30	-	68.50
Chief Operating Officer	-	-	380.00	-	232.95	612.95
Medical Director	-	-	41.32	-	-	41.32
Grand Total	-	-	647.32	3.30	650.58	1,301.20

Sum of GROSS AMOUNT 2014 - 15						
DIRECTOR	Business Miles NT	Lease Car Miles NT	Misc Expenses NP NT	Parking	Subsistence Pay NP NT Night Allow First 30	Grand Total
Non - Executive Director	177.02	-	-	-	-	177.02
Non - Executive Director	369.94	-	48.55	-	-	418.49
Chief Executive	-	-	48.00	-	-	48.00
Chief Operating Officer	76.38	-	21.90	-	-	98.28
Medical Director	204.05	-	23.00	-	430.00	657.05
Director of Nursing	83.08	-	227.93	-	-	311.01
Grand Total	363.51	-	320.83		430.00	1,114.34

Sum of GROSS AMOUNT 2015 – 2016 (up to Dec 2015)						
DIRECTOR	Business Miles NT	Lease Car Miles NT	Misc Expenses NP NT	Parking	Subsistence Pay NP NT Night Allow First 30	Grand Total
Non - Executive Director	486.54	-	-	-	-	486.54
Non - Executive Director	189.00	-	-	-	-	189.00
Non - Executive Director	190.80	-	-	-	-	190.80
Non - Executive Director	95.40	-	-	-	-	95.40
Non - Executive Director	178.08	-	117.20	-	-	295.28
Medical Director	366.13	-	-	-	220.00	586.13
Director of Nursing			823.50			823.50
Chief Operating Officer			13.40			13.40
Grand Total	639.61	-	954.10		220.00	1,813.71

Sum of GROSS AMOUNT 2015 – 2016 (up to Dec 2015)						
DIRECTOR	Business Miles NT	Lease Car Miles NT	Misc Expenses NP NT	Parking	Subsistence Pay NP NT Night Allow First 30	Grand Total
Non - Executive Director	-	-	115.00	-	-	115.00
Non - Executive Director	742.00	-	-	-	-	742.00
Non - Executive Director	81.62	-	-	-	-	81.62
Non - Executive Director	162.40	-	-	-	-	162.40
Non - Executive Director	874.64	-	-	-	-	874.64
Non - Executive Director	372.06	-	-	-	-	372.06
Director of Nursing	-	-	253.00	-	-	253.00
Grand Total	1,409.10	-	253.00		-	1,662.10

332/15

### Referrals to specific departments

1. Number of referrals to hospitals or secondary care provider in your trust
2. Number of referrals to cardiac departments or cardiologists within hospitals in your trust
3. Number of referrals to neurology departments or neurologists within hospitals in your trust
4. Number of referrals to paediatric departments or paediatricians within hospitals in your trust
5. Number of referrals for Tilt Table Tests or autonomic testing at hospitals within your trust
6. Number of referrals to CFS or CFS/ME services within your trust
7. Number of referrals to psychiatrists, psychologists or mental health services, including CAMHS, at hospitals or secondary care providers within your trust
8. Accident and Emergency visits at hospitals within your trust

Please provide the information as follows:

- by year from 2000 to present
- for girls aged 12-19 at time of referral
- for boys aged 12-19 at time of referral

Please include in the data, all referrals to hospitals and services within your trust, from patients in area and out of area

Please include referrals from primary care eg from GPs and also from within secondary care eg from paediatrician to cardiologist etc

**Answer: Please see the enclosed document which details this information – available upon request. As referral data is held at the generic specialty level rather than specific diagnosis coding / diagnostic test levels, we are unable to provide the answers to questions 5 and 6.**

Please note the following with regards to the enclosed document;

- the 2015 data represents January 2015 – October 2015.
- a new Patient Management System was implemented in March 2014 combining previously separate Acute and Community systems.
- mental health services transferred to Walsall and Dudley Mental Health Partnership NHS Trust during 2011
- prior to 2007, Cardiology was recorded under General Medicine so specific Cardiology referrals are not able to be identified.

333/15

### Non-small-cell lung carcinoma

1. Within your health trust how many unique patients with Non-small-cell lung carcinoma [Stage IIIB/Stage IV] have been treated in the past 6 months?

**Answer: Unfortunately, we are not able to accurately provide the number of patients who have been treated for this condition in the past six months. Our electronic systems do not capture outpatient diagnosis/treatment information. There are also coding restrictions in terms of treatments.**

Of those patients please split by their current drug treatment;  
Afatinib (Giotrif)

**Answer: We can confirm that two patients with this diagnosis have received this drug treatment in the last six months.**

Ceritinib (Zykadia)

**Answer: We can confirm that no patients with this diagnosis have received this drug treatment in the last six months.**

Crizotinib (Xalkori)

**Answer: We can confirm that no patients with this diagnosis have received this drug treatment in the last six months.**

Erlotinib (Tarceva)

**Answer: We can confirm that two patients with this diagnosis have received this drug treatment in the last six months.**

Gefitinib (Iressa)

**Answer: We can confirm that two patients with this diagnosis have received this drug treatment in the last six months.**

Nitendatinib + docetaxel

**Answer: We can confirm that no patients with this diagnosis have received this drug treatment in the last six months.**

Pemetrexed (Alimta)

**Answer: We can confirm that four patients with this diagnosis have received this drug treatment in the last six months.**

Gemcitabine mono or in combination with carboplatin / cisplatin

**Answer: We can confirm that six patients with this diagnosis have received this drug treatment in the last six months.**

Paclitaxel mono or in combination with carboplatin / cisplatin

**Answer: We can confirm that no patients with this diagnosis have received this drug treatment in the last six months.**

Doxetaxel mono or in combination with carboplatin / cisplatin

**Answer: We can confirm that one patient with this diagnosis have received this drug treatment in the last six months.**

Vinorelbine [or other Vinka alkaloid] mono or in combination with carboplatin / cisplatin

**Answer: We can confirm that no patients with this diagnosis have received this drug treatment in the last six months.**

Other

**Answer: We can confirm that eight patients with this diagnosis have received Pemetrexed and Cisplatin drug treatment in the last six months.**

2. Does your trust carry out EGFR [Epidermal Growth Factor Receptor] tests in house or in a named reference centre ?

**Answer: No, our Trust sends our testing to be completed by University Hospital Birmingham NHS Foundation Trust.**

3. Within your trust how many unique patients with Advanced Prostate Cancer have been treated in the past 6 months?

**Answer: Unfortunately, we are not able to accurately provide the number of patients who have been treated for this condition in the past six months. Our electronic systems do not capture outpatient diagnosis/treatment information. There are also coding restrictions in terms of treatments.**

How many patients with Advanced Prostate Cancer have received ;  
Abiraterone (Zytiga)

**Answer: We can confirm that nine patients with this diagnosis have received this drug treatment in the last six months.**

Cabazitaxel (Jevtana)

**Answer: We can confirm that two patients with this diagnosis have received this drug treatment in the last six months.**

Docetaxel (Taxotere)

**Answer: We can confirm that three patients with this diagnosis have received this drug treatment in the last six months.**

Enzalutamide (Xtandi)

**Answer: We can confirm that five patients with this diagnosis have received this drug treatment in the last six months.**

Radium-223 (Xofigo)

**Answer: We can confirm that no patients with this diagnosis have received this drug treatment in the last six months.**

If your trust is unable to identify patients by the condition and treatment, please supply all patients for treatment, regardless of condition.

**334/15**

### **Cost of Delayed discharges**

Under the Freedom of Information Act 2000, I request the following information for each of the last three calendar years (2012, 2013 and 2014) and for 2015 to date

1. The gross cost to the Trust due to delayed transfers of care (before taking into account reimbursements from local authorities).

**Answer: We are able to provide this information in Financial Years. Please see the figures below.**

<u>Financial Year</u>	<u>Costs Due to Delayed Transfers of Care</u>
2012-13	£143,500
2013-14	£205,600
2014-15	£164,800

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

**Answer: We are able to provide this information in Financial Years. Please see the figures below.**

<u>Financial Year</u>	<u>Costs Where Social Care Were Responsible For Delayed Transfers of Care</u>
2012-13	£70,000
2013-14	£128,800
2014-15	£87,200

3. The total sum received from local authorities in reimbursements for delayed transfers of care.

**Answer: £0**

**335/15**

**Locum Agency staff spend**

Please provide the spend on locum agency ahp and hss staff broken down by the below disciplines and, if applicable whether the spend is in an acute or community setting for the period 1st October 2014 – 30th September 2015.

Occupational Therapists  
Physiotherapists  
Speech & Language Therapists  
Dietitians  
Pharmacists  
Radiography to include Diagnostic, CT, MRI, Nuc Med  
Radiotherapists  
Sonographers

**Answer: Unfortunately, our Invoice Payment System does not breakdown by acute or community settings. The system also groups similar roles together so it is not possible to split them. During this period, the only spend recorded for locum agency staff for the above listed roles was;**

**Physiotherapists/Occupational Therapists - £387,074**

**Dietitians - £170,652**

**Radiographers/Sonographers - £173,867**

**Please note that this spend relates to the date invoices were paid and not the date of the shifts worked.**

**336/15**

**Apprenticeships**

Could you please supply me with the information that is outlined in the attached document on apprenticeships in your organisation.

Please supply the information in electronic format and use the attached pro forma, where possible, to record the information.

**Answer: The information below has also been entered into the enclosed document as requested.**

In this FOI request the information we require relates to staff you have hired as an apprentices rather than existing staff that have gone through an apprenticeship programme. Please fill in the information using the pro forma below.

1) Name of your organisation

**Answer: Walsall Healthcare NHS Trust.**

2) Numbers of apprentices recruited

In the following financial years how many apprentices started work in your organisation? Please break this figure down per apprentices directly employed by your organisation and those working in your organisation but employed by an external organisation such as an Apprentice Training Agency.

	Numbers of apprentices started		
	2012/13	2013/14	2014/15
Directly employed	<b>80</b>	<b>120</b>	<b>135</b>
Employed by an external organisation such	<b>0</b>	<b>0</b>	<b>0</b>

as an Apprentice Training Agency			
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### 3) Job titles of apprentices

For the apprentices who started in each financial year (employed either directly or indirectly in your organisation) please provide a breakdown of the total number employed by the relevant job titles listed below.

Job title	Numbers of apprentices started		
	2012/13	2013/14	2014/15
Additional Clinical Services			
Healthcare Support Worker	<b>70</b>	<b>60</b>	<b>75</b>
Social Care Support Worker	<b>0</b>	<b>2</b>	<b>35</b>
Healthcare Assistant	<b>0</b>	<b>0</b>	<b>0</b>
Nursery Nurse	<b>0</b>	<b>25</b>	<b>0</b>
Play Therapist	<b>0</b>	<b>8</b>	<b>0</b>
Technical Instructor	<b>0</b>	<b>0</b>	<b>0</b>
Assistant/Associate Practitioner	<b>0</b>	<b>0</b>	<b>0</b>
Assistant Technician	<b>0</b>	<b>0</b>	<b>0</b>
Dental Surgery Assistant	<b>0</b>	<b>0</b>	<b>0</b>
Medical Laboratory Assistant	<b>0</b>	<b>0</b>	<b>0</b>
Assistant/Associate Practitioner - Nursing	<b>0</b>	<b>0</b>	<b>0</b>
Emergency Care Assistant	<b>0</b>	<b>0</b>	<b>0</b>
Emergency Medical Dispatcher/Call Handler	<b>0</b>	<b>0</b>	<b>0</b>
Healthcare Science Assistant	<b>0</b>	<b>0</b>	<b>0</b>
Paramedic apprentice	<b>0</b>	<b>0</b>	<b>0</b>
Other (please specify job titles)	<b>0</b>	<b>0</b>	<b>0</b>
Administrative & Clerical	<b>0</b>	<b>0</b>	<b>0</b>
Clerical worker	<b>10</b>	<b>35</b>	<b>25</b>
Receptionist	<b>0</b>	<b>0</b>	<b>0</b>
Secretary	<b>0</b>	<b>0</b>	<b>0</b>
Personal Assistant	<b>0</b>	<b>0</b>	<b>0</b>
Medical Secretary	<b>0</b>	<b>0</b>	<b>0</b>
Technician	<b>0</b>	<b>0</b>	<b>0</b>
Analyst	<b>0</b>	<b>0</b>	<b>0</b>
HR apprentice	<b>0</b>	<b>0</b>	<b>0</b>
Finance apprentice	<b>0</b>	<b>0</b>	<b>0</b>
IT apprentice	<b>0</b>	<b>0</b>	<b>0</b>
Other (please specify job titles)	<b>0</b>	<b>0</b>	<b>0</b>
Estates & Ancillary	<b>0</b>	<b>0</b>	<b>0</b>
Housekeeper/Domestic	<b>0</b>	<b>0</b>	<b>0</b>
Cook	<b>0</b>	<b>0</b>	<b>0</b>
Porter	<b>0</b>	<b>0</b>	<b>0</b>
Gardener/Grounds person	<b>0</b>	<b>0</b>	<b>0</b>
Technician	<b>0</b>	<b>0</b>	<b>0</b>
Electrician	<b>0</b>	<b>0</b>	<b>0</b>
Fitter	<b>0</b>	<b>0</b>	<b>0</b>
Plumber	<b>0</b>	<b>0</b>	<b>0</b>
Carpenter	<b>0</b>	<b>0</b>	<b>0</b>



Bricklayer	0	0	0
Painter/Decorator	0	0	0
Mechanic	0	0	0
Other (please specify job titles)			

4) Pay rates for apprentices

For the apprentices who started in each financial year (employed either directly or indirectly in your organisation) please provide information per relevant job title on the starting rates of pay, any linked Agenda for Change (AfC) pay band, and hours of work.

**Answer: Pay scales are set for Apprentices at the minimum wage for their first year and the national minimum wage for their second year.**

2012/13			
Job title	Starting rate of pay £pw, ph or pa	AfC pay band this was linked to if any	Hours per week
Additional Clinical Services			
Healthcare Support Worker			
Social Care Support Worker			
Healthcare Assistant			
Nursery Nurse			
Play Therapist			
Technical Instructor			
Assistant/Associate Practitioner			
Assistant Technician			
Dental Surgery Assistant			
Medical Laboratory Assistant			
Assistant/Associate Practitioner - Nursing			
Emergency Care Assistant			
Emergency Medical Dispatcher/Call Handler			
Healthcare Science Assistant			
Paramedic apprentice			
Other (please specify job titles)			
Administrative & Clerical			
Clerical worker			
Receptionist			
Secretary			
Personal Assistant			
Medical Secretary			
Technician			
Analyst			
HR apprentice			
Finance apprentice			
IT apprentice			
Other (please specify job titles)			
Estates & Ancillary			
Housekeeper/Domestic			

Cook			
Porter			
Gardener/Grounds person			
Technician			
Electrician			
Fitter			
Plumber			
Carpenter			
Bricklayer			
Painter/Decorator			
Mechanic			
Other (please specify job titles)			
2013/14			
Job title	Starting rate of pay £pw, ph or pa	AfC pay band this was linked to if any	Hours per week
Additional Clinical Services			
Healthcare Support Worker			
Social Care Support Worker			
Healthcare Assistant			
Nursery Nurse			
Play Therapist			
Technical Instructor			
Assistant/Associate Practitioner			
Assistant Technician			
Dental Surgery Assistant			
Medical Laboratory Assistant			
Assistant/Associate Practitioner - Nursing			
Emergency Care Assistant			
Emergency Medical Dispatcher/Call Handler			
Healthcare Science Assistant			
Paramedic apprentice			
Other (please specify job titles)			
Administrative & Clerical			
Clerical worker			
Receptionist			
Secretary			
Personal Assistant			
Medical Secretary			
Technician			
Analyst			
HR apprentice			
Finance apprentice			
IT apprentice			
Other (please specify job titles)			
Estates & Ancillary			
Housekeeper/Domestic			

Cook			
Porter			
Gardener/Grounds person			
Technician			
Electrician			
Fitter			
Plumber			
Carpenter			
Bricklayer			
2014/15			
Job Title	Starting rate of pay £pw, ph or pa	AfC pay band this was linked to if any	Hours per week
Additional Clinical Services			
Healthcare Support Worker			
Social Care Support Worker			
Healthcare Assistant			
Nursery Nurse			
Play Therapist			
Technical Instructor			
Assistant/Associate Practitioner			
Assistant Technician			
Dental Surgery Assistant			
Medical Laboratory Assistant			
Assistant/Associate Practitioner - Nursing			
Emergency Care Assistant			
Emergency Medical Dispatcher/Call Handler			
Healthcare Science Assistant			
Paramedic apprentice			
Other (please specify job titles)			
Administrative & Clerical			
Clerical worker			
Receptionist			
Secretary			
Personal Assistant			
Medical Secretary			
Technician			
Analyst			
HR apprentice			
Finance apprentice			
IT apprentice			
Other (please specify job titles)			
Estates & Ancillary			
Housekeeper/Domestic			
Cook			
Porter			
Gardener/Grounds person			

Technician			
Electrician			
Fitter			
Plumber			
Carpenter			
Bricklayer			
Painter/Decorator			
Mechanic			
Other (please specify job titles)			

5) Outcomes for apprentices

- a) For apprentices (directly or indirectly employed) whose apprenticeships came to an end in each of the following financial years because they did NOT complete their apprenticeship, please provide the following information:

OUTCOME	Numbers of apprentices		
	2012/13	2013/14	2014/15
Left without completing their apprenticeship	<b>10</b>	<b>10</b>	<b>5</b>
Left because they failed their apprenticeship	<b>0</b>	<b>0</b>	<b>0</b>

- b) For apprentices (directly or indirectly employed) whose apprenticeships came to an end in each of the following financial years because they COMPLETED their apprenticeship please provide the following information:

OUTCOME	Numbers of apprentices		
	2012/13	2013/14	2014/15
Completed their apprenticeship with an accredited qualification	<b>70</b>	<b>110</b>	<b>130</b>
Completed their apprenticeship without gaining an accredited qualification	<b>0</b>	<b>10</b>	<b>5</b>
Continued in employment in your organisation	<b>10</b>	<b>25</b>	<b>0</b>
Left employment in your organisation	<b>60</b>	<b>75</b>	<b>130</b>

**337/15**

**Delayed Discharges**

Please could you provide the number of patients whose discharge has delayed by 28 days or more after the serving of a Section 5 under the Community Care (Delayed Discharges) Act in the year to March 31 2015, with any available monthly breakdowns.

**Answer: We can confirm that 10 patients were delayed by 28 days or more between 1<sup>st</sup> April 2014 and 31<sup>st</sup> March 2015 after the serving of a Section 5.**

Month	Number of Patients
April 2014	<b>1 patient (44 days delayed)</b>

May 2014	0
June 2014	0
July 2014	0
August 2014	1 patient (delayed 37 days) 1 patient (delayed 37 days) 1 patient (delayed 34 days)
September 2014	1 patient (delayed 52 days {same patient delayed 34 days in August}) 1 patient (delayed 33 days)
October 2014	1 patient (delayed 29 days)
November 2014	1 patient (delayed 45 days)
December 2014	1 patient (delayed 32 days)
January 2016	0
February 2016	1 patient (delayed 30 days)
March 2016	1 patient (delayed 29 days)

Please including the longest number of days for which an individual patient had to wait for a discharge after a Section 5 was served, and any available breakdown by length of wait for a discharge after a Section 5 was served.

**Answer: The longest number of days an individual patient had to wait to be discharged after a Section 5 was served was 52 days for one patient across August and September 2014.**

Would you please state on November 15 2015, how many beds were occupied in your trust by patients who had been served a Section 5 at least 24 hours previously?

**Answer: 22 patients medically fit for discharge had been served a Section 5 notice at least 24 hours previously on the 15<sup>th</sup> November 2015 who were occupying beds.**

**338/15**

### **Electronic Medical Records**

NHS England has encouraged all NHS Hospitals to adopt a paperless electronic medical record (EMR) system by 2018.

We submit the following questions as a freedom of information request:

1. With regards to the way medical records are currently used in your Trust, which EMRAM\* stage are you?

**Answer: Stage 4 but elements of other stages.**

2. If you are unable to tell us the above, can you tell us if your Trust is running, or has signed a contract to run an electronic medical records system that meets the following criteria:

a. Electronic clinical documentation interacts with clinical decision support systems (based on both discrete data elements)

**Answer: Not applicable**

AND

b. Electronic closed loop medication administration system.

**Answer: Yes, our Trust has signed a contract to run this system.**

3. If not, is your trust planning to commission an EMR (which meets criteria set out in Question 2)

**Answer: Not applicable**

4. If you are currently utilizing an EMR, or have commissioned an EMR which is awaiting implementation, did you consider franchising an already implemented EMR from another NHS institution in the UK?

**Answer: Yes.**

5. If you are currently utilizing an EMR, or have commissioned an EMR which is awaiting implementation: does your EMR allow functional interoperability i.e. transfer of information from at least one other EMR used regionally in primary, secondary or tertiary care?

**Answer: Yes.**

6. If your trust is planning to commission an EMR or currently has an open tender for an EMR, are you inviting applications for franchised systems from other NHS trusts?

**Answer: Not applicable.**

7. If your trust currently utilizes an EMR, does the contract with the software provider allow for franchising your system to other trusts?

**Answer:**

8. Regarding direction from Clinical Commissioning Group(s) that commission services in your local area, have you had formal or informal direction regarding EMR provision?

**Answer: No.**

9. Regarding coordination with other acute hospital trusts, have you had any formal or informal discussions regarding coordination of EMR purchasing?

**Answer: No.**

**339/15**

### **Pathology Services**

Please complete the attached questions.

**Answer: The document has been completed as requested and is also detailed below.**

NAME of NHS Trust/Foundation Trust: **Walsall Healthcare NHS Trust**

1. How many hospitals is your NHS Trust/NHS Foundation Trust currently managing?

**One**

2. Did this/these hospital(s) use to have their own pathology laboratory in the year 2010?

Yes  No

3. Are you pathology services currently centralized (or partially centralized) in a main laboratory in line with Lord Carter's review?

Yes  No

If YES, please specify the DATE of the first centralization and the NUMBER of previous laboratories now merged into one:

Date of centralization: **Not applicable**

Number of previous laboratories: **Not applicable**

If NO, please specify if centralization is planned in the near future:

Yes  No

4. Are you pathology services currently managed by a private provider (even if shared and/or joint venture)?

Yes  No

If YES, please specify the NAME of the private provider:

**Not applicable**

Also, what type of private partnership do you have?

Completely private  Joint venture  Other (please specify)

**Not applicable**

5. In the year 2010, were your pathology services managed by a private provider?

Yes  No

6. What is your current total budget for pathology services (in GBP) including laboratory staff?

**£11,447,577**

7. In the year 2010, what was your total budget for pathology services (in GBP) including laboratory staff?

**£11,110,212**

8. How many people are currently employed by your pathology services?

**152**

9. Have your pathology services had any redundancies in the last 5 years?

Yes  No

If YES, how many?

**Not applicable**

10. Has your pathology staff been TUPE transferred from NHS to another company/entity in the last five years?

Yes  No

**340/15**

### **Bank and Agency Staff**

For 2012, 2013, 2014 and 2015 up to and including October, the trusts annual spend per financial year on:

Bank Unregistered Nurse (HCA, CSW)

Bank Registered Nurse

Agency Unregistered Nurse (HCA, CSW)

Agency Registered Nurse

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

<b>Staff Group</b>	<b>2012/13 £</b>	<b>2013/14 £</b>	<b>2014/15 £</b>	<b>2015/16 £ (up to Oct15)</b>
<b>Bank Unregistered Nurse / CSW</b>	<b>2,091,000</b>	<b>3,170,000</b>	<b>2,889,000</b>	<b>1,444,000</b>
<b>Bank Registered Nurse</b>	<b>2,621,000</b>	<b>2,882,000</b>	<b>2,311,000</b>	<b>1,032,000</b>
<b>Agency Unregistered Nurse / CSW</b>	<b>192,000</b>	<b>1,317,000</b>	<b>904,000</b>	<b>177,000</b>
<b>Agency Registered Nurse</b>	<b>1,432,000</b>	<b>3,325,000</b>	<b>3,335,000</b>	<b>1,574,000</b>

Additionally, I request the number of hours worked in 2012, 2013, 2014 and 2015 up to and including October by:

Bank Unregistered Nurse (HCA, CSW)

Bank Registered Nurse  
 Agency Unregistered Nurse (HCA, CSW)  
 Agency Registered Nurse

**Answer: Unfortunately, our Temporary Staffing records are in shifts rather than hours. Please note that the table below relates to shifts booked with agencies only and may not necessarily be the actual number our Trust were invoiced for. This could be due to cancellations being made at short notice.**

Role	Number of shifts booked			
	2012	2013	2014	2015 (1 <sup>st</sup> January to 31 <sup>st</sup> October)
Bank Unregistered Nurse / CSW	19429 shifts	25071 shifts	24817 shifts	16384 shifts
Bank Registered Nurse	12462 shifts	13578 shifts	10354 shifts	7236 shifts
Agency Unregistered Nurse / CSW	1753 shifts	9042 shifts	4844 shifts	1921 shifts
Agency Registered Nurse	2886 shifts	9382 shifts	8411 shifts	6487 shifts

**341/15**

**Salary Overpayments**

1) Please confirm the number of overpayments made to employees that left your trust in 2012/2013, 2013/2014 and 2014/2015. These are salary payments incorrectly made to employees for periods after they have left.

**Answer: During 2012/13, 51 overpayments were made to employees that had left our Trust. During 2013/14, there were 75 overpayments made and 117 during 2014/15.**

2) Please confirm the gross values of the overpayments made to employees that left your trust in in 2012/2013, 2013/2014 and 2014/2015.

**Answer: The amounts below represent the net value as gross values are not monitored once an employee has left our organisation.**

**2012/13        £62,683.88**  
**2013/14        £73,949.55**  
**2014/15        £35,903.06**

3) Please confirm the value of overpayments recovered from staff in 2012/2013, 2013/2014 and 2014/2015.

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

**2012/13        £39,130.82**  
**2013/14        £54,566.96**  
**2014/15        £33,406.31**

**342/15**

**Community Paediatrics**



- Could I please have a copy of your current service specification for community paediatrics?

**Answer: This is currently being negotiated and agreed with our Clinical Commissioning Group so we are not able to provide this at the moment.**

- Could you please tell me the current contract value (for 15/16) for community paediatrics, and whether this is commissioned on a block or cost per case basis?

**Answer: We can confirm that the current contract value for 2015-16 for Community Paediatrics is £1,321,542. Community Paediatrics is all block funded.**

- Can you please share any pathway you have in place for assessment, diagnosis and follow-up of both children with suspected ADHD and / or ASD? Any other pathways linking the service to others in the community would also be really helpful.

**Answer: Any staff details have been redacted under Section 40 (Personal Information). As requested, please find enclosed – available upon request**

- the Protocol for Diagnosis and Support for Children with Autism Spectrum
- the pathway for Birth to Five Assessment and Intervention for Children with Autism Spectrum
- Autism Working Group Action Plan

- What are the current waiting times for a new appointment with community paediatrics?

**Answer: Our average waiting time during October 2015 from referral to a patient's first face-to-face appointment was 62 days (8 weeks).**

- What are the current waiting times for a follow-up appointment with community paediatrics?

**Answer: We do not have a standard waiting time for follow-up appointments as this is determined by clinical need and agreed between the clinician and the patient/parents after the initial consultation.**

- Do you have nurses working within the service, if so, how many, what WTE, and what is their role?

**Answer: Yes, please see this information listed below.**

**3.00 wte Band 7s consisting of a Team Leader, Discharge Nurse and Epilepsy Nurse Specialist**

**4.68 wte Band 6 Community Children's Nurses**

**3.00 wte Band 5 Community Children's Nurses**

**4.00 wte Band 4 Assistant Practitioners**

**1.0 wte Band 3 Administrator**

- Have you undertaken any initiatives to improve efficiency within the service? If so, can you please provide detail on what you did and what was the result?

**Answer: Introduction of a referral panel to ensure appropriateness of referral to Consultant Paediatrician and timely access to alternative services e.g. School Nursing. This has reduced the referrals into the Community Paediatric Department by approximately 50%.**

- Were you given any additional resources to support the EHC agenda by your commissioner? If so, how much, and what was this for?

**Answer: No**

343/15

### Locum Pharmacy Staff

- A detailed breakdown of current locum staff at each hospital by job title in the pharmacy department (for example At ----- Hospital we have – Locum pharmacists, --- Locum technicians and --- Locum ATOs.)

**Answer: We can confirm that we do not have any locum pharmacists recorded as working within our Pharmacy Department.**

- Management structure and contact names within the pharmacy department

**Answer: Exemption 21 (Information Available by Other Means) has been applied to this request as structures are accessible via our website. Please use the link below to access this structure.**

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

**Staff details below Director level are withheld under Section 40 (Personal Information).**

344/15

### Renal Cell Carcinoma

Question 1: Please provide the number of a.) renal cell carcinoma clinical nurse specialist b.) uro-oncology clinical nurse specialists, and c.) urology clinical nurse specialists currently employed by your Trust

**Answer: As at 31 October 2015, the Trust employed zero Renal Cell Carcinoma or Uro-oncology Clinical Nurse Specialists.**

**Our Trust currently employs 4 (3.2 FTE) Urology Clinical Nurse Specialists.**

Question 2: Please provide the number of patients currently treated for renal cell carcinoma at your Trust

**Answer: For the period May 2015 to October 2015, there were 12 patients admitted as either inpatients or Daycases with a diagnosis coding of renal cell carcinoma.**

345/15

### Metal Based Products

I make this information request on its behalf and my client's request relates to the following metal based products purchased and used by the Trust :-

- Roll cages;
- Bed;
- Lockers;
- Waste bins; and
- Trolleys.

From the period since 1<sup>st</sup> January 2012 to the date of this request:-

- Please supply copies of all purchase contracts relating to the purchase by the Trust of the above products;

**Answer: Our Trust only has a purchasing schedule for beds. This document is withheld under Section 41 (Information Provided in Confidence) as a confidentiality clause is part of the contract with the company.**

- If it is not readily apparent from the face of each such contract please provide an itemised breakdown by product type of capital expenditure by the Trust in relation to the products

**Answer: Expenditure for these products is detailed below which covers the period from 01/01/12 to 31/10/15:**

<b>Roll Cages</b>	<b>£0</b>
<b>Beds</b>	<b>£216,792</b>
<b>Lockers</b>	<b>£5,843.52</b>
<b>Bins</b>	<b>£5,147.93</b>

**All expenditure above is exclusive of VAT.**

**We would be grateful if you could respond to our email dated 14<sup>th</sup> December in relation to trolleys. If we do not receive a reply from you within twelve weeks from the date of our email, your request for this part of the question will be closed.**

- Please supply copies of all maintenance agreements in relation to the products  
**Answer: Our Trust only has a maintenance contract for beds. Please find attached a redacted copy of this document as requested. Pricing structures and detailed information about what is covered by the contract is withheld under Section 43 (Commercial Interests) – available upon request**
- If it is not readily apparent from the face of each such contract please confirm the amount of money paid by the Trust for maintenance services in respect of the products.  
**Answer: We can confirm that the Trust spent £99,723 for maintenance services for beds. All expenditure is exclusive of VAT.**
- If it is not readily apparent from the information already supplied please confirm whether the sums to which this request refers are inclusive or exclusive of value added tax;  
**Answer: As detailed above.**
- Please supply an itemised breakdown by product type of items disposed of to third parties or scrapped;  
**Answer: With regards to roll cages, as these are provided and owned by Suppliers, the Trust does not dispose of them. They are simply returned to the Supplier when necessary. Any lockers that need to be disposed of are placed in our skips and unfortunately, no records are kept on these items. Our waste bins are currently being changed over to plastic and are not scrapped by the Trust. Any Beds are not scrapped by the Trust as they are taken back to the Supplier under contract.**

**We would be grateful if you could respond to our email dated 14<sup>th</sup> December in relation to trolleys. If we do not receive a reply from you within twelve weeks from the date of our email, your request for this part of the question will be closed.**

- Please confirm the sums realised on disposal  
**Answer: This is not applicable to our organisation.**
- Please confirm whether the Trust suffered a loss on disposal. If it did please confirm the extent of the loss suffered  
**Answer: This is not applicable to our organisation.**

**346/15  
Locums and ITU**

Locums:

1. Do you have some locum doctors and consultants working under zero-hour employment contracts ("A: Zero-hours contracts, or casual contracts, allow employers to hire staff with no guarantee of work. They mean employees work only when they are needed by employers, often at short notice")?

**Answer: We have 6 Doctors on casual contracts based within our Anaesthetics Department. This arrangement is a mutual agreement with no obligation to offer or except shifts and provides flexibility in the hours worked for both the individual and the organisation.**

2. What are the differences in employment contracts between locum and non-locum doctors and consultants?

**Answer: We engage with doctors who prefer to work flexibly due to personal circumstances. These arrangements give the benefits of them being more able to provide effective and quality services to patients by balancing the demands of their work and domestic responsibilities.**

**Locum doctors work for a set period of time, non-locum doctors are normally employed substantively.**

Locums in ITU / ICU:

3. Are there locum doctors and consultants also in ITU / ICU departments?

**Answer: No, not currently.**

4. Are there ITU / ICU locum doctors and consultants also doing assessment of patients in a&e resus departments to see if the patients are to be transferred to ITU / ICU departments?

**Answer: Yes.**

ITU / ICU refused patients:

5. If a patient after assessment in a&e resus departments is refused treatment in ITU / ICU by some comment, does it mean there is no way to stop death or under-treatment of the same patient transferred to other departments?

**Answer: Patients who are not admitted to ITU are under the care of a hospital Consultant in other Departments.**

6. Do you log statistics who have been refused ITU / ICU after assessment in a&e resus department?

**Answer: This data is not currently collected.**

7. Have you statistics of patients who have been refused ITU / ICU and number of days alive before death they have been in other departments and/or been still alive?

**Answer: No.**

Miscellaneous:

8. What are your ITU / ICU statistics in percentages of deaths occurring within 10 days over the last 5 years?

**Answer: When it comes to critical care we have ITU and High Dependency Unit (HDU), often patients will 'step up' or 'step down' from one unit to another. The figures below cover inpatient spells where there is a critical care stay (ie a ward stay on either HDU or ITU ) within that spell.**

**The 'start on critical care' as the start of the earliest ward stay within that spell (so if a patient started on HDU and then moved to ITU and then back down to HDU *within the same inpatient stay*, the 'clock' isn't reset with each move).**

**We have then looked at each of those spells and determined when they have been discharged as a death within (up to and including) 10 days of that 'start date'.**

**This is based off our ward stays data.**

Financial Year	Spells with a critical care ward stay beginning in Period	Spells with Discharged death within 10 days of the start of the earliest critical care ward stay within the Spell	%
Year 2010/11	938	193	20.58%
Year 2011/12	898	148	16.48%
Year 2012/13	806	135	16.75%
Year 2013/14	836	135	16.15%
Year 2014/15	787	122	15.50%

9. If a patient in any department has the hospital's No Resus Order, what are the consequences and repercussions in hospital treatment? Is there under-treatment of the patient?

**Answer: Please see below extracts from our Adult Do Not Attempt Cardiopulmonary Resuscitation Policy;**

**“Do Not Attempt Cardiopulmonary Resuscitation - refers to not making efforts to restart breathing and the heart in cases of cardiopulmonary arrest. It does not refer to any other interventions / treatment / care such as fluid replacement.”**

**“It is important to emphasise that Do Not Attempt Cardiopulmonary Resuscitation decisions apply only to Cardiopulmonary Resuscitation and not to any other aspects of treatment, all other appropriate treatment will continue to be considered and provided.”**

10. Are phlegm, mucus, debris, food aspirations viewable on CT, MRI or Ultrasound scans?

**Answer: Phlegm, mucus, debris, food aspirations are not viewable on MRI or Ultrasound scans. Sometimes fluid/debris may be seen in major airways on CT and secondary changes can be demonstrated in the lung parenchyma.**

11. What number of maximum nights are allowed in acute ambulatory units or equivalent units you have?

**Answer: Patients are not allowed to stay overnight in the Ambulatory unit**

12. What is the role of registrar in a ward? Is the registrar involved with bed management?

**Answer: The role of the Registrar on the ward is to look after the patients and make sure they are adequately treated. To provide them with the appropriate treatment and when they are ready to be discharged make sure that patients have the right medication and the right information provided to them.**

**347/15**

### **Maternity Unit Closures**

Under the Freedom of Information Act 2000, please can I request the following information for each maternity unit within your Trust:

1. How many occasions has the unit been closed to new admissions in 2013, 2014 and 2015 to date. Please supply figures for each calendar year.

**Answer: Unfortunately, information on our Maternity Unit closures is not centrally recorded so we are not able to accurately provide this information.**

2. For each such closure, please state the duration of and the reason for the closure.

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

**348/15**

**Compensation Payments to Staff**

1) Please give details of compensation payouts awarded to all staff working for your Trust for work related accidents in each of the three CALENDAR years a) 2012 b) 2013 c) 2014 as well as 2015 to date.

For each year, please tell me the total number of payouts and the total sum of money paid to staff.

2) Please also provide a breakdown, providing details of each case. So, for each case, please tell me:

- a) how much money was paid
- b) a brief summary of the accident/incident
- c) what injuries were sustained.

**Answer: Please note that 'red' claims within the list below indicates that the claim has been settled i.e. damages have been paid out to the staff member. Claims that are 'black' indicate that the claim has not yet been settled. Please note it can take up to 3 years before a claim is settled.**

**We recommend that you contact us again at the end of March 2016 for the 2015 data and for an update on the payments to be finalised.**

Year	Accident	Description	Injury Sustained	Damages Paid to Staff
2012	Slip Trip and Fall	Slipped on water	Sprained Left Knee	£10,600.00
2012	Slip Trip and Fall	Slipped on stairwell	Shattered Ball Joint to top of Femur	To be finalised
2012	Slip Trip and Fall	Slipped on wet floor	Soft Tissue Damage to Shoulder and Arm	£2,000.00
2012	Sharps	Needle stick injury	Needle Stick Injury to leg	£1,400.00
2012	Animal Bite	Claimant was bitten by a patients dog when entering the patients home.	Puncture wounds to right arm, left ankle and right chest	£10,000.00
2012	Manual Handling	Injured whilst moving heavy objects	Injury to right shoulder and back	£2,800.00
2012	Slip, Trip and Fall	Claimant tripped over a strip of metal	Injury to neck, shoulders and upper and lower back	To be finalised
2012	Slip Trip and Fall	Tripped over some wire	Pulled all left side and back	£3,350.00
2012	Needle Stick Injury	Needle sticking out of Clinical Waste Bin	Needle Stick Injury to leg	£1,750.00

2012	Manual Handling	Claimant was assisting a patient Transfer	Shooting pains down the left arm	To be finalised
2012	Manual Handling	Claimant was pushing one of the patient trolleys	Extreme Back Pain	£2,171.42
2012	Slip Trip and Fall	Staff member slipped on wet floor	Injury to left shoulder, lower back, torso and right knee	£5,250.00
2012	Barrier Incident	Claimants Car was hit by a barrier in the wind, claimant suffered personal injuries	Muscle sprain to shoulder, back and chest	£2,681.62
2012	Slip, Trip and Fall	Slipped and fell	Injury to left knee, left ankle and fractured wrist	To be finalised
2013	Sharps	Sustained a needlestick injury	Needle stick Injury to left ring finger	£1,000.00
2013	Slip, Trip and Fall	Claimant went to sit on the chair and the chair gave way.	Fracture to the left elbow	£5,290.00
2013	Manual Handling	Claimant moved a box to gain access to the files	Lower Back Pain	£1,700.00
2013	Slip, Trip and Fall	Slipped on water on the floor	Injured right leg	To be finalised
2013	Slip, Trip and Fall	Door slammed into claimant causing fall	Cracked bone to the right elbow	£2,950.00
2013	Sharps	Sustained a needlestick injury	Needle Stick Injury to leg	£2,500.00
2013	Manual Handling	Sustained injury whilst scanning Autoclave instrumental on autoclave trolley	Dislocation to shoulder	To be finalised
2013	Slip, Trip and Fall	Slipped and fell	Soft tissue injury to hip, ankle and knee	£2,150.00
2013	Impact with Moveable Object	Claimant pulled back a curtain when the metal frame fell and struck her	Cut to the Mouth	To be finalised
2013	Manual Handling	Pushing trolley back wheel fell off jolting the Claimant Forward	Lower Back Pain	To be finalised
2013	Body Part Impacting with Moveable Object	Metal Divider went through palm of hand causing a deep cut.	Cut to Hand	£1,500.00
2013	Body Part Impacting with Moveable Object	Crushed inbetween filing bays	Bruising and tissue damage to the side of the body	To be finalised

2013	Slip, Trip and Fall	Slipped and fell	Soft tissue damage to left wrist ligament and leg	To be finalised
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2014	Slip, Trip and Fall	Claimant was inspecting the grounds around the NEC and fell down a vertical drop.	Fractured and dislocated right shoulder	To be finalised
2014	Slip, Trip and Fall	Tripped over boxes	Pain to lower spine, big toe and bruising to the left forearm	To be finalised
2014	<b>Body Part Impacting with Moveable Object</b>	<b>Staff member driving heavy machine pushed the machine into the Claimant</b>	<b>Soft tissue damage to neck, back and legs</b>	<b>£3,500.00</b>
2014	Manual Handling	Claimant hurt their back while moving a patient	Lower Back Pain	To be finalised
2014	Slip, Trip and Fall	Claimant slipped on wet floor	Bursitis of the left hip, jarring injury to the back and neck	To be finalised
2014	Slip, Trip and Fall	Tripped over metal bar	Soft tissue damage to left elbow, forearm, shoulder, hand and wrist	To be finalised
<b>Totals</b>				<b>£51,993.04</b>

349/15

#### Staff Flu Vaccinations

1. What percentage of your staff have accepted and received a flu vaccination this year (from 1.4.15 to date of this e-mail)?

**Answer: Of the total number of staff currently employed by our Trust, as of the 30<sup>th</sup> November 2015, 19% of staff have received a flu jab.**

2. Have you offered any incentives to staff to accept flu vaccinations? Such incentives would include holidays, consumer goods, benefits or cash offered as raffle or competition prizes. Please state what these incentives are.

**Answer: A 'Ninja Juicer', which was donated to the Trust, is being offered as an incentive as part of a prize draw to be held at the end of the campaign. A limited number of goodie bags containing coasters, stress balls and pens etc have also been given as an incentive and encouragement to staff at the first sessions.**

350/16

#### Discharge Data

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



More specifically:

1. For each month of calendar year 2015, up to and including October, please provide:

a) The total number of patients discharged from your hospitals in each month.

**Answer: Please see the table below which has also been entered into a spreadsheet which is enclosed as requested.**

b) Of those, the number of patients who were discharged between the times of 11.00pm and 5.59am.

**Answer: Please see the table below which has also been entered into a spreadsheet which is enclosed as requested.**

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

Month	Total number of patients discharged during the month	Number of those patients discharged between 11.00pm and 5.59am
January 2015	8000	100
February 2015	12000	122
March 2015	23000	98
etc	etc	etc

The table below details the number of discharged patients per month during 2015.

Month	Total number of patients discharged during the month	Number of those patients discharged between 11.00pm and 5.59am
January 2015	5766	216
February 2015	5362	214
March 2015	5912	221
April 2015	5577	206
May 2015	6089	236
June 2015	6148	180
July 2015	6064	192
August 2015	5643	196
September 2015	5987	244
October 2015	6045	183

2.a) and b) The same for each month of 2014

Month	Total number of patients discharged during the month	Number of those patients discharged between 11.00pm and 5.59am
-------	--	--

January 2014	5683	162
February 2014	5405	121
March 2014	5448	172
April 2014	5568	209
May 2014	5663	189
June 2014	5671	173
July 2014	6242	231
August 2014	5610	196
September 2014	5814	212
October 2014	5929	196
November 2014	5756	218
December 2014	5771	252

3.a) and b) The same for each month of 2013

Month	Total number of patients discharged during the month	Number of those patients discharged between 11.00pm and 5.59am
January 2013	5835	184
February 2013	5609	178
March 2013	5948	200
April 2013	5682	161
May 2013	5973	158
June 2013	5766	122
July 2013	6158	138
August 2013	5470	145
September 2013	5729	143
October 2013	6044	136
November 2013	5761	138
December 2013	5615	152

### 351/15 Clinical Waste Bags

I would like to know how the trust seals and provides an audit trail for its clinical waste bags.

I would like to know:

What product is used to seal the bag

**Answer: Printed plastic clinical waste ties.**

How many of this product the trust purchases annually

**Answer: During financial year 1<sup>st</sup> April 2014 – 31<sup>st</sup> March 2015 the Trust purchased 310,000 ties.**

How the trust provides an audit trail for its clinical waste

**Answer: Bag ties are printed with Ward/Department details. Our contracted Clinical Waste Disposal Service Provider provides an audit trail.**

Who is responsible for purchasing this product

**Answer: Our Director of Estates and Facilities and Director of Finance and Performance.**

**352/15  
Agency Staff**

I am carrying out research into the shortage of nurses and require information on nurses and also Healthcare assistants;

How many nursing and HCA vacancies do you have at the moment?

**Answer: As at 31 October 2015, the Trust reported 109 FTE qualified nursing vacancies and 39 FTE HCA (Healthcare Assistant) vacancies which reflects the turnover rate for the Trust. We are continuing to recruit Nurses and HCA's.**

How many shifts are covered by agency staff? (require figured quarterly – Quarter 1, Quarter 2, Quarter 3 and Quarter 4)

**Answer: Please see the table below which covers financial year 2014-15.**

Role	Quarter 1 April 2014 – June 2014	Quarter 2 July 2014 – September 2014	Quarter 3 October 2014 – December 2014	Quarter 4 January 2015 – March 2015
Clinical Support Workers (HCAs)	842	1606	1155	1094
Registered Nurses	1985	2114	2069	2351

Which agencies do you use to cover nurses and HCA?

**Answer: As of the 7<sup>th</sup> December 2015, the nursing agencies we have listed to supply workers are:**

**Acton Banks**

**Arcadia**

**Falcon**

**Firstpoint (Previously Servoca)**

**HCL**

**ID Medical**

**Kare Plus**

**Last Minute (Previously Robin Recruitment)**

**Mayday**

**Medacs**

**Medbank**

**Medics Pro**

**Meridian**  
**MSI**  
**Nursing Personnel**  
**Plan B Healthcare**  
**Precedo**  
**Primera**  
**Pulse**  
**SWIIS**  
**Team 24**  
**Team Support**  
**Thornbury**

What is the average cost you pay to cover a nursing/ HCA shift with agency staff (this could obviously be different depending on the agency used so an average cost will be sufficient for this research)?

**Answer: The agencies are split into separate 'tiers' dependent on these costs, therefore it is best to provide an average hourly charge rate per 'tier'. The rates used to source the average are the weekday hourly charge rate taken as of 7<sup>th</sup> December 2015 – please note night and weekend working does incur enhanced rates. We do not use higher level tier agencies unless absolutely necessary.**

Tier	Clinical Support Workers (HCA) Average Cost Per Hour	Registered Nurses Average Cost Per Hour
Tier 1 Agencies	£11.75 average	£27.63 average
Tier 2 Agencies	£15.08 average	£28.22 average
Tier 3 Agencies	£18.08 average	£39.44 average

**353/15**

### **Patient Appointments and Visits**

FOI questions listed below:

1) On average, how many patient appointments does each member of specialist medical staff have per day and how long does an average appointment last? (not including appointment with inpatients)

**Answer: Please see the table below which details the average number of appointments that each clinic owner is booked per day.**

Financial Year	Average Number of Appointments Per Clinic Owner
Year 2013/14	20
Year 2014/15	15
Year 2015/16 (up to 07/12/15)	14

Unfortunately, the time a patient is seen and then departs a clinic is not always captured therefore we will be unable to supply an accurate figure for how long appointments last. Some

patients may have a procedure undertaken during their appointment and a patient may be seen by different staff members during their appointment.

2) How many prisoners are registered to receive reoccurring or frequent treatment at the hospital and on average, how many times do they visit the hospital each year?

**Answer: Our system has been searched for any patients with a current address of a HMP Prison and then checked if any of these patients have an open referral with the Trust. As of 25<sup>th</sup> November, there were 11 patients who fit this criteria.**

On average these patients attend the hospital the following number of times each year;

Financial Year	Average Number of Attendances Each Year
2013-14	1.8
2014-15	3
2015-16	3.5

3) On average, how many home visits to elderly patients and visits to care homes are made each year?

**Answer: Please see the table below which details the number of community face-to-face contacts that took place with patients aged 65 or above in their own home. We have a new system in place so data quality might be an issue in terms of comparisons with previous years.**

Financial Year	Number of Patients
Year 2013/14	181,658
Year 2014/15	189,669
Year 2015/16 (up to 07/12/15)	129,240

Please see the table below which details the number of community face-to-face contacts that took place with patients aged 65 or above in their care home.

Financial Year	Number of Patients
Year 2013/14	8,986
Year 2014/15	10,093
Year 2015/16 (up to 07/12/15)	6,293

354/15

### Security Services

Please could you provide answers to the questions listed below :

1. Please provide the current annual spend on security services within the Trust  
**Answer: The Trust's previous annual contract spend on security services was £245,000. This contract is currently out to tender.**
2. Please provide your current security supplier contract end date  
**Answer: Contract has ended and is currently out to tender.**

3. Please provide the number of guarding hours purchased on an annual basis  
**Answer: This contract is currently out to tender. Information is withheld under Exemption 43 (Commercial Interests).**
4. Please confirm your current supplier  
**Answer: Contract has ended and is currently out to tender.**

**355/15**

### **Development Proposals and PFI Schemes**

I would be grateful if you would please provide information as follows:

- Information about PFI i.e. the extent of PFI schemes within the Trust and the impact PFI is having on the Trust's budget

**Answer: The Trust has one PFI development encompassing the new main entrance, outpatient facilities, wards, theatres, pathology ect. The rear of the hospital (West Wing, maternity, modular buildings and areas around A&E) remain the property of the Trust.**

**The Trust presently pays an annual sum of £15,637,692.00 covering operating costs, loan repayment and interest on the loan. In addition, the Trust pays for any agreed variations which add to the operating cost.**

- Information about the development proposals for the Manor Hospital and, in particular, the development proposals and priorities for the West Wing

**Answer: There are a number of areas within West Wing and the Retained Estate where developments are being pursued. One of these is the Integrated Critical Care Unit which is fully designed and is subject to confirmation from the Department of Health for funding.**

**The second development has been subject to a feasibility study to improve facilities within the Maternity Department. This feasibility study has considered a major refurbishment to provide, 2 obstetric theatres, 3 more delivery rooms and additional antenatal care beds. A formal outline business case is awaiting Board approval to pursue to the next stage of development early in 2016.**

**The other department within the retained estate which is the subject of a feasibility study is the Accident and Emergency Department. The feasibility study will concentrate on options for the refurbishment of the department to meet future needs.**

**Other areas of the West Wing retained estate will see the continued investment around ward improvement and infrastructure needs.**

**356/15**

### **Organisation Charts**

Under the Freedom of Information Act, could you please provide me with the current organisation charts for the HR, Learning and Development and Recruitment teams.

**Answer: Exemption under Section 21 (Information Available by Other Means) has been applied to this request. This information is accessible via our Publication Scheme on our Trust website. This can be accessed by using the following link;**

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

Where possible, could you include the name, job title and whether they are permanent, fixed term contract or temporary employees.

**Answer: Staff names below Director level are withheld under Section 40 (Personal Information).**

**All posts detailed within the organisation chart for our Human Resources Department are permanent with the exception of;**

- **x1 fixed term HR Manager**
- **x6 fixed term Widening Participation Assessors and**
- **all Apprentices are also fixed term**

**357/15**

### **Bed Rail Injuries**

Please confirm how many bed rail injuries have occurred at the hospital so far this calendar year and in 2014.

**Answer: Unfortunately we do not have a specific identity code on our Incident Reporting System to capture patients who sustain bed rail injuries. As an alternative, we have conducted a keyword search on the system for bed rails and reviewed the narrative for any injuries. Using this method, we can confirm the following number of incidents were reported;**

<b>During 2014/15</b>	<b>10 incidents</b>
<b>During 2015/16</b>	<b>2 incidents</b>

358/15

**Maternity Services**

1, What is your current funded establishment (staffing) in the maternity service – please give a breakdown of type of job and numbers of posts and pay bands (i.e. Head of Midwifery, consultant midwives, midwives, medical registrar, ancillary staff etc). Please provide whole-time equivalents, wte.

**Answer: Please see the table below and note that Doctors do not fall under our Maternity Services so have not been included.**

Staff Group	Pay Band	Position Title	Budgeted FTE (dated November 2015)
Additional Clinical Services	Band 2	Maternity Support Worker	3.00
Additional Clinical Services	Band 3	Maternity Support Worker	2.00
Administrative and Clerical	Band 2	Clerical Assistant	5.23
Nursing and Midwifery Registered	Band 5	Midwife	2.46
Nursing and Midwifery Registered	Band 6	Midwife/Deputy Ante Natal Clinic Manager	4.75
Nursing and Midwifery Registered	Band 7	Ante Natal Clinic Manager	1.00
Administrative and Clerical	Band 7	Babyfriendly Implementation Manager	1.00
Estates and Ancillary	Band 2	Breastfeeding Peer Support Worker	5.56
Estates and Ancillary	Band 4	Healthy Weight Advisor	2.00
Estates and Ancillary	Band 5	Breastfeeding Peer Support Co-ordinator	1.00
Additional Clinical Services	Band 2	Clinical Support Worker (Maternity)	5.86
Additional Clinical Services	Band 3	Maternity Support Worker	3.40
Administrative and Clerical	Band 2	Community Clerk	2.39
Administrative and Clerical	Band 3	Community Clerk	0.75
Nursing and Midwifery Registered	Band 5	Midwife	3.76
Nursing and Midwifery Registered	Band 6	Community Midwife	28.65
Nursing and Midwifery Registered	Band 7	Community Midwife Team Leader/Supervisor of Midwives	3.00
Nursing and Midwifery Registered	Band 8 - Range A	Community Midwifery Matron	1.00
Students	Band 5	Student Midwife	8.00
Additional Clinical Services	Band 1	Maternity Support Worker	3.95



Additional Clinical Services	Band 2	Clinical Support Worker	7.57
Additional Clinical Services	Band 3	Newly Qualified Midwife	1.00
Nursing and Midwifery Registered	Band 5	Midwife	9.80
Nursing and Midwifery Registered	Band 6	Midwife	23.76
Nursing and Midwifery Registered	Band 7	Senior Sister	1.00
Nursing and Midwifery Registered	Band 8 - Range A	Matron	1.00
Additional Clinical Services	Band 1	Maternity Support Worker	3.00
Additional Clinical Services	Band 2	Clinical Support Worker	14.28
Additional Clinical Services	Band 3	Newly Qualified Midwife	0.00
Additional Clinical Services	Band 4	Obstetric Theatre Maternity Support Worker	2.44
Administrative and Clerical	Band 2	Ward Clerk	4.08
Nursing and Midwifery Registered	Band 5	Midwife	5.37
Nursing and Midwifery Registered	Band 6	Midwife	39.61
Nursing and Midwifery Registered	Band 7	Midwife/Midwifery Team Leader	8.51
Nursing and Midwifery Registered	Band 8 - Range A	Matron (Delivery Suite)	1.00
Nursing and Midwifery Registered	Band 8 - Range C	Head of Nursing & Midwifery	1.00

2, On November 11<sup>th</sup> 2015, please give a breakdown of the vacancies (on the basis of job grade outlined in question 1 by wte). Please tell me how many of those vacancies (based on job grade) have been vacant for:

Less than 1 month

1 to 3 months

3 + months

**Answer: Unfortunately, our Trust does not record this information.**

3, On November 11<sup>th</sup> 2015 from 00.01 to 24.00, in total how many women in the maternity services department were in established labour? Of those women, how many received 1 to 1 care from a midwife for the entire duration of established labour?

**Answer: There were 11 women during this 24 hour period whom were in established labour. Of these 11, none were reported as not having one to one care in labour.**

4, On November 11<sup>th</sup> 2015, how many midwives were rota'ed on duty – and how many were on duty?

**Answer: 11 Midwives were rostered for the day shift and 10 Midwives rostered for the night shift. 11 Midwives were on duty for the day shift and 10 Midwives were on duty for the night shift**

359/15

## Maternity Training

With respect to mandatory maternity training:

- 1.1 Who manages training? A practice development Midwife or the HR department?  
**Answer: Within our Maternity Services, the Continued Professional Development (CPD) Midwife and the Electronic Staffing Record (ESR) /Workforce Team manage training development jointly.**
- 1.2 Do you keep a database tracking training? If so, is this part of a trust-wide computer system?  
**Answer: Yes, all training is tracked by the CPD Midwife and ESR/Workforce Team on a database. This is not part of a trustwide computer system.**
- 1.3 Which topics do you identify as requiring mandatory maternity training?  
**Answer: Please see the list below.**

SUBJECT	FREQUENCY	APPROX TIME
Perinatal Training Programme (K2 Training) <ul style="list-style-type: none"> <li>acid base and ctg interpretation every year</li> </ul>	Yearly	3-4 hours
Antenatal & Newborn Screening	Yearly	1-2 hour
Infant Feeding	Yearly	10 mins
Maternal Mental Health	Yearly	10 mins
Smoking Cessation	3 yearly	½ hour
Maternity Training Day <ul style="list-style-type: none"> <li>includes mentor update</li> </ul>	Yearly	7 ½ hours
Midwifery Specific Training Days	Yearly	2 full days
Midwives Clinical Update	Yearly	7 ½ hours
Training Tracker	Yearly	10 mins
Safeguarding 3	3 Yearly	3-4 hours
Information Governance	Yearly	½ Hour
GAP Training	Yearly	1 Hour
Conflict Management (Safe enough to Care)	3 Yearly	7 ½ Hours
Equality and Diversity	3 yearly	½ hr
Blood Transfusion <ul style="list-style-type: none"> <li>administration</li> <li>blood products</li> </ul>	yearly	1 hr

<ul style="list-style-type: none"> <li>• anti-D</li> <li>• e-learning</li> </ul>		
Supporting Learning and Assessment in Practice (SLAiP) and Newborn and Infant Physical Examination (NIPE)	once	External Course

1.4 What is the duration of your training? That is, what number of hours and/or sessions of training to you provide per topic?

**Answer: This information is detailed in the table above.**

1.5 How frequently is the training provided per topic?

**Answer: This information is detailed in the table above.**

1.6 How frequently do you mandate that individual staff should attend for re-training? By which method do you deliver this training?

**Answer: All training listed in the table above is delivered via E-Learning (an electronic system) except the Maternity Training Day, Midwives Clinical Day, Safeguarding 3 (level 1 & 2 on E-Learning), Conflict Management and SLAiP which are classroom based.**

1.7 Is this training provided in-house or do you use external providers?

**Answer: All training is delivered in-house.**

1.8 Do you use a course assessment form – Yes / No?

**Answer: The Maternity Training Day and the Midwives Clinical Update is evaluated and forwarded to all speakers.**

If yes, please would you provide us with your course assessment form.

1.9 Do you offer a budget for mandatory training for attendance at external courses for:

Midwives **Yes** Individual annual budget = £

Trained doctors **Yes** Individual annual budget = £

**Answer: Mandatory training is identified annually through the Training Needs Analysis (TNA) and monies shared out between departments across the Trust. Funds are allocated to departments when training has been identified as specific to roles via the TNA.**

1.10 Please confirm if you do not have access to data about Q1.9

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

With respect to non-mandatory maternity training:

2.1 Do you have any specific non-mandatory training programmes?

**Answer: We hold perineal suturing Workshops and Simulation training for emergency situations and Neonatal Life Support training, Emergency chapters on the K2 training site and additional Screening chapters on the cpd.screening.uk site which can be accessed for staff CPD and professional development. Also GAP/grow E-Learning training programme.**

2.2 Do you provide any non-mandatory training relevant to obstetrics within the Trust?

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

2.3 If so, is this training provided in-house or do you use external providers?

**Answer: Mainly all training is in-house, however some are National Programmes. We subscribe to the K2 training for ctg interpretation and also to the CPD screening website for screening training and the Perinatal Institutes GAP/Grow training programme.**

- 2.4 Do you offer a budget for non-mandatory training for attendance at external courses for:  
 Midwives Yes / No Individual annual budget = £  
 Trained doctors Yes / No Individual annual budget =

**Answer: Mandatory training is identified annually through the TNA and monies shared out between departments across the Trust. Funds are allocated to departments when training has been identified as specific to roles via the TNA.**

- 2.5 Please confirm if you do not have access to data about Q2.4

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

**360/15**

### **Examples of Invoice Payments to Agencies**

Thank you for providing a) a list of the names of all agencies used by the Trust to provide locum nurses and carers in the last three financial years, and b) the amount paid to each company (agency/supplier) in each of the last three financial years.

Confining your response to only agencies that were paid more than £10,000 a year, please now provide the following:

- a) Three examples per agency of shifts that were paid for (- eg a general nurse working a night shift on a bank holiday)  
 b) and the total amount paid for those shifts / invoice amount for each of those three examples

I appreciate you may have to refer to numerous invoices for this information, which is why I have requested only three examples of shifts per agency in a bid to narrow down your search and the time spent.

**Answer: To comply with this request, it would exceed the appropriate cost limit. Section 12 (Cost of Compliance Exceeds the Appropriate Limit) has been applied to your request. We have however been able to pull ten randomly selected Nurse Agency invoices during the 2014-15 financial year.**

**The Agency details are withheld under Section 43 (Commercial Interests) as this would detail pricing structure agreed with the company.**

Date Of Shift	Type of Shift	Type of Nurse / Clinical Support Worker	Number of Hours Covered by Shift	Invoice Amount Paid
30/10/14	Day	Band 5 Nurse	11.50	£316
12/09/14	Night	Band 5 Nurse	11.50	£334
11/07/14	Night	General Band 2 Clinical Support Worker	11.50	£178
10/09/14	Day	General Band 2 Clinical Support Worker	8.50	£200
18/05/14	Night	Not Specified	11.50	£327
18/07/14	Night	Not Specified	11.50	£325
18/07/14	Night	Not Specified	11.50	£368
14/01/15	Day	Not Specified	8.25	£262
05/10/14	Day	Band 5 A&E Nurse	7.50	£422
03/11/14	Night	Not Specified	7.50	£327

361/15

### Radiology and Cardiology Procedures

Could you tell me how many of the following procedures were performed within Radiology during 2014?

a. Angioplasty

**Answer: Our Trust does not offer an interventional radiology service so we have not undertaken any of these procedures.**

b. Fibroid Embolization

**Answer: This is not applicable.**

c. Diagnostic Angiograms

**Answer: This is not applicable.**

How many closure devices were used for each of those procedures?

**Answer: This is not applicable.**

How many closure devices were used in total within radiology during 2014?

**Answer: This is not applicable.**

### Cardiology

How many Diagnostic Angiograms were performed during 2014?

**Answer: We can confirm that during 1<sup>st</sup> April 2014 to 31<sup>st</sup> December 2014, 980 inpatient angiograms are recorded as being undertaken.**

How many of those procedures used a closure device?

**Answer: This information is not recorded on our Clinical Coding system in order to be identified.**

362/15

### Procedures to Treat Haemorrhoids

Please provide the following information relating to the number and type of procedures performed for the treatment of haemorrhoids.

**Answer: Please note that procedural coding searches can only be undertaken on our Clinical Coding System for inpatients. As some particular procedures undertaken in specific outpatient clinics are also coded we have included these numbers where possible. Some of the surgical procedures you have listed to not match our system codes as similar procedures will be grouped together. We have listed any other procedures within the table as requested.**

**If you would like us to conduct a search on our system for any other relevant procedural codes, please let us know.**

Surgical Procedures	Hospital Procedure Code	Total Procedures Per Annum
Milligan Morgan	-	-
Rubber Band Ligation	H524	333 inpatients and outpatients
Stapled PPH (Procedure for Prolapsed Haemorrhoids)	H51.3	0 inpatients
THD (Trans Haemorrhoidal Dearterialization)	-	-
HALO (Haemorrhoid Artery Ligation Operation)	-	-
Any Other Procedures (Please List below):		
Haemorrhoidectomy	H51.1	54 inpatients

363/15

## Locum Doctors and Agency Nurses

I am writing to request information about spending on locum doctors and agency nurses at your hospital.

I would like the following information broken down annually for the last three years up to the time this request is answered (eg. 2012/13, 2013/14, 2014/15 or 2013, 2014, 2015). Please be consistent in using either financial or calendar years.

a) The highest amount the Trust paid for a locum doctor to work one shift (please give details on the department, the doctor's title/position, the hours of the shift and the date).

**Answer: Please note that the booking information may differ from what is invoiced. The bookings detailed on our system are in blocks of shifts (not individual shifts) the estimated highest amount paid is:**

2014/15	£1,150 – Medicine & Long Terms Conditions Consultant 24hrs oncall for 3 days in March 2015
2013/14	£1,417 – Paediatric Consultant in November 2013 for a night shift 17 hours
2012-13	Unfortunately, data going back this far, is not recorded on our current system

b) The highest amount the Trust paid for a locum doctor to work over one weekend, including Bank Holiday weekends (please give details on the department, the doctor's title/position, the hours of the shifts and the dates worked).

**Answer: Unfortunately, our information is not recorded by days in order to identify this.**

c) The number of instances the Trust paid £1,000 or more for a locum doctor to cover a shift.

**Answer: Please see below.**

2014/15	2
2013/15	5

d) The total amount spent by the Trust on locum doctors, and the number of shifts this paid for.

**Answer: The figures below include doctor bookings that have been made with external organisations. Unfortunately, the number of shifts covered by these invoices is not recorded on our system.**

2014/15	£ 2,310,000
2013/14	£ 2,374,000
2012/13	£ 1,627,000

e) The total amount spent by the Trust on agency nurses, and the number of shifts this paid for.

**Answer: Please see below. Unfortunately, the number of shifts covered by these invoices is not recorded on our system.**

2014/15	£3,335,000 Agency Registered Nurses
2013/14	£3,325,000 Agency Registered Nurses
2012/13	£1,432,000 Agency Registered Nurses

f) The highest amount the Trust paid for an agency nurse to work one shift (please give details on the department, the hours of the shift and the date).

**Answer: Unfortunately, previous hourly rates are not recorded by our Temporary Staffing Department. Only current rates can be provided, please see below. Please note that the booking information may differ from what is invoiced.**

The following shift was booked for a Nurse within Accident and Emergency, on a night shift crossing in to a Bank Holiday.

05<sup>th</sup> April 2015 - 19:00-00:00 (5 hours) at night rate of £67.45 per hour = £337.25

06<sup>th</sup> April 2015 - 00:00-07:30 (6.5 hours) at bank holiday rate of £117.95 per hour = £766.68

Total of £1103.93 (Please note that there may have been additional charges added such as NI and mileage when the invoice was received)

**Follow Up Questions Received from Requester:**

Please confirm if the spend detailed for part d covers internal or external locums or both.

**Answer: We can confirm that part d covers external agency locums.**

**364/15**

**Digitalisation Journey**

- 1) Do your patients currently have online access to their own digital health records?
  - Yes
  - No
- 2) Can clinicians access the full patient records – including scan's, letters, notes and results – digitally?
  - Yes, we can access 100% of patient records digitally
  - Yes, in part, we can access some patient records digitally
  - No, we cannot access any patient records digitally
- 3) Can you create and send/share digital discharge packs with GP's?
  - Yes
  - No
- 4) How much of your back office is digitised, i.e. where tasks dedicated to running the Trust itself take place, e.g. IT, HR and accounts?
  - All
  - Some
  - None
- 5) How far into your digitalisation journey is your Trust?
  - a. We haven't started yet
  - b. At the beginning, we've started to make changes
  - c.  We're on our way, we have implemented changes and have more planned
  - d. Almost there, we've digitalised the majority of our systems, but have a few to go
  - e. We're 100% digitalised

**365/15**

**Compliment Letters**

FOI request: We request the first 26 electronic written letters of compliment that your Trust received either via email or through the post after 1st of December, 2011. If your Trust contains more than one unit, we request that the letters are from across the units.

Anonymity of patient letters: The letters will contain personally identifying information, and we request that all personally identifying information be redacted from the letters (i.e., information about addresses, dates, units attended, staff names, sexuality, religion, ethnicity, age etc.). We only request information about the patient's experience of the NHS. We understand that the resultant letters may be heavily redacted.

If the trust has copies of type-written complaints from 2014, that would be helpful. I think we would limit it to emails and typed letters however, so handwritten cards could be passed over. We understand this may lead to significantly less than the originally requested 26 letters, but understand that these letters might not necessarily be filed or kept for long periods.



**Answer: Any letters of compliment received by our Trust back in 2011 have been confidentially destroyed as part of our records management strategy.**

**We do however enclose with this letter 25 type-written letters which were received in 2014. All patient and staff identifiable information has been withheld under Section 40 (Personal Information) – available upon request**

**366/15**

**Patient Reminder Service**  
**(Response being Finalised)**

**367/15**

**Carter Review**

If your trust has not yet received this information from Lord Carter, then please hold this request until January 15.

1. The overall savings estimate that has been sent to the trust by Lord Carter, as part of his review of NHS efficiency. Please note, I am not asking for the agreed/confirmed savings figure, I'm asking for the initial figure that was presented to the trust by Lord Carter and his team.  
**Answer: As this review was undertaken and written by the Department of Health, we recommend you contact their FOI Office directly to obtain this information. Their FOI Office can be contacted by telephone on 020 7210 4850 or postal address; Ministerial Correspondence and Public Enquiries Unit, Department of Health, Richmond House, 79 Whitehall, London, SW1A 2NS or alternatively, you may complete a contact form via their website using the link; <https://contactus.dh.gov.uk/?openform>**
2. The overall savings estimate as a proportion of the trust's turnover.  
**Answer: As this review was undertaken and written by the Department of Health, we recommend you contact their FOI Office directly to obtain this information. Their FOI Office can be contacted by telephone on 020 7210 4850 or postal address; Ministerial Correspondence and Public Enquiries Unit, Department of Health, Richmond House, 79 Whitehall, London, SW1A 2NS or alternatively, you may complete a contact form via their website using the link; <https://contactus.dh.gov.uk/?openform>**
3. The 'pack' that has been sent to the trust, outlining the areas where savings could potentially be made.  
**Answer: The Department of Health has confirmed that information contained within the data pack is intended for future publication. Upon checking this, this was due to be published Autumn 2015 but this does not appear to have happened yet. As the pack has been written by the Department of Health, we recommend you contact their FOI Office directly to see when this information will be published or if you may request a copy. Their FOI Office can be contacted by telephone on 020 7210 4850 or postal address; Ministerial Correspondence and Public Enquiries Unit, Department of Health, Richmond House, 79 Whitehall, London, SW1A 2NS or alternatively, you may complete a contact form via their website using the link; <https://contactus.dh.gov.uk/?openform>**

368/15

## Security Contract

Please can you email me with the following information:

1. Do you have contract in place for manned security guarding?

**Answer: Yes.**

2. If so, when was it awarded and renewal date?

**Answer: The contract was awarded in 2011. The Trust's security contract is currently out to tender.**

3. Does it or any other contract have a specific provision for 1:1 care, bed watch (specialling) services?

**Answer: This contract is currently out to tender. Information is withheld under Exemption 43 (Commercial Interests).**

4. How much did the trust spend on 1:1 care (bed watch or specialling) within the last 12 months?

**Answer: Unfortunately, our Trust is not able to breakdown this contract spend by type.**

5. Can you please provide the name and contact details for the procurement officer in charge of any such contract.

**Answer: Staff details below Director Level are withheld under Section 40 (Personal Information). The Director responsible for this contract is Colin Plant, Director of Estates and Facilities. His email address is; [colin.plant@walsallhealthcare.nhs.uk](mailto:colin.plant@walsallhealthcare.nhs.uk) and contact number is; 01922 721172. His postal address is; Walsall Healthcare NHS Trust, Estates and Facilities Department, Manor Hospital, Moat Road, Walsall, WS2 9PS**

### Follow up Questions Received from the Requester:

Can you please provide the following information:

1-What is the contract name/title?

**Answer: Security Contract**

2-Who was the current contract awarded to?

**Answer: This contract is currently out to tender. Information is withheld under Exemption 43 (Commercial Interests).**

3-Where is the current tender opportunity advertised?

**Answer: The tender was advertised on the Official Journal of the European Union (OJEU) website. The advert has now close as the deadline for tender submission has passed.**

369/15

## Electronic Document Management Strategy

Under the Freedom of Information Act 2000 I seek the following information about the Trust's EDM strategy:

Which of the following best describes your current situation:

- . No current intention to procure or develop a patient record EDM
- . Business case developed
- . Funding ring-fenced/procurement in progress
- . Commenced EDM implementation
- . Completed EDM implementation
- . Other (please specify)

**Answer: We are currently scoping electronic patient records.**

If applicable, which option best describes your scanning strategy

- Archive and active record scanning
- Scanning active (presenting) patients only
- Forward scanning only
- Other (please specify)

**Answer: We do not at present scan patient medical records. We only scan referrals from GPs, Dentists or Optometrists. We are currently scoping electronic patient records.**

Roughly how many physical case notes do you have?

**Answer: Our Trust has 319,572 active case notes (as of December 2015).**

If known, what is the average sheet count per case note?

**Answer: On average, there are 60 sheets in each set of active notes. The majority of our clinical information is available on Fusion, our clinical portal.**

How many scanned patient records do you have?

**Answer: We do not at present scan patient medical records. We only scan referrals from GPs, Dentists or Optometrists. We are currently scoping electronic patient records.**

Who is your EDM Supplier?

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

Who is your PAS/EPR Supplier?

**Answer: CSC for our Lorenzo system.**

What is the name of your CCIO?

**Answer: Steve Darkes, Director of Informatics is our Chief Clinical Information Officer.**

**370/15  
Vacancies**

Please complete the enclosed spreadsheet. If you are unable to provide a breakdown for the specific types of nurses/doctors listed, please just provide the data on all nurses and all doctors.

**Answer: Please see a copy of the completed spreadsheet below and also enclosed separately as requested. The entries below are based on Man Power Equivalent (MPE) and not contracted WTE. With regards to Doctors, we have presumed you require the figures to cover both Junior and Senior Doctors. The Nursing figures cover both Nurses and Midwives. A department/area breakdown is not recorded so cannot be accurately provided.**

	All Nurses & Midwives	Emergency nurse practitioners	Registered nurses in EDs
1A) As of the 1st of December <b>2015</b> , how many nursing vacancies did you have (the equivalent of permanent full time vacancies) for the following groups ..	177.3		
1B) As of the 1st of December <b>2014</b> , how many nursing vacancies (the equivalent of permanent full time vacancies) did you have for the following groups ..	45.27		
1C) As of the 1st of December <b>2013</b> , how many nursing vacancies (the equivalent of permanent full time vacancies) did you have for the following groups ..	83.63		
1D) As of the 1st of December 2015, how many <b>nursing posts</b> (the equivalent of permanent full time posts/WTE budgeted establishment) did you have for the following groups ..	1112.28		
2A) As of the 1st of December <b>2015</b> , how many doctor vacancies did you have (the equivalent of permanent full time vacancies) for the following groups ..	58.73		
2B) As of the 1st of December <b>2014</b> , how many doctor vacancies (the equivalent of permanent full time vacancies) did you have for the following groups ..	45.33		

2C) As of the 1st of December <b>2013</b> how many doctor vacancies (the equivalent of permanent full time vacancies) did you have for the following groups ..	<b>31.56</b>		
2D) As of the 1st of December 2015, how many <b>doctor posts</b> did you have (the equivalent of permanent full time posts/WTE budgeted establishment) did you have for the following groups ..	<b>351.75</b>		
3) Are you actively recruiting abroad for doctors and/or nurses (Yes or no)	<b>No</b>		

371/15

## Biologics and Biosimilars

I have a Freedom of Information request regarding biologics and biosimilar prescribing.

1. Does your trust run a dedicated Gastroenterology infusion clinic for the treatment of patients with Infliximab [or Vedolizumab] If Yes, how frequently are they run ?

**Answer: Our Trust does not have a dedicated infusion clinic, our biologics patients are treated in Medical Day Case Unit, between Monday to Friday 9am-5pm alongside Rheumatology and Haematology patients.**

2. Could you please provide me with the following numbers of patients treated in the last six months with the following drugs for the conditions listed below.

**Answer: Unfortunately, our Pharmacy Department do not record patient conditions on their system in order to identify these patients and subsequently the drug treatments they received. We do however have the information for Gastroenterology patient, please see below.**

**We recommend you contact Walsall Clinical Commissioning Group directly for this information. Their Freedom of Information office can be contacted via email address; [foi@walsall.nhs.uk](mailto:foi@walsall.nhs.uk) or postal address: Jubilee House, Bloxwich Lane, Walsall, WS2 7JL. We believe they will be able to conduct searches on their Blueteq system.**

	Rheumatology [Rheumatoid Arthritis, Ankylosing Spondylitis and Psoriatic Arthritis]	Dermatology [Psoriasis]	Hidradenitis suppurativa (sometimes known as acne inversa) L73.2	Gastroenterology [Crohns / Ulcerative Colitis]
Abatacept (Orencia)				0
Adalimumab (Humira)				30
Apremilast (Otezla)				0
Certolizumab Pegol (Cimzia)				0
Etanercept (Enbrel)				0
Golimumab (Simponi)				1
Infliximab (Remicade)				12
Infliximab biosimilar (Inflectra)				0
Infliximab biosimilar (Remsima)				N/A
Rituximab (MabThera)				0
Secukinumab (Cosentyx)				0
Tocilizumab (RoActemra)				0
Tofacitinib [Xeljanz]				0
Ustekinumab (Stelara)				0
Vedolizumab (Entyvio)				3

### **Follow up Questions Received from Requester:**

I can see from your disclosure log that you have answered a similar response in the past. Please could you confirm if a change has occurred that means you are now unable to answer this request? The similar response I am referring to is 350/14.

**Answer: We can confirm that our Pharmacy Department have advised that any similar FOI requests for this information are to be referred to the Clinical Commissioning Group (CCG).**

Diagnosis information is not stored on the system used by our Pharmacy Department. The Blueteq system holds all diagnostic, approval and patient information and is the ideal source of information for this type of data request. When the 350/14 FOI response was written, the Blueteq system was a relatively new tool and parts would have been incomplete. Our Pharmacy Department have limited access to the Blueteq data whereas the CCG have full access providing more accurate data.

**372/15**

**Audited Accounts, Auditors Fees, Consultants and Outpatient Fees**

Please send me copies of your audited accounts for year end 2015-16.

**Answer: Our 2015-16 Annual Accounts Report is due for publication in July 2016. It will be published on our website. Exemption under Section 22 (Information Intended for Future Publication) and Section 21 (Information Available by Other Means) has been applied. You can download a copy of the report from our website from July 2016 using the link below.**

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

Please confirm the name of the auditors and fees to do such hospital yearly accounts.

**Answer: Our Auditors are Ernst & Young LLP. As we are currently still in financial year 2015-16, the audits have not year been completed and we are therefore unable at this point to confirm the fees.**

Please send me the hospital fees for a male circumcision operation and the names of the Consultant Urology Surgeons and their outpatients fees before the operation.

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

Please send me the hospital fees for a weight loss operation and the names of Consultants who do such operations and their fees.

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

Please send me the names of Consultant Psychiatrists who can treat depression and their fees.

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

What is the fee for an MRI brain scan by a Doctor.

**Answer: As a Trust, we do not supply MRI investigations to private patients.**

Please send me full main addresses of NHS Hospitals in City of Wellingborough, City of Kings Lynn and city of Cardiff in Wales

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

**373/15**

**Management Structures**

Please can I have an organisation structure of all mental health, learning disability and physical health services within your Trust, including team name, phone number and team managers name?

By Learning Disability services, ideally I would like structures of any Community Learning Disability Teams, Inpatient Learning Disability Services, Autism Diagnostic Services, Mental Health Services for people who have a Learning Disability and this is for both adults and children.

**Answer: We recommend you contact the Black Country Partnership NHS Foundation Trust as they manage these services. Their FOI Office can be contacted by email address; [foi@bcpft.nhs.uk](mailto:foi@bcpft.nhs.uk) or telephone number; 0845 146 1800.**

Physical Health Services include: Respiratory & COPD, Oncology, Weight Management, Bariatric, Cystic Fibrosis Services, diabetes, Pain Management, Palliative Care, Sexual Health etc

**Answer: Our Trust does not provide any Cystic Fibrosis Services to adults or children. Our Community Weight Management Services are currently being restructured so an accurate organisation chart cannot be provided at the moment. Please find attached the following organisational charts– available upon request;**

- Palliative Care and End of Life
- Chronic Pain
- Diabetes
- Sexual Health
- Respiratory
- Oncology Chemotherapy
- Bariatric Services
- Community COPD Services

**374/15**

**Policies on Human Trafficking or Victims of Human Trafficking**

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

[Trust Policy/ Policies on Human Trafficking OR Victims of Human Trafficking]

**Answer: Our Trust does not have a specific policy in relation to human trafficking. Our Safeguarding Adults Policy does refer to identification of ‘Modern Day Slavery’ which would trigger a Safeguarding referral. A copy of this policy is attached– available upon request.**

**375/15**

**A&E Waits**

Please respond to this an FOI.

1. How many patients have waited more than 12 hours in your A and E department in the last 3 years. Please break this down per month.

To be clear, this is since the patient arrived in A and E, not since decision to admit.

I just wanted to say this is for the last 3 calender years ie January 2013 to the end of 2015, broken down as per the original request

**Answer: This data has been generated ‘live’ from our patient management system and is not taken from a reported dataset. Please note that December 2015 is not currently available as the final dataset is not required to be submitted.**

Month	Number of Patients
Nov 2015	148
Oct 2015	98
Sep 2015	88
Aug 2015	5
Jul 2015	22
Jun 2015	18
May 2015	9



Apr 2015	152
Mar 2015	114
Feb 2015	151
Jan 2015	211
Dec 2014	167
Nov 2014	32
Oct 2014	33
Sep 2014	38
Aug 2014	33
Jul 2014	62
Jun 2014	31
May 2014	58
Apr 2014	33
Mar 2014	28
Feb 2014	64
Jan 2014	15
Dec 2013	31
Nov 2013	12
Oct 2013	32
Sep 2013	44
Aug 2013	12
Jul 2013	16
Jun 2013	8
May 2013	5
Apr 2013	10
Mar 2013	30
Feb 2013	10
Jan 2013	13

2. How many 12 hour decisions to admit patient did you report to NHS England in the last 3 years, please break this down per month.

This time frame is where you had to report a 12 hour breach to NHS England (it is typically taken after the patient has been in A and E more than 12 hours after decision to admit)

**Answer: Please note that this has been pulled from reported data. Please note that December 2015 is not currently available as the final dataset is not required to be submitted.**

Month	Number of Patients
Nov 2015	0
Oct 2015	0
Sep 2015	0
Aug 2015	0
Jul 2015	0
Jun 2015	0
May 2015	0

Apr 2015	10
Mar 2015	0
Feb 2015	0
Jan 2015	2
Dec 2014	0
Nov 2014	0
Oct 2014	0
Sep 2014	0
Aug 2014	0
Jul 2014	0
Jun 2014	0
May 2014	0
Apr 2014	0
Mar 2014	0
Feb 2014	0
Jan 2014	0
Dec 2013	0
Nov 2013	0
Oct 2013	0
Sep 2013	0
Aug 2013	0
Jul 2013	0
Jun 2013	0
May 2013	0
Apr 2013	0
Mar 2013	0
Feb 2013	0
Jan 2013	0

3. How many people came to A and E in the last 3 years, please break this down per month.  
**Answer: Please note that this has been pulled from reported data. Please note that December 2015 is not currently available as the final dataset is not required to be submitted.**

Month	Number of Patients
Nov 2015	9993
Oct 2015	10233
Sep 2015	10402
Aug 2015	9738
Jul 2015	10118
Jun 2015	10323
May 2015	9299
Apr 2015	11262
Mar 2015	8972
Feb 2015	8704

Jan 2015	10713
Dec 2014	9739
Nov 2014	9401
Oct 2014	11415
Sep 2014	9193
Aug 2014	8603
Jul 2014	11766
Jun 2014	8328
May 2014	10803
Apr 2014	8366
Mar 2014	8387
Feb 2014	7985
Jan 2014	9806
Dec 2013	7739
Nov 2013	7758
Oct 2013	9874
Sep 2013	7854
Aug 2013	9886
Jul 2013	8443
Jun 2013	8098
May 2013	9907
Apr 2013	8047
Mar 2013	7979
Feb 2013	7573
Jan 2013	9253

3a.Of these total number of patients, how many people were admitted to hospital for an inpatient stay - again please can you give me three years data, broken down per month.

**Answer: This data has been generated 'live' from our patient management system and is not taken from a reported dataset. Please note that December 2015 is not currently available as the final dataset is not required to be submitted.**

Month	Number of Patients
Nov 2015	1943
Oct 2015	1971
Sep 2015	1779
Aug 2015	1662
Jul 2015	1703
Jun 2015	1658
May 2015	1770
Apr 2015	1690
Mar 2015	1789
Feb 2015	1636
Jan 2015	1905

Dec 2014	1970
Nov 2014	1737
Oct 2014	1712
Sep 2014	1717
Aug 2014	1752
Jul 2014	1883
Jun 2014	1731
May 2014	1729
Apr 2014	1799
Mar 2014	1767
Feb 2014	1635
Jan 2014	1752
Dec 2013	1858
Nov 2013	1722
Oct 2013	1807
Sep 2013	1655
Aug 2013	1608
Jul 2013	1755
Jun 2013	1698
May 2013	1763
Apr 2013	1731
Mar 2013	1774
Feb 2013	1522
Jan 2013	1707

4. Of those people that were admitted, in question 3 how many people breached the 4 hour A and E target, per month for the last 3 years.

**Answer: This data has been generated 'live' from our patient management system and is not taken from a reported dataset. Please note that December 2015 is not currently available as the final dataset is not required to be submitted.**

Month	Number of Patients
Nov 2015	1249
Oct 2015	1160
Sep 2015	991
Aug 2015	411
Jul 2015	408
Jun 2015	378
May 2015	355
Apr 2015	924
Mar 2015	869
Feb 2015	1038
Jan 2015	1217
Dec 2014	1091
Nov 2014	632

Oct 2014	482
Sep 2014	509
Aug 2014	690
Jul 2014	878
Jun 2014	665
May 2014	601
Apr 2014	659
Mar 2014	522
Feb 2014	639
Jan 2014	498
Dec 2013	380
Nov 2013	325
Oct 2013	511
Sep 2013	416
Aug 2013	334
Jul 2013	350
Jun 2013	219
May 2013	273
Apr 2013	464
Mar 2013	488
Feb 2013	358
Jan 2013	291

5. What was your percentage recorded rate of getting patients seen and out of the department in 4 hours, each month for the last 3 years? ie. percentage of people who meet the 4 hour target.

**Answer: Please note that this has been pulled from reported data. Please note that December 2015 is not currently available as the final dataset is not required to be submitted.**

Month	Number of Patients (%)
Nov 2015	81.20
Oct 2015	83.65
Sep 2015	86.65
Aug 2015	93.77
Jul 2015	94.37
Jun 2015	94.80
May 2015	95.07
Apr 2015	87.12
Mar 2015	88.25
Feb 2015	84.73
Jan 2015	83.38
Dec 2014	86.66
Nov 2014	91.29
Oct 2014	93.09

Sep 2014	93.42
Aug 2014	90.69
Jul 2014	88.84
Jun 2014	90.39
May 2014	89.60
Apr 2014	90.11
Mar 2014	92.75
Feb 2014	89.32
Jan 2014	91.91
Dec 2013	94.21
Nov 2013	94.62
Oct 2013	92.22
Sep 2013	93.57
Aug 2013	94.08
Jul 2013	96.14
Jun 2013	96.11
May 2013	95.63
Apr 2013	93.30
Mar 2013	92.68
Feb 2013	94.15
Jan 2013	95.01

376/15

**Abandoned Cars**

I would like to know the following.

1) How many instances of abandoned motor vehicles were recorded between 2004-15? If the data doesn't stretch back to 2004, please use the earliest you have.

**Answer: This is not recorded by our Trust so we unfortunately cannot provide this information.**

2) If a 3rd party was called to recover, what was the average cost involved?

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

Please provide the responses in an Excel spreadsheet

377/15

## LAN Maintenance and Services

Please can you send me the organisation's Local Area Network (LAN) contract, which may include the following:

- Support and Maintenance- e.g. switches, router, software etc
- Managed
- Installation
- Cabling

1. Existing Supplier: Who is the current supplier for each contract?  
**Answer: These are part of a PFI contract. We recommend you contact Skanska Facilities directly as they hold this data. Please contact either Marc Needham, Sarah Betts or Alan Walsh by emailing Sarah Betts via email address; [sarah.betts@skanska.co.uk](mailto:sarah.betts@skanska.co.uk) or telephone number 01922 656470.**
2. Annual Average Spend for Supplier: What is the annual average spending on the supplier above? If there is more than one supplier please split the annual averages spend for each supplier.  
**Answer: This is part of a PFI contract. We recommend you contact Skanska Facilities directly as they hold this data. Please contact either Marc Needham, Sarah Betts or Alan Walsh by emailing Sarah Betts via email address; [sarah.betts@skanska.co.uk](mailto:sarah.betts@skanska.co.uk) or telephone number 01922 656470.**
3. Number of Users: Please can you provide me with the number of users each contract covers. Approximate number of users will also be acceptable.  
**Answer: 3500**
4. Number of Sites: The number of sites where equipment is supported by these contract.  
**Answer: 1**
5. Contract Type: For each contract is the contract Managed, Maintenance, Installation, Software.  
**Answer: All Managed through Skanska Facilities Services. These are part of a PFI contract. We recommend you contact Skanska Facilities directly as they hold this data. Please contact either Marc Needham, Sarah Betts or Alan Walsh by emailing Sarah Betts via email address; [sarah.betts@skanska.co.uk](mailto:sarah.betts@skanska.co.uk) or telephone number 01922 656470.**
6. Hardware Brand: What is the hardware brand of the LAN equipment?  
**Answer: Cisco**
7. Contract Description: Please provide me with a brief description of the overall contract.  
**Answer: These are part of a PFI contract. We recommend you contact Skanska Facilities directly as they hold this data. Please contact either Marc Needham, Sarah Betts or Alan Walsh by emailing Sarah Betts via email address; [sarah.betts@skanska.co.uk](mailto:sarah.betts@skanska.co.uk) or telephone number 01922 656470.**
8. Contract Duration: What is the duration of the contract is and can you please also include any extensions this may include for each contract.  
**Answer: 25+years**
9. Contract Expiry Date: When does the contract expire for each contract?

**Answer: These are part of a PFI contract. We recommend you contact Skanska Facilities directly as they hold this data. Please contact either Marc Needham, Sarah Betts or Alan Walsh by emailing Sarah Betts via email address; [sarah.betts@skanska.co.uk](mailto:sarah.betts@skanska.co.uk) or telephone number 01922 656470.**

10. Contract Review Date: When will the organisation is planning to review the contract?

**Answer: These are part of a PFI contract. We recommend you contact Skanska Facilities directly as they hold this data. Please contact either Marc Needham, Sarah Betts or Alan Walsh by emailing Sarah Betts via email address; [sarah.betts@skanska.co.uk](mailto:sarah.betts@skanska.co.uk) or telephone number 01922 656470.**

11. Responsible Officer: Who within the organisation is responsible for each of these contract(s) please provide me with contact details including name, job title, contact number and email address?

**Answer: Unfortunately, we do not release staff details below director level. This is withheld under Section 40 (Personal Information). Steve Darkes is our Director of Informatics. His email address is; [steve.darkes@walsallhealthcare.nhs.uk](mailto:steve.darkes@walsallhealthcare.nhs.uk) and telephone number is 01922 721172.**

If the LAN maintenance is included in-house or managed please include the following information:

1. Hardware Brand: What is the hardware brand of the LAN equipment?

**Answer: Cisco**

2. Number of Users: Please can you provide me with the number of users this contract covers. Approximate number of users will also be acceptable.

**Answer: 3500**

3. Number of Sites: Estimated/Actual number of sites the LAN covers.

**Answer: 1**

4. Responsible Officer: Who within the organisation is responsible for LAN please provide me with contact details including name, job title, contact number and email address?

**Answer: These are part of a PFI contract. We recommend you contact Skanska Facilities directly as they hold this data. Please contact either Marc Needham, Sarah Betts or Alan Walsh by emailing Sarah Betts via email address; [sarah.betts@skanska.co.uk](mailto:sarah.betts@skanska.co.uk) or telephone number 01922 656470.**

**378/15**

### **National Audit of Seizure Management and Copies of Policies**

I request a copy of the information provided by Walsall Manor Hospital in relation to the 'National Audit of Seizure Management' conducted in 2012.

**Answer: Please find enclosed a copy of the clinical audit report for our Trust and clinical audit presentation in relation to this – available upon request. The presentation shows how the audit results were shared within our organisation.**

I am also requesting copies of the policies in relation to the following if they exist!

The below requests are in regard to the period covered 2011-2013;

-please send me a copy of your policy for the treatment of patients with status epilepticus

**Answer: Please find enclosed a copy of our Trust's 2012-13, and 2011-12 Status Epilepticus Guidelines – available upon request. These were based on West Mercia Medical Guidelines.**

-please send me a copy of your policy for the care and management of patients with rare condition



If there is a policy relating to the treatment of the rare condition 'Arteriovenous malformation' I would a copy please but also a copy in relation to Neurology.

**Answer: No specific local guidelines were used by our Trust for this condition during this time period. The service would utilise national guidance in place at that particular time.**

-I would also like a copy of treatment of 'patient that are hypotensive'.

**Answer: No specific local guidelines were used by our Trust for this condition during this time period. The service would utilise national guidance in place at that particular time.**

-Patients that are 'admitted with confusion', including those admitted to a ward and the 'signing of any documents' by that patient whilst in a confused state.

**Answer: The only guideline our Trust has for patients with confusion is for older people. We enclose a copy of the 2011-12 and 2012-13 Acute Confusional State (Delirium) in older people guideline if this is useful – available upon request. These were based on West Mercia Medical Guidelines.**

**We do not have a policy or guideline which covers patients signing any documents whilst in a confused state. Our Trust would not ask patients to sign any documents whilst in acute confusion as they would not have the mental capacity to understand what decision they were asked to make. Medical decisions in relation to care and treatment is managed under best interests following a formal assessment of capacity and Doctors will consult with the patient's next of kin. If the patient does not have a next of kin and they lack the capacity regarding these decisions, we refer to the IMCA (Independent Mental Capacity Advocates).**

**Please find enclosed a copy of our Mental Capacity Act Policy 2010 and Consent for Examination or Treatment Policy 2007 and 2012 – available upon request**

-please send me a copy of your policy for the care of patients suffering from a brain haemorrhage

**Answer: Please find enclosed a copy of our Trust's 2011 Subarachnoid Haemorrhage Guideline – available upon request. This was based on West Mercia Medical Guidelines and was the only guideline our Trust had in place for a brain haemorrhage. It states that it should be used in conjunction with lumbar puncture guidance. We also attached this guidance for your information– available upon request. This was also based on West Mercia Medical Guidelines. No specific local guidelines were used by our Trust during 2012-13. The service would utilise national guidance in place at that particular time.**

-please send me a copy of your policy regarding claims of a missed appointment

A copy of the policy in relation to when a 'hospital fails to make an appointment' but also if a 'patient fails to attend'

**Answer: Please find enclosed a copy of our Patient Access Policy 2010-2014 – available upon request**

**379/15**

### **Number of Prosthetists and Orthotists Employed**

The number of Prosthetists and Orthotists directly employed by Walsall Healthcare NHS Trust from 2005 - 2015. We would prefer if these numbers could be broken down into the number of Prosthetists and the number of Orthotists and region of employment if at all possible.

**Answer: Please note that Walsall Healthcare NHS Trust did not form until 01 April 2011 (when Walsall Hospital Trust & Walsall Primary Care Trust services merged). Due to this, and in line with previous historical FOI requests, information is not available in relation to any period pre 2011.**

This information is provided effective from December each year. There is no record of our Trust employing any Prosthetics Professionals during this period.

Year	Number of Colleagues Employed
2011	1 Orthotic Practitioner & 4 Assistant Orthotics Practitioners
2012	1 Orthotic Practitioner & 3 Assistant Orthotics Practitioners
2013	1 Orthotic Practitioner & 3 Assistant Orthotics Practitioners
2014	1 Orthotic Practitioner & 2 Assistant Orthotics Practitioners
2015	1 Orthotic Practitioner & 2 Assistant Orthotics Practitioners

### 380/15 Dermatology Patients

I have a Freedom of Information request regarding Dermatology Patients. In your trust, during the last 12 month period available, please supply the following information:

- How many patients have you treated for Moderate or Severe Atopic Dermatitis?  
**Answer: Unfortunately, we are unable to specify the severity of Atopic Dermatitis as this is not clinical coded separately on our system.**

If this is unknown, how many patients have been treated by your dermatology department in total?

**Answer: Between 1<sup>st</sup> December 2014 and 30<sup>th</sup> November 2015, 5 patients were treated for Atopic Dermatitis within our Trust.**

- How many patients have you treated for Hidradenitis Suppurativa [also called Acne inversa] ?  
**Answer: Between 1<sup>st</sup> December 2014 and 30<sup>th</sup> November 2015, 33 patients were treatment for Hidradenitis Suppurativa within our Trust.**

If possible, please state the number of patients by the Hurley's staging;

- Stage 1
- Stage 2
- Stage 3

**Answer: Unfortunately, we are unable to specify the Hurley's staging for Hidradenitis Suppurativa as this is not clinical coded separately on our system.**

### 381/15 Safe Staffing

- What evidence-based tool(s) do you use to measure or manage safe nurse/ midwife staffing levels?  
**Answer: The Safer Nursing Care Tool (SNCT) is used twice yearly to evaluate nurse staffing levels every July and February. Paediatric areas use benchmarking against the Royal College of Nursing recommendations**

- What indicators do you use to assess safe nurse / midwife staffing levels in your Trust?

Please complete the tables below, adding in the most recent results from your last two Board meetings for those indicators reported at Board level. Please collate any results derived from multiple hospital or acute sites.

2a) Staffing specific indicators

Indicators	Figures/results from Board meeting 1	Figures/results from Board meeting 2 (most recent mtg)	N/a indicator not used by Trust	N/a indicator not discussed at last two Trust Board mtgs
overall average percentage of planned day and night for nursing and care staff in hospital(s) which are filled	<p><b>The planned levels of Registered Nurses/Registered Midwives during October (by hour) were:</b></p> <p><b>Day</b> 36291 (planned) 32965 (actual) = deficit 3326</p> <p><b>Night</b> 26047 (planned) 23343 (actual) = deficit 2704</p> <p><b>The planned levels of Clinical Support Workers during October were</b></p> <p><b>Day</b> 26577 (planned) 27230 (actual) = +653</p> <p><b>Night</b> 17319 (planned) 19664 (actual) = + 2345</p>	<p><b>The planned levels of Registered Nurses/Registered Midwives during November (by hour) were:</b></p> <p><b>Day</b> 36074 (planned) 33667 (actual) = deficit 2407</p> <p><b>Night</b> 26266 (planned) 23534 (actual) = deficit 2732</p> <p><b>The planned levels of Clinical Support Workers during November were:</b></p> <p><b>Day</b> 26568 (planned) 27750 (actual) = +1182</p> <p><b>Night</b> 17675 (planned) 20080 (actual) = +2405</p>		
staff WTE % turnover	8.25% (12 months to Oct 2015)	8.52% (12 months to Nov 2015)		
staff WTE vacancies	321 FTE as at 31 October 2015	342 FTE as at 30 November 2015		
staff % sickness levels	5.09% October 2015	4.94% November 2015		
nursing hours per patient day (NHPPD)			Not currently used but SNCT format is under review in preparation for next round in February 2016	
Other, please specify:				The Trust complete a RAG Status report each day to reflect the

				<p>numbers of staff on wards. The planned staffing is shared each night with the Director of Nursing. The Actual collation is shared with the Director of Nursing at month end.</p>
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2b) Care quality indicators

**Answer: Please note that the following data is available to access via our website publication scheme every month. It can be accessed via the link below.**

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

**This particular information is detailed within the Performance & Quality Reports which can be downloaded via the link above. Section 21 (Information Available by Other Means) has been applied to this question.**

Indicators	Figures/results from Board meeting 1	Figures/results from Board meeting 2 (most recent mtg)	N/a indicator not used by Trust
Summary hospital-level mortality index (SHMI)			
Hospital standard mortality ratio (HSMR)			
Bed occupancy rates			

Readmission rates Readmission rates with related condition Readmission rates with unrelated condition.			
No. of healthcare associated			

infections (HCAIs) reported			
No. of hospital acquired pressure ulcers reported Grade 4 Grade 3 Grade 2 Grade 1			
Total No. of falls reported No. of those falls reported which resulted in harm			
Other quality clinical outcomes reported, please specify:			

### 3) Staffing levels

Please answer the following questions?

a) How many day time shifts on general acute wards operate with an average of more than 8 patients per RN each month since July 2014?	<b>The last data capture of SNCT was July 15 and is next due Feb 16. The number of wards with above 8 patients per Registered Nurse in this data capture was 3.</b>
b) What is the trust adult acute daytime average RN: patient ratio achieved (not scheduled) for Monday to Friday and for Saturday and Sunday?	<b>Walsall Trust does not collate the information from SNCT on a Trust wide assimilated basis</b>
c) Can you provide the average NHPDD on acute wards for June 2015	<b>Walsall Trust does not currently collate the NHPDD but SNCT output reports are under review ready for next round in feb 2016.</b>
d) What is outcome data used /presented at board level?	<b>There is a 6 monthly report from the SNCT which is taken to Board by the Director of Nursing.</b>

**The above entries have also been added into the separate document as requested.**

**382/15**

**Audited Accounts, Auditors Fees, Consultants and Outpatient Fees**

Please send me copies of your audited accounts for year end 2015-16.

**Answer: Please see our response to this request within our letter to you dated 11<sup>th</sup> January 2016.**

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

Please confirm the name of the auditors and fees to do such hospital yearly accounts.

**Answer: Please see our response to this request within our letter to you dated 11<sup>th</sup> January 2016.**

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

Please send me the hospital fees for a male circumcision operation and the names of the Consultant Urology Surgeons and their outpatients fees before the operation.

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

Please send me the hospital fees for a weight loss operation and the names of Consultants who do such operations and their fees.

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

Please send me the names of Consultant Psychiatrists who can treat anxiety and depression symptoms and their fees.

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

What is the fee for an MRI brain scan by a Doctor.

**Answer: Please see our response to this request within our letter to you dated 11<sup>th</sup> January 2016.**

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

Names of Consultants who can treat lower back problems.

**Answer: The following Consultants employed by our Trust treat lower back problems;**

**Mr Alo, Trauma & Orthopaedic Consultant**

**Mr Arif, Trauma & Orthopaedic Consultant**

**Mr Babatola, Consultant in Pain Management**

What is the fee for an MRI of the lower back / spine area.

**Answer: Please see our response to this request within our letter to you dated 11<sup>th</sup> January 2016.**

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

Please send me full main addresses of NHS Hospitals in City of Wellingborough.

**Answer: Please see our response to this request within our letter to you dated 11<sup>th</sup> January 2016.**

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

**383/15**

**Chaplaincy**

Please could you provide me with

A) overall budget for chaplaincy

**Answer: Our pay budget for the service is £167,617.**

B) number of chaplains employed by the Trust and from which faiths at at which band and number of hours they have.

**Answer: Please see below.**

**x1 Ecumenical Christian – band 7 – full-time – 37.5 hours**

**x1 Ecumenical Christian – band 6 – 21.5 hours**

**x1 Ecumenical Christian – band 5 – 23.5 hours**

**x1 Hindu – band 6 – 3.5 hours**

**x2 Muslims – band 6 – total of 8.25 hours (of which x1 post of 5.25 hours is vacant)**

**x2 Roman Catholics – band 6 – total of 12.25 hours (of which x1 post of 5 hours is vacant until February 2016)**

**x1 Sikh – band 6 – 5 hours**

C) the way in which on call arrangements are made

**Answer: There is currently an on-call service for all five faith groups – Christian, Hindu, Muslim, Roman Catholic and Sikh.**

D) total number of out of hours call out per faith. Please treat Roman Catholic call outs as a separate faith.

**Answer: During 2014/15 the recorded number of call outs per faith were;**

<b>Ecumenical Christian</b>	<b>84</b>
<b>Hindu</b>	<b>4</b>
<b>Muslim</b>	<b>7</b>
<b>Roman Catholic</b>	<b>44</b>
<b>Sikh</b>	<b>4</b>

**Please note that for Ecumenical Christians these relate only to overnight, Saturdays and Bank Holidays, whereas for other traditions some call outs may have been during the working week but on days when Chaplains were not on site due to their small number of working hours.**

E) Please could I have copy of the Trust's equality and diversity policy and chaplaincy strategy.

**Answer: Our Trust does not have a separate chaplaincy strategy. Please find enclosed a copy of 'A guide to the Chaplaincy Service' and 'The Chaplaincy Team Referral Guidelines' for your information – available upon request**

**Please find also enclosed copies of the following quality and diversity policies – available upon request;**

- **Equality Analysis Policy**
- **Recruitment and Selection Policy**
- **Harassment and Bullying Policy**
- **Sickness Absence Policy**
- **Capability Policy**

**384/15**

**Medical Locum Bank Staff**

Please fill out the below table with the relevant information regarding the Bank Staff (Medical Locums) at your Trust.

**Answer: Please see the table completed as requested.**

Grade	Social Pay Rate	Unsocial Pay Rate
Foundation Year 1	<b>£25</b>	<b>£25</b>
Foundation Year 2	<b>£30</b>	<b>£30</b>
Registrar (SP1-2)	<b>£30</b>	<b>£30</b>
Registrar (SP3+)	<b>£60</b>	<b>£60</b>
Dental Core Training	<b>N/A</b>	<b>N/A</b>
Specialty Doctor / Staff Grade	<b>£60</b>	<b>£60</b>
Associate Specialist	<b>£70</b>	<b>£70</b>
Consultant	<b>£70</b>	<b>£70</b>