Walsall Healthcare **NHS**

NHS Trust

FREEDOM OF INFORMATION

Disclosure Log – Quarter 4 (Jan-Mar 2016)

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385/16
Vacancies and Recruitment Information

Please provide me with the following information as at the current date:

1. Total no of WTE employees
Answer: As at 30 November 2015, our Trust employed 3797 FTE staff.

2. Total number of vacancies
Answer: As at 30 November 2015, the total number of vacancies was 342 FTE staff.

>   2a. Total number of vacancies at Band 1-4
>   **Answer: As at 30 November 2015, the total number of Band 1-4 vacancies was 114 FTE staff.**
>
>   2b. Total number of vacancies at Bands 5-7
>   **Answer: As at 30 November 2015, the total number of Band 5-7 vacancies was 152 FTE staff.**
>
>   2c. Total number of vacancies at Band 8a and above)
>   **Answer: As at 30 November 2015, the total number of Band 8a and above vacancies was 9 FTE staff.**

3. Please provide your recruitment policy detailing the recruitment process and any current restrictions to recruitment
Answer: Please find enclosed a copy of our internal Recruitment and Selection Policy – available upon request.

We currently have financial restrictions in place that scrutinise all vacancies. These vacancies are discussed at weekly expenditure control group meetings. Due to the current financial climate we are currently in the middle of a virtual vacancy freeze in which only exceptional urgent vacancies will be considered.

Before a vacancy form is submitted managers are required to look for alternate options such as, share services, change in banding/hours and what is the impact on patient safety if vacancies are not recruited to.

386/15
Budget on Ingredients for Patient's Meals and Expenses Claims

1. In the (a)2013/2014 and (b) 2014/15 financial year what was the budget on ingredients for patients' meals provided in the hospital trust. Please provide this figure as a financial amount on ingredients only (no labour or preparation costs) per patient per day.
Answer: We can confirm the budget for patient meals within our Trust in 2014/15 was £8.89 per patient per day. During 2015/16 this was £9.53. These costs include labour, ingredients and staff costs as unfortunately it cannot be broken down.

2. In the (a) 2013/14 and (b) 2014/15 financial year what was the most expensive restaurant bill claimed on expenses by any of the Trust's executives/ directors?

Please state the name and address of the restaurant, how many people were dining, the date of the dinner and the job title of the director/executive who claimed the meal on expenses.

Answer: We can confirm that no restaurant bills have been claimed on expenses by any of our Trust's Executives or Directors during 2013/14 and 2014/15.

387/15
Elderly Patients and Mortality Rates

Please tell me the number of elderly patients (more than 65 years old) and also mortality rates in your hospital of those elderly (those more than 65 years old) over the last 5 years:-

a - not having urinary incontinence and faecal incontinence as they did not wear incontinence pads

b - only having urinary incontinence and wore urinary incontinence pad for urine only

c - had both urinary incontinence and faecal incontinence and as such wore dual sort incontinence pad

Answer: Please see the table below. Unfortunately, the use of incontinence pads is not coded separately in order to identify these patients. It is therefore via diagnostic coding of discharged consultant episode that these figures below have been identified.

	Death	
	No	**Yes**
Year 2011/12	**18286**	**986**
a)None Coded	**18113**	**961**
b)Urinary Only	**93**	**6**
c)Both Urinary and Faecal	**66**	**16**
Faecal only	**14**	**3**
Year 2012/13	**20445**	**957**
a)None Coded	**20251**	**929**
b)Urinary Only	**95**	**11**
c)Both Urinary and Faecal	**72**	**11**
Faecal only	**27**	**6**
Year 2013/14	**21189**	**933**
a)None Coded	**20967**	**902**
b)Urinary Only	**121**	**7**
c)Both Urinary and Faecal	**67**	**20**
Faecal only	**34**	**4**
Year 2014/15	**22126**	**1028**
a)None Coded	**21937**	**991**
b)Urinary Only	**75**	**10**
c)Both Urinary and Faecal	**87**	**21**
Faecal only	**27**	**6**

Year 2015/16 (To end of December 2015)	16312	670
a)Not Coded	16179	649
b)Urinary Only	69	9
c)Both Urinary and Faecal	44	7
Faecal only	20	5
Grand Total	98358	4574

Please tell me the number of elderly patients (more than 65 years old) and also mortality rates in your hospital of those elderly (those more than 65 years old) over the last 5 years:-

Answer: Please see the table above.

a - immobile (cannot walk)

Please see the table below this details patients coded with immobility/immobility syndrome or needing assistance with mobility (semi-immobility).

b - semi-immobile (require assistance by another person in walking)

Please see the table below this details patients coded with immobility/immobility syndrome or needing assistance with mobility (semi-immobility).

	Death	
	No	**Yes**
Year 2011/12	**295**	**55**
Immobility	**1**	**0**
Semi-Immobility	**294**	**55**
Year 2012/13	**282**	**73**
Immobility	**208**	**71**
Semi-Immobility	**74**	**2**
Year 2013/14	**337**	**73**
Immobility	**274**	**71**
Semi-Immobility	**63**	**2**
Year 2014/15	**264**	**59**
Immobility	**225**	**59**
Semi-Immobility	**39**	**0**
Year 2015/16	**136**	**31**
Immobility	**127**	**31**
Semi-Immobility	**9**	**0**
Grand Total	**1314**	**291**

388/15
Nurses Employed

Under the terms of the Freedom of Information Act, 2000, please supply me with the following information, (if possible laid out as below):

1) Please state how many full-time (FT) equivalent nurses your trust employs at the following banding levels:

Answer: The information entered below is dated 31st December of each year and based upon substantive employees.

Band	Number in 2015	Number in 2014	Number in 2013	Number in 2012	Number in 2011
7 & 8	**235.24**	**243.64**	**244.75**	**244.53**	**248.87**

2) (i) If known, please state how many FT equivalent clinical nurse specialists your trust employs both now and in 2011:

Answer: The information entered below is dated 31st December of each year and based upon substantive employees.

Number of clinical nurse specialists employed at present time		Number of clinical nurse specialists employed in 2011	
Area of Work	**FTE**	**Area of Work**	**FTE**
Acute Medicine	**1.11**	**Acute Medicine**	**0.11**
Blood Sciences	**1.00**	**Anaesthetics**	**0.76**
Breast Surgery	**2.90**	**Breast Surgery**	**2.20**
Cancer Support	**17.85**	**Cancer Support**	**14.43**
Cardiology	**5.09**	**Cardiology**	**5.60**
Child Protection	**4.60**	**Child Protection**	**3.00**
Clinical Oncology	**2.00**	**Clinical Oncology**	**1.00**
Community Health Services	**10.00**	**Community Health Services**	**13.51**
Corporate	**2.69**	**Dermatology**	**1.00**
Dermatology	**1.00**	**Diabetes**	**3.43**
Diabetes	**6.00**	**District Nursing**	**2.00**
Dietetics	**1.00**	**Endoscopy**	**1.00**
District Nursing	**3.00**	**Gastroenterology**	**0.89**
Endoscopy	**2.00**	**General Surgery**	**1.00**
Gastroenterology	**0.89**	**Genito Urinary Medicine**	**1.00**
General Acute	**5.00**	**Haematology**	**4.79**
General Surgery	**1.00**	**Health and Safety**	**1.00**
Genito Urinary Medicine	**1.00**	**Health Promotion**	**1.00**
Haematology	**4.99**	**Health Visiting**	**6.00**
Health Promotion	**1.00**	**Infectious Diseases**	**5.80**
Health Visiting	**3.29**	**Learning Disabilities**	**0.80**
Infectious Diseases	**2.00**	**Maternity**	**2.27**
Maternity	**5.76**	**Neurology**	**1.00**
Neurology	**1.00**	**Nights**	**3.41**
Nights	**0.33**	**Old Age Psychiatry**	**1.00**
Otolaryngology	**1.00**	**Otolaryngology**	**1.00**
Paediatric	**2.00**	**Paediatrics**	**2.80**

Community Child Health			
Pain Management	2.39	Pain Management	2.85
Palliative Medicine	0.60	Palliative Medicine	1.00
Primary Care	1.00	Pathology	0.47
Rehabilitation	4.00	Primary Care	1.00
Research and Development	1.69	Rehabilitation	3.00
Respiratory Medicine	8.49	Research and Development	0.64
Rheumatology	2.00	Respiratory Medicine	8.40
School Nursing	11.40	Rheumatology	1.00
Stoma Care	3.60	School Nursing	8.04
Stroke	5.70	Sexual and Reproductive Health	1.00
Tissue Banking	2.00	Stoma Care	3.00
Urogynaecology	2.60	Stroke	6.91
Urology	3.20	Tissue Banking	2.53
Wound Management	1.00	Urogynaecology	1.05
Wound Management	1.00	Urology	1.05
Wound Management	1.00	Vascular Surgery	1.05
TOTAL	139.18	TOTAL	126.67

(ii) Areas of clinical practice covered: **Answer: Please see above.**

3) Finally, please state how many FT equivalent nurses your trust currently employs:

Answer: The information entered below is dated 31st December of each year and based upon substantive employees.

Total number of FT nurses employed by your trust at any banding level	1258.87 FTE

389/15
Tender Award Information

Has the contract for the extension to provide a new Critical Care Unit including entrance lobby and ancillary offices at Manor Hospital, Moat Road, Walsall tendered 1 April 2013 been awarded and if so, are you able to tell me who to?
Answer: We can confirm that no contract has been awarded for this.

Follow Up Questions Received from Requester;

Has the contract for the extension to provide a new Critical Care Unit including entrance lobby and ancillary offices at Manor Hospital, Moat Road, Walsall tendered 1 April 2013 been awarded and if so, are you able to tell me who to?
Answer: Our Estates and Facilities Department confirm that this contract has not been awarded at the time of responding to this FOI.

390/15
Bariatric Equipment Spend

I would like some further information on your trusts provision of equipment/apparatus for overweight/bariatric patients over the past 3 financial years.

I am looking specifically for detail of spend on Bariatric equipment consisting (however not limited to) hoists, beds, pressure care mattresses, chairs, wheelchairs.

1) Could you please tell me your trusts NHS Spend on all Bariatric Equipment Rental/Lease in the past 3 years?
2014-15 - **Answer: £1,520 (Bariatric Bed Rental Spend)**
2013-14 – **Answer: £2,948 (Bariatric Bed Rental Spend)**
2012-13 – **Answer: £10,156 (Bariatric Bed Rental Spend)**

2) Could you please tell me your trusts NHS Spend on capital purchasing of Bariatric Equipment in the past 3 years?
2014-15
2013-14
2012-13
Answer: We would be grateful if you could reply to our email to you dated 19th January 2016. Please respond within 12 weeks from the date of the email. If we do not hear from you before this time you request for this information will be closed

3) What is your current contractual status if any, if so, who is this with, what is the term of the contract including renewal date? If not under contract, how is this service provided, for example, is this simply on an Ad Hoc basis?
Answer: Standard equipment provided from old tender contract/special supplier prices/supply chain contracts, non standard equipment purchased on ad hoc basis, usually bespoke to patient size, weight limit and needs.

391/15
Cholesteatoma Surgery Laser

Please complete the attached table to answer the following questions.
Answer: Please see the answers below and also find these entries within the spreadsheet enclosed as requested.

1.   Do you have a KTP laser for use in Cholesteatoma surgeries?
Answer: No

2.   If you are planning on getting one soon, what date are you planning on getting one?
Answer: This is not applicable to our organisation.

3.   If you already have the KTP laser for cholesteatoma surgeries:
Answer: This is not applicable to our organisation.

    a), is it routinely available for cholesteatoma surgeries?
    Answer: This is not applicable to our organisation.

b) is it maintained and staff trained to use it?
Answer: This is not applicable to our organisation.

4. Are there any issues that are preventing you from routinely using the KTP laser?
Answer: This is not applicable to our organisation.

5 Are you doing your tympanoplasty surgery for cholesteatoma as a day case or overnight stay? For adults. For Children.
Answer: This would be planned as a day case for both unless the patient has any medical reasons for an overnight stay.

6. If as a day case, why is it not an overnight stay?
Answer: Due to best practice tariff.

7 Are you doing your mastoidectomy surgery for cholesteatoma as a day case or overnight stay? For adults. For Children.
Answer: This would be planned as a day case for both unless the patient has any medical reasons for an overnight stay.

8. If as a day case, why is it not an overnight stay?
Answer: Due to best practice tariff.

9. What is your standard follow up period of time for a 'second look' following tympanoplasty?
Answer: Usually 12 months.

10. Are you routinely using CT or MRI to gauge the extent of cholesteatoma growth?
Answer: Our Trust detects and assesses the extent of cholesteatomas but have no formal process for following these up routinely.

11. Do you have a cholesteatoma leaflet? Yes/No If so, please attach.
Answer: Yes. Please find a copy of this leaflet enclosed – available upon request.

We are in the process of setting up a not for profit group to support patients with Cholesteatoma.

12. Would you like to be involved in the clinical advisory group? – If yes – put name.
Answer: We can confirm that Mr Nicholas O. Turner, Associate Medical Director for the Division of Surgery & Consultant Otorhinologist would like to be involved in the Clinical Advisory Group. He is one the most experienced Cholesteatoma surgeons in the region.

13. Would you find a leaflet for patients explaining cholesteatoma helpful if we could provide one? Yes/No
Answer: We already have an EIDO Cholesteatome Leaflet but would happily consider more sophisticated alternatives.

14. If we provided a poster about the support group would you be happy to display this in ENT/Audiology? Yes/No
Answer: Yes, we would be delighted to publicise via poster material.

15. Do your ENT surgeons feel that cholesteatoma surgery could be more effective if delivered as a regional service to enable the surgeons to have access to the laser and have more experience in c-toma opearations? Yes/No
Answer: No, we have two highly Specialist Otologists within the Trust and support subspecialisation, but not currently as a regional service, although, would be intesterest in modelling the future service, possibley along such lines, perhaps with hub and spoke working.

16. We wish to put some of this information on our website, do we have permission to publish the data in raw format?
Answer: We are happy for you to publish this information for the purpose you detail.

17. We wish to summarise the national trends, lists and statistics from the data returned from all hospitals and put this on our website, do we have permission to summarise the data?
Answer: We are happy for you to summarise this information for the purpose you detail.

392/15
Cholesteatoma Procedures

Question 1: Please complete the following table for your patients, showing the number of procedures in the first, second or third position (please sum all instances) for a diagnosis of cholesteatoma in any position, per consultant, split into 18 and over and under 18s and then into whether the spell involved an overnight stay or was a daycase, from 1st April 2014 – 31st March 2015.
For your ease the following have been provided:
  · Template to complete - attached
  · Procedure codes – as a tab on the spreadsheet
  · ICD codes for cholesteatoma – H71, H604, H950
  · An example SQL code has been provided to answer this query - as a tab on the spreadsheet

Please note patients may have more than one relevant procedure code in the first three procedure codes, please sum all instances where these codes appear even if patients are double counted. This is because we are looking at the number of procedures and not the number of patients.

The example table attached has been completed as if you had 2 consultants at one hospital. The numbers in this template are not a true account of any consultant, there are only there to make the table easier to read.
Answer: Please see the extract from the spreadsheet you provided below. These entries have also been made into the spreadsheet as requested which is enclosed with this letter. – available upon request

Provider - full name	Postcode of hospital	Consultant code	Consultant name	OPCS code	OPCS name	Total	Overnight	Under 18 Daycase	18 and over Overnight	Daycase
Walsall Healthcare NHS Trust	WS2 9PS	1	Consultant 1	D103	Cortical mastoidectomy	3	1	0	2	0
Walsall Healthcare NHS Trust	WS2 9PS	1	Consultant 1	D106	Revision of mastoidectomy	1	0	0	1	0
Walsall Healthcare NHS Trust	WS2 9PS	1	Consultant 1	D141	Tympanoplasty using graft	2	0	0	2	0
Walsall Healthcare NHS Trust	WS2 9PS	1	Consultant 1	D144	Combined approach tympanoplasty	6	0	0	6	0
Walsall Healthcare NHS	WS2 9PS	2	Consultant 2	U052	Magnetic resonance	1	0	0	1	0

Name	Postcode		Consultant	Code	Procedure					
Trust					imaging of head					
Walsall Healthcare NHS Trust	WS2 9PS	3	Consultant 3	D102	Modified radical mastoidectomy	1	0	0	1	0
Walsall Healthcare NHS Trust	WS2 9PS	3	Consultant 3	D104	Simple mastoidectomy	2	1	0	1	0
Walsall Healthcare NHS Trust	WS2 9PS	3	Consultant 3	D106	Revision of mastoidectomy	2	1	0	1	0
Walsall Healthcare NHS Trust	WS2 9PS	3	Consultant 3	D141	Tympanoplasty using graft	2	1	0	1	0
Walsall Healthcare NHS Trust	WS2 9PS	3	Consultant 3	D143	Revision of tympanoplasty	1	1	0	0	0

Question 2: Please include a separate count of the number of individual inpatients with a recorded diagnosis of cholesteatoma in any position for the same time period, split by 18 and over, and under 18. Please put the data in the question 2 template.
If you have less than 5 patients, would you consider giving the exact number of patients as we want to work out the national prevalence of cholesteatoma?
Answer: Please see the extract from the spreadsheet you provided below. These entries have also been made into the spreadsheet as requested which is enclosed with this letter.

Name of hospital	Postcode of hospital	Number of patients aged 18 and over	Number of patients under 18
Walsall Healthcare NHS Trust	WS2 9PS	19	8

Question 3: Please could you put the total number of patients having a procedure in the last year (ie the number of patients used for question 1) into the question 2 template in the relevant column, broken down by 18 and over and under 18?
Answer: Please see the extract from the spreadsheet you provided below. These entries have also been made into the spreadsheet as requested which is enclosed with this letter. – available upon request

Question 3: Total number of patients receiving treatment as identified in question 1 - adults	Question 3: Total number of patients receiving treatment as identified in question 1 - children
16	4

Question 4: This data will be summarised to provide national trends, lists and statistics, and put on a website whose aim is to support patients with cholesteatoma. Do you consent to the data being used in this way? Please put your answer in column in the question 2 template.
Answer: We are happy for you to reuse the information provided within this response for the purposes you detail.

393/15
Bereavement Services and Midwives

I would be grateful if you could provide me with the following information under the Freedom of Information Act 2000.

(a) Does your trust have a bereavement suite available for use by parents in the event of limited life expectancy of an anticipated birth of a child?
Answer: Yes, our Trust does have a bereavement suite.

(b) If the answer to (a) is no, what alternative arrangements are available?
Answer: This is not applicable.

(c) If the answer to (a) is yes, would parents of a baby who turn up at hospital with a sudden infant death be allowed to use the bereavement suite?
Answer: If the woman was pregnant with an intrauterine death then yes. If it is a sudden infant death and the child was days or months old then the answer is no.

(d) If the answer is yes to (a) where in relation to the Labour ward is the suite located?
Answer: On our Delivery Suite in a discreet area away from main delivery rooms.

(e) Do you have bereavement trained midwives? If yes, how many?
Answer: Our Trust has a team of three Midwives with a special interest in the subject that undertake the role of bereavement midwife.

(f) Do you have a trained bereavement councillor at the hospital? If yes, what is the average waiting time to be able access support from that councillor?
Answer: Our Trust uses external councillors who have immediate appointments under these circumstances (we also have multi-faith pastoral support).

(g) Do you provide any written information to parents following the loss of a baby? If yes, please name the third sector organisation information is provided from.
Answer: Our Trust does provide a range of leaflets produced internally and from SANDS.

(h) Can you list the guidelines around infant death which are implemented by the hospital?
Answer: Please see below.

- **Midwifery Management of Stillbirth**
- **Midwifery Management of TOP for Fetal Abnormality 18-23+6 weeks**
- **Midwifery Management of TOP for Fetal Abnormality less than 18 weeks**
- **Midwifery Management of TOP for Fetal Abnormality more than 24 weeks**
- **Midwifery Management of Early Neonatal Death**
- **Midwifery Management of Late Fetal Loss**

- **Medical Management for Termination of Pregnancy for Fetal Abnormalities / Intra Uterine Death within Maternity Services**

(i) Does the hospital provide support around funeral arrangements for infants or babies who have died at the hospital?
Answer: Yes.

(j) Does the hospital advise parents on the advantages of having a post mortem conducted where this is not compulsory?
Answer: Yes.

394/15
Agencies Used for Nursing Staff

Under the Freedom of Information act 2000 I would like the names of all recruitment agencies you have used to recruit temporary nursing staff since 23rd November 2015.
Answer: We can confirm that the following agencies have been used to recruit temporary nursing staff since 23rd November 2015.

Acton Banks
Arcadia
Firstpoint
HCL Nursing
ID Medical
Kare Plus
Last Minute Healthcare
Mayday
Medacs
Medbank
Medics Pro
Meridian
MSI
Nursing Personnel
Plan B Healthcare
Precedo
Primera
Pulse Nursing
SWIIS
Team 24
Team Support
Thornbury

I would also to know how many shifts filled since the pay caps were introduced have fallen outside of Monitor guidelines.
Answer: We can confirm that 293 shifts during 23rd November 2015 to 17th January 2016 have fallen outside of monitor guidelines.

395/15
Cow's Milk Protein Allergy

We would like to request the following information regarding the prescribing of specialised infant formula for cow's milk protein allergy (CMPA) within Walsall Healthcare NHS Trust

1) Does your organisation use any guidelines when prescribing specialised infant formula for cow's milk protein allergy (CMPA)?
Answer: The Dietetics Department within our Trust does use guidelines for the prescription of specialist infant formulae for cows' milk protein allergy. A prescription letter is sent through to the GP who prescribes the formulae. Below are some links for the guidelines:

http://www.bsaci.org/Guidelines/milk-allergy

http://www.nice.org.uk/guidance/cg116/evidence/full-guideline-136470061

2) If yes, please provide a link to, or a copy of the guidelines referenced by your organisation.
Answer: Please see the links above.

396/15
Dinitrophenol (DNP)

I would like data relating to Dinitrophenol which is often used by people as a weight loss pill.
For your reference, more information about this drug here;
http://www.bbc.co.uk/newsbeat/article/32393360/how-diet-pill-chemical-dinitrophenol-or-dnp-kills

I would like the following;
1. For each of the past five financial years (2010/11 to 14/15) please list the number of patients who have attended accident and emergency after suffering ill effects from taking Dinitrophenol (DNP).
Answer: Unfortunately, Dinitrophenol is not coded separately on our systems in order to identify these patients. It would be coded with other drugs grouped under a category code. If this information would be useful to you, please let us know.

2. For each of the past five financial years please list the number of patients admitted to a ward after taking DNP.
Answer: Please see the answer above, unfortunately, we are not able to identify these patients.

3. For each of the past five years please list the number of patients who have died in hospital after taking DNP.

Answer: Please see the answer above, unfortunately, we are not able to identify these patients.

397/15
Number and Costs of Court Cases Launched to Prevent Patients being Identified in Media Reports

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

In order to assist you with this request, I am outlining my query as specifically as possible.

1) How much money has your Trust spent in total during the three financial years between April 2012 and April 2015 to prevent patients being identified in media reports? Please enter the answer into the supplied MS Excel template file in the cells under the column labelled "Q1".
Answer: Nil

2) How much money has your Trust spent in each financial year between April 2012 and April 2015 to prevent patients being identified in media reports? Please enter the answer into the supplied MS Excel template file in the cells under the columns labelled: "Q2 - 12/13"; "Q2 - 13/14"; "Q2 - 14/15".
Answer: Nil

3) How many separate court cases has your Trust launched in each financial year between April 2012 and April 2015 to prevent patients being identified in media reports? Please enter the answer into the supplied MS Excel template file in the cells under the columns labelled: "Q3 - 12/13"; "Q3 - 13/14"; "Q3 - 14/15".
Answer: Nil

4) How many Reporting Restriction Orders has your Trust obtained in each financial year between April 2012 and April 2015 to prevent patients being identified in media reports? Please enter the answer into the supplied MS Excel template file in the cells under the columns labelled: "Q4 - 12/13"; "Q3 - 13/14"; "Q3 - 14/15".
Answer: Nil

5) How many other privacy injunctions has your Trust obtained in each financial year between April 2012 and April 2015 to prevent patients being identified in media reports? Please enter the answer into the supplied MS Excel template file in the cells under the columns labelled: "Q5 - 12/13"; "Q3 - 13/14"; "Q3 - 14/15".
Answer: Nil

6) How many separate court cases has your trust launched in each financial year between April 2012 and April 2015 to prevent patients being identified in media reports where the mental capacity of the patient was an issue? Please enter the answer into the supplied MS Excel template file in the cells under the columns labelled: "Q6 - 12/13"; "Q4 - 13/14"; "Q4 - 14/15".
Answer: Nil

7) How many separate cases has your trust launched in each financial year between April 2012 and April 2015 to prevent patients being identified in media reports where the Trust acted with the family of the patient? Please enter the answer into the

supplied MS Excel template file in the cells under the columns labelled: "Q7 - 12/13"; "Q4 - 13/14"; "Q4 - 14/15".
Answer: Nil

8) How many separate cases has your Trust launched in each financial year between April 2012 and April 2015 to prevent patients being identified in media reports where the Trust acted without the family of the patient? Please enter the answer into the supplied MS Excel template file in the cells under the columns labelled: "Q8 - 12/13"; "Q4 - 13/14"; "Q4 - 14/15".
Answer: Nil

9) Please enter any additional notes, caveats or general points into the supplied MS Excel template file in the cell under the column labelled "Additional notes".
Answer: Not applicable

398/15
ED attendance data 2015

We are in the process of retrieving data for 2015 and would be grateful if you are able to help with this.

Altogether we are retrieving attendance data from over 70 EDs in England and Wales and we are looking for the following data (in spreadsheet format) for all ASSAULT-RELATED attendances at ED departments between 1 Jan 2015 - 31 Dec 2015 (inclusive):

Date of ED attendance,
Age (or date of birth),
Gender,
AND the yearly count for all ED attendances.
Answer: Please see the table below which detail this information as requested. This has also been entered into the enclosed spreadsheet as requested. – available upon request.

We can confirm that during 1st January 2015 – 31st December 2015 our Trust had 76,319 Emergency Department attendances covering all attenders.

Arrival Date	Age	Gender
01-Jan-15	19	Male
01-Jan-15	36	Male
02-Jan-15	46	Female
03-Jan-15	19	Male
03-Jan-15	25	Female
03-Jan-15	23	Male
03-Jan-15	26	Female
04-Jan-15	29	Male
04-Jan-15	39	Male
04-Jan-15	11	Male
04-Jan-15	29	Female
04-Jan-15	34	Male

05-Jan-15	**24**	**Female**
06-Jan-15	**13**	**Female**
06-Jan-15	**16**	**Male**
06-Jan-15	**34**	**Male**
07-Jan-15	**27**	**Male**
07-Jan-15	**14**	**Female**
07-Jan-15	**40**	**Female**
08-Jan-15	**30**	**Male**
08-Jan-15	**13**	**Female**
08-Jan-15	**39**	**Female**
09-Jan-15	**25**	**Male**
10-Jan-15	**26**	**Female**
10-Jan-15	**18**	**Male**
10-Jan-15	**21**	**Male**
11-Jan-15	**23**	**Male**
11-Jan-15	**20**	**Male**
11-Jan-15	**19**	**Male**
11-Jan-15	**25**	**Male**
11-Jan-15	**39**	**Female**
13-Jan-15	**23**	**Male**
16-Jan-15	**17**	**Male**
16-Jan-15	**47**	**Male**
17-Jan-15	**30**	**Female**
17-Jan-15	**16**	**Male**
20-Jan-15	**60**	**Female**
20-Jan-15	**17**	**Male**
21-Jan-15	**27**	**Female**
21-Jan-15	**45**	**Female**
22-Jan-15	**34**	**Male**
22-Jan-15	**13**	**Male**
23-Jan-15	**46**	**Male**
24-Jan-15	**17**	**Female**
24-Jan-15	**36**	**Female**
25-Jan-15	**20**	**Male**
25-Jan-15	**25**	**Female**
26-Jan-15	**34**	**Female**
26-Jan-15	**37**	**Male**
27-Jan-15	**52**	**Male**
28-Jan-15	**20**	**Male**
28-Jan-15	**16**	**Male**
29-Jan-15	**22**	**Male**
30-Jan-15	**13**	**Male**
30-Jan-15	**23**	**Male**
30-Jan-15	**32**	**Male**

31-Jan-15	33	Male
31-Jan-15	23	Male
31-Jan-15	39	Male
31-Jan-15	52	Female
01-Feb-15	39	Male
01-Feb-15	29	Female
01-Feb-15	49	Male
01-Feb-15	27	Female
01-Feb-15	25	Female
02-Feb-15	19	Female
02-Feb-15	15	Male
02-Feb-15	25	Male
04-Feb-15	23	Female
04-Feb-15	31	Female
05-Feb-15	23	Female
05-Feb-15	22	Male
05-Feb-15	28	Male
06-Feb-15	34	Male
08-Feb-15	19	Female
08-Feb-15	22	Male
09-Feb-15	38	Male
10-Feb-15	18	Male
11-Feb-15	22	Female
11-Feb-15	19	Male
12-Feb-15	15	Male
12-Feb-15	37	Male
12-Feb-15	17	Male
13-Feb-15	77	Male
13-Feb-15	74	Female
14-Feb-15	22	Female
14-Feb-15	29	Female
14-Feb-15	60	Male
14-Feb-15	56	Male
14-Feb-15	18	Female
14-Feb-15	19	Male
14-Feb-15	26	Male
15-Feb-15	16	Male
15-Feb-15	19	Male
15-Feb-15	48	Male
15-Feb-15	15	Male
15-Feb-15	60	Male
16-Feb-15	17	Male
16-Feb-15	46	Male
16-Feb-15	26	Male

16-Feb-15	46	Female
17-Feb-15	23	Male
17-Feb-15	30	Male
17-Feb-15	51	Male
19-Feb-15	18	Female
19-Feb-15	31	Female
20-Feb-15	20	Male
20-Feb-15	31	Male
21-Feb-15	26	Male
21-Feb-15	32	Male
21-Feb-15	18	Male
21-Feb-15	23	Female
22-Feb-15	30	Male
22-Feb-15	22	Male
22-Feb-15	38	Female
22-Feb-15	37	Male
23-Feb-15	62	Male
23-Feb-15	24	Male
25-Feb-15	17	Male
26-Feb-15	51	Male
26-Feb-15	54	Male
27-Feb-15	23	Female
27-Feb-15	15	Female
28-Feb-15	18	Female
28-Feb-15	21	Female
28-Feb-15	27	Male
28-Feb-15	30	Male
28-Feb-15	20	Male
28-Feb-15	28	Male
28-Feb-15	31	Male
28-Feb-15	60	Male
01-Mar-15	19	Male
01-Mar-15	21	Male
02-Mar-15	38	Male
02-Mar-15	60	Male
03-Mar-15	40	Male
03-Mar-15	33	Male
04-Mar-15	37	Male
05-Mar-15	15	Male
05-Mar-15	21	Male
05-Mar-15	23	Female
07-Mar-15	52	Male
07-Mar-15	34	Male
07-Mar-15	50	Male

08-Mar-15	43	Male
08-Mar-15	46	Male
08-Mar-15	15	Male
08-Mar-15	17	Female
08-Mar-15	20	Female
08-Mar-15	40	Female
08-Mar-15	16	Female
09-Mar-15	32	Female
09-Mar-15	45	Male
09-Mar-15	13	Male
09-Mar-15	53	Male
10-Mar-15	20	Female
10-Mar-15	26	Female
10-Mar-15	35	Male
11-Mar-15	12	Male
11-Mar-15	67	Male
11-Mar-15	64	Male
11-Mar-15	18	Male
12-Mar-15	15	Male
14-Mar-15	21	Male
14-Mar-15	24	Male
14-Mar-15	43	Male
14-Mar-15	25	Male
14-Mar-15	38	Male
14-Mar-15	26	Male
14-Mar-15	30	Female
15-Mar-15	61	Male
15-Mar-15	38	Female
15-Mar-15	47	Male
16-Mar-15	18	Female
16-Mar-15	45	Female
17-Mar-15	49	Male
19-Mar-15	16	Male
20-Mar-15	14	Male
20-Mar-15	21	Male
20-Mar-15	20	Male
21-Mar-15	49	Male
21-Mar-15	23	Female
21-Mar-15	27	Male
21-Mar-15	46	Male
21-Mar-15	16	Male
21-Mar-15	18	Female
21-Mar-15	19	Female
23-Mar-15	51	Male

23-Mar-15	42	Female
23-Mar-15	62	Male
23-Mar-15	23	Male
23-Mar-15	26	Female
24-Mar-15	10	Male
26-Mar-15	23	Female
28-Mar-15	21	Male
28-Mar-15	17	Male
29-Mar-15	21	Male
29-Mar-15	22	Male
29-Mar-15	32	Male
29-Mar-15	60	Male
30-Mar-15	34	Male
30-Mar-15	26	Male
30-Mar-15	43	Female
01-Apr-15	42	Female
02-Apr-15	23	Male
02-Apr-15	83	Female
02-Apr-15	34	Male
03-Apr-15	23	Male
03-Apr-15	46	Female
03-Apr-15	35	Male
05-Apr-15	13	Female
05-Apr-15	27	Male
06-Apr-15	20	Female
06-Apr-15	23	Female
06-Apr-15	23	Male
07-Apr-15	33	Female
07-Apr-15	22	Male
08-Apr-15	15	Male
09-Apr-15	54	Male
10-Apr-15	19	Female
10-Apr-15	34	Female
11-Apr-15	24	Male
11-Apr-15	25	Male
11-Apr-15	33	Female
11-Apr-15	22	Male
11-Apr-15	32	Male
12-Apr-15	9	Male
12-Apr-15	19	Male
12-Apr-15	22	Male
12-Apr-15	27	Male
12-Apr-15	40	Female
12-Apr-15	46	Female

13-Apr-15	35	Male
14-Apr-15	22	Male
14-Apr-15	15	Female
14-Apr-15	32	Male
14-Apr-15	20	Female
16-Apr-15	13	Male
17-Apr-15	49	Female
17-Apr-15	20	Male
17-Apr-15	11	Male
17-Apr-15	18	Male
18-Apr-15	30	Female
18-Apr-15	42	Male
18-Apr-15	20	Male
19-Apr-15	34	Male
19-Apr-15	52	Female
20-Apr-15	26	Male
20-Apr-15	49	Female
21-Apr-15	48	Male
21-Apr-15	21	Female
22-Apr-15	52	Male
23-Apr-15	31	Female
23-Apr-15	34	Male
24-Apr-15	25	Female
25-Apr-15	34	Male
25-Apr-15	59	Male
25-Apr-15	19	Male
26-Apr-15	36	Male
26-Apr-15	29	Male
26-Apr-15	28	Male
26-Apr-15	18	Male
28-Apr-15	21	Male
28-Apr-15	75	Female
29-Apr-15	14	Male
02-May-15	18	Male
03-May-15	20	Male
04-May-15	20	Male
08-May-15	19	Male
08-May-15	44	Male
08-May-15	54	Male
08-May-15	31	Male
08-May-15	68	Female
09-May-15	25	Female
09-May-15	27	Male
11-May-15	14	Male

11-May-15	16	Female
11-May-15	24	Male
11-May-15	43	Male
11-May-15	22	Female
11-May-15	25	Female
12-May-15	37	Female
12-May-15	27	Male
13-May-15	13	Female
13-May-15	26	Female
13-May-15	22	Female
14-May-15	54	Female
15-May-15	20	Male
15-May-15	56	Male
16-May-15	21	Female
16-May-15	40	Male
16-May-15	23	Male
16-May-15	19	Male
16-May-15	35	Female
18-May-15	32	Female
18-May-15	24	Male
18-May-15	30	Female
19-May-15	18	Female
19-May-15	59	Male
21-May-15	23	Male
21-May-15	31	Female
21-May-15	34	Male
22-May-15	23	Male
22-May-15	35	Female
22-May-15	36	Male
23-May-15	28	Male
23-May-15	49	Female
23-May-15	35	Female
24-May-15	24	Male
24-May-15	49	Female
24-May-15	26	Male
24-May-15	38	Female
24-May-15	26	Female
24-May-15	28	Male
25-May-15	25	Male
27-May-15	26	Female
27-May-15	25	Male
29-May-15	21	Female
30-May-15	20	Male
30-May-15	38	Female

30-May-15	29	Male
31-May-15	28	Male
31-May-15	20	Male
31-May-15	21	Male
31-May-15	24	Male
31-May-15	53	Male
01-Jun-15	62	Male
03-Jun-15	30	Male
03-Jun-15	18	Male
03-Jun-15	34	Male
04-Jun-15	33	Female
04-Jun-15	14	Male
05-Jun-15	28	Male
05-Jun-15	57	Male
05-Jun-15	16	Female
06-Jun-15	27	Female
06-Jun-15	21	Male
06-Jun-15	22	Female
06-Jun-15	33	Male
07-Jun-15	22	Male
07-Jun-15	28	Male
07-Jun-15	24	Male
07-Jun-15	28	Female
07-Jun-15	19	Female
07-Jun-15	22	Female
07-Jun-15	36	Male
07-Jun-15	20	Female
07-Jun-15	58	Male
09-Jun-15	55	Male
09-Jun-15	30	Female
10-Jun-15	11	Male
10-Jun-15	22	Male
11-Jun-15	25	Male
11-Jun-15	13	Male
11-Jun-15	14	Male
11-Jun-15	39	Male
11-Jun-15	49	Female
12-Jun-15	16	Male
12-Jun-15	31	Male
13-Jun-15	33	Male
13-Jun-15	29	Male
14-Jun-15	32	Male
14-Jun-15	21	Female
14-Jun-15	42	Female

14-Jun-15	46	Male
16-Jun-15	62	Male
17-Jun-15	42	Male
18-Jun-15	24	Female
19-Jun-15	52	Male
19-Jun-15	20	Female
20-Jun-15	28	Male
21-Jun-15	18	Male
21-Jun-15	34	Male
21-Jun-15	26	Female
21-Jun-15	53	Male
22-Jun-15	56	Male
23-Jun-15	30	Female
23-Jun-15	16	Male
24-Jun-15	47	Male
25-Jun-15	16	Female
25-Jun-15	29	Female
26-Jun-15	14	Female
27-Jun-15	41	Male
27-Jun-15	81	Female
27-Jun-15	27	Female
28-Jun-15	30	Male
28-Jun-15	49	Male
28-Jun-15	13	Male
28-Jun-15	22	Male
28-Jun-15	48	Female
28-Jun-15	20	Female
29-Jun-15	22	Male
29-Jun-15	47	Male
29-Jun-15	20	Male
30-Jun-15	26	Male
30-Jun-15	25	Male
30-Jun-15	61	Male
30-Jun-15	22	Female
01-Jul-15	24	Male
01-Jul-15	26	Male
03-Jul-15	48	Male
03-Jul-15	28	Female
03-Jul-15	46	Male
03-Jul-15	30	Female
04-Jul-15	35	Female
04-Jul-15	24	Female
04-Jul-15	16	Male
04-Jul-15	34	Male

05-Jul-15	23	Male
05-Jul-15	51	Male
05-Jul-15	21	Male
05-Jul-15	34	Male
06-Jul-15	16	Male
06-Jul-15	37	Female
06-Jul-15	43	Female
06-Jul-15	16	Female
06-Jul-15	22	Male
07-Jul-15	35	Female
07-Jul-15	44	Male
08-Jul-15	40	Male
09-Jul-15	22	Male
09-Jul-15	41	Male
09-Jul-15	29	Male
09-Jul-15	35	Female
09-Jul-15	43	Male
10-Jul-15	22	Male
10-Jul-15	38	Male
10-Jul-15	26	Male
11-Jul-15	22	Female
11-Jul-15	21	Female
11-Jul-15	21	Male
12-Jul-15	28	Male
13-Jul-15	19	Male
13-Jul-15	14	Female
13-Jul-15	15	Male
14-Jul-15	30	Male
14-Jul-15	40	Female
14-Jul-15	16	Female
14-Jul-15	19	Female
14-Jul-15	21	Male
15-Jul-15	15	Male
16-Jul-15	16	Female
16-Jul-15	37	Male
17-Jul-15	26	Female
18-Jul-15	19	Male
18-Jul-15	38	Male
18-Jul-15	33	Male
18-Jul-15	46	Male
18-Jul-15	24	Male
19-Jul-15	18	Male
19-Jul-15	34	Male
19-Jul-15	28	Male

22-Jul-15	17	Male
22-Jul-15	30	Female
22-Jul-15	36	Male
22-Jul-15	18	Male
23-Jul-15	17	Male
24-Jul-15	17	Male
24-Jul-15	29	Male
24-Jul-15	35	Male
24-Jul-15	27	Male
25-Jul-15	31	Male
25-Jul-15	46	Male
25-Jul-15	36	Male
26-Jul-15	36	Female
26-Jul-15	19	Male
26-Jul-15	21	Male
27-Jul-15	46	Female
28-Jul-15	25	Female
28-Jul-15	16	Male
28-Jul-15	42	Female
29-Jul-15	32	Male
30-Jul-15	41	Male
30-Jul-15	30	Female
30-Jul-15	36	Male
31-Jul-15	28	Male
01-Aug-15	54	Male
01-Aug-15	31	Female
02-Aug-15	46	Male
02-Aug-15	18	Male
02-Aug-15	56	Female
05-Aug-15	14	Male
05-Aug-15	44	Male
06-Aug-15	44	Female
07-Aug-15	22	Male
07-Aug-15	21	Female
08-Aug-15	20	Male
08-Aug-15	21	Male
08-Aug-15	23	Female
08-Aug-15	24	Male
08-Aug-15	25	Male
09-Aug-15	32	Female
09-Aug-15	37	Male
09-Aug-15	51	Male
09-Aug-15	56	Female
10-Aug-15	30	Female

10-Aug-15	49	Male
10-Aug-15	43	Male
10-Aug-15	48	Male
11-Aug-15	30	Female
11-Aug-15	52	Male
14-Aug-15	23	Male
15-Aug-15	31	Male
15-Aug-15	20	Male
15-Aug-15	21	Female
16-Aug-15	62	Male
16-Aug-15	23	Female
16-Aug-15	34	Male
16-Aug-15	54	Female
16-Aug-15	22	Male
17-Aug-15	18	Male
17-Aug-15	39	Male
18-Aug-15	36	Male
18-Aug-15	30	Male
19-Aug-15	53	Male
20-Aug-15	18	Male
20-Aug-15	26	Female
20-Aug-15	43	Male
21-Aug-15	25	Male
21-Aug-15	19	Male
22-Aug-15	23	Male
22-Aug-15	15	Female
23-Aug-15	26	Male
23-Aug-15	44	Male
24-Aug-15	19	Male
25-Aug-15	22	Male
25-Aug-15	18	Male
25-Aug-15	16	Male
26-Aug-15	29	Male
28-Aug-15	62	Male
31-Aug-15	33	Female
31-Aug-15	16	Female
31-Aug-15	32	Male
31-Aug-15	45	Male
31-Aug-15	39	Male
01-Sep-15	28	Male
03-Sep-15	20	Male
03-Sep-15	25	Female
04-Sep-15	31	Male
05-Sep-15	22	Female

05-Sep-15	37	Male
06-Sep-15	27	Male
06-Sep-15	48	Female
06-Sep-15	20	Female
06-Sep-15	23	Female
06-Sep-15	19	Male
07-Sep-15	44	Male
08-Sep-15	38	Female
08-Sep-15	25	Male
09-Sep-15	54	Male
09-Sep-15	56	Female
10-Sep-15	18	Male
10-Sep-15	50	Male
11-Sep-15	66	Female
11-Sep-15	25	Male
13-Sep-15	19	Male
13-Sep-15	23	Male
13-Sep-15	26	Male
13-Sep-15	46	Female
14-Sep-15	32	Male
14-Sep-15	12	Male
15-Sep-15	23	Male
16-Sep-15	39	Male
16-Sep-15	54	Female
17-Sep-15	11	Male
18-Sep-15	46	Male
19-Sep-15	33	Female
19-Sep-15		
19-Sep-15	13	Male
19-Sep-15	54	Male
20-Sep-15	15	Male
20-Sep-15	25	Male
20-Sep-15	45	Female
20-Sep-15	23	Male
20-Sep-15	24	Female
21-Sep-15	55	Male
21-Sep-15	11	Male
22-Sep-15	33	Male
23-Sep-15	15	Male
23-Sep-15	14	Male
24-Sep-15	25	Male
24-Sep-15	44	Female
25-Sep-15	53	Male
26-Sep-15	27	Male

26-Sep-15	42	Male
26-Sep-15	37	Male
26-Sep-15	22	Male
26-Sep-15	25	Male
26-Sep-15	32	Male
27-Sep-15	22	Male
27-Sep-15	64	Female
27-Sep-15	29	Male
27-Sep-15	33	Male
27-Sep-15	36	Male
28-Sep-15	14	Female
28-Sep-15	31	Female
28-Sep-15	35	Male
29-Sep-15	39	Male
29-Sep-15	22	Male
29-Sep-15	25	Female
30-Sep-15	31	Male
30-Sep-15	53	Male
30-Sep-15	11	Male
30-Sep-15	25	Male
30-Sep-15	32	Male
01-Oct-15	52	Male
01-Oct-15	33	Female
01-Oct-15	53	Female
02-Oct-15	36	Male
02-Oct-15	25	Male
03-Oct-15	22	Male
03-Oct-15	45	Male
03-Oct-15	48	Male
03-Oct-15	54	Male
04-Oct-15	23	Male
04-Oct-15	48	Male
05-Oct-15	25	Male
05-Oct-15	32	Male
05-Oct-15	57	Female
05-Oct-15	40	Male
06-Oct-15	16	Male
06-Oct-15	28	Female
06-Oct-15	31	Female
06-Oct-15	17	Female
06-Oct-15	40	Female
06-Oct-15	41	Male
06-Oct-15	51	Male
07-Oct-15	20	Male

07-Oct-15	27	Male
08-Oct-15	44	Female
09-Oct-15	24	Male
10-Oct-15	34	Male
10-Oct-15	22	Male
10-Oct-15	25	Male
10-Oct-15	42	Male
10-Oct-15	48	Male
11-Oct-15	20	Female
11-Oct-15	20	Male
11-Oct-15	36	Male
11-Oct-15	18	Female
11-Oct-15	27	Male
11-Oct-15	50	Male
11-Oct-15	27	Female
11-Oct-15	31	Male
12-Oct-15	36	Male
12-Oct-15	42	Male
12-Oct-15	32	Male
13-Oct-15	85	Male
14-Oct-15	24	Female
14-Oct-15	46	Male
14-Oct-15	26	Male
14-Oct-15	39	Male
15-Oct-15	23	Male
15-Oct-15	27	Female
15-Oct-15	15	Female
16-Oct-15	25	Male
16-Oct-15	46	Female
18-Oct-15	23	Female
18-Oct-15	26	Male
18-Oct-15	32	Male
18-Oct-15	21	Female
18-Oct-15	25	Male
18-Oct-15	33	Male
18-Oct-15	46	Male
19-Oct-15	30	Female
19-Oct-15	34	Male
19-Oct-15	40	Male
19-Oct-15	57	Female
20-Oct-15	21	Male
21-Oct-15	18	Female
22-Oct-15	33	Male
22-Oct-15	18	Female

22-Oct-15	26	Female
23-Oct-15	57	Male
25-Oct-15	18	Male
26-Oct-15	31	Male
26-Oct-15	19	Male
26-Oct-15	34	Female
26-Oct-15	29	Male
26-Oct-15	30	Female
28-Oct-15	40	Male
29-Oct-15	22	Female
30-Oct-15	35	Female
30-Oct-15	45	Female
30-Oct-15	14	Male
30-Oct-15	21	Female
30-Oct-15	32	Male
31-Oct-15	14	Male
31-Oct-15	20	Male
31-Oct-15	23	Male
31-Oct-15	54	Female
31-Oct-15	26	Male
01-Nov-15	16	Male
02-Nov-15	40	Male
04-Nov-15	32	Female
05-Nov-15	34	Male
06-Nov-15	31	Female
06-Nov-15	46	Female
06-Nov-15	29	Male
07-Nov-15	26	Male
07-Nov-15	27	Male
08-Nov-15	23	Male
08-Nov-15	30	Male
08-Nov-15	43	Male
08-Nov-15	24	Male
08-Nov-15	39	Male
08-Nov-15	48	Male
10-Nov-15	19	Male
11-Nov-15	24	Male
11-Nov-15	32	Male
11-Nov-15	17	Female
12-Nov-15	23	Female
12-Nov-15	14	Male
13-Nov-15	28	Male
13-Nov-15	19	Male
13-Nov-15	20	Male

14-Nov-15	**20**	**Female**
14-Nov-15	**21**	**Female**
14-Nov-15	**27**	**Male**
15-Nov-15	**24**	**Male**
15-Nov-15	**27**	**Male**
15-Nov-15	**40**	**Male**
15-Nov-15	**20**	**Male**
15-Nov-15	**19**	**Female**
15-Nov-15	**19**	**Male**
15-Nov-15	**48**	**Female**
18-Nov-15	**25**	**Female**
18-Nov-15	**32**	**Male**
19-Nov-15	**14**	**Male**
19-Nov-15	**49**	**Male**
19-Nov-15	**27**	**Female**
20-Nov-15	**20**	**Male**
20-Nov-15	**45**	**Male**
20-Nov-15	**41**	**Female**
21-Nov-15	**18**	**Male**
21-Nov-15	**26**	**Male**
21-Nov-15	**57**	**Male**
22-Nov-15	**26**	**Male**
22-Nov-15	**19**	**Male**
22-Nov-15	**22**	**Male**
22-Nov-15	**51**	**Male**
22-Nov-15	**24**	**Male**
22-Nov-15	**34**	**Male**
23-Nov-15	**32**	**Male**
24-Nov-15	**12**	**Female**
24-Nov-15	**15**	**Male**
24-Nov-15	**18**	**Male**
24-Nov-15	**11**	**Female**
25-Nov-15	**13**	**Female**
25-Nov-15	**21**	**Male**
25-Nov-15	**22**	**Female**
27-Nov-15	**47**	**Male**
27-Nov-15	**34**	**Female**
27-Nov-15	**35**	**Male**
28-Nov-15	**27**	**Male**
28-Nov-15	**25**	**Male**
28-Nov-15	**28**	**Male**
29-Nov-15	**14**	**Male**
29-Nov-15	**20**	**Male**
29-Nov-15	**29**	**Female**

29-Nov-15	21	Male
29-Nov-15	25	Male
29-Nov-15	26	Male
29-Nov-15	29	Male
30-Nov-15	52	Female
30-Nov-15	30	Male
30-Nov-15	36	Male
01-Dec-15	15	Male
02-Dec-15	48	Male
02-Dec-15	31	Male
03-Dec-15	51	Male
04-Dec-15	21	Male
04-Dec-15	43	Male
04-Dec-15	17	Female
05-Dec-15	22	Male
05-Dec-15	35	Male
05-Dec-15	25	Male
05-Dec-15	28	Male
05-Dec-15	41	Female
05-Dec-15	44	Male
05-Dec-15	37	Male
06-Dec-15	16	Male
06-Dec-15	22	Male
06-Dec-15	38	Male
06-Dec-15	21	Male
06-Dec-15	38	Female
06-Dec-15	53	Male
06-Dec-15	26	Male
06-Dec-15	36	Female
06-Dec-15	52	Male
08-Dec-15	28	Female
08-Dec-15	31	Male
09-Dec-15	23	Female
10-Dec-15	22	Male
10-Dec-15	68	Male
10-Dec-15	59	Female
12-Dec-15	25	Male
12-Dec-15	45	Female
13-Dec-15	22	Female
13-Dec-15	25	Male
13-Dec-15	34	Male
13-Dec-15	36	Female
13-Dec-15	45	Male
13-Dec-15	33	Male

13-Dec-15	40	Female
13-Dec-15	49	Male
14-Dec-15	39	Male
14-Dec-15	30	Male
14-Dec-15	21	Male
15-Dec-15	22	Male
16-Dec-15	65	Female
16-Dec-15	12	Male
17-Dec-15	34	Male
18-Dec-15	26	Female
18-Dec-15	50	Male
18-Dec-15	21	Female
18-Dec-15	24	Male
20-Dec-15	30	Male
20-Dec-15	43	Female
20-Dec-15	50	Female
22-Dec-15	61	Male
22-Dec-15	17	Male
22-Dec-15	24	Male
22-Dec-15	85	Male
23-Dec-15	32	Male
23-Dec-15	21	Male
24-Dec-15	18	Male
24-Dec-15	28	Male
24-Dec-15	19	Male
25-Dec-15	41	Male
25-Dec-15	17	Male
25-Dec-15	59	Male
26-Dec-15	34	Female
26-Dec-15	21	Male
26-Dec-15	28	Male
26-Dec-15	34	Male
26-Dec-15	23	Male
27-Dec-15	21	Male
27-Dec-15	34	Male
27-Dec-15	25	Male
27-Dec-15	35	Male
27-Dec-15	36	Male
27-Dec-15	21	Female
27-Dec-15	43	Male
27-Dec-15	59	Male
28-Dec-15	17	Female
28-Dec-15	46	Female
28-Dec-15	25	Female

29-Dec-15	**32**	**Male**
29-Dec-15	**64**	**Male**
30-Dec-15	**62**	**Male**
30-Dec-15	**17**	**Male**
30-Dec-15	**35**	**Male**
30-Dec-15	**38**	**Male**
30-Dec-15	**45**	**Male**
30-Dec-15	**31**	**Male**
31-Dec-15	**31**	**Male**
31-Dec-15	**20**	**Male**
31-Dec-15	**45**	**Male**
31-Dec-15	**19**	**Male**

399/15
Analgesia in Patients with Fractured Neck of Femur

Please complete the proforma below by deleting as appropriate.

- Name of Trust	**Walsall Healthcare NHS Trust**
- Contact email address	**foi@walsallhealthcare.nhs.uk**
- Contact phone number	**01922 721172**
1) Do you have a specific standardised proforma for neck of femur fracture patients?	**Yes**
2) If yes to (1), does the proforma include a section on fascia iliaca compartment blocks (FICB)?	**No**
3) Do you have a hospital related guideline for FICBs in neck of femur fracture patients?	**No**
4) Are FICBs routinely given in neck of femur fracture patients?	**This would be dependent upon anaesthetic preference to pain management.**
5) Do you audit the use of analgesia in neck of femur fracture patients?	**No**
6) If yes to (5), what percentage of neck of femur fracture patients receive a regional nerve block?	**N/A**
7) If yes to (4), who administers	Emergency medicine

the FICB?	☑**Anaesthetics**
	Orthopaedics
	Other (please specify)
8) If FICBs are not routinely given to patients with fractured neck of femur patients, please indicate why.	**Work is in progress to explore the use of FICBs**

Guidelines for completion of this request:

A FICB is a regional nerve block routinely delivered in emergency departments to patients with fractured neck of femur.

If you encounter any issues finding the answers to the above responses, in our experience the following professionals will usually know:

- A&E senior sisters/registrars/consultants

- Orthopaedic matron/SHOs/registrars/consultants

- Anaesthetic consultants

- Pain specialist nurses

400/15
2015 Expenditure

Thank you for publishing you spending data here:
https://www.walsallhealthcare.nhs.uk/expenditure.aspx.

However, I notice that you haven't published any spending data since January 2015.

I'd like to make a request under the Freedom of Information Act for all transactions over £25,000 from February 2015 onwards. Please provide the data in a machine readable format (preferably csv). As a minimum, please make sure to include the date, value and recipient of each transaction. Please also provide details on the procurement category of each transaction if you have it.

Your team may also be interested in the guidance on producing spending data:
https://www.gov.uk/government/publications/local-government-transparency-code-2015.
Answer: Exemption 21 (Information Available by Other Means) has been applied to your request. This information is now accessible via our website using the link below.

https://www.walsallhealthcare.nhs.uk/expenditure.aspx

401/15
Domestic Abuse

My questions are:

1. Do you have a dedicated policy with a structure of signposting support for staff affected by domestic abuse? If so, please give details.
Answer: Our Trust does not have a specific policy for staff affected by domestic abuse. Our Lifestyle Services Team offer emotional health and wellbeing support to tackle low levels of anxiety or depression. In this situation, they would signpost the staff member to the Domestic Violence Forum.

   Staff are able to self-refer or be referred by their Manager to our Occupational Health Services. An initial assessment would be performed and if domestic abuse was identified, the individual would be advised to speak to their GP and helpline numbers provided.

2. Do you have a dedicated policy with a structure of signposting support for patients affected by domestic abuse? If so, please give details.
Answer: Our Trust does not have a specific policy specifically for this. However, our Trust does have a Procedure for Management of Domestic Abuse Incidents by Healthcare Services. The policy explores the management of reports of domestic abuse incidents by named health practitioners delivering care to children, young people and the unborn. Risk assessment relating to domestic abuse that involves risk to the adult and any associated children or unborn. This policy is aimed at Named health practitioners delivering care to children and young people and with specific reference to Health Visitors, School Health Advisors, Midwives, Family Nurse Practitioners, Named Safeguarding Children and Looked After Children Nurses.

   Our Safeguarding Adults Policy also makes reference to Domestic abuse as it is now a recognised category under safeguarding adults as a result of the care Act 2014

3. Do you have a domestic abuse service established within your organisation?
Answer: Not specifically within our Trust, however Walsall has a Domestic Abuse Forum whereby health professionals do signpost and refer patients to this service.

4. If so, state when it was established and give year-on-year figures for referrals/the number of people who use the service.
Answer: This is not applicable to our Trust.

5. Are staff inducted in the organisation's policy so that they are fully informed of its content and the support available to them as well as patients?
Answer: As part of the Safeguarding Children Level 3 training delivered by our Named Nurse within Safeguarding Children, discussion takes place pertaining to the processes and policy in respect to Domestic Abuse.

   With regards to Safeguarding Adults, the policy is discussed at staff induction which refers to domestic abuse.

6. How many staff have received training in recognising and supporting victims of domestic abuse in the past year?
Answer: Our Safeguarding Children Level 3 training incorporates Domestic Abuse and the trust is currently compliant with training targets of 90% of staff being trained.

7. When was domestic abuse training last reviewed in your organisation?
Answer: A recent review of the training was undertaken in November 2015.

8. What does the training cover?
Answer: Our Safeguarding Children Level 3 Training covers;
- **Contact details**
- **Statutory duties 'Working Together' (2015)**
- **Serious Case Reviews and the 'Lessons Learnt'**
- **Assessment framework (Every child Matters 2004)**
- **Parenting Risk Factors (Trilogy of Risk)**
- **Group work, Discussion and Feedback on Domestic Abuse, Mental Health and Substance Misuse**
- **Child Centred Approach – voice of child**
- **CSE, FGM, Child Death, LAC**

Safeguarding Children Level 1, 2, 3 children's safeguarding training includes awareness in relation to domestic abuse. One of the outcomes if that staff have a clear understanding of the potential impact of a parent/carers physical and mental health on the well-being and development of a child or young person, including the impact of domestic violence.

402/15
Copy of Current Security Contract

Can you please provide a copy of your current Security Contract
Answer: This contract is currently out to tender. Information is withheld under Exemption 43 (Commercial Interests).

403/15
Temporary Staffing Processes

1) Do you have a master vendor (MV) arrangement in place for the supply of medical locums? If so please state the name of the provider used (Medacs, Holt, A&E Agency etc.)
Answer: Yes, our Trust has a master vend with Medacs Healthcare.

2) Please state the utilisation rate that has been achieved through the master vendor in the last 12 months. This is the total value of locum spend supplied by the master vendor itself in the last 12 months as a percentage of total locum spend in the same period.
Answer: 84.52% of the spend over the last 12 months.

3) Does the trust use a direct engagement model to engage locum staff? If so please state the name of the company used (Liaison PwC, 247 Time, Brookson, HB Retinue, Medacs etc.)?
Answer: Yes, our Trust uses STAFFflo.

4) Do you run a weekly payroll for medical bank?
Answer: STAFFflo runs a weekly payroll. Internal locums are paid via monthly salary.

5) Does the trust use rostering software (Allocate, Smart etc.)? If so please state the name of the company used, and the total amount that the trust has spent on rostering in 2014/15.
Answer: The rostering software currently used is Smart Kronos Rosterpro. The total amount our Trust spent on rostering during 2014/15 was £38,000. Please note that our Trust does not use rostering software for Medics/Doctor rotas.

Please provide all subsequent information split by the following staffing categories. Please include all spend outside of the specified categories as "other".
- Nursing & HCA's
- Medical & Dental
- AHP's
- Other

6) Please state the trusts expenditure on agency staff in 2014/15 split by the above staff categories.
Answer: Please see below.

Nursing & HCA's - £4,120,000
Medical & Dental - £2,310,000
AHP's - £356,000
Other - £1,510,000

7) Please state the total spent on internal bank staff in 2014/15, split by the above staff categories. This is the total paid to workers completing shifts via the trust bank, excluding any costs to 3rd parties. Please do not include any spend on outsourced bank staff.
Answer: Please see below.

Nursing & HCA's - £5,268,000
Medical & Dental - £4,816,000
AHP's - £357,000
Other - £1,239,000

8) Please state the total number of staff signed up to the trust's internal bank, split by the above categories.
Answer: The figures below are dated 25th January 2016.

Staff Group	Bank and Substantive	Bank Only	Grand Total
Nursing & HCA's	1025	478	1503
Medical and Dental	5	74	79
Allied Health Professionals	49	32	81
Other	199	196	395
TOTAL	1278	1053	2331

9)Of the above figure, please state the total number of staff signed up to the bank who also work as substantive staff at the trust. I.e. Staff that hold substantive contracts but have also completed shifts via the internal bank.
Answer: Please see the table above.

10) Does the trust outsource the supply of any bank staff to third parties such as NHS Professionals, Bank Partners, etc.? If so please specify the name of the company used and the staffing categories supplied by the 3rd party.
Answer: The Trust does not outsource the supply of any bank staff to third parties via the Temporary Staffing Department.

11)Does the trust use any third party tech solutions to manage internal bank staff (de Poel, HB Retinue, Liaison, Holt, 247 Time etc.)? If so please specify the name of the company used and the staffing categories managed through the tech solution.
Answer: In addition to the bank module used within the Smart Kronos Rostering system, the Temporary Staffing department also use an archive version of Allocate BSMS (Bank Staff Management System) for the manual recording of bank shifts worked and paid via paper timesheets for Admin and Clerical, Community Nursing, Pharmacy and Portering placements.

12)Do you use any suppliers or systems to manage the release of vacancies to agencies and bank workers? If so please state the name of the company used and the staffing categories managed. If you use different suppliers/systems for different staffing categories, please specify.
Answer: The Temporary Staffing department only use NHS Jobs for the advertising of bank roles. These are not classed as vacancies as successful applicants are entered on to the applicable bank register only. The rostering software used for the management of nursing bank shifts, Smart Kronos Rosterpro, is used to communicate with agencies in regards to ad-hoc nursing shifts. No other suppliers or systems are used via the Temporary Staffing department.

404/15
Cataract Services

1)

In the 12 months to January 2016 (or to the most recent month available), what was the average waiting time in days (referral to treatment time) for patients awaiting cataract surgery through Walsall Healthcare NHS Trust?
Answer: Unfortunately, current department or procedural waiting times is not accurately recorded.

Period	Average waiting time (days)
12 months to January 2016	
December 2015	
November 2015	
October 2015	
September 2015	
August 2015	
July 2015	
June 2015	
May 2015	
April 2015	
March 2015	
February 2015	
January 2015	

2a)

In the last 3 years, how many patients underwent cataract removal surgery at Walsall Healthcare NHS Trust?

Year	Number of patients
2013	**798**
2014	**850**
2015	**747**

2b)

In each of the last 3 years, how many individual cataract removal procedures were performed at Walsall Healthcare NHS Trust?

Year	Number of procedures
2013	**951**
2014	**1017**
2015	**880**

2c)

Does Walsall Healthcare NHS Trust operate a criteria for determining the priority/eligibility of patients for cataract surgery? If so, please specify.
Answer: Yes, the guidelines for eligibility for cataract surgery were issued by the local CCG in 2015 the criteria is attached. – available upon request.

2d)

Under what circumstances are NHS cataract patients ineligible for 'second eye surgery' – i.e. cataract removal from both eyes?

Answer: The second eye is treated in exactly the same way as the first eye when determining eligibility for cataract operations.

3a)

Are toric intraocular lenses available for patients with astigmatism undergoing cataract surgery at Walsall Healthcare NHS Trust?

Yes	No
	☑

3b)

If yes to 3a, please list the conditions and criteria under which toric intraocular lenses are available to patients.
Answer: This is not applicable to our organisation.

3c)

If yes to 3a, are toric intraocular lenses available for <u>NHS patients</u> with astigmatism undergoing <u>NHS-provided</u> cataract surgery at Walsall Healthcare NHS Trust?
Answer: This is not applicable to our organisation.

Yes	No

3d)

If yes to 3c, please list the conditions and criteria under which toric intraocular lenses are available to <u>NHS patients</u>.
Answer: This is not applicable to our organisation.

3e)

If yes to 3a and/or 3c, how many patients have been fitted with toric intraocular lenses in the last 12 months, for which data is available?
Answer: This is not applicable to our organisation.

	Date range	Number of patients fitted with toric lenses
All patients treated at Walsall Healthcare NHS Trust	*i.e. January 2015-January 2016*	
NHS patients treated 'on the NHS' at Walsall Healthcare NHS Trust		

405/15
Overseas Visitors

I would like to know about charges made in accordance with the Immigration Act 2014 within your trust during the period from the 1st of January 2015 until the 1st of January 2016.

1. The amount invoiced for overseas visitors' care during that period. Of this, I would like to know, if possible, the amount invoiced to a UK address.
Answer: The amount raised during the period was £61,493. The amount invoices (paid on site) to a UK address was £54,001.

2. The amount of money that was recouped by the overseas visitor management team during the same period.
Answer: The amount recouped was £11,264.

406/15
Overseas Visitors Management Team

I would like to know about the financing of the overseas visitor management team at your trust during the period from the 1st of January 2015 until the 1st of January 2016. Please provide a close estimate of the cost of the overseas team during that period. This cost could include salaries, but also overheads including facilities and equipment used.
Answer: Our Trust does not have a dedicated team for overseas patients. The relevant paperwork for these patients is completed locally by a staff member within the department of where the patient is being seen/treated.

407/15
Locum Costs

Please could you provide, under the freedom of information act, information to answer the following questions;
1.   How many permanent positions for doctors did the trust undertake recruitment to fill in 2015?
Answer: Our Trust recruited 47 (44.8 FTE) substantive Doctors in 2015.

2.   What was the trust's total spend on recruiting doctors in 2015?
Answer: We can confirm that the Trust did not spend any money on the recruitment of these Doctors. The above positions were advertised via the NHS Jobs website, which is a free service.

3.   What was the average length of time taken to fill vacant doctor posts in 2015?
Answer: The average length of time taken to fill a vacant Doctor post in 2015 was 69 days (3-6 months)

4.   What was the trust's total spend on employing locum doctors in 2015?
Answer: We can provide the locum spend for 2014/15 financial year which was £4,816,000.

5.   What was the trust's total spend on employing locum doctors to cover unfilled permanent posts in 2015?

Answer: Unfortunately, the reason(s) for employing locum doctors is not currently analysed by our Trust so is not recorded and cannot be provided.

6.   What was the trust's total spend on locum agency fees, for the recruitment of doctors, in 2015?
 Answer: We can provide the locum agency spend for the recruitment of doctors in 2014/15 financial year which was £2,310,000.

In your response, please confirm the official name of the trust or trusts that the information relates to.
Answer: Walsall Healthcare NHS Trust.

408/15
NICE Compliance Survey

Thank you for participating in our survey. Your feedback is important.

1. Please enter the name of your Trust.
Answer: Walsall Healthcare NHS Trust. These entries will also be entered into the online survey as requested.

2. Does your Trust have a policy to ensure that all staff fully and objectively inform all patients of all their treatment options and offer them a choice of treatment? *Please tick the appropriate box below*
- Yes ☑
- No
- Don't know

If yes, please could you send us a copy of your policy.
Answer: Please find enclosed a copy of our Consent and Mental Capacity Act Policies. – available upon request.

3. How do your monitor your staff to ensure that all patients are properly and objectively informed? [Please tick all answers that apply**]**
- *Carry out patient surveys to ensure they have been given all the information about all their treatment options?*
- *We have patient information leaflets available all treatments on our web site*
- *We send patient information leaflets about all treatments options before their outpatient clinic so they can discuss them with their doctor*
- *We include questions on patient information and treatment options in all patient surveys*
- *We have a policy and expect all staff to comply* ☑
- *We do not have a policy and do not think this important*
- *It is up to the individual clinician*
- *Other (please specify)* ☑ **Leaflets are available for procedures and provided to patients for discussion within the consultation.**

4. How many complaints has your Trust received in the last 2 years about lack of patient
information and choice of treatment?
Answer: We can confirm that our Trust received 33 formal complaints in relation to this subject in last two years.

5. NICE Clinical and Diagnostic Guidelines set minimum standards that patients would expect for the quality of their healthcare. Does your Trust have a policy to ensure that all your staff comply with all NICE Clinical and Diagnostic Guidelines? *Please tick appropriate box*

- *Yes* ☑
- *No*
- *Don't know*

Please provide us with a copy of your Trust's policy on NICE Guideline compliance.

Answer: Please find enclosed a copy of our Nice Guidance Management Policy

6. How do you monitor each of your clinical departments and clinicians to ensure their compliance with all NICE Guidelines? [*Please tick all that apply***]**

- *Each department is required to update all care pathways to include the latest NICE Guidelines and this is reviewed by a Director*
- *Every care pathway is reviewed by their clinical lead to ensure compliance with all NICE Guidelines* ☑
- *Audits are carried out in each clinical department to ensure NICE Guideline compliance and reported to the Board* ☑ **(as required)**
- *Audit and patient surveys are carried out to ensure compliance* ☑ **(as required)**
- *We trust our clinicians to comply with NICE Guidelines but do not monitor this*

7. How many complaints has your Trust received in the past 2 years about lack of compliance with NICE Guidelines?

Answer: We can confirm that our Trust has not received any formal complaints in relation to this subject in the last two years.

8. NICE Technology Appraisal Guidance 151 (TAG 151 Jul 08) states that continuous subcutaneous insulin infusion (CSII or insulin pump) therapy is a treatment option for adults and children with type 1 diabetes who meet certain criteria. How does your Trust ensure that all patients who meet the criteria are given the option of insulin pump therapy? [*Please tick all that apply***]**

- *Patients are given the information that the diabetologist thinks appropriate at their outpatients appointment*
- *We audit to ensure clinicians are using the criteria set by NICE without added restrictions*
- *There is patient information on our web site and they can help themselves*
- *Other (please specify)* ☑ **We offer the option of insulin pump therapy to all patients who meet NICE criteria during consultations. There is no specific leaflet for this. The information is provided in the consultant led as well as nurse led clinics in the community. Any one can refer a patient for pump therapy to the MDT pump team and we jointly assess them for suitability**

9. Which brands of insulin pump are offered at your Trust? [*Please tick the appropriate box below***]**

- *Animas* ☑
- *Medtronic* ☑

- *OmniPod*
- *Roche (Accu-Chek).*
- *Other (please specify)*

10. What is the number of people with Type 1 diabetes registered with this Trust?
Answer: Unfortunately, outpatient data is not clinical coded in order to identify these patients. We can confirm that there were 134 inpatient admissions during 2015 all of whom had a primary diagnosis code of type 1 diabetes.

11. What is the number of patients using insulin pumps attending clinic at this Trust?
Answer: As mentioned above, unfortunately, outpatient data is not clinical coded so we are not able to identify this information.

12. NICE Clinical Guidelines on Heavy Menstrual Bleeding (CG44 Jan '07), which
includes uterine fibroids, states that all women with fibroids >3cm requiring hospital
treatment must be offered hysterectomy, uterine artery embolisation and myomectomy. How does your Trust ensure that all women are given the choice of all 3 treatments and that there is no age discrimination in treatment choices given to women? [*Please tick all that apply***]**
- *We have patient information leaflets available on all the fibroid treatments on our web site*
- *We ensure that the NICE care pathway for HMB is embedded in our gynae care pathway* ☑
- *We audit compliance on a regular basis*
- *We benchmark the gynae treatments carried out in our Trust against others to ensure compliance*
- *We survey gynae patients regularly to ensure they are properly and fully informed and given all the treatment*
- *choices*
- *We trust our gynaecologists to inform women of all appropriate treatments* ☑
- *Other (please specify)*

13. NICE Guidelines on Heavy Menstrual Bleeding state that "1.3.1 A woman with HMB referred to specialist care should be given information before her outpatient appointment." How does the Trust ensure compliance? [Please tick all that apply]
- *Our Trust does not comply. Patients are given the information that the gynaecologist thinks appropriate at their outpatients appointment* ☑
- *We do not send information out before the outpatient appointment. It is given to the patient at the outpatients appointment* ☑
- *There is patient information on our web site and they can help themselves*
- *Patients are surveyed regularly to ensure they receive information before outpatients clinics and are given choice*
- *We ensure all women are sent information before outpatients clinics and we audit this with patients*
- *Other (please specify)*

14. NICE Interventional Procedures Guidance on Uterine Artery Embolisation (IPG 367

Nov '10) states that -
1.3 Patient selection should be carried out by a multidisciplinary team, including a gynaecologist and an interventional radiologist.
How does your Trust ensure multidisciplinary team working between gynaecologists and interventional radiologists to ensure women have access to all fibroid treatment recommended by NICE? [Please tick all that apply]
Answer: This is not applicable to our Trust.

- *Our Trust provides a fibroid outpatient clinic where all patients have access to gynaecologists and interventional radiologists to discuss all treatment options*
- *Our Trust provides a menstrual clinic as advised in RCOG HMB audit (Nov '14)* ☑
- *All patients with fibroids have access to the interventional radiologists who carry out fibroid embolisation (UAE) to discuss this option with them*
- *Our gynaecologists confer with the interventional radiologists when they feel it necessary*
- *Our Trust does not offer (UAE), but we inform all patients about it and refer them to another hospital* ☑
- *Our gynaecolgists are well informed and knowledgeable about UAE and refer patients where appropraite* ☑
- *Our gynaecologists will refer patients for UAE upon request* ☑
- *Other (please specify)*

15. NICE Guidelines on Heavy Menstrual Bleeding (HMB) states that -
1.10.1 All those involved in undertaking surgical or radiological procedures to diagnose and treat HMB should demonstrate competence (including both technical and consultation skills) either during their training or in their subsequent practice.
How does the Trust ensure all gynaecologists receive adequate training on UAE?
Answer: This is not applicable to our Trust.

16. How is the training of gynaecologists about UAE monitored and recorded?
Answer: Our Gynaecologists do not receive training in this aspect.

17. How many patients referred to your Trust in the last 2 years had a primary main diagnosis of heavy menstrual bleeding - Diagnostic Code N92?
Answer: Unfortunately, reason for referral information is not recorded on our systems in order to identify this information. However, we can confirm that there were 232 inpatient admissions during 2014 all of whom had a primary diagnosis code of heavy menstrual bleeding. During 2015 there were 206 inpatient admissions with a primary diagnosis code of heavy menstrual bleeding.

18. How many patients referred to your Trust in the last 2 years in total (i.e. both primary and secondary main diagnosis) had a diagnosis of heavy menstrual bleeding Diagnostic Code N92?
Answer: Unfortunately, reason for referral information is not recorded on our systems in order to identify this information. However, we can confirm that there were 313 inpatient admissions during 2014 all of whom had a primary or secondary diagnosis code of heavy menstrual bleeding. During 2015 there were 295 inpatient admissions with a primary diagnosis code of heavy menstrual bleeding.

19. How many patients had a primary main diagnosis of uterine leiomyoma/fibroids in the last two years Diagnostic Code D25.0 - 25.02 and D25.9?
Answer: Unfortunately, outpatient data is not clinical coded in order to identify these patients. We can confirm that there were 75 inpatient admissions during 2014 all of whom had a primary diagnosis code of uterine leiomyoma/fibroids. During 2015 there were 72 inpatient admissions with a primary diagnosis code of uterine leiomyoma/fibroids.

20. How many patients in total (i.e both primary and secondary main diagnosis) had
a diagnosis of uterine leiomyoma/fibroids in the last two years Diagnostic Code D25.0 - 25.02 and 25.9?
Answer: Unfortunately, outpatient data is not clinical coded in order to identify these patients. However, we can confirm that there were 75 inpatient admissions during 2014 all of whom had a primary or secondary diagnosis code of uterine leiomyoma/fibroids. During 2015 there were 72 inpatient admissions with a primary or secondary diagnosis code of uterine leiomyoma/fibroids.

21. How many patients with a diagnosis of heavy menstrual bleeding or fibroids (N92 and D25.0- 25.02 and 25.9) had a hysterectomy in the last 2 years Code Q07.1- Q08.9?

Answer: Unfortunately, outpatient data is not clinical coded in order to identify these patients. We can confirm that there were 72 inpatient admissions during 2014 with this primary diagnosis code and a recorded procedural code of hysterectomy. During 2015 there were 79 inpatient admissions with this primary diagnosis and procedural code.

22. What were the ages of these women who had hysterectomy in the last 2 years Code Q07.1- Q08.9? (*Please indicate the numbers for each age range below***)**
- *< 29 years old* **Answer: 2 patients**
- *30-34*   **Answer: 2 patients**
- *35-39*   **Answer: 17 patients**
- *40-44*   **Answer: 32 patients**
- *45-49*   **Answer: 60 patients**
- *50-54*   **Answer: 27 patients**
- *>54*   **Answer: 11 patients**

23. Does your Trust provide myomectomy - surgical removal of the fibroid(s) alone?
- *Yes* ☑
- *No*

24. If 'Yes' how many myomectomies did your Trust perform in the last 2 years - open
myomectomy code Q09.2, a endoscopic myomectomy in the last 2 years Code Q17.1?
Answer: We can confirm that there are 74 inpatient admissions during 2014 with this procedural code and 75 during 2015.

25. What were the ages of the women who underwent myomectomy in the last 2 years

(codes Q09.2 -9.3 + Q16.1 + Q17.1 and 17.4)? [*Please indicate the numbers in each age range below*]

- *< 29 years old* **Answer: 9 patients**
- *30-34*   **Answer: 11 patients**
- *35-39*   **Answer: 10 patients**
- *40-44*   **Answer: 20 patients**
- *45-49*   **Answer: 19 patients**
- *50-54*   **Answer: 22 patients**
- *>54*   **Answer: 58 patients**

26. Does your Trust provide uterine artery/fibroid embolisation? [Please tick the appropriate box below]

- *Yes*
- *No* ☑

27. If 'No' where are patients wanting UAE referred?
Answer: This information is not recorded on our Clinical Coding system and would be hand written in patient records.

28. If 'Yes' had uterine artery/fibroid embolisation in the last 2 years Code RC41Z?
Answer: We have conducted a search on our Clinical Coding system for this procedural code which are revealed Nil.

29. Does your Trust provide beds for UAE patients on a regular basis - say once a week, as are provided for hysterectomy patients?

- *Yes*
- *No* ☑
- *Other (please specify)*

30. Do your interventional radiologists have admitting rights and named consultant status?

- *Yes*
- *No*
- *Other (please specify*
  Answer: Our Trust does not have any Interventional Consultant Radiologists onsite as we have no Interventional Radiology Service.

31. What were the age ranges of the women who had uterine artery/fibroid embolisation in the last 2 years Code RC41Z?

- *< 29 years old* **Answer: This is not applicable.**
- *30-34*   **Answer: This is not applicable.**
- *35-39*   **Answer: This is not applicable.**
- *40-44*   **Answer: This is not applicable.**
- *45-49*   **Answer: This is not applicable.**
- *50-54*   **Answer: This is not applicable.**
- *>54*   **Answer: This is not applicable.**

409/15
Overseas Patient costs

For each calendar year between 2007 and 2015 inclusive, broken down by month for 2014 and 2015, please state:
Answer: The information provided below has also been entered into the spreadsheet you provided as requested. – available upon request.

1. The number of overseas patients who were not entitled to NHS treatment (under the overseas patient regulations existing at the time), who were treated by the Trust
Answer: Our Trust has records by financial years April – March so this has been updated in the spreadsheet. Please note that information is not recorded prior to 2010-11.

Year	Month	Number of Overseas Patients	Cost	Number of Patients who still Owe Money	Amount Written Off	Amount Outstanding	Amount Recouped	Amount Recouped from Other NHS Organisations
2010-11	N/A	4	£3,982.00	0	£3,620.00	£0	£362.00	£0
2011-12	N/A	12	£12,786.81	0	£7,949.81	£0	£4,837.00	£0
2012-13	N/A	18	£16,617.00	1	£9,369.00	£648.00	£6,600.00	£0
2013-14	N/A	9	£14,320.16	2	£0	£2,364.00	£11,956.16	£0
2014-15	April	0	£0	0	£0	£0	£0	£0
	May	3	£19,520.00	2	£6,651.09	£12,868.91	£6,651.09	£0
	June	2	£1,383.00	0	£1,383.00	£0	£1,383.00	£0
	July	1	£351.00	0	£351.00	£0	£351.00	£0
	Aug	1	£112.00	0	£112.00	£0	£112.00	£0
	Sept	0	£0	0	£0	£0	£0	£0
	Oct	0	£0	0	£0	£0	£0	£0
	Nov	0	£0	0	£0	£0	£0	£0
	Dec	1	£1,025.00	0	£1,025.00	£0	£1,025.00	£0
	Jan	0	£0	0	£0	£0	£0	£0

	Feb	0	£0	0	£0	£0	£0	£0
	Mar	0	£0	0	£0	£0	£0	£0
2015-16	April	0	£0	0	£0	£0	£0	£0
	May	1	£50,229.00	1	£0	£50,229.00	£0	£0
	June	0	£0	0	£0	£0	£0	£0
	July	0	£0	0	£0	£0	£0	£0
	Aug	0	£0	0	£0	£0	£0	£0
	Sept	0	£0	0	£0	£0	£0	£0
	Oct	0	£0	0	£0	£0	£0	£0
	Nov	1	£7,492.00	0	£7,492.00	£0	£7,492.00	£0
	Dec	1	£3,772.00	0	£3,772.00	£0	£3,772.00	£0
	Jan	0	£0	0	£0	£0	£0	£0
	Feb	0	£0	0	£0	£0	£0	£0
	Mar	0	£0	0	£0	£0	£0	£0

2. The total combined cost (of that treatment) that the Trust was entitled to recoup from those patients
Answer: Please see the relevant column in the table above.

3. Of the patients data provided in response to question 1, the number of patients who still owe money to the Trust
Answer: Please see the relevant column in the table above.

4. Of the cost figures provided in response to question 2, the amount of money that has to date been recouped from those patients by the Trust
Answer: Please see the relevant column in the table above.

5. Of the cost figures provided in response to question 2, the amount of money that has to date been recouped not from the patients, but from other NHS organisations (including NHS England and the Department of Health)
Answer: Please see the relevant column in the table above.

6. The total income of the Trust each year (does not need to be broken down by month)
Answer: Please see the table below which details the Trust's total income for each financial year.

Financial Year	Income
2007 / 08	£164,514,000
2008 / 09	£161,162,000
2009 / 10	£168,545,000
2010 / 11	£180,863,000
2011 / 12	£226,983,000
2012 / 13	£228,409,000
2013 / 14	£237,049,000
2014 / 15	£239,491,000
2015 / 16	£178,993,000 (as at December 2015)

7. The name of any debt collection agency currently hired by the Trust to recoup money from overseas patients who were not entitled to NHS treatment, when they were hired for this role, how much they have been paid for this role, and how much money they have recouped from overseas patients since they were hired

Answer: CCI Legal Services are currently used by our Trust to recoup money from overseas patients. They have been completing this task for our Trust since 1st August 2006. This company also recovers other debts on our Trust's behalf not just for overseas patients. Unfortunately, reasons for payments made to this company is not electronically recorded. How much money the company has recouped from overseas patients is also not electronically recorded. This would be detailed in the actual paper invoice from the company. To comply with these parts of your request, it would exceed the appropriate cost limit. Section 12 (Cost of Compliance Exceeds the Appropriate Limit) has been applied to these two parts of your request.

PLEASE NOTE THAT THIS REQUEST EXCLUDES PRIVATE PATIENTS (i.e. patients using Trust services under paid-for "private healthcare" arrangements) (private patient income should be included in the question 6 data).

410/15
Legal Fees

How much did your organisation spend on legal fees in the financial year 2015?
Answer: Our Finance Department confirms that £50,000 has been spent on legal fees during April 2015 – January 2016. We are also aware that approximately £100,000 has also been spent on legal fees this financial year since April 2015 elsewhere within our Trust.

Do you have a panel of preferred legal providers? If yes, what year was this panel appointed?
Answer: Our preferred legal providers for Estates and Facilities matters was appointed in 2003. Our preferred legal providers for Corporate and HR matters was appointed prior to our Trust forming in 2011.

Please find attached an excel document containing the Freedom of Information request questions. Please use this excel document to answer the request and send back ASAP.
Answer: Please find enclosed the completed spreadsheet as requested. – available upon request.

411/15
People with Learning Disabilities

1) Please supply the following figures for your trust for the administrative year 2014/2015 in the table included below.
Answer: Please note that outpatient data is based on attendance to specific clinics and therefore clinical coding is not recorded in any great detail.

	Total number of patient admissions	Number of patients identified and flagged as having a learning disability by your trust (Monitor criterion 1; 2015, p. 57)
Number of admissions to in-patient care (as defined by Hospital Episode Statistics)	**69,057**	**Our Trust does not yet have a 'flagging' system to identify adults with a learning disability. Information Services do populate a list on a monthly on patients discharged who are coded with a learning disability and this is validated by the Acute Learning Disability Liaison Nurses.** **However, we can confirm that 269 patients were clinically code defined as OPCS: F819**

		on our Patient Management System in any recorded diagnosis position.
Number of out-patient admissions (not including cancelled appointments or those who did not attend their appointments)	**332,881**	**Our Trust does not yet have a 'flagging' system to identify adults with a learning disability. Information Services do populate a list on a monthly on patients discharged who are coded with a learning disability and this is validated by the Acute Learning Disability Liaison Nurses.** **However, we can confirm that 0 patients were clinically code defined as OPCS: F819 on our Patient Management System in any recorded diagnosis position.**
Number of patient admissions at accident and emergency	**85,811**	**Unfortunately, our Emergency Department do not record this data item on their system.** **However, of the 269 patients mentioned above 177 of them were admitted following an attendance at our Emergency Department.**

2) Please advise me of website links where I can find any public report(s) of findings of audits of your practices for patients with learning disabilities (Monitor criterion 6; 2015, p. 57) published by your trust since the start of April 2013.

Answer: We are aware that the Black Country Partnership NHS Trust does hold quarterly reports produced by their PAMHS Department (Promoting Access to Main Stream Health Services) which covers the area of Walsall. We recommend you contact their Freedom of Information Office directly to see if these reports are available via their website. Their email address is foi@bcpft.nhs.uk or postal address is; Information Governance Team, Delta Point, Delta House, Greets Green Road, West Bromwich, B70 9PL.

Our Trust is not aware of any other public reports that may be accessible via a website.

412/15
Mobile Applications, Patient Self-check-in, Email Addresses

1. Do you provide or promote the use of any mobile applications by your patients/service users? If so please answer the following questions for each application, if known.
    Answer: No

    a. Name of application
        Answer: This is not applicable to our organisation.

    b. Software supplier
        Answer: This is not applicable to our organisation.

    c. Number of users associated with the trust.
        Answer: This is not applicable to our organisation.

2. Do you use any patient self-check-in or information kiosks, if yes please answer the following questions for each application, If known
    Answer: No

    a. The Area in the hospital the system is used
        Answer: This is not applicable to our organisation.

    b. The primary function of the system
        Answer: This is not applicable to our organisation.

    c. The System supplier
        Answer: This is not applicable to our organisation.

    d. Number of Users per year
        Answer: This is not applicable to our organisation.

    e. Cost of each system 2014/15 and year to date 2015/16.
        Answer: This is not applicable to our organisation.

3. Please supply the name and email address of the persons in post for each of the following roles:
    a. Head/Director of IM&T
        Answer: Steve Darkes is our Director of Informatics. His email address is steve.darkes@walsallhealthcare.nhs.uk.

    b. Head/Director of Transformation or person responsible for delivery of Cost Improvement Scheme
        Answer: Steve Darkes is our Director of Informatics. His email address is steve.darkes@walsallhealthcare.nhs.uk

    c. Senior Manager responsible for Cancer Services and/or Outpatients
        Answer: Steven Vaughan is our interim Chief Operating Officer. His email address is steven.vaughan@walsallhealthcare.nhs.uk

413/15
Patient Communication

Please provide details of the system or process which is currently used by the Trust to communicate with patients by letter, and the organisation or individuals responsible for implementing and maintaining this service.

- o Does the Trust use the services of an external provider for patient and non-patient letters?
  Answer: No, all Trust letters are typed in house using Escript for clinical letters and Microsoft Word for non-patient letters.

- o Please provide details of the Trust's current Letter printing service supplier/system
  Answer: None in place so not applicable to our Trust.

- o Please confirm if you use Hybrid mail and what type?
  Answer: This is not applicable to our Trust.

Hybrid?	Yes	No
Bulk and Desktop?	Yes	No
Bulk only?	Yes	No

- o What are the Trust's annual costs for the printing and postage of patient letters?
  Answer: Unfortunately, this is not recorded centrally in order to provide this information.
- o Please provide monthly volumes and values for the number of patient letters sent?
  Answer: Unfortunately, this is not recorded centrally in order to provide this information.

Does the Trust use an external printing service for either patient or non-patient letters?
Answer: No, our Trust does not use an external printing service for either patient or non-patient letters.

If it does:
- ▪ When was this service implemented and the specialties included?
  Answer: This is not applicable to our Trust.
- ▪ Please provide specific details of any aims or targets which were established at the outset and whether these have been achieved?
  Answer: This is not applicable to our Trust.
- ▪ Please give an indication of the costs associated with the service, including initial implementation costs and support costs?
  Answer: This is not applicable to our Trust.
- ▪ How many NHS staff are responsible for the implementing and supporting of this service and what is their role within the Trust?
  Answer: This is not applicable to our Trust.
- ▪ Please provide details of your current letter supplier:
  Answer: This is not applicable to our Trust.

- Supplier name
- Date contract began and contract end date
- Contract review date
- Cost of contract to date and annual spend
- Cost of set up
- Cost of support
- Fulfilment
- Postage – First class? Second class?

- Please provide details of the process which was followed to procure an external print service?
  Answer: This is not applicable to our Trust.

- Please provide details of the channels used to publish the notification of procurement, for an external print service?
  Answer: This is not applicable to our Trust.

If no external letter supplier/service is used:

- What are the Trust's costs for the service and support of printing?
  Answer: Clinical letters are electronically sent to the Fusion portal which General Practitioners have access and can view the letters. We are currently reviewing our processes for out of area General Practitioners.

- Have you previously considered using outsourced letter printing services, and if so, please provide details of why you chose not to.
  Answer: We are exploring a variety of options.

414/15
Diabetes Related Amputations

How many diabetes-related amputations have there been over the last five years?
Please break down by calendar year, for:
2011
2012
2013
2014
2015
Answer: We can confirm that the following patients had both relevant matching diagnosis codes and procedural codes on our Clinical Coding system.

2011   15 patients
2012   8 patients
2013   2 patients
2014   1 patients
2015   11 patients

2. Of the diabetes related amputations above, how many of the patients were aged 25 or under? Please break down by years stated above.
Answer: We can confirm that none of these patients were aged 25 or under.

3. How many diabetes related amputations were recorded in patients under the age of 18?
Again, please break down by the years stated above. If possible, I would like this information (just for under 18's) broken down individually by age for the last five years. However, if this is not possible - please include the age of the youngest patient to have a diabetes related amputation at your trust.
Answer: We can confirm that none of these patients were under the age of 18. The youngest patient matching this diagnosis and procedural criteria was 33 years of age.

415/15
Multiple Sclerosis

In your organisation how many patients with Multiple Sclerosis have been treated with MS disease modifying drugs in the past 12 months, calendar year of 2015 if possible?

Please provide the number of patients by treatment for the following disease modifying drugs:
Aubagio (teriflunomide)
Avonex (interferon beta-1a)
Betaferon (interferon beta-1b)
Copaxone (glatiramer acetate)
Extavia (beta interferon-1b)
Gilenya (fingolimod)
Lemtrada (alemtuzumab)
Rebif (beta interferon-1a)
Tecfidera (dimethyl fumarate)
Tysabri (natalizumab)
Ampyra (fampyra)
Peginterferon beta-1a (plegridy)
Others
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 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 **or postal address: Jubilee House, Bloxwich Lane, Walsall, WS2 7JL. We believe they will be able to conduct searches on their Blueteq system.**

Follow Up Questions Received from Requester:
As you are unable to provide the information by diagnosis, could you instead provide me with the total number of patients treated with the mentioned drugs (listed again below), regardless of indication?
Aubagio (teriflunomide)
Answer: Nil patients

Avonex (interferon beta-1a)
Answer: Nil patients

Betaferon (interferon beta-1b)
Answer: Nil patients

Copaxone (glatiramer acetate)
Answer: Nil patients

Extavia (beta interferon-1b)
Answer: Nil patients

Gilenya (fingolimod)
Answer: Nil patients

Lemtrada (alemtuzumab)
Answer: Nil patients

Rebif (beta interferon-1a)
Answer: Nil patients

Tecfidera (dimethyl fumarate)
Answer: Nil patients

Tysabri (natalizumab)
Answer: Nil patients

Ampyra (fampyra)
Answer: Nil patients

Peginterferon beta-1a (plegridy)
Answer: Nil patients

416/15
Pelvic Congestion Syndrome (PCS)

Under the Freedom of Information Act, please could you provide the following
information for Walsall Healthcare NHS Trust;
1) In each of the last three calendar years how many women a year are diagnosed
with Pelvic Congestion Syndrome (PCS)?
**Answer: Unfortunately, this condition is not coded separately on our Clinical
Coding system in order to identify these patients.**

2) In each of the last three calendar years how many women have received a
diagnostic test for PCS?
**Answer: Diagnostic tests for this condition are not coded separately on our
Clinical Coding system in order to identify this information.**

3) On average how many diagnostic tests do women presenting with pelvic pain
receive prior to formal diagnosis?

Answer: On average up to two, sometimes patients may need more or different investigations.

4)   What information is offered to women who present with pelvic pain?
Answer: Our Trust does not offer any information to women with regards to pelvic pain. If a Consultant/Doctor requests it, it would be downloaded from the NHS Choices website and given to the patient.

5)   On average, how much money a year is spent on diagnostic tests for women presenting with pelvic pain?
Answer: Unfortunately, as patients with this condition are not coded separately on our Clinical Coding system we are not able to provide the average spend on diagnosis tests accurately.

417/15
Urine Samples

I would like to know the following:
- How many urine samples were tested for Culture and Sensitivity in the last full year that the Trust has records for
  Answer: During 1st January 2015 to 31st December 2015, 11,484 urine samples were tested for male patients and 36,246 for female patients. With an overall total of 47,730 urine samples being tested.
- How many of these samples showed signs of mixed growth. If possible I would like this data to distinguish between male and female results.
  Answer: During 1st January 2015 to 31st December 2015, please see the table below.

Type of Test	Number of Patients Tested
NO GROWTH MALE	**4084**
NO GROWTH FEMALE	**11611**
NO SIGNIFICANT GROWTH MALE (unknown if pure or mixed)	**1260**
NO SIGNIFICANT GROWTH FEMALE (unknown if pure or mixed)	**6444**
REPORTED AS MIXED. NO SENSITIVITIES - MALE	**2567**
REPORTED AS MIXED. NO SENSITIVITIES - FEMALE	**6953**
PURE GROWTH OF ORGANISM (significant growth) - MALE	**3036**
PURE GROWTH OF ORGANISM (significant growth) - FEMALE	**9364**
MIXED BUT ORGANISM REPORTED - MALE	**537**
MIXED BUT ORGANISM REPORTED - FEMALE	**1874**
TOTAL NUMBER OF URINES CULTURED	**47730**

418/15
Agency Nurse Spending Rules

Questions on the trust's ceiling for agency nurse spend, as per the rules introduced from October 1, 2015:
1) How many applications has your trust made to increase its ceiling for agency nurse spend?
Answer: Our Finance Department is not aware of any applications to increase agency Nurse spend.

2) How many of these applications were successful?
Answer: This is not applicable to our organisation.

Questions on the agency pay caps – specifically regarding nurses – as per the rules introduced on November 23, 2015:
3) On how many shifts has your trust overridden the rules for hourly rate agency caps – specifically for nurses - since the rules were introduced?
Answer: Our Temporary Staffing Department confirm that 311 shifts have been reported to Monitor/TDA for the breach of the agency capped rates set between the dates of 23rd November 2015 and 24th January 2016.

4) Across how many weeks have these breaches (in question 3 above) occurred?
Answer: This equates to nine weeks.

5) How many band five nurses has your trust overridden the rules for?
Answer: Our Temporary Staffing Department confirm that all of the breaches reported since the implementation of the agency capped rates have been for breaches against Band 5 rates.

6) How many band six nurses has your trust overridden the rules for?
Answer: None

7) How many band seven nurses has your trust overridden the rules for?
Answer: None

8) How many band eight nurses has your trust overridden the rules for?
Answer: None

419/15
Cataract Surgery

1a)
Does your Trust offer patients the option of paying for cataract surgery procedures (often referred to as 'self-funding' or 'self-pay'), by which we mean cases NOT paid for by insurance companies but rather directly by individuals themselves)?

Yes	No
	☑

1b)
If yes to 1a, how many procedures were carried out and how many patients were treated in the last 12 months (for which data is available)?

Answer: This is not applicable.

	Number of procedures performed in last 12 months	Number of patients treated in the last 12 months
Self-funded cataract surgery		

2a)
If yes to 1a, what is the cost charged to patients for self-funded cataract surgery?
Answer: This is not applicable.

2b)
If yes to 1a, please provide your price list if available.
Answer: This is not applicable.

2c)
If yes to 1a, please provide details of the payment methods accepted by your trust for self-funded cataract surgery (i.e. credit card, cash, bank transfer).
Answer: This is not applicable.

Debit Card	
Credit Card	
Cash	
Bank transfer	
Paypal	
Other	

420/15
Tier 2 Nurses – request withdrawn

421/15
Paediatric Bariatric Surgery

Please can you tell me:

1) How many patients aged 18 and under have undergone bariatric surgery in the last 3 years? Please break down how many per year.
Answer: We can confirm that no patients under the age of 18 have under this surgery in the last three years.

2) How young was the youngest patient?
Answer: Please see the table below.

Financial Year	Age of Youngest Patient (years)
2013/14	23
2014/15	22
2015/16	25

3) How many of those patients have also undergone surgery to remove excess skin as a result of that bariatric surgery? Please break down by year.
Answer: No patients who had bariatric surgery are coded as having this procedure.

422/15
Prescribed Medications on Ward 1 during 23/11/2013

I am requesting under the FOI to have available to me the prescribed medications on ward one on 23/11/13.
Answer: The medical records of inpatients on the 23rd November 2013 on ward 1 have been reviewed. We can confirm that the following medications were given to those inpatients on the 23rd November 2013.

Adcal D3
Amiodarone
Amlodipine
Aspirin
Atorvastatin
Benzylpencillin
Bendroflumethiazide
Bisoprolol
Bumetanide
Chloramphenicol
Citalopram
Cleril Modulite
Clexane
Clopidrogrel
Cocodamol
Demeclocycline
Diprobase
Doxcycline
E45 Cream
Enoxaparin
Ezetimibe
Ferrous Gluconate
Folic Acid
Fortijuce
Furosemide
Frusemide
Gentamicin
Glandosane
Hypromellose
Ipratropium
Keppra Levenetivacetam
Lacri-Lube

Lactulose
Lansoprazole
Lercanidipine
Levothyroxine
Lisinopril
Losartan
Macrogol
Mirtazapine
Movicol
N/saline Nebuliser
Nifedipine
Nystatin
Omeprazole
Paracetamol
Perindopril
Phenytoin
Prednisolone
Pregabalin
Ramipril
Ranitidine
Salbutamol Nebuliser
Sando K
Senna
Seretide
Simvastatin
Simple Linctus
Systane Eye
Tazocin
Trimethoprim
Vitamin B
Warfarin
Water Flushes
Zopiclone

Please note that not all medical records were available to be reviewed.

423/15
NIV/CPAP Acute Care Mask Usage

Please could you provide the NIV CPAP & BIPAP Mask usage data for the Trust for the past 6months/12 months. I believe the Trust uses the Respironics or Resmed brand.

The number of masks used, if possible could it be split per department?
Answer: Please see the list below detailing the number of these purchased products for use within these departments during 2014/15.

Department	Number of Items Purchased
Neonatal Unit	**110**
Ward 17	**132**
ITU	**568**

Clinical Measurement Unit	1080
HDU	200
A&E	91
Children's Community Nursing	6

Could you please outline the price the Trust pays for these products
Answer: Exemption 43 (Commercial Interests) has been applied to this request as it would detail pricing structure. We can however provide the annual spend for 2014/15 which was £122,537.87 excluding VAT. Please note that product price differs depending upon type of mask.

424/15
Accident and Emergency Patient Waits

I would like to make the following Freedom of Information request to your trust:

1.) Over the last three calendar years, how many patients have had to wait more than 24 hours in Accident and Emergency departments in hospitals across your trust? Please break down by: i.)2013 ii)2014 iii) 2015
Answer: Please see below.

2013   =   Nil
2014   =   Nil
2015   =   Nil

2.) Broken down by the same three years above, how many patients have had to wait more than 48 hours in Accident and Emergency departments at hospitals across your trust? This includes patients who came to hospital in an ambulance, and patients who made their own way to Accident and Emergency departments.
Answer: Please see below.

2013   =   Nil
2014   =   Nil
2015   =   Nil

3.) In the calendar year 2015, what was the longest accident and emergency department wait recorded across your trust? Please provide the name of the hospital this was recorded in.
Answer: During 2015, the longest recorded time a patient waited in our Emergency Department was 21 hours and 38 minutes.

425/15
Confiscated Items

I would like to submit the following Freedom of Information request to your trust.
1. How many dangerous and/or illegal items have been confiscated by staff at hospitals across your trust over the last three years?
Answer: This information has been obtained from our security contractors. We note that the term 'weapon' could relate to anything.

We can confirm that during the last two years, there were six occasions where dangerous/illegal items have been confiscated at our Trust. Unfortunately, this information was not recorded prior to 2014.

2. For each year, please provide a full breakdown of items. Please send the information in calendar years (i.e. January-December, for 2013, 2014, and 2015). This may include illegal drugs, and weapons/ potential weapons.
Answer: Please see the list below.

Year	Item(s) Confiscated
2014	Butter knife
2015	Cannabis
2015	Broken glass bottle
2015	Hand Gun and bullets in bag (bullets not useable)
2015	A blade
2015	Scissors

426/15
Request for Complaint and Performance Information About a Doctor

Please provide me with records of complaints and all relevant information about their whole performance.
Answer: Unfortunately, as you are requesting complaint information and performance information in relation to a specific individual, exemption 40 (Personal Information) has been applied.

If you would like to raise a concern or make a complaint, we recommend you contact our Patient Relations Department on telephone number 01922 656463, email address patientrelations@walsallhealthcare.nhs.uk or postal address; Patient Relations Department, Walsall Healthcare NHS Trust, Manor Hospital, Moat Road, Walsall, WS2 9PS

427/15
Invoice Expenditure

Please can you provide files relating to disclosure of actual invoice expenditure in CSV or XLS format from February 2015 to present. On your website https://www.walsallhealthcare.nhs.uk/expenditure.aspx expenditure data goes up to January 2015 only.
Alternatively, if this information is currently published via a different website, please can you provide the relevant web page link?.
Answer: Exemption 21 (Information Available by Other Means) has been applied to your request. This information is now accessible via our website using the link below.

https://www.walsallhealthcare.nhs.uk/expenditure.aspx

428/15
IT Systems

I would like to request the following information about the
software that you currently have in use.
1. Do you currently have endoscopy reporting software installed? **Answer: Yes**
1.1. If the answer to question 1 is yes, who is the provider of
this software? **Answer: Endosoft**

2. Do you currently have cystoscopy reporting software installed? **Answer: No**
2.1. If the answer to question 2 is yes, who is the provider of
this software? **Answer: This is not applicable to our organisation.**

3. Do you currently have bronchoscopy reporting software installed? **Answer:
Yes**
3.1. If the answer to question 3 is yes, who is the provider of
this software? **Answer: Fusion**

4. Do you currently have any software installed to support the
tracking of long term gastroenterology patients (eg. IBD patients)? **Answer: No**
4.1. If the answer to question 4 is yes, who is the provider of
this software? **Answer: This is not applicable to our organisation.**

5. Do you currently have order communications software installed? **Answer: No**
5.1. If the answer to question 5 is yes, who is the provider of
this software? **Answer: This is not applicable to our organisation.**

6. Do you currently have a patient administration system installed? **Answer: Yes**
6.1. If the answer to question 6 is yes, who is the provider of
this software? **Answer: CSC**

7. Do you currently have an unscheduled care/emergency department
system installed? **Answer: Not a system specifically for our Emergency
Department. We do use
a module within the patient administration system.**
7.1. If the answer to question 7 is yes, who is the provider of
this software? **Answer: This is not applicable to our organisation.**

8. Do you currently have an integration platform installed? **Answer: Yes**
8.1. If the answer to question 8 is yes, who is the provider of
this software? By 'Integration Platform' I mean a system that facilitates
interoperability between installed software (for example Ensemble
by InterSystems or Rhapsody by Orion). **Answer: Orion**

9. Do you currently have any business intelligence systems
installed? **Answer: No**
9.1. If the answer to question 9 is yes, who is the provider of
this software? (If there is more than one provider for different
departments please include each provider and the department their
solution is used in) For question 9, ideally your response would include a list of
both
financial business intelligence systems and transformation/strategy
business intelligence systems. **Answer: This is not applicable to our
organisation.**

10. Do you currently have a pharmacy stock management system installed? **Answer: Yes**
10.1. If the answer to question 10 is yes, who is the provider of this software? **Answer: Ascribe**

11. Do you currently have an eprescribing solution installed? **Answer: No**
11.1. If the answer to question 11 is yes, who is the provider of this software? **Answer: This is not applicable to our organisation.**

12. Do you currently have an electronic document and records management solution installed? **Answer: No, however, we scan referrals and these are stored on our a patient administration system.**
12.1. If the answer to question 11 is yes, who is the provider of this software? **Answer: This is not applicable to our organisation.**

13. If possible, please provide the associated costs of installing and supporting each system individually. **Answer: Unfortunately, this information is not centrally recorded and it would also not be possible to breakdown costs by type. We can only confirm that the annual maintenance cost of the Fusion system which is £69,600 and Ascribe system which is £24,768.**

429/15
FOI Requests and Organisation Assets
Please treat this as a request under the freedom of information act.

1. What (if any software) do you use to monitor/process FOI requests?
Answer: Our Trust uses a Microsoft Excel spreadsheet to track FOI requests.

2. Is that software externally purchased, if so please can you provide the name of the company
Answer: No, it is part of the Microsoft applications.

3. Please provide the cost of purchasing it or the cost of the internal development
Answer: This is not applicable to our organisation.

4. What software do you use to look after your orginsations assets?
Answer: We would be grateful if you could respond to our email to you dated 28th January 2016. Please reply within 12weeks from the date of the email. If we do not receive your response by this time, your request for this information will be closed.

5. Is that software externally purchased, if so please can you provide the name of the company
Answer: We would be grateful if you could respond to our email to you dated 28th January 2016. Please reply within 12weeks from the date of the email. If we do not receive your response by this time, your request for this information will be closed.

6. Please provide the cost of purchasing it or the cost of the internal development
Answer: We would be grateful if you could respond to our email to you dated 28th January 2016. Please reply within 12weeks from the date of the email. If we

do not receive your response by this time, your request for this information will be closed.

430/15
Staff Injuries

1, The number of NHS staff who have been injured as a result of caring for patient that is classed as large / obese / with a high BMI / barbaric patient over the following dates:
Answer: We have presumed you are referring to bariatric patients within this question.

a. 1 Jan 2011 to 31 Dec 2011
Answer: Unfortunately, data prior to 31st March 2012 is not available as a different reporting system was used and details are not accessible.

b. 1 Jan 2012 to 31 Dec 2012
Answer: As mentioned above, we can search data from the 1st April 2012. Upon conducting this search, no injuries had been reported during this time.

c 1 Jan 2013 to 31 Dec 2013
Answer: Please see the table below.

Date	No	Nature of Injury	How injury was sustained	Time off work	Weight of patient	Compensation claim logged	Compensation paid.
August 2013	**1**	**Back strain**	**Working with physio to stand patient. Patient moved suddenly, causing staff to sustain injury**	**No**	**Heavy**	**No**	**No**
April 2014	**1**	**Back strain**	**Pushing patient in wheelchair**	**No**	**BMI 55**	**No**	**No**

d Jan 2014 to 31 Dec 2014
Answer: Please see the table below.

Date	No	Nature of Injury	How injury was sustained	Time off work	Weight of patient	Compensation claim logged	Compensation paid.
April 2014	1	Back strain	Pushing patient in wheelchair	No	BMI 55	No	No

e Jan 2015 to 31 Dec 2015
Answer: Upon conducting this search, no injuries had been reported during this time.

For each staff member, I wish to know the following:
2, The nature of injury the staff member sustained (For example – broken back, sprained ankle,
Answer: Please see the table above.

3, How the injury was sustained (For example – patient fell on staff member while lifting etc)
Answer: Please see the table above.

4, How long (if any) the staff member needed off work
Answer: Please see the table above.

5, The weight of the patient if known
Answer: This information is limited as it is dependent upon what has been entered into the electronic system and it is not a set format.

6, If a compensation claim was lodged
Answer: Please see the table above.

7, How much compensation was paid out to the staff member
Answer: Please see the table above.

431/15
Losses and Special Payments

In your financial accounts for the financial year 2014/15 did you have a section for "losses and special payments?
Answer: Yes.

1. If so how much money was accounted for in the 2014/2015 financial year as being "losses and special payments"? (Please note I am aware that the loss may have occurred many years earlier but I am interested in items which were accounted for in the last financial year, irrespective or when the loss took place.) Please detail the three largest single amounts within this total, giving a cost for each loss and a detailed description of the claim and the reason for the loss.
Answer: £138,287 was accounted for in the 2014/15 financial year as being 'losses and special payments. The three largest single amounts within this total are detailed below.

Amount	Description/Reason
£11,300	While walking to the Dispensary Unit, claimant slipped and fell, causing injury to knee.
£15,000	Claimant slipped over a step stool in a utility room and feel onto their outstretched arm causing a fracture to the arm.
£7,500	Claimant tripped and fell over the legs of a hoist that had been left against the wall behind the corridor

2. What was the total paid on claims for property lost by patients and how much related to (i) Dentures, (ii) Spectacles, (iii) jewellery and (iv)Hearing Aids?
Answer: Please see the table below.

Amount	Type of Loss
£3,135.75	Dentures
£1,308.70	Spectacles
£2,222.90	Jewellery
£136	Hearing aids

432/15
Resistant Bacteria

I would like the figures of:
- *Cases of antibiotic resistant bacterial infections in the hospital from 2010 onward, by calendar year.*

Please use the following definition of important antibiotic resistance.
Definition
MDR (multidrug resistance) was defined as acquired non-susceptibility to at least one agent in three or more antimicrobial categories, XDR was defined as non-susceptibility to at least one agent in all but two or fewer antimicrobial categories (i.e.

bacterial isolates remain susceptible to only one or two categories) and PDR was defined as non-susceptibility to all agents in all antimicrobial categories.
(Magiorakos AP, Srinivasan A, et al; Clin Microbiol Infect.2012 Mar; 18(3):268-281. doi: 10.111/1469-0691.2011.03570.x.)

- *Figures of Carbapenem-resistant enterobacteriaceae*
- *Figures of PVL-MRSA cases*
- *Figures of C.difficile cases*
- *Figures of E.coli*
- *Please make a distinction between which were fatal and which were not fatal.*

Answer: Please see the table below which covers financial years (1st April – 31st March).

Type of Bacterial Infection	Year	Number of Cases	Number of Cases Attributed As Cause of Death
CPE	2010/11	0	0
	2011/12	0	0
	2012/13	0	0
	2013/14	0	0
	2014/15	0	0
	2015/16 (up to 31st Jan 2016)	0	0
PVL	2010/11	0	0
	2011/12	0	0
	2012/13	0	0
	2013/14	0	0
	2014/15	0	0
	2015/16 (up to 31st Jan 2016)	0	0
C.Diff Toxin (Trust attributed)	2010/11	88	0
	2011/12	42	0
	2012/13	15	1
	2013/14	30	1
	2014/15	16	0
	2015/16 (up to 31st Jan 2016)	5	0
E.coli Blood Cultures (Trust attributed)	2010/11	36	0
	2011/12	28	0
	2012/13	40	0
	2013/14	26	0
	2014/15	27	0
	2015/16 (up to 31st Jan 2016)	29	0

ESBL E.coli Blood Cultures (Trust Attributed)	2010/11	3	0
	2011/12	4	0
	2012/13	9	0
	2013/14	2	0
	2014/15	4	0
	2015/16 (up to 31st Jan 2016)	5	0

433/15
MFDs and Printers

Please can you provide the following information;
How many FTE's does the Trust have?
Answer: As at 30 November 2015 the Trust employed 3797 FTE staff.

How many locations does the Trust have?
Answer: The Trust owns three separate sites. This includes the hospital and two sites within the community. Please note however that our staff work from a number of different locations within the community such as Health Centres and GP Surgeries.

Please confirm if the Trust is in contract for a managed print service?
Answer: We do have a print contract with an offsite printer, that allows the printing of specific documents and trust medical documentation but we do not have a managed print service for printing devices.

Does this include MFD's <u>and</u> printers?
Answer: MFDs are called off against a Framework and have individual lease periods, normally 5 years. There is no single term contract with an end date.

Our Trust does not currently have any contracts for printers. They are simply purchased when required and technical support is provided by our in-house IT Team.

Please confirm contract number and dates?
Answer: This is not applicable to our organisation.

Please confirm who the contract was awarded to?
Answer: This is not applicable to our organisation.

Please confirm name of trust employee that is responsible for the management of the printer estate for the trust.
Answer: Staff details below Director level are withheld under Section 40 (Personal Information). The Director responsible for this role this Daren Fradgley, our Director of Transformation and Strategy.

In terms of the procurement of MFDs and printers, the Director responsible is Russell Caldicott, Director of Finance & Performance.

In terms of technical support for printers, the Director responsible is Steve Darkes, Director of Informatics.

Please confirm if you currently reclaim the VAT on the managed service contract?
Answer: This is not applicable to our organisation.

Please confirm if you intend to go out the tender next time or call off an existing framework? If so please indicate which one?
Answer: We are happy with current arrangements but would review this when needed.

Please confirm if paper is included in the contract? If not please confirm the annual spend on paper per annum
Answer: This is not applicable to our organisation. We can however confirm that our annual spend on paper is approximately £49,000 excluding VAT.

How many MFD's does the Trust have?
Answer: Currently 26 MFD's are recorded as being in use within our Trust.

What is the annual spend on MFD's – including; lease costs, consumables, costs per click and service charges
Answer: Our estimated spend on all copiers/MFD's including lease costs, consumables, click costs, service charges, software support etc is approximately £130,000 per annum.

How many printers does the Trust have?
Answer: Currently 1138 printers are recorded as being in use within our Trust.

What is the annual spend on printers – including; lease costs, consumables, costs per click and service charges
Answer: As mentioned above our Trust does not have any contracts for printers. Unfortunately, printer costs cannot be separated from spend on copiers/MFD's or paper which is detailed above.

Please confirm the annual volumes of mono and colour prints?
Answer: The Trust is currently carrying out a full review of its printer estate so accurate numbers are not currently known.

How much time a month does the IT team spend on printer queries from end users?
Answer: This is not currently monitored so this information cannot be provided.

Do you have any mobile print capabilities?
Answer: None

Do you have any secure print capabilities?
Answer: Printing to MFD's is secure if utilised.

What print management software's do you use across the organisation?
Answer: Our Trust currently uses Xerox Print Management and connect key™ for MDF

434/15
ERP Protocol

In the Trauma & Orthopaedic surgery department in your trust, I would like to know if you have a printed ERP (Enhanced Recovery Protocol) for Knee Replacement Surgery? This can be for Total Knee Replacement, Unicompartmental Knee Replacement or Patellofemoral Replacement.

If you do have a printed ERP Protocol, can you please send me a copy of it.
Answer: We can confirm that our Trust does not have a specific Protocol for knee replacement surgery.

A rehabilitation patient information booklet for knee and HIP arthroplasty cases are provided to patients before the operation. If this would be useful to you, please let us know and we will try to obtain a copy for you.

435/15
Nurses and Healthcare Assistants Tier 2 Visas

1. The number of nurses (qualified and unqualified) and healthcare assistants currently directly employed by the Trust (including zero hours and casual staff) who are on Tier 2 visas under the Points Based Immigration system.
Answer: As at the 31 January 2016, the Trust employed x1 (1 FTE) Nurse and x1 (0.53 FTE) Healthcare Assistant on a Tier 2 visa.

2. Of the staff referred to in response to question 1, how many started working in the UK after April 2011?
Answer: Unfortunately, previous non-NHS employment history is not recorded on our Electronic Staffing Record System in order to answer this question accurately.

3. Of the staff referred to in response to question 2, how many are paid below £35,000 per year (including zero hours and casual staff)? "Pay" here means full-year gross pay including enhancements (e.g. shift pay, overtime pay) for the year 2014/15 (or if hired since the start of 2014/15, please use forecast full-year gross pay including enhancements for 2015/16 based on payments during the year to date). Please note that I am seeking actual pay - if a staff member is paid £19,000 per year for working 0.5 FTE (assuming no enhancements), please consider their pay to be £19,000, not the £38,000 they would be paid were they working 1.0 FTE. Please separate the question 3 data between nurses and healthcare assistants (unless this would breach the Data Protection Act, in which case please provide a combined total).

Answer: The staff mentioned in question 1 were a Band 5 (Salary range £21,692 - £28,180) Nurse and a Band 2 (Salary range £15,100 - £17,800) Healthcare Assistant.

If the information for question 2 is not held (or would be impossible to locate within the section 12 cost limit), please ignore questions 2 and 3 and answer questions 4 and 5 instead:

4. Of the staff referred to in response to question 1, how many started working for the Trust (preferably including any predecessor Trusts, if the Trust is the product of a merger) after April 2011?
Answer: Both staff mentioned in response to question 1 began service with the Trust after April 2011.

5. Of the staff referred to in response to question 4, how many are paid below £35,000 per year (including zero hours and casual staff)? "Pay" here means full-year gross pay including enhancements (e.g. shift pay, overtime pay) for the year 2014/15 (or if hired since the start of 2014/15, please use forecast full-year gross pay including enhancements for 2015/16 based on payments during the year to date). Please note that I am seeking actual pay - if a staff member is paid £19,000 per year for working 0.5 FTE, please consider their pay to be £19,000, not the £38,000 they would be paid were they working 1.0 FTE. Please separate the question 5 data between nurses and healthcare assistants (unless this would breach the Data Protection Act, in which case please provide a combined total).
Answer: Both staff mentioned in response to question 4 were paid below £35,000 per year including additional payments.

If the information for question 1 is not held (or would be impossible to locate within the section 12 cost limit), please ignore questions 1-5 and answer questions 6-8 instead:

6. The number of nurses (qualified and unqualified) and healthcare assistants currently directly employed by the Trust (including zero hours and casual staff) who are not nationals of member states of the European Economic Area
Answer: This is not applicable.

7. Of the staff referred to in response to question 6, how many started working for the Trust (preferably including any predecessor Trusts, if the Trust is the product of a merger) after April 2011?
Answer: This is not applicable.

8. Of the staff referred to in response to question 7, how many are paid below £35,000 per year (including zero hours and casual staff)? "Pay" here means full-year gross pay including enhancements (e.g. shift pay, overtime pay) for the year 2014/15 (or if hired since the start of 2014/15, please use forecast full-year gross pay including enhancements for 2015/16 based on payments during the year to date). Please note that I am seeking actual pay - if a staff member is paid £19,000 per year for working 0.5 FTE, please consider their pay to be £19,000, not the £38,000 they would be paid were they working 1.0 FTE. Please separate the question 8 data between nurses and healthcare assistants (unless this would breach the Data Protection Act, in which case please provide a combined total).
Answer: This is not applicable.

All Trusts please respond to question 9:

9. Any assessment, report etc that the Trust has carried out or commissioned into the effect that the increase to the earnings threshold for Tier 2 visa immigrants to qualify for permanent residence in the UK (announced in 2011, implemented from April 2016) will have on the Trust's staff. (see http://www.workpermit.com/news/2015-07-07/uk-tier-2-visa-immigrants-must-earn-35000-to-settle-from-april-2016)
Answer: We can confirm that our Trust has not undertaken any assessments in relation to this.

All figures for questions 1 to 8 should be provided as FTE and headcount if possible.

436/15
Patients who have Attempted Suicide

Under the terms of the Freedom of Information Act 2001, I would like to request the following information on the number of patients each hospital within your Trust has treated for attempted suicide.

Specifically, I would like to know:

1. How many patients has each hospital within your Trust seen who have attempted suicide each year in 2013, 2014 and 2015?
   Answer: Unfortunately, suicides are grouped and coded together within a larger cohort of patients on our Clinical Coding System and are not identifiable separately. If there is a particular ICD code(s) you are referring to, please let us know and we will conduct a system search for the data.

2. Of these, how many were:
   a.   Males? (Please stratify these figures by ages 26-36, 37-45, 46-65, 66+)
   b.   Female? (Please stratify these figures by ages 26-36, 37-45, 46-65, 66+)
   c.   Males under 25?
   d.   Females under 25?
   e.   First time mothers?
   f.   Veterans?
   Answer: As mentioned above, unfortunately, we are not able to identify this information as suicides are not coded separately on our system.

3. Of these patients, how many had diagnosed mental health issues?
   Answer: As mentioned above, unfortunately, we are not able to identify this information as suicides are not coded separately on our system.

437/15
Control Totals

Please can you provide the following financial information for the trust under Freedom of Information laws:

1. The financial 'control total' that the trust has been asked to sign up to for 2016-17. This number was sent to trusts by Monitor/TDA in mid-January, and asked for a response by February 8. Please provide the number stated by Monitor/TDA in their letter.
   Answer: A deficit of £14,600,000

2. The trust's draft surplus/deficit plan **before** the above letter was received.
   Answer: The Trust had not set a plan prior to receipt of the letter.

3. If the trust has now agreed a control total for 2016-17, please state what it is (if different to 1.)
   Answer: This is not applicable.

4. If it is not agreed, please state the figure requested by the trust.
   Answer: This is not applicable.

5. Has the trust been allocated any 'transformation' funding for 2016-17? If so how much? (If the total is not agreed, please state the amount which has been stated initially by Monitor/TDA.)
   Answer: Combined Sustainability & Transformation funding of £8,400.

6. Has the trust been allocated any 'sustainability' funding for 2016-17? If so how much? (If the total is not agreed, please state the amount which has been stated initially by Monitor/TDA.)
   Answer: Please see the answer to question 5 above.

438/15
Contract Expiration Dates for IT Systems

Hello, please provide new updated contract expiration dates highlighted in grey as part of FOI request.
Sincerely,
Answer: Please see the updated details within the table you provided below. Amendments to the information you supplied are highlighted in bold.

Description	System Type	System Name	Previous Contract Period	New Contract Period
Bed Management	System C	HEV	2014-05-01	**01/05/15 – 30/04/16**
Critical care	**Medicus**	**Medicus 4D**	2014-05-01	**N/A External System**
Child Health System	**EPR**	CarePlus Child Health	2014-11-26	**01/04/14 – 31/03/17**
Blood tracking	**Bloodtrack**	**BTS – Blood Tracking**	2015-03-31	**01/08/15 – 31/07/16**
Clinical Portal	Fusion	Concerto	2015-03-31	**01/03/15 – 31/03/16**
Clinical workflow engine/integrated care pathways	Orion Health	Concerto	2015-03-31	**01/04/16 – 31/03/17**
Dep A&E	System C	HEV	2015-03-31	**01/04/16 – 31/03/17**
Dep A&E	Orion Health	Whiteboard	2015-03-31	**01/04/16 – 31/03/17**
Dep Maternity	Clevermed	Badgernet	2015-03-31	**01/04/15 – 31/03/16**
Dep Pathology	CliniSys	WinPath	2015-03-31	**01/07/15 – 30/06/16**
Dep Pharmacy	Ascribe	Pharmacy	2015-03-31	**01/06/15 – 31/03/16**
Dep Theatres	Concerro	RES-Q OR	2015-03-31	**01/04/16 – 31/03/17**
Diagnostic Reporting	Orion Health	Concerto	2015-03-31	**01/04/16 – 31/03/17**
Discharge Letters	Orion Health	Concerto	2015-03-31	**01/04/16 – 31/03/17**
Integration Platform		Rhapsody	2015-03-31	**01/03/15 – 31/03/16**
Oncology	Somerset HIS	Somerset Cancer Register	2015-03-31	**No current Contract**
Order Comms	Sunquest	ICE	2015-03-31	**01/11/15 – 31/10/16**
Scheduling	Concerro	RES-Q OR	2015-03-31	**System has been replaced, no longer applicable**

<u>Follow Up Questions Received from Requester;</u>
Would you please let me know, who is the current provider of the Scheduling and Oncology systems and what are the contract expiration dates for those contracts?

Also, what is the contract expiration date for Medicus system (critical care)

439/15
Improvements to Length of Stay, Prescribing and Medication Errors, Inappropriate Ordering of Tests and Investigations

To assist you in escalating this request to the relevant contact within your organisation, I believe the following individuals may be of assistance: Chief Operating Officer/Director of Operations, Head of Nursing, Clinical Director, Head of Transformation, Clinical Audit Manager.
Please can you provide information on the following:
What is the anticipated timeline for when your Trust shall focus upon these challenges?

1.   Improving patient length of stay by improving patient flow through the Trust with the support of best practice guidance:

    ☑   It is currently a focus
    □   2017-2018
    □   2018-2019
    □   Not a priority

2.   Reducing prescribing and medication errors by improving utilisation of e-prescribing with the support of best practice guidance:

    ☑   It is currently a focus
    □   2017-2018
    □   2018-2019
    □   Not a priority

3.   Reducing inappropriate ordering of tests and investigations by utilising computerised order entry with the support of best practice guidance:

    □   It is currently a focus
    ☑   2017-2018
    □   2018-2019
    □   Not a priority

How will your Trust realise the improvements to these problems:

4.   Improving patient length of stay by improving patient flow through the Trust:

    □   Do it ourselves with our own resource and utilise existing modules and/or functionality within our PAS/EMR
    □   Use third party solution(s) that provide best practice guidance and simple integration with the Trust PAS/EMR *
    □   Use third party solution(s) that provide best practice guidance and advanced integration with the Trust PAS/EMR **
            * Simple integration example: HL7 ADT between a PAS and a third party software solution
            ** Simple integration example: bi-directional data transfer between EMR/white board and third party software solution
            Answer: An appropriate case, options appraisal and procurement would determine the options for the improvements

5.   Reducing prescribing and medication errors by improving utilisation of e-prescribing:

□   Do it ourselves with our own resource and utilise existing modules and/or functionality within our PAS/EMR

□   Use third party solution(s) that provide best practice guidance and simple integration with the Trust PAS/EMR *

□   Use third party solution(s) that provide best practice guidance and advanced integration with the Trust PAS/EMR **

* Simple integration example: HL7 ADT between a PAS and a third party software solution

** Simple integration example: bi-directional data transfer between EMR/white board and third party software solution

Answer: An appropriate case, options appraisal and procurement would determine the options for the improvements

6.   Reducing inappropriate ordering of tests and investigations by utilising computerised order entry:

□   Do it ourselves with our own resource and utilise existing modules and/or functionality within our PAS/EMR

□   Use third party solution(s) that provide best practice guidance and simple integration with the Trust PAS/EMR *

□   Use third party solution(s) that provide best practice guidance and advanced integration with the Trust PAS/EMR **

* Simple integration example: HL7 Admission/Discharge/Transfer between a PAS and a third party software solution

** Simple integration example: bi-directional data transfer between EMR/white board and third party software solution

Answer: An appropriate case, options appraisal and procurement would determine the options for the improvements

We're also interested in your awareness of the following solutions:

	I'm aware of this	Our Trust uses this
Wolters Kluwer – UpToDate	□	□
Elsevier – In Order	□	□
Medworxx – Medworxx	□	□
Hearst Health – Zynx	□	□
Oak Group – MCAP	□	□
McKesson – Interqual	□	□
BMJ – ActionSets	□	□
Allocate – RealTime PatientFlow	□	□
Cerner – Multum	□	□
First Databank – Multilex	□	□

Hearst Health –
MCG   □   □
Answer: Market awareness would be addressed through the case/options appraisal/procurement process.

440/15
Nursing Vacancies

In accordance with Freedom of Information, can you please tell me how many nurses and clinical support workers the Trust employs broken down by staff band?
Answer: Please see the table below.

Qualified Nursing - Effective 31 December 2015	FTE In Post	Vacancies/Over-Establishment
Band 5	570.17	66.10
Band 6	373.69	10.13
Band 7	185.52	14.56
Band 8 - Range A	40.15	-1.45
TOTAL	**1,169.53**	**89.34**

Support to Nursing - Effective 31 December 2015	FTE In Post	Vacancies/Over-Establishment
Nurse Learners/Care Cadets	61.20	15.80
Band 2	21.84	-1.84
Band 4	17.80	11.18
TOTAL	**100.84**	**25.14**

Can you also tell me how many nursing and clinical support worker vacancies there are broken down by staff band?
Answer: Please see the table above.

441/15
Organisational Charts, Governance, CIP and Project Management Office

1. Who is responsible for Corporate Governance and who operationally manages it?
Answer: Linda Storey, our Trust Secretary is responsible operationally for Corporate Governance.

2. Who is responsible for Clinical Governance and who operationally manages it?
Answer: Mr Amir Khan, our Medical Director is responsible operationally for Clinical Governance.

3. Who is responsible for the CIP (Cost Improvement Plans) and who operationally manages it?
Answer: Mr Daren Fradgley, our Director of Strategy and Transformation is responsible for the Trust's cost improvement plans.

4. Who is responsible for the PMO (Project Management Office or Portfolio Management Office or Programme Management Office) and who operationally manages it?
Answer: Our Trust does not operate a PMO.

5. Who is responsible for your contracts with the CCGs and who operationally manages it?
Answer: Within our Trust, a number of Directors have different responsibilities when it comes to our contracts with the CCG. Please see the list below.

Mr Richard Kirby, Chief Executive – responsible for the dialogue with the Accountable Officer.
Mr Russell Caldicott, Director of Finance and Performance – responsible for the financial and performance aspects.
Mr Steven Vaughan, Chief Operating Officer – responsible for operational delivery
Mr Amir Khan, Medical Director and Ms Rachel Overfield, Director of Nursing – responsible for clinical quality aspects.
Mr Daren Fradgley, Director of Strategy and Transformation – responsible for the planning and strategy aspects.

6. What Clinical Divisions do you have?
Answer: Our Trust has three clinical divisions;

-Division of Surgery
-Division of Medicine & Long Term Conditions
-Division of Women's, Children's and Clinical Support Services

I'm also looking for organisational charts of the teams below the Medical Director and the Director of Nursing (or variations of those job titles), to also include teams relating to Corporate/Clinical Governance, Patient Safety, PALS, Complaints, Risk, Assurance and Information Governance.
Answer: Section 21 (Information Available by Other Means) has been applied to this request. These organisational charts are accessible via our Publication Scheme on our Trust website by using the link below;

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

Please see the charts for Patient Safety Team (Clinical Governance), Governance Team (Corporate Governance/Information Governance/Risk/Assurance), Patient Relations Team (PALs/Complaints), Nursing Management (Director of Nursing).

442/15
Training About Human Trafficking

Dear Walsall Healthcare NHS Trust,
• Is there training provided to non-clinical, front-facing staff about human trafficking and modern slavery in your Trust?
Answer: Within our Trust induction for newly employed clinical and non-clinical staff, human trafficking and modern day slavery is mentioned and explained within both the adults and children's component. At our Trust there

is no taught specific training in relation to human trafficking or modern day slavery.

• If training is delivered in your Trust, which staff receive or are eligible to receive this training? Is the training compulsory and how is attendance / completion measured? What format does this training take (e.g. e-learning, face-to-face, etc.)? How long does the training take to complete?
Answer: There are no taught modules specifically in relation to human trafficking or modern day slavery apart from induction.

• If there is no training in your Trust, is human trafficking incorporated into a safeguarding training programme or policy? If it is part of a safeguarding programme, does that programme also include a section on the Prevent policy?
Answer: Within our Trust induction for clinical and non-clinical staff, human trafficking and modern day slavery is mentioned and explained , the safeguarding adults policy references both of these concerns. PREVENT is also included within trust induction.

• For either stand-alone training or training which is incorporated into a safeguarding programme or policy (please specify which): Are trained in potential clinical indicators for human trafficking victims? Are staff trained in who to refer a potential human trafficking case to? Are staff trained on the questions to ask to ascertain whether a patient is a victim of human trafficking? How often is the training completed?
Answer: The section referring to human trafficking and modern day slavery within the safeguarding adults policy does not go into the detail as stated above.
Child sexual exploitation, the signs of human trafficking and the process staff need to follow to report any concerns are included within level 3 children's safeguarding training. The level 3 children's safeguarding training is completed by relevant staff on a three yearly basis.

Follow Up Questions Received from Requester;
Thank you for your response. Since my question is specifically about non-clinical front-facing staff, I would like to confirm one thing. You wrote:
"Child sexual exploitation, the signs of human trafficking and the process staff need to follow to report any concerns are included within level 3 children's safeguarding training. The level 3 children's safeguarding training is completed by relevant staff on a three yearly basis."

1. Do "relevant staff" here include non-clinical front-facing staff?
Answer: No

2. If not, am I right to assume that non-clinical front-facing staff receive a mention and explanation of human trafficking in induction only?
Answer: Yes

443/15
Tier 2 Employees

I am writing to you under the Freedom of Information Act 2000 requesting information regarding employees working under tier 2 (general) of the skilled worker points based visa system introduced in 2008. Tier 2 (general) is designed to allow skilled workers

to come to the UK from outside the European Economic Area to fill a gap in the local labour market.

Please provide the following trust workforce data:

1. Number of trust employees that have worked under tier 2 (general) of the points based visa system every year since January 2010.

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.

Please see the table below.

Number of trust employees that have worked under tier 2 (general) of the points based visa system – Effective 1st December of each year	Nurses	Midwives	Other
2015	1	0	12
2014	1	0	12
2013	0	0	12
2012	0	0	12
2011	0	0	12

2. Number of nurses and midwives that have worked under tier 2 (general) of the points based visa system every year since January 2010. Please provide the information in a readable electronic format such as .doc, .pdf.

Answer: Please see the table above.

444/15
IT Integration

Who within your organization is responsible for IT integration, please could this include their name and job title.

Answer: Steve Darkes, our Director of Informatics is responsible for IT integration.

445/15
Midwives, Spend on Agency, Bank and Overtime

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

Answer: Our Trust does not use agency Midwives.

	Total Cost for Midwives Supplied by an Agency (£)
	2015
January	**£0**
February	**£0**
March	**£0**
April	**£0**
May	**£0**
June	**£0**
July	**£0**
August	**£0**
September	**£0**
October	**£0**
November	**£0**
December	**£0**

2. What was the cost for your trust for the fees and any other on-costs, for midwives supplied by an agency, broken down by the months in the table below?
Answer: This is not applicable.

	Cost for Fees and Other On-Costs for Midwives Supplied by an Agency (£)
	2015
January	**N/A**
February	**N/A**
March	**N/A**
April	**N/A**
May	**N/A**
June	**N/A**
July	**N/A**
August	**N/A**
September	**N/A**
October	**N/A**
November	**N/A**
December	**N/A**

3. What was the total number of hours worked by midwives supplied by an agency, broken down by the months in the table below?
Answer: This is not applicable.

	Total Hours Worked by Midwives Supplied by an Agency
	2015
January	**N/A**
February	**N/A**
March	**N/A**
April	**N/A**
May	**N/A**
June	**N/A**
July	**N/A**
August	**N/A**

September	**N/A**
October	**N/A**
November	**N/A**
December	**N/A**

4. What was the total cost for your trust for midwives working overtime, broken down by the months in the table below?
Answer: Please note that only our Delivery Suite and two wards record this information electronically. This is the only data available for review so other areas such as Community Midwifery cannot be included. Following a system search, no additional hours were recorded for the two wards. The information below represents additional hours worked by staff within the Delivery Suite only.

	Total Cost for Midwives Working Overtime (£)
	2015
January	**£757**
February	**£1,619**
March	**£1,379**
April	**£2,146**
May	**£636**
June	**£1,403**
July	**£1,537**
August	**£2,909**
September	**£3,537**
October	**£3,091**
November	**£2,900**
December	**£1,305**

5. What was the total number of hours worked by midwives working overtime, broken down by the months in the table below?
6. **Answer: Please note that only our Delivery Suite and two wards record this information electronically. This is the only data available for review so other areas such as Community Midwifery cannot be included. Following a system search, no additional hours were recorded for the two wards. The information below represents additional hours worked by staff within the Delivery Suite only.**

	Total Hours Worked by Midwives Working Overtime
	2015
January	**31 hours**
February	**63.5 hours**
March	**56.5 hours**
April	**86 hours**
May	**29 hours**
June	**57.3 hours**
July	**67.3 hours**
August	**136.5 hours**
September	**124.7 hours**
October	**117.5 hours**
November	**113.5 hours**

December	**54 hours**

7. What was the total cost for your trust, for midwives supplied by the bank, broken down by the months in the table below?

	Total Cost for Midwives Supplied by the Bank (£)
	2015
January	**£42,722**
February	**£36,256**
March	**£31,545**
April	**£39,268**
May	**£39,700**
June	**£44,755**
July	**£61,966**
August	**£77,063**
September	**£62,135**
October	**£81,771**
November	**£50,171**
December	**£48,932**

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

	Total Hours Worked by Midwives Supplied by the Bank
	2015
January	**2,077.50**
February	**1,734.00**
March	**1,498.50**
April	**1,861.75**
May	**1,893.50**
June	**1,734.25**
July	**2,377.50**
August	**3,142.25**
September	**2,606.75**
October	**2,429.50**
November	**3,073.50**
December	**2,323.00**

9. Does your trust pay bank rates at the individual's actual pay point or higher or lower than their pay point?

Same as pay point	**Yes**
Higher than pay point	**Yes**
Lower than pay point	**Yes**
Please use this area to expand on answer if necessary.	**Band 5 midwives are paid at step 4 in their pay band and Band 6 midwives are paid at step 3 in their pay band. This is a flat rate applied to all whether you are at the top of the pay band or at**

	the bottom so some get higher than their current pay point, some get lower and some get the same.

446/15
Director Details and Agency Nursing Spend

•   Who is your Director of Nursing and their email address ?
Answer: Rachel Overfield is our Interim Director of Nursing. Her email address is; rachel.overfield@walsallhealthcare.nhs.uk

•   Who is your Procurement Director and their email address ?
Answer: Russell Caldicott, our Director of Finance & Performance is responsible for this department. His email address is; russell.caldicott@walsallhealthcare.nhs.uk

•   Who is responsible for Agency Nursing within the Trust, and their email   address ?
Answer: Rachel Overfield, our Interim Director of Nursing is responsible for Agency Nursing. Her email address is; rachel.overfield@walsallhealthcare.nhs.uk

•   What procurement Framework is the Trust currently aligned to for Agency Nursing i.e. CCS,
HTE, LPP or no framework ?
Answer: Our Temporary Staffing Team predominantly uses the H.T.E Framework but also uses agency via C.C.S and L.P.P Frameworks.

•   Please provide us with Nursing Agency spend by Band from 2-5 across General, Critical, Midwifery and Community specialty?
Answer: Unfortunately, Nursing agency spend is not recorded by banding. We can however provide the spend split by Registered Nurses and unregistered Nurses. This is detailed below.

Spend for 2014/15
Nurse Agency Spend (Unregistered) - £784,000
Nurse Agency Spend (Registered) - £3,335,000

Agency nursing spend

•   How many Nursing agencies have provided Nursing staff to you in the last 12mths, and how many are 'on' or 'off' framework ?
Answer: Due to the booking system in which we use, we are unable to track changes in agencies which are on or off our preferred supplier list and also on or off approved frameworks. We can however confirm the agencies we have listed as of today.

As of 15th February 2016 the Temporary Staffing Team have 21 Nursing Agencies listed which are all on approved frameworks (H.T.E, C.C.S. or L.P.P.) and have 1 agency listed which is a non-framework agency.

• A breakdown by hours and/or shifts that your current Nursing Agencies have filled in last 12mths.

Answer: The table below shows the number of Nursing shifts booked with agencies by our Temporary Staffing Team over the last 12 months. Please note that shifts booked may be changed or cancelled at short notice so invoices received may not necessarily reflect these number of shifts.

Month	Number of Agency Unqualified Shifts Booked	Number of Agency Qualified Shifts Booked
Feb-15	398	754
Mar-15	404	798
Apr-15	269	689
May-15	130	625
Jun-15	26	581
Jul-15	21	437
Aug-15	22	458
Sep-15	129	582
Oct-15	211	764
Nov-15	273	628
Dec-15	219	586
Jan-16	219	677

447/15
Gonadorelin (GnRH) Analogues

We would like to request the following information regarding the administration of gonadorelin (GnRH) analogues (also known as LHRH analogues)
for the treatment of prostate cancer within: Walsall Healthcare NHS Trust

1   Within your organisation, which healthcare professional (role) clinically recommends the LHRH that is prescribed?
    Answer: Within our Trust, clinicians do individually prescribe the GnRH. The decision of GnRH is usually driven by the Multi-Disciplinary Team.

2   Which healthcare professional (role) within your organisation usually administers the first injection?
    Answer: Within our Trust, the Clinical Nurse Specialist usually administers the first dose.

3   Where is the first injection usually given (hospital or primary care)?
    Answer: In hospital.

4   Which healthcare professional (role) within your organisation usually administers subsequent injections?
    Answer: Subsequent injections are administered within Primary Care. 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 or postal address: Jubilee House, Bloxwich Lane, Walsall, WS2 7JL.

5   Where are subsequent injections usually given (hospital or primary care)?
Answer: In Primary Care

6   For subsequent injections, does the patient still remain under the care of the hospital (eg attends hospital clinics although injections are given in primary care), and if so, for how long?
Answer: Joint care by Primary Care (to deliver injections) and secondary care (to continue to monitor the response to treatment).

7   If injections are administered in primary care, what recommendation/advice comes from the hospital?
Answer: The hospital advises to prescribe GnRH, dose of the first injection and timing of the repeat dose requirements. Information about metastatic spinal cord compression and side effects is also provided.

448/15
Interim Managers

I am making a Freedom of Information request under the FOIA 2000. Please provide, in an excel spreadsheet, the following information relating to the Trust's expenditure on Interim managers.

By interim managers we mean any manager who is referred to as "interim" or "temporary" in the trust Annual Report.

For each individual interim manager, please provide:
1. The name, position within the trust, and the recruitment firm associated with the interim manager.
2. The total amount paid for the services of the interim manager, and for how many months' work.
3. Out of the money paid for the individual's services, how much of that money went to the recruitment firm (i.e. was not part of the interim manager's salary).

Please provide the information from the five previous financial years up to 2014/2015 in Excel format. Also, In a separate data set, please could you provide how much has been spent this year up to the present date (4/2/16) in Excel format
Answer: Please find enclosed a spreadsheet which details Interim Manager information for 2014-15, and 2015-16. – available upon request. Information prior to April 2014 is not electronically recorded and would require the manual review of archived invoices. To comply with these part of your request, it would exceed the appropriate cost limit. Section 12 (Cost of Compliance Exceeds the Appropriate Limit) has been applied to this part of your request.

You are welcome however to access salary information within our Annual Reports prior to April 2014 on our Trust website Publications page using the following link;

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

449/15
Printers, Copiers, Scanners and Mail Rooms

I am emailing to get the following information request from your trust.
1. The number of people currently employed by the trust?
Answer: As at 31st January 2016, there were 4406 (3765.06 FTE) employed by the Trust on either a permanent or fixed term contract.

2. Who supplies you printer/copier/scanners across the trust?
Answer: We have presumed you are referring to our multifunction devices (MFDs) rather than individual printers copies and scanners. The Trust currently uses Xerox for the supply of our MFDs.

3: What make and model and how many of each of printers/copiers/scanners do you have in your main printroom and also across the trust?
Answer: Our Trust does not have a print room. The Trust currently has 52 Xerox MFDs across Acute and Community sites with the model numbers below.

Make	Model
Xerox	428CPDUP
Xerox	M15MFD
Xerox	C128VU
Xerox	C123VU
Xerox	C123VU
Xerox	245VF
Xerox	238VF
Xerox	C128VU
Xerox	7232VA
Xerox	5655VF
Xerox	C128VU
Xerox	7242VA
Xerox	7242VA
Xerox	7242VA
Xerox	7242VA
Xerox	7242NFA
Xerox	7232NFA
Xerox	7425NFA
Xerox	7435NFA
Xerox	7346
Xerox	7346VAZ
Xerox	7425NFA
Xerox	5755VA
Xerox	5745VA
Xerox	9201VA
Xerox	9201VA
Xerox	9201VA
Xerox	9201VA

Xerox	**5735VA**
Xerox	**5735VA**
Xerox	**5735VA**
Xerox	**9201VA**
	3RDPARTY
	3RDPARTY
	3RDPARTY
	3RDPARTY
Xerox	**7545NFA**
Xerox	**7556NFA**
Xerox	**7501V_U**
Xerox	**7501V_U**
	097S04123
Xerox	**7501V_U**
Xerox	**7802V_F**
Xerox	**7801V_F**
Xerox	**401670**
Xerox	**7802V_F**
	401670
Xerox	**5300V_S**
Xerox	**5300V_S**
Xerox	**5300V_S**
Xerox	**5901V_F**
Xerox	**5901V_F**

4. How long are the print services contracts for ? A lot of NHS Trust have Print rooms for printing any information booklets and forms and other documents needed within the hospital. These are sometimes outsourced to Print management companies under a 5 year contract. This is also the case with Post Rooms within the hospital.
Answer: This is not applicable to our Trust as we do not have a print room.

MFDs located across our Trust are called off against a Framework and have individual lease periods, normally 5 years. There is no single term contract with an end date.

5. What print management software's do you use across the trust?
Answer: Our Trust currently uses Xerox Print Management and connect key™ for MDF printing. Windows OS print manager is uses for non-MFD printing.

6. What scanning software's do you use across the trust?
Answer: Folding Space Scan Manager is used in certain departments within the Trust.

7. Is it just this site that you do the printing for or is it other sites too? A lot of Trust service work across several sites within the area is this the case with your Trust and if so how many?
Answer: We have presumed that you are referring to a print room. As our Trust does not have this, this question is not applicable to our organisation.

8. How much do you spend on printing services across the trust? Just an estimated yearly Printing cost of A4 to A0 Black and white and colour. Together with others like binding and encapsulating. (not the odd print hear and the odd print there) In-house ? Outsourced ?
Answer: Please note that we do not have a managed print service for printing devices or a Trust print room.

We can however provide our estimated spend on ad-hoc printed materials which is £142,000 per annum. Our estimated spend on all copiers/MFDs across the Trust including lease costs, consumables, click costs, service charges, software support etc which is approximately £130,000 per annum. We also have a print contract with an offsite printer, that allows the printing of specific documents and trust medical documentation. Our Trust spends approximately £130,000 per annum on this contract.

9. What is the overall cost of the managed print service contract? What is the cost of the printing needed within your hospital Trust in the print room? Is about the managed print room if you have one
Answer: This is not applicable to our Trust as we do not have a print room.

10. What document management software's/systems do you use across the trust? That is usually built into the machines so Richo or Xerox unless you use another
Answer: In relation to the MFDs, it is Xerox.

11. What IT provider do you use? I was going to leave out as most have you got there own IT department and i guess you will have too.
Answer: In terms of IT support we have an in house IT helpdesk team.

12. How long is the print room contract and when is the current print room contract due to end?
Answer: This is not applicable.

13. Do you have an in house design department? When redesigning and updating your information for you staff and patients is this done by design department that you have or do you need to send it out to design company?
Answer: We do not have a specific design department however our Communications Team do manage this.

14. Do you have a in-house mail room?
Answer: Yes.

15. Is the mail room contract outsourced or run by the trust ?
Answer: Managed by the Trust.

16. What is the average/estimated monthly amount of the following.
A: Letters coming in to the post room?
b: Letters going out of the post room?
C: Parcels coming in to the post room?
D: Parcels going out of the post room?
Answer: Please see the table below.

Category	Items Per Month Avg
Business Mail, Inland, Advanced	41367
Business Mail, Inland, 1st Adv.	14727
RM Signed For, Inland, 1st Med. Par	110
2nd Class, Inland, Letter	2751
2nd Class, Inland, Small Parcel	301
1st Class, Inland, Small Parcel	244
2nd Class, Inland, Large Letter	877
Imprint, Inland, Manual	201
2nd Class, Inland, Medium Parcel	84
RM Signed For, Inland, 1st Lrg Let.	196
1st Class, Inland, Medium Parcel	60
RM Signed For, Inland, 1st Sm Par.	68
1st Class, Inland, Letter	491
SpDel 1pm 500, Inland, none	35
RM Signed For, Inland, 1st Letter	71
1st Class, Inland, Large Letter	97
SpDel 9am 50, Inland, none*	2
RM Signed For, Inland, 2nd Med. Par	3
RM Signed For, Inland, 2nd Lrg Let.	3
SpDel 1pm 2500, Inland, none	0
SpDel 1pm 2500+SG, Inland, none*	0
SpDel 1pm 1000, Inland, none	0
RM Signed For, Inland, 2nd Sm Par.	1
SpDel 1pm 500+SG, Inland, none*	0
SpDel 1pm 1000+SG, Inland, none*	0
Large Letter, RoW Z1, none	0
Intl. Letter, RoW Z2, Track&Sign	0
Intl. Letter, Europe EU, none	0
RM Signed For, Inland, 2nd Letter	0
Large Letter, Europe EU, none	0
Intl. Letter, Europe non-EU, none	0
Intl. Letter, RoW Z2, none	0
Imprint, Inland, Zero	287

17. Is there any plans to scan and archive all the old patients files?
Answer: Our Trust does not have any plans to do this at the moment.

18. If yes to question 17 what is the estimated amount of files?
Answer: This is not applicable.

19. What is the overall yearly spend on stationary across the trust
Answer: Our overall annual spend on stationary across the Trust is approximately £28,500 excluding VAT. Annual spend on paper across the Trust is approximately £49,000 excluding VAT

20. Have you considered 3D printing services? Some Hospitals are now looking into 3D printing for various Training and seeing problems before surgery. Has this and would this be something your Trust would consider
Answer: Our Trust does not have any plans to consider this at the moment.

21. Does your post room make deliveries/collections to other sites and if so what sites?

Answer: Yes, mail is collected and delivered to internal departments and wards across the hospital and also to our community sites.

22. Does your print room make deliveries/collections to other sites and if so where?
Answer: This is not applicable.

23. Also could you include the name, title, contact number, and email address for the people responsible for managing the print estate in the trust? Who is the person within the Trust that is responsible for the Print room and Post room contacts
Answer: Staff details below Director level are withheld under Section 40 (Personal Information). The Director responsible for procurement in terms of print estate is Russell Caldicott, our Director of Finance and Performance. His contact number is 01922 721172 and his email address is russell.caldicott@walsallhealthcare.nhs.uk. Steve Darkes, our Director of Informatics, is responsible for support services for printer faults and issues. His contact number is; 01922 721172 and email address; steve.darkes@walsallhealthcare.nhs.uk

24. Also could you include the name, title, contact number, and email address for the people responsible for managing the post room estate in the trust?
Answer: Staff details below Director level are withheld under Section 40 (Personal Information). The Director responsible for this service is Jane Longden, our Interim Director of Estates and Facilities. Her contact number is 01922 721172 and her email address is jane.longden@walsallhealthcare.nhs.uk

450/15
Biosimilars

Does your trust treat patients with biosimilar infliximab, either Remsima or Inflectra ?
Answer: Yes, our Trust does treat patients with biosimilar infliximab.

If your trust does treat patients with a biosimilar, how many patients are currently being treated ?
Answer: Our Pharmacy Department confirm that since November 2015, two patients have been treated.

If your trust does NOT treat patients with a biosimilar, do you plan to start using them?
Answer: This is not applicable to our organisation.

451/15
Ectopic Pregnancy Treatment

Please may I make the following request (attached) regarding the treatment provided in your trust to women with an ectopic pregnancy?

TREATMENT OF ECTOPIC PREGNANCY IN YOUR UNIT.	HOSPITAL	Answer: Walsall Healthcare NHS Trust	
In relation to the last 12 months:	Yes/No/%	Comments / explanation	
Do you offer systemic methotrexate as a first-line treatment to women who are able to return for follow-up and who have all of the following: • no significant pain, and an unruptured ectopic pregnancy with an adnexal mass smaller than 35 mm with no visible heartbeat • a serum hCG level less than 1500 IU/litre?	Yes	**After discussion and consent with the patient.**	
Do you offer the choice of either methotrexate or surgical management to women with an ectopic pregnancy who have a serum hCG level of at least 1500 IU/litre and less than 5000 IU/litre, who are able to return for follow-up and who meet all of the following criteria: • no significant pain and an unruptured ectopic pregnancy with an adnexal mass smaller than 35 mm with no visible heartbeat?	Yes	**Conservative management may also be considered in carefully selected cases.**	
What percentage of women have surgical treatment of their ectopic pregnancy performed by laparotomy?	<0.5%	**Conversions, unstable ruptures and cornueal ectopics may be performed laparoscopically.**	
What percentage of women have surgical treatment of their ectopic pregnancy completed laparoscopically?	99.5%	**N/A**	
What percentage of women have surgical treatment of their ectopic pregnancy initiated laparoscopically and converted to laparotomy?	<0.5%	**N/A**	
Do you always have the correct equipment available to allow the laparoscopic treatment of ectopic pregnancy?	Yes	**Theatres are stocked with the correct equipment.**	
Do you perform salpingectomy for women with an ectopic pregnancy and no clear risk factors for infertility?	Yes	**As long as other tube is healthy/present.**	
Do you perform salpingotomy for women with risk factors for infertility?	Yes	**Only if contralateral tube is diseased, absent, not fully functioning and it is viable surgically.**	
Please estimate the % of surgeons operating on ectopic pregnancies who you think can competently and confidently perform a salpingotomy?	**This question cannot be answered under the FOI Act. The Act covers factual data, information or records.**		
What equipment / organizational / training issues could improve the laparoscopic treatment of your patients with an ectopic pregnancy?		**Access to a computerised laptop. Trainer with support for all grades of doctors. Full provision for all doctors to attend annual EPAU conferences.**	

Thank you. This information will be used to inform the current national status of ectopic pregnancy treatment, and help units provide more comprehensive laparoscopic treatment for their women. Jim Clark. BSGE May 2016. RSVP to *james.clark6@nhs.net.*

452/15
Number of Staff Employed and Reduction of Salary

Could you please confirm:-
- The total number of staff in each of the following categories as at 1st January 2016
    - o Nurse grades (preferably split by grade)
    - o Doctor grades (preferably split by grade)
    - o Non-clinical grades (split not necessary)
    - o Senior Managers and Executives
    - o Total number of staff employed
Answer: Please see the table below which details this information.

FTE Staff In Post by Staff Group and Grade (Effective 01/01/2016)	Medical & Dental Doctors	Nurses	Other Clinical	Other Non-Clinical	Senior Managers and Executives	TOTAL
Bands 1-6	0	924.38	991.95	988.18	0	2904.51
Band 7	0	180.05	77.35	51.70	0	309.10
Band 8+	0	44.25	46.19	28.46	42.69	161.59
Career Grade	62.10	0	0	0	0	62.10
Consultant	121.25	0	0	0	13.00	134.25
Junior	184.00	0	0	0	0	184.00
TOTAL	367.35	1148.67	1115.49	1068.34	55.69	3755.55

- Since January 1st 2016, has the Trust reduced the salary or wages, by way of a reduction in contracted hours or direct salary deduction, of any of the staff listed in the above categories due to financial pressures, a reduction in budget or no funds being available within the budgets? Please also confirm whether this is a permanent or temporary reduction. Wages and salaries that have been reduced through other than the Trust's financial contraints (for example new job share arrangements, semi-retirement, demotion etc) are not required.
Answer: We can confirm that no reductions have been made to anyone by either salary reduction or reduction of contracted hours due to financial pressures.

- If yes to the above question, please provide the number of affected staff split into the categories as above. A list of specific departments/wards etc would be useful.
Answer: This is not applicable.

453/15
Post-Anesthesia Care Unit/Post Operative Critical Care Unit

You have probably Post-anesthesia Care Unit or Post Operative Critical Care Unit. I want to ask if the patient's hospital stay location is in ICU / ITU / HDU after an anesthesia-based operation / operation treatment in the following circumstances:
(1) patient is in what is referred by NHS or similar though offensive to vegetarians as being in "vegetative state" (awake but not aware) ie less than 4 weeks?

(2) patient is in what is referred in NHS or similar though offensive to vegetarians as being "persistent vegetative state" (awake but not aware) ie more than 4 weeks?

(3) patient is in what is referred in NHS or similar though offensive to vegetarians as being "permanent vegetative state" or as being "unresponsive wakefulness syndrome" or minimally conscious (all meaning awake but not aware) ie more than 3 months / 6 months / 1 year?

(4) patient is in what is referred in NHS or similar though offensive to mothers as being "coma" (lack both awaking and awareness)?

Answer: The indications for post-operative admission to our ITU/ICU/HDU are purely on patient clinical needs. This is assessed for each individual patient based on the patient's condition along with the surgery being performed. Our Trust does not collect the data for individual patient conditions prior to admission so we are not able to provide this information.

<u>**Follow Up Questions Received from Requester:**</u>

Please clarify have you example proof of patients who for more than 1 year have been in non-ICU / non-ITU / non-HDU wards whose "clinical condition" basically is "permanent vegetative state" or as being "unresponsive wakefulness syndrome"?

454/15
Junior Doctor Absences

We would like to know:

1. How many junior doctors employed in hospitals covered by your Trust were signed off work because of anxiety/stress/depression or other psychiatric illnesses in each of the following years: a) 2011, b) 2012, c) 2013, d) 2014 and e) 2015 (If the same employee was off over a period where it changes years, please count them once in both years)
   Answer: During the past five years, we can confirm that only one Junior Doctor is recorded as being absent due to anxiety/stress/depression or other psychiatric illnesses on our system. This episode of absence took place during 2015. and lasted 127 FTE days.

2. Please give the total number of working days lost through junior doctor absence because of anxiety/stress/depression or other psychiatric illnesses in each of the following years: a) 2011, b) 2012, c) 2013, d) 2014 and e) 2015
   Answer: We can confirm that the episode of absence mentioned above equated to 127 FTE days.

   To clarify, the term 'junior doctor' refers to all doctors working for your Trust, who are NOT consultants. This includes:

   Foundation Year 1
   Foundation Year 2
   Specialist Trainee Year 1-8
   Junior Clinical Fellow
   Senior Clinical Fellow
   Educational Fellow
   Research Fellow

455/15
Patients Physically Restrained

I am writing to make a request under the Freedom of Information Act 2000 (the act).

Context
I am seeking information about people who have been physically restrained while patients in your trust.

Request
I would like to request the following information for your trust for each of the last five years:

1.   How many patients have been physically restrained by hospital security staff
        a.   Please list a breakdown of the reasons why
Answer: Details recorded about security incidents is very limited as free text fields are used. Identification of these incidents would be dependent upon whether the word 'restraint or restrained' was entered. Information about who was restrained ie. a patient, relative of a patient, visitor or intruder and also who performed the restraint ie. hospital security staff or the Police would also be dependent upon whether this information was entered into the free text field.

After conducting searches on spreadsheets we can confirm the following number of security incidents occurred when restraint of a patient was recorded as being undertaken;

2015   43
2014   19
2013   7
2012   3
2011   5

Please note that the restraint may have been performed either by our hospital security staff or by the Police or possibly both. Incident information during 2012 and 2011 was not routinely recorded.

Details on why restraint was used would also be dependent upon whether this information was entered. As an alternative, we can provide the incident categories that the above incidents were recorded against.

-Violence or Assault
-Threatening Behaviour / Aggression
-Non-compliance
-People Refusing to Leave Site

2.   How many patients with a learning disability have been physically restrained by hospital security staff
        a.   Please list a breakdown of the reasons why
Answer: Details on the individuals' condition would also be dependent upon whether this information was entered. Upon conducting a search on the spreadsheets for any individuals who had learning difficulties and were restrained, we can confirm that 1 incident was recorded in 2012.

3.   How many times have the police been called because of the behaviour of a patient
Answer: This information is not routinely recorded so accurate numbers cannot be provided.
        a.   Please list a breakdown of the reasons why
Answer: This information is not routinely recorded.
        b.   Please outline what action was taken by the police
Answer: This information is not routinely recorded.

4.   How many times have the police been called because of the behaviour of a patient with a learning disability
Answer: With regards to the incident referred to for question 2a, the Police were not contacted.

        a.   Please list a breakdown of the reasons why
Answer: This is not applicable.

        b.   Please outline what action was taken by the police
Answer: This is not applicable.

Should the request exceed the cost threshold, I request that the main questions (1,2,3,4) be prioritised in that order, followed by the sub questions (1a,2a,3a,4a,4b,3b) in that order. I would also request that you contact me as soon as possible should you believe an exemption on cost grounds applies.

456/15
Provision of Acute Learning Disability Liaison Nurses

I am writing to make a request under the Freedom of Information Act 2000 (the act).

Context
I am seeking information on your trust's provision of acute learning disability liaison nurses.

Request
I would like to request disclosure of the following information:

1. Does your trust currently directly employ a learning disability liaison nurse(s)?
Answer: No.

2. If you have directly employed one or more learning disability liaison nurses in the last five years, how many have you employed, what bands/levels are they and how many hours per week do they work? Please provide this information for 2011, 2012, 2013, 2014, and 2015.
Answer: We can confirm that our Trust has not directly employed a Learning disability Liaison Nurse in the last five years.

3. Do you currently directly employ a consultant learning disability nurse? If not, do you have any plans to employ one in the future?
Answer: No. Our Trust does not have any future plans to employ one in the future.

4. If you do not currently directly employ a learning disability liaison nurse, do you have any plans in place to employ one in the future?
Answer: Our Trust does not have any future plans to employ one in the future.

5. Does your trust currently host an acute liaison nurse(s) who may be employed by specialist learning disability services?
Answer: Yes.

6. If you have hosted one or more learning disability liaison nurses in the last five years, how many have you employed and what bands/levels are they and how many hours per week do they work? Please provide this information for 2011, 2012, 2013, 2014, and 2015.
Answer: x1 Full Time Equivalent (FTE), 37.5 hours per week as a Band 6 each year.

7. If you do not currently employ or host a learning disability liaison nurse, do you have any plans in place to employ or host one in the future?
Answer: This is not applicable to our Trust.

457/15
Agency Information for AHP and HSS Staff

The use of Agency staff in the NHS is in the news a lot at the moment, with the focus in the main on the use of Nursing staff. I am looking at the other positions supplied, starting with AHP and HSS staff.

Namely:

Allied Health Professionals	Health Science Services
Dieticians	Biomedical Scientists
Occupational Therapists	Cytologists
Orthoptists	Dental Service Staff (excluding dental nurses)
Physiotherapists	Genetic Counsellors
Podiatrists	Healthcare Scientists
Psychologists	Medical Technologists
Radiographers	Optometrists
Speech and Language Therapists	Pathologists
	Pharmacy Services Staff

Please could you provide me with the following information:
· Names of Agencies used to provide AHP or HSS staff over the last 12 months
     Answer: Please note that our Temporary Staffing Office record some information in terms of bookings for some AHPs. Arrangements for other roles are made by individual departments.

We can confirm that our Trust has used the following agencies to provide AHP and HSS staff over the last 12 months;

Care 4 Health
HCL
IML
ID Medical

Labmed
Maxxima
Medacs
Medics Pro
Reed
RIG
Yourworld

· Monthly spend, on Agency Staff, per job role over the last 12 months
Answer: Not much information is recorded from invoices electronically. Spend is not recorded for individual roles so cannot be broken down on our system. We can only provide the following spend for the roles detailed which are categorised/grouped together;

2014/15												
Staff Group	**Mth 1 (£)**	**Mth 2 (£)**	**Mth 3 (£)**	**Mth 4 (£)**	**Mth 5 (£)**	**Mth 6 (£)**	**Mth 7 (£)**	**Mth 8 (£)**	**Mth 9 (£)**	**Mth 10 (£)**	**Mth 11 (£)**	**Mth 12 (£)**
(Radiology/Therapies/Dietitians)	23,000	54,000	33,000	68,000	42,000	33,000	93,000	92,000	72,000	91,000	65,000	94,000
(Pathology/Clinical Measurement Unit/Pharmacists)	65,000	43,000	17,000	30,000	29,000	24,000	16,000	21,000	34,000	21,000	26,000	31,000

· Hours , per job role, filled each month by Agency over the last 12 months
Answer: We can only provide information which is recorded by our Temporary Staffing Office or the individual departments for some AHP roles. Recorded information available varies between the departments.

We can only provide what is recorded and the closest data would be the duration of the booking and the hours per week which is provided in the table below.

Please note that the information detailed in the first table below reflects data recorded at the time of booking only by our Temporary Staffing Office. Invoices are not received or processed by this team so the actual hours/duration our Trust was charged for could differ from initial bookings.

Position Title	Hours Per Week	Duration
Physiotherapist	37.5	3 months
Physiotherapist	37.5	3 months
Physiotherapist	37.5	6 weeks
Podiatrist	37.5	8 weeks
Paediatric Dietitian	37.5	2 months
Occupational Therapist	37.5	3 months
Occupational Therapist	37.5	3 months
Acute Ward Dietitian	37.5	2 months
Occupational Therapist	37.5	3 months
Physiotherapist	37.5	3 months
Paediatric Dietitian	37.5	4 weeks
Physiotherapist	37.5	3 months
Physiotherapist	37.5	3 months

Our Imaging Department do not record the hours per week so this is not available.

Position Title	Duration
Radiographer Band 5	2 days
Radiographer Band 5	1 day
Radiographer Band 5	1 day
Radiographer Band 5	1 day

Radiographer Band 5	**1 month**
Radiographer Band 5	**1 month**
Radiographer band 5	**3 weeks**
Radiographer Band 5 x2	**1 month**
Radiographer Band 5 x2	**1 month**
Radiographer Band 5	**1 month**
Radiographer Band 6	**1 month**

I have had a lot of response to my request, so thank you in advance for your assistance.
A number of Trusts have been unable to supply the financial or hourly information based on each role as it is not separately recorded.

In light of this I would like to make a further request.
For the same list of roles could you please supply me with the following information:
·   Number of shifts offered to Agencies for each role, monthly for the last 12 months.
        Answer: Please see the answer to the question above. All of those positions were booked with agencies. Shift information is not recorded by these departments so cannot be provided.

·   Number of shifts filled by Agency for each role, monthly for the last 12 months.
        Answer: As the invoices can differ from initial bookings made, our Temporary Staffing Office are not able to confirm whether the bookings above were filled by agencies.

We can confirm that invoices were received for the bookings made by our Imaging Department which are listed above.

458/15
Wheelchair Waiting Times

Under the Freedom of Information act please can you provide me with following information:
Please provide data for children referred in 2014 and for those referred in 2015.

Data could be grouped by weeks - less than 4 weeks, 4 to less than 8 weeks, 8 weeks to less than 12 weeks, 12 weeks to less than 16 weeks and more than 16 weeks.

Please provide information as a spreadsheet or CSV.

How long, in weeks, children (under 16s) waited for an assessment for a wheelchair or specialist seating following an initial referral to the children's wheelchair service.
Answer: This information has also been entered into a spreadsheet as requested. – available upon request. Please see the table below.

Waiting Period from Date of Referral to Date of Assessment	Number of Referrals in 2014	Number of Referrals in 2015
Less than 4 weeks	13	17
4-to less than 8 weeks	20	24
8 to less than 12 weeks	15	16
12- less than 16 weeks	13	11
more than 16 weeks	26	13

How long, in weeks, children had to wait to receive equipment following the assessment.
Answer: Unfortunately, this information is not electronically recorded. 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 this part of your request.

459/15
Equipment for Monitoring patient Co2

Following the recent update of two important guidelines: Resuscitation Guidelines (UK) 2015 and the Association of Anaesthetists guidelines for monitoring 2015 (draft). Under the Freedom of Information Act (2000) I am requesting all available information specifically regarding the following:

How do you monitor patient Co2 within all your Trust: For example Resuscitation, Theatres (including cath. labs, endoscopy suites etc.), Emergency Departments and Adult, Paediatric and Neonatal care areas. Wherever possible, I would like disclosure of;
The Brand of the monitor (or other technology) the quantity and their age.
Answer: Our Trust uses the following equipment;

- **x16 Philips side stream CO2, aged 2 years**
- **x8 GE CO2 side stream module for B30 monitor, aged up to 6 years (exact age not recorded)**
- **x13 GE Compact anaesthetic monitor with full gas monitoring, aged up to 6 years (exact age not recorded)**
- **x13 GE S5 Theatre monitor with full gas module, aged up to 6 years (exact age not recorded)**

460/15
Conflict Minerals

Please could you provide any policy documentation regarding the sourcing of medical devices that contain conflict minerals.

Please could you provide any correspondence and policy documentation regarding the ethical sourcing of tantalum, coltan or other conflict minerals in regard to medical equipment and medical devices procurement.

Please could you provide any policy documents or information provided to the NHS regarding conflict minerals and the ethical sourcing or procurement strategy adopted to ensure compliance in line with the EU ban on the use of conflict minerals 2015, and the UK voluntary agreement to comply with this regulation. This covers how the NHS ensure that procurement hubs and suppliers comply with these issues and that NHS procurement/clinicians are fully aware of them.

Please provide any guidance information you have specifically in relation to sourcing materials for medical devices that are sourced from the Democratic Republic of Congo (DRC). This is applicable to ensuring that suppliers of medical devices containing tantalum or coltan, or any other conflict material, also adhere to EU regulation - please confirm and explain with documentation evidence how you ensure that procurement is responsible and within the law regarding conflict materials/minerals.

Please not that conflict minerals of various types (this includes but is not limited to gold, wolframite (tungsten), tantalum and coltan) make up, and are present in, many medical devices including surgical equipment, pace makers, metal stents, surgical sutures, orthopaedic implants (such as hips and knees) and other medical implants (for example, cranial plates). According to EU legislation, all products containing any substance classed as a "conflict mineral" should be procured in line with the new 2014 regulation - please provide evidence of this.

Answer: The sourcing of conflict minerals for medical devices is the responsibility of the manufacturer. Our Trust does not hold any internal documentation on this as it is not our responsibility to do this. Perhaps you would like to redirect your request to the Medicines & Healthcare Products Regulatory Agency (the Department for Health) or the manufacturer's themselves. You can contact the Medicines & Healthcare Products Regulatory Agency FOI Office on email address; info@mhra.gsi.gov.uk or postal address; Medicines & Healthcare Products Regulatory Agency, Freedom of Information Office, Customer Services, 151 Buckingham Palace Road, London, SW1W 9SW

461/15
Early Breast Cancer Cases Treated at the Trust since January 2000

For Walsall Healthcare NHS Trust (and any previous iterations of it) the number of early breast cancer cases treated at the Trust with TARGeted Intraoperative Radiotherapy (also known as Intrabeam or TARGIT IORT) for each year from January 2000 to the date of this request. Please identify the number of cases in each year which were delivered as part of a clinical trial and the number which were delivered as treatment which was not not part of a clinical trial.
Answer: None. Our Trust does not have the equipment to deliver TARGeted Intraoperative Radiotherapy. If this treatment would be required for a patient, they would be referred elsewhere.

For the Trust, the date at which the Trust or Clinical Commissioning Group purchased equipment able to deliver TARGeted Intraoperative Radiotherapy, the price paid for that equipment and the name of the organisation from whom it was purchased.
Answer: This is not applicable to our organisation.

462/15
Newspaper and Copyright Licensing Agency

- Did the Walsall Healthcare NHS Trust pay for a NLA (Newspaper Licensing Agency) **or** CLA (Copyright Licensing Agency) media license in 2013-2014?
  Answer: No, our Trust did not pay for/subscribe to any media licenses in 2013/14.

- If so, how much was paid for the licenses in 2013-2014 (please provide the figures separately)?
  Answer: This is not applicable to our organisation.

- Did the Walsall Healthcare NHS Trust pay for other media licenses (similar to the NLA or CLA) in 2013-2014? Please list any other media licenses that were subscribed to and how much was paid for them in 2013-2014.
  Answer: Yes, our Trust used a press cuttings service called Yellow News who supplied us with media updated based on Trust news. For internal use only with a cost of £3000 per annum.

463/15
Permanent Vegetative State / Unresponsive Wakefulness Syndrome

Please clarify have you example proof of patients who for more than 1 year have been in non-ICU / non-ITU / non-HDU wards whose "clinical condition" basically is "permanent vegetative state" or as being "unresponsive wakefulness syndrome"?
-Please confirm if you are asking us to check whether any inpatients have been with us for 1 year or more with the conditions 'permanent vegetative state' or 'unresponsive wakefulness syndrome' and been an inpatient on any ward (excluding ITU/HDU/ICU).
-Yes

Answer: Unfortunately, these conditions are not separately coded on our Clinical Coding system. The closest coding search we can conduct on our system is of coding for categories; 'Coma, unspecified' and 'Anoxic brain damage, not elsewhere classified'. Upon conducting this search there have been no inpatients with this coding in the past three financial years.

464/15
Inpatient Laparoscopic Hernia Surgery

I would like to request data on the number of inpatient Laparoscopic Hernia Surgery Episodes done within your trust during the period 1st January 2015 – 31st December 2015. In particular I would like the results broken down by numbers of surgeries done for the following:

1. T20.2 Primary repair of inguinal hernia using prosthetic material (There is usually an additional code of Y75.1 OR Y75.2 assigned to indicate the surgery was done laparoscopically)
   Answer: We can confirm that there were 9 occurrences in the data between 1st January 2015 and 31st December 2015 where the relevant coding was recorded in the procedure coding for an inpatient. The code required was not necessarily in the primary procedure position.

2. T21.2 Repair of recurrent inguinal hernia using prosthetic material (There is usually an additional code of Y75.1 OR Y75.2 assigned to indicate the surgery was done laparoscopically)
   Answer: We can confirm that there were 1 occurrence in the data between 1st January 2015 and 31st December 2015 where the relevant coding was recorded in the procedure coding for an inpatient. The code required was not necessarily in the primary procedure position.

3. T24.2 Repair of umbilical hernia using prosthetic material (There is usually an additional code of Y75.1 OR Y75.2 assigned to indicate the surgery was done laparoscopically)
   Answer: We can confirm that there were 4 occurrences in the data between 1st January 2015 and 31st December 2015 where the relevant coding was recorded in the procedure coding for an inpatient. The code required was not necessarily in the primary procedure position.

4. T25.2 Primary repair of incisional hernia using insert of prosthetic material (There is usually an additional code of Y75.1 OR Y75.2 assigned to indicate the surgery was done laparoscopically)
   Answer: We can confirm that there were 9 occurrences in the data between 1st January 2015 and 31st December 2015 where the relevant coding was recorded in the procedure coding for an inpatient. The code required was not necessarily in the primary procedure position.

5. T26.2 Repair of recurrent incisional hernia using insert of prosthetic material (There is usually an additional code of Y75.1 OR Y75.2 assigned to indicate the surgery was done laparoscopically)
   Answer: We can confirm that there were 2 occurrences in the data between 1st January 2015 and 31st December 2015 where the relevant

coding was recorded in the procedure coding for an inpatient. The code required was not necessarily in the primary procedure position.

6. T27.2 Repair of ventral hernia using insert of prosthetic material (There is usually an additional code of Y75.1 OR Y75.2 assigned to indicate the surgery was done laparoscopically)
Answer: We can confirm that there were 5 occurrences in the data between 1st January 2015 and 31st December 2015 where the relevant coding was recorded in the procedure coding for an inpatient. The code required was not necessarily in the primary procedure position.

465/15
Emergency Admissions

Under the Freedom of Information Act please can you disclose the following information for the years 2012/2013, 2013/2014 and 2014/2015:

1. The total number of emergency admissions in the Trust
Answer: Please see the figures below.

2012-13	**25,571 emergency admissions**
2013-14	**27,408 emergency admissions**
2014-15	**28,747 emergency admissions**

2. The number of emergency admissions caused by a blocked catheter in the Trust
Answer: Unfortunately conditions caused by this problem is not separately coded on our Clinical Coding system. We can however provide the number of emergency admissions with a primary diagnosis as being coded with 'other catheter related complications'. Please see these figures below.

2012-13	**27 emergency admissions**
2013-14	**30 emergency admissions**
2014-15	**30 emergency admissions**

3. The number of emergency admissions caused by a urinary tract infections in the Trust
Answer: Please see the figures below which relate to the coding of this condition as a primary diagnosis.

2012-13	**1004 emergency admissions**
2013-14	**1296 emergency admissions**
2014-15	**1290 emergency admissions**

4. The estimated cost of (per day) of an emergency admission to hospital
Answer: The average cost per day for an emergency admission to our hospital is £300.

466/15
Sterilisation Services

Please find freedom of information request below for information on sterilisation services

Sterilisation Services

1, Is the core instrument sterilisation service
   A) Run in house
   B) Onsite
   C) Out sourced to a separate trust
   D) Outsourced to a private company
Answer: This contract is currently out to tender. Information is withheld under Exemption 43 (Commercial Interests).

2, How many instruments have been processed by the sterile services facility mentioned in question one.
   A) In 2014 (or that financial year)
   B) In 2015 (or that financial year)
   C) How many surgical instruments are anticipated to require sterilising in 2016?
Answer: This contract is currently out to tender. Information is withheld under Exemption 43 (Commercial Interests).

3, How much has the trust spent annually on sterilising surgical instruments for the following years?
   A) Financial year 2013/14
   B) Financial year 2014/15
   C) How much has been budgeted or anticipated to be spent for the Financial year 2015/2016
Answer: This contract is currently out to tender. Information is withheld under Exemption 43 (Commercial Interests).

4, How many staff are employed by the sterile service facility mention in question on, for the purposes of instrument sterilisation only, (i.e. exclude porters)
   A) Management/admin
   B) Team Leaders, supervisors, technicians
Answer: This contract is currently out to tender. Information is withheld under Exemption 43 (Commercial Interests).

5, Does the trust provide decontamination and sterilisation services for re-usable surgical instruments to other customers who are not part of the trust? If so who?
Answer: This contract is currently out to tender. Information is withheld under Exemption 43 (Commercial Interests).

6, In relation to surgical cancellations due to sterilisation failures..
   A) How many operations were cancelled in 2014 due to issues with sterilisation of the equipment
   Answer: Unfortunately, our Trust does not record a cancellation reason of 'Sterilisation Failure'. The closest information we can provide are cancellations which are due to 'Equipment Failure'. This would cover all types of equipment. In the calendar year 2014 there were 10 cancellations due to equipment failure and 12 in 2015.

B) How many operations have been cancelled in 2015 due to issues with sterilisation of the equipment
Answer: Please see the answer above.

7, What where the costs associated with these cancellations
A) 2014
B) 2015
Answer: Our Trust does not record a cancellation reason of 'Sterilisation Failure. If the associated costs relating to our answer for questions 6a and b would be useful to you (cancellations due to 'Equipment Failure'), please let us know.

8, Of the instruments sterilised, approximately how many would be from dental/oral departments?
A) In 2014 (or that financial year)
B) In 2015 (or that financial year)
Answer: This contract is currently out to tender. Information is withheld under Exemption 43 (Commercial Interests).

9, What Would the costs be for these instruments to dental/oral departments (Please state if approximate costs or not)
A) In 2014 (or that financial year)
B) In 2015 (or that financial year)
Answer: This contract is currently out to tender. Information is withheld under Exemption 43 (Commercial Interests).

10, Does the trust use single use instruments?
Answer: This contract is currently out to tender. Information is withheld under Exemption 43 (Commercial Interests).

467/15
PFIs

Under an above request could you please advise the total number of Private Finance Initiatives(PFIs) you currently have and what the monthly interest payments are on the PFI's identified?
Answer: Our Trust has only one PFI scheme and the current monthly interest payment for 2015/16 is £687.3k.

468/15
Patient Appointments

Please can you advise as to the number of (a) in-patient and (b) out-patient appointments that have been made for patients to attend Walsall Hospital from the previous Mid Staffordshire Foundation Trust area for each month from 1st December 2014 to 31st December 2015 and identify the outpatient service/department, investigation dept, ward service attended?

These will include postcodes ST15 to ST21, WS5-9, WS11, WS12 and WS15

I wish to look at patients living in what was the previous Mid Staffs NHS Foundation Trust area that travel to Walsall Hospital for out-patient appointments, diagnostic investigations and in-patient stays (for both medical and surgical care). It would be most useful if you could indicate out-patient appt departments attended, diagnostic departments attended and medical and surgical departments attended. I would also be pleased to receive details of the total number of appointments made, number of attended appointments and number of failed to attend appointments.
I listed the postcodes below as I believe these cover the MSFT area and hoped it would be of help to you. Please include any other area(s) that you believe are also involved.

Thank you for your kind offer to include A&E attendance activity. I would very much appreciate the inclusion of these details.
Answer: Please find enclosed a document which details the number of patient appointments, admissions and A&E attendances between 01/12/2014 and 31/12/2015 for patients who had a residential postcode within the mid staffs area (using supplied postcodes) at time of the appointment/admission/attendance.

469/15
Discarded Medicine and Equipment

Please detail the following for each of the hospitals in your trust, stating which hospital the details relate to:

1) In the calendar year 2015,
a. please state how much medicine was discarded by the hospital due to being passed its expiry date? (please say what the medicine was and how much was thrown away (defined by weight))
Answer: The name of the medication and amount in weight is not documented by our Trust when medicines are destroyed.

b. Please state the cost of this discarded medicine.
Answer: We can provide the total value of the discarded expired medicine stock in 2015 which is detailed below.

2015   £50,391.95

c. Please state how much equipment was discarded by the hospital due to being passed its expiry date (please say what the equipment was, including but not limited to items such as bandages or needles, and how many of each item were thrown away)
Answer: We presume you are referring to stock items/consumables which have been discarded due to being passed their expiry date. This information is entered into a spreadsheet and not an electronic system so is based on free text fields. The quantity information entered is either individual items, boxes or packs only. The number of items within the boxes or packs is not recorded so cannot be accurately provided. Please see the list below;

Item Description	Quantity Discarded
Absorbent Dressing	2
Auto Transfusion	2
Bard Composix Mesh	1
Carotid Patch	1
Child Resuscitator	1
Chlamydia/Gonorrhea Test	1
Chloraprep Orange Tint	1
Conformable Dressing	10
Cutter Burr	1
Defib Pads	20
DHS Plate barrel 5 hole	2
Diamond Burr	1
Duplocath	1
Dyonics Abrader Burr	5
Endo Button	4
Endo Dissect	2
Epidural Catheter	1
Epidural Flat Filter	1

Fiber Stick 2	**5**
Finger Trap	**5**
Fisch Stapes Piston	**2**
Flat Filter	**2**
Flocare Pur Tube	**1**
Floseal Hemostatic	**3**
Jet Ventilation Catheter	**1**
Lap Band	**3**
Large Bone Osc Blade	**1**
LMA	**3**
Locoplex	**2**
Locoplex	**1**
Loss Of Resistance Syringe	**2**
Microset Epidural	**25**
Multivac	**1**
Nasopharyngeal	**2**
Nim Flex Tubes	**4**
Osteochandral Flap Repair Single Shot Instruments	**4**
PDS II 1	**1**
Pruitt Aortic Occlusion Catheter	**1**
Pruitt f3 carotid shunt with T-Port	**1**
Quad Lumen	**2**
Reinforced Silicone LMA	**11**
Rigidfix Tibial Cross pin	**3**
Ryles Tubes	**5**
Screws	**4**
Sutures	**37**
Soft Clip	**1**
Staple Clip Remover	**1**
Steri-strip	**39**
Straight Cyluindrical Metal Stylet	**19**
Tracheal Introducer	**5**
Tracheal Tube	**16**
Trocar Catheter	**6**
Vascular Graft	**6**
Venflon 16G	**2**
Versaport Plus	**1**
Vicryl Rapide 2-0	**2**
TOTAL	**287**

d. Please state the cost of this discarded equipment.
Answer: The majority of the discarded items/consumables listed within the table above is not recorded at the time of destruction. Due to this, the value of the items cannot be accurately identified.

We can only confirm that the following items/consumables discarded within the table above totalled £73.15;

-Tracheal Introducers
-Conformable Dressing
-Absorbent Dressing

2.
a - d) Same for 2014.
Answer: We can provide the total value of the discarded expired medicine stock in 2014 which is detailed below.

2014   £32,201.49

With regards to discarded equipment, we presume you are referring to stock items/consumables. This information is entered into a spreadsheet and not an electronic system so is based on free text fields. The quantity information entered is either individual items, boxes or packs only. The number of items within the boxes or packs is not recorded so cannot be accurately provided. Please see the list below;

Item Description	Quantity Discarded
2 Way Foley	5
Aspiration & Anticoagulation Line	10
Broad Bone Plate	1
Bypass Graft	1
Calcium Sulphate Pellets	2
Catheters	62
Chevalier	3
CO2 Canister	1
Diathermy Blade	1
Dressings	10
Endo Button	8
Endoscopie Miltiple Clip Applier	2
Ethibond 2	10
Extra Stiff Guide Wire	2
GIA 90 premium	9
Haemostat	10
Hema Carotid Patch Heparin Ultra Thin	3
LMA	10
Locking Bolt	3
Locoplex	1
Loop Ostomy Rod	6
Medena Poole Suction	2
Microlance	1
Mini Port	1
Mini Sagittal Blade	5

Miniport	1
Minisite Mini Shears	21
Monofilament Kitted Polypropylene mesh	1
Multifire Endo GIA 30	1
Nasopharyngeal	1
Navigator 13/15Fr	3
Needles	4
Non-Latex Gloves	25
O2 Sensor	1
Obtryx-Halo	1
Outside Meniscal Repair	1
Parastomal Hernia Patch	2
Polysorb	26
Pressure Monitoring Set	3
Prolene 3D Patch	4
Printed Specimen Bags	10 packs
Pruitt f3 carotid shunt with T-Port	1
Quik Combo Adult	1
Reinforced Silicone	5
Screws	5
Sepramesh IP	2
Silicone Sheet 0.25mm	4
Steri-Drape 2	3
Straight Cylindrical Metal Stylet 7Fr	10
Suction Bellow	1
Sutures	225
Syringe	1
Syringe & Lubricant Difficult Intubation	8
TA Premium 55 3.5mm	1
Tracheal Tubes	10
Tracheal Introducer	5
T-Tube Kehrs	5
Vascular Grafts	15
Venflon 14G	15
Vicryl Rapide 6-0	12
Voice Injectable Implant	3
Xendo Button	1
TOTAL	**607**

Answer: The majority of the discarded items/consumables listed within the table above is not recorded at the time of destruction. Due to this, the value of the items cannot be accurately identified.

We can only confirm that the following items/consumables discarded totalled £103.84;

-Printed Specimen Bags
-Tracheal Introducer
-Dressings

3.
a - d) Same for 2013
Answer: We can provide the total value of the discarded expired medicine stock in 2015 which is detailed below.

2013   £45,978.74

With regards to discarded equipment, we presume you are referring to stock items/consumables. This information is entered into a spreadsheet and not an electronic system so is based on free text fields. The quantity information entered is either individual items, boxes or packs only. The number of items within the boxes or packs is not recorded so cannot be accurately provided. Please see the list below;

Item Description	Quantity Discarded
3 Way Tiva Sets	3
Adult Non-breathing mask	17
Autotransfusion Blood Recovery Unit	1
Bifurcation	2
Biogel PI Skinsence	1
Biogel PI Ultra Touch	16
Biogel Super Sensitive	45
Bypass Shunt	2
Cannulas	2
Carotid Shunt with T-Port	1
Catheters	100
Cavaterm Plus	6
Chevalier	2
Chloraprep Orange Tint	1
Chondral Dart	20
Coated Vicryl	11
Convertible Trocar System	52
Cytology Specimen Bags	7
Defib Pads	31
Dermabond	27
Dexon II	6
Dressings	9
Dyonic Abrader Burr	6
ECG Dots	60
Electrodes Fast Patch	7
Electrosurgical Device	2

Endo Buttons	7
Endo sponge	10
Endo Stitch	12
Epidural Minipack	1
Epi-Fix	8
Epsipin II	1
Facemasks	7
Hernia Patch	2
Javid Bypass Shunt	3
Kehr's T-Tube	3
Kwill	7
Lap Band	7
Lap Band Access Port	1
Lifecath Expert	1
LMA	172
Locoplex	1
Maxon 1	26
Mersilk 3-0 45cm	1
Mersilk 5-0	22
Microspheres	29
Modular Stem 12/14 Taper	1
Multifire Endo GIA	12
Multivac 50 XL	1
Nasopharyngeal Airway	6
Needles	39
Non-Latex Gloves	1
Novasure	3
Nylon Band	12
Parielene Mesh	1
Parietex Composite	1
PCA Refill Kit	13
PDS II 1	26
PFN Nail	1
Polysorb	65
Prolene	7
Prolene Round Bodied	4
Quik-Combo Pedi-Pak Adult	5
Red Dot Electrodes	127
Redyrob Trans Plus	10
Refill kit for PCA	1
Rigidfix Tibial Cross Pin Kit	1
Sagittal saw Blade	2
Screws	3
Sepramesh IP	1

Size 0 Airway	7
Spongostan	5
Sprotte	1
Stabiliser Rod	1
Surgical Balloons	5
Surgical Hand Scrub Brush	7
Surgical Marking Pens	2
Surgipro Mesh	1
Sutures	212
Tegaderm IV	4
Testicle Implant	1
The Edge Coated Blade	2
Tibial St Cross Pin Kit	6
Tissue Drain	3
Titanium Ligating Clip	33
Tiva Set	4
Tracheal Tube	35
Undercadt Pad	1
Ureteral Access Sheath	5
Vacuum Curette Flexible	1
Vari-Stim III Nerve Locator	4
Vascular Grafts	9
Venflon	5
Venflon Caps	2
Vicryl Plus	36
Vicryl Rapide	15
Winged Needle Infusion Set	106
Wire Guide	1
Yanker Sucker	1
TOTAL	**1616**

Answer: Answer: The majority of the discarded items/consumables listed within the table above is not recorded at the time of destruction. Due to this, the value of the items cannot be accurately identified.

We can only confirm that the following items/consumables discarded totalled £719.96;

-Electrodes Fast Patch Plus
-Cytology Specimen Bags
-Red Dot Electrodes

470/15
Delays of Transfer of Care

1.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 (DTOC) in 2013/14, 2014/15, 2015/16;
Answer: Records held are in calendars so the table below reflects January-December for each year detailed.

Calendar Year	Longest time in days patient has remained in bed due to DTOC	Age of Patient	Reason for Delay
2013	38 days	85 years	1. Awaiting assessment by social care 2. Family identifying a placement 3. Awaiting identified placement to assess and accept
2014	52 days	82 years	1. Awaiting DST assessment 2. Family to find placement 3. Placement to assess 4. Placement declined, family to find new placement 5. Awaiting IMCA and best interests meeting 6. Awaiting CHC funding confirmation for placement
2015	52 days	90 years	1. Awaiting allocation and assessment by social care 2. Awaiting funding 3. Awaiting social care to identify placement within cost agreement 4. Awaiting funding to be confirmed 5. Awaiting contracts between placement and social care.
2016 (Jan – Feb)	60 days	81 years	1. Legal dispute and multiple agency safeguarding investigation ongoing.

2. In each case, please provide the age of the patient and reason for delay.
Answer: Please see this information entered into the table above.

471/15
Patients Who Do Not Vacate a Hospital Bed/Ward

1. The number of letters issued by your Trust threatening legal proceedings if a patient does not leave. Please include specific details of any laws referred to in each.
Answer: Our Trust does not issue these letters to our patients.

2. How many letters has your Trust issued threatening legal proceedings if a patient does not vacate a hospital bed/ward on 2013/14, 2014/15, 2015/16. Please include specific details of any laws referred to in each if different from Question 1.
Answer: This is not applicable to our Trust.

3. Number of cases an eviction notice or court order for possession of a bed been served by your trust in 2013/14, 2014/15, 2015/16. Please include specific details of any laws referred to in each if different from Questions 1 and 2.
Answer: This is not applicable to our Trust.

472/15
Mid Term Scan Protocol

I'm wondering if i can get the protocol for a mid term scan if its been done twice and all measurement could not be done. I'm am referring to the 20 week scan
Answer: Please find enclosed with this letter a copy of our current protocol for non-completion of ultrasound scanning at the 20 week anomaly scan. Staff details below Director level have been redacted from the document. Exemption under Section 20 (Personal Information) has been applied.

We can confirm that if all structures are not visualised in two attempts, no further scans are offered to re-attempt this.

473/15
Falls Prevention / Monitors

Please could I request the following information:
1. Which hospitals in the trust have the following wards:
Elderly Care
Stroke
Dementia
Names: **Answer: Walsall Manor Hospital has Elderly Care, and Stroke wards. We do not have a particular ward for dementia patients but are trying to facilitate 'dementia friendly environments'. Within ward areas there are 'butterfly bays' which are used for patients with dementia where there is a higher level of observation.**

2. What are your published figures for reported in-patient falls for the period January 2013 – December 2015?
Year 2013:**Answer: 652**   Year 2014: **Answer: 653**   Year 2015: **Answer: 734**

3. Do any of the hospitals within the trust use any of the following (please state which product for which hospital):
Turun TABS Falls Monitor☑
Alert-It
Sensorcare Bed Systems
Other (please name_____)

4. Has there been a significant number of false alarms with any of the falls prevention devices?
Answer: No, only a very small number of incidents specify that the falls equipment failed to work.
Turun TABS Falls Monitor   yes/no
Alert-It   yes/no
Sensorcare Bed Systems   yes/no
Other   yes/no

If significant, is the hospital/s still using the equipment?
Yes   No
Answer: This is not applicable.

5. Has there been any reported issues of pressure sores/bed sores due to using any of the falls prevention devices?
Answer: No

Turun TABS Falls Monitor Minor	Severe	Average
Alert-It Minor	Severe	Average
Sensorcare Bed Systems Minor	Severe	Average
Other Minor	Severe	Average

6. What is the name of the Ward Manager/s of the ward/s that use the falls prevention device?
Answer: Staff details below Director level is withheld under Section 40 (Personal Information). The Director response for Ward Managers is Rachel Overfield, our Interim Director of Nursing.

7. What named type of beds are used in the ward/s that the falls monitor is used on?
Answer: Huntleigh enterprise 5000, sidhill beds, ultra-low spirit beds (low rise beds) as well which may sometimes have alarms used on them.

**474/15
Structural Chart for Estates and Facilities**

I would like to FOI request the structure chart for the Estates and Facilities department at Walsall Healthcare NHS Trust, including maintenance staff, capital projects works staff and Estates and Facilities managers. Could you also please include a structure chart and contact numbers.

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

Staff within our Estates and Facilities Department can be contacted via our switchboard on 01922 721172.

475/15
Pharmacy

Please provide me with:

1. the name of your Head/Director of Pharmacy (or Chief Pharmacist)
   Answer: Our Acting Director of Pharmacy is Grace Tsang.

2. Structure chart of your pharmacy department
   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

3. Total number of pharmacists, pharmacy technicians, pharmacy assistants and administrative staff in the dept.
   Answer: Please see this information detailed below;

Pharmacists:	**25.21 WTE – including vacancies**
Pharmacy Technicians:	**27.94 WTE– including vacancies**
Pharmacy Assistants:	**19.09 WTE– including vacancies**
Administrative/Procurement staff:	**4.48 WTE – including vacancies**

476/15
Board Membership Gender, Ethnic Background and Age Range

Under the Freedom of Information Act 2000, please can I request the following information?

A breakdown of your Board membership showing gender, and ethnic background and age range broken into separate categories for:

· Chairman

· Non- executive directors
· Executive directors

Age range should be specified for each category as follows.

Age of Board Members	
Identifier	Years of age
A1	18-39
A2	40-49
A3	50-59
A4	60-69
A5	70 and over

Ethnic Background should be specified according to the following classifications set out by the Office for National Statistics.

Ethnicity	
Identifier	Standard Office of National Statistics (ONS) Ethnicity Classifications
1	Arab
2	Asian/ Asian British: Indian
3	Asian/ Asian British: Pakistani
4	Asian/ Asian British: Bangladeshi
5	Asian/ Asian British: Chinese
6	Black/ African/ Caribbean/ Black British: African
7	Black/ African/ Caribbean/ Black British: Caribbean
8	Black/ African/ Caribbean/ Black British: Any other Black/African/Caribbean background
9	Mixed/Multiple ethnic group: White and Black Caribbean
10	Mixed/Multiple ethnic group: White and Black African
11	Mixed/Multiple ethnic group: White and Asian
12	Mixed/Multiple ethnic group: Any other Mixed/Multiple ethnic background
13	White: English/Welsh/Scottish/Northern Irish/Cornish/British
14	White: Irish
15	White: Gypsy or Irish Traveller
16	White: Any other White background
17	Any other ethnic group
18	Not Known

Answer: Please see the table below which details the gender, ethnic background and age range of our Board members.

Job Title	Gender	Age Range	Ethnicity
Chair	Male	A4	13
Chief Executive	Male	A2	13
Chief Operating Officer (interim)	Male	A2	13
Director of Finance & Performance	Male	A2	13
Director Nursing (Interim)	Female	A3	13
Director of Organisational Development	Male	A3	13

and Human Resources			
Director of Strategy & Transformation	**Male**	**A2**	**13**
Medical Director	**Male**	**A4**	**3**
Non-executive Director 1	**Male**	**A4**	**13**
Non-executive Director 2	**Male**	**A4**	**13**
Non-executive Director 3	**Male**	**A4**	**13**
Non-executive Director 4	**Male**	**A4**	**13**
Non-executive Director 5	**Female**	**A2**	**13**
Trust Secretary (Interim)	**Female**	**A3**	**13**

477/15
Air Fluidised Beds

I would be grateful if you could provide me with the following information under the Freedom of Information Act in relation to your Trust's expenditure on and usage of Air Fluidised beds? These products include Hill-Rom's Clinitron and ArjoHuntleigh's FluidAir Elite.
Answer: We have searched our system and cannot find any usage of these products within our Trust.

·   What was your overall rental spend in 2015 on Air Fluidised beds?
Answer: This is not applicable.

·   What was your overall capital spend in 2015 on Air Fluidised beds?
Answer: This is not applicable.

·   Have you bought any Air Fluidised beds in the last three years?
Answer: This is not applicable.

·   How many days usage on these products did you have in 2015?
Answer: This is not applicable.

·   Do you mainly rent or use Trust-owned products?
Answer: This is not applicable.

478/15
Cerebral Palsy

Please provide us with the following information:

1. The total number of children and young people diagnosed with cerebral palsy by Walsall Hospitals NHS Trust within each of the last five years.

Answer: Diagnosis information for outpatients and Emergency Department attendees is not electronically recorded on our Clinical Coding system. We are only able to search inpatient diagnosis data within our Clinical Coding system dating back to January 2011.

The results are detailed as follows;

Calendar Year	Number of Inpatients Admitted aged 18 or Less with a Diagnosis Coding of Cerebral Palsy
2015	34
2014	29
2013	41
2012	31
2011	52

2. The total working-time equivalent (WTE) number of specialist staff employed by Walsall Hospitals NHS Trust from the following disciplines, trained to work with children and young people with cerebral palsy:

   a. Paediatric speech and language therapists
   Answer: 14.5 WTE

   b. Paediatric physiotherapists
   Answer: 3.6 WTE qualified staff who have training in cerebral palsy in the community setting. Three of whom are also Bobath trained.

   c. Paediatric occupational therapists
   Answer: 6.72 WTE

3. The total working-time equivalent (WTE) number of:

   a. Health visitors
   Answer: As of 29th February 2016, there were 58.50 WTE substantive Health Visitors employed by Walsall Healthcare NHS Trust. This figure is inclusive of Specialist Health Visitors.

   b. Specialist health visitors for children with special needs
   Answer: As at 29th February 2016, there was 1 WTE substantive Specialist Health Visitors for Children and Families employed by Walsall Healthcare NHS Trust.

   employed by Walsall Hospitals NHS Trust.

4. A copy of your care pathway for children and young people with cerebral palsy.
   Answer: Our Trust does not have a specific cerebral palsy pathway (other than TAC) as many children do not receive cerebral palsy diagnosis but have PVL or complex needs that are not diagnosed as cerebral palsy. We have a complex children's pathway, botox pathway (copy enclosed and then processes around mainstream/special school input [enclosed], transition and equipment prescription that are relevant to all children [not included]).

Our Trust is developing a postural care pathway for complex children (not necessarily cerebral palsy) and will be starting to train in cerebral palsy integrated pathway (CPIP, measures of hip ROM, joint ranges etc) and will add to the cerebral palsy database which is currently being developed.

Please note that any staff details within enclosed documents (available upon request) have been redacted under section 40 (Personal Information).

5. A copy of your service framework for children and young people with cerebral palsy.
   Answer: Our Trust does not have a specific cerebral palsy framework. Children are placed onto an appropriate pathway based on their needs and not their diagnosis. Cerebral palsy covers such a wide range of abilities, it decided not to have a cerebral palsy pathway as it would be very complicated and diverse. Our Trust uses the TAC framework to provide co-ordinated care for children with complex needs (not necessarily cerebral palsy) and use Nice Guidance (spasticity management guidance - not just related to cerebral palsy) and national initiatives (CPIP) to ensure service development and multiagency working. This is our mission statement and overall purpose.

6. Whether there is a specific timescale set out in your care pathway for referral for diagnosis of cerebral palsy, from the point of the formal identification of symptoms.
   Answer: Our Physiotherapy Service accepts children prior to diagnosis and often as soon as the child is discharged from hospital if there has been a stormy neonatal period. Our Trust has no set timescales for referral for diagnosis but will refer to Community Paediatricians when symptoms are looking like cerebral palsy and a diagnosis has not been given.

7. An overview of training and advice provided by Walsall Hospitals NHS Trust for health professionals on identifying and referring children with cerebral palsy.
   Answer: Our Trust does not provide staff with training specifically on identifying and referring children with cerebral palsy.

   Please see the enclosed documents. – available upon request.

**479/15
Criminal Records**

I would like to make the following Freedom of Information request to your trust:

How many staff currently employed at your trust (across all areas) hold a criminal record?
Answer: Each Disclosure and Barring Service (DBS) criminal records check outcome is managed locally and our Trust is not permitted to keep the

paperwork under DBS rules. This information cannot be provided as it is not electronically recorded centrally.

Please break down these numbers by profession/sector: e.g. nurses, doctors, midwives, etc.
If a breakdown by profession is not possible, then instead, please simply supply the figures broken down by:
i)   Medical staff (e.g. doctors, nurses, etc.)
ii)   Non medical staff (e.g. porters, admin, security, cleaners, etc.)
Answer: As mentioned above, this information is not electronically recorded centrally by our Trust.

Please provide a full list of the convictions these criminal records relate to, again breaking down by profession (or medical and non-medical staff if that is how you have provided the information in (1.).)
Answer: As mentioned above, this information is not electronically recorded centrally by our Trust.

Providing you hold this information: please supply figures for 'spent' convictions. I would be grateful if this information could be provided separately.
Answer: As mentioned above, this information is not electronically recorded centrally by our Trust.

Please send the information in electronic form.

480/15
Under 16's and Sexually Transmitted Diseases

I would like to make the following Freedom of Information request relating to under 16's and Sexually Transmitted Diseases (STDs).

Over the last five years:
1.)   How many children (aged 15 and under) have attended services at your trust to get tested for sexually transmitted diseases? Please provide the total number for each year – and in addition, break down by age (age band is adequate if the numbers are small).
   Answer: Please see the table below. Data is not available prior to 2013. Due to some numbers being small age banding has been used.

Age	2013	2014	2015	2016	Totals
10-12 years	4	3	3	0	10
13 years	7	23	19	2	51
14 years	60	79	98	20	257
15 years	162	263	308	44	777
Grand Total	233	368	428	66	1095

2.)   Please provide the total number of STD tests that came back positive in children under 16 over the last five years – and again, please break down by year, age, - as well as the type of STDs that were diagnosed.
Answer: Please see the table below. Data is not available prior to 2013. Due to some numbers being small age banding has been used.

Information relating to the type of STDs diagnosed is available via the Public Health England website using the following link;
http://fingertips.phe.org.uk/profile/sexualhealth/data#page/0/gid/8000057/pat/6/par/E12000005/ati/102/are/E08000030

Exemption under Section 21 (Information Available by Other Means) has been applied to this part of your request.

Age	2013	2014	2015	2016	Totals
13-14 years	**2**	**5**	**7**	**0**	**14**
15 years	**6**	**17**	**18**	**2**	**43**
Grand Total	**8**	**22**	**25**	**2**	**57**

3.)   If this has not been made clear in the above response – what is the specific age of the youngest child to be diagnosed with an STD over the last five years – and what was the STD?
 Answer: The age of the youngest patient who had a positive result following an STD test was 13 years of age.

5.) Within these figures, please also include the numbers of children who were found to have an STD when using hospital services for other services.
Answer: This information is not recorded so cannot be provided.

4.)   Please separately provide the total number of children under 16 who were diagnosed with HIV over the last five years – with a breakdown of ages for each year. This includes children who were found to have HIV when attending hospital for another matter.
 Answer: Please see the table below. Data is not available prior to 2013. Due to some numbers being small age banding has been used.

Age	2013	2014	2015	2016	Totals
13-14 years	0	5	4	0	9
15 years	0	29	50	5	84
Grand Total	0	34	54	5	93

481/15
Staff Car Parking

I would like to make a freedom of information request relating to the staff parking charges.

1 -How much revenue came in from staff car parking at walsall manor hospital in the last tax year.

Answer: During April 2014 – March 2015 a total income of £331,550 is recorded from staff car parking.

2 - Do any members of staff receive free parking at walsall manor hospital.

Answer: We can confirm that no staff members receive free parking at Walsall Manor Hospital.

3 - Do any of the board of directors pay for staff parking at walsall manor hospital.

Answer: Yes, Directors do pay for parking at Walsall Manor Hospital.

482/15
IV Drips

Please tell me if district nurses can be empowered and equipped by GP clinics and hospitals to give its prescription based medication for skin through iv drip of 2 to 3 hours (medication dissolved into glucose
solution) on each of the 3 consecutive days every 28 days to patient at home?
Answer: This question cannot be answered under the Freedom of Information Act. The Act does not cover opinions or judgements. It covers factual data, information or records.

Please tell me if GP clinics nurses can be empowered and equipped by GP to give prescription based medication through iv drip of 2 to 3 hours (medication dissolved

into glucose solution) on each of the 3 consecutive days every 28 days to patient at home?
Answer: Walsall GP Practice Nurses are not employed by our Trust. We recommend you redirect your request to Walsall Clinical Commissioning Group Freedom of Information Office for this information. Their Freedom of Information office can be contact via email address; foi@walsall.nhs.uk or postal address: Jubilee House, Bloxwich Lane, Walsall, WS2 7JL.

483/15
Patient Entertainment and Software Systems

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

I am requesting the following pieces of information:

1. Considering patient entertainment systems in your hospital trust, can you confirm the number of beds which are serviced by:
    o Communal TV unit   **Answer: We are not able to confirm the number of beds but can advise that all ward bays have a communal TV.**
2. How many individual beds are serviced by:
    o TV   **Answer: We are not able to confirm the number of beds but can advise that all side rooms in wards have individual terrestrial TVs.**
    o Video-On-Demand service   **Answer: Nil**
    o Telephone   **Answer: Nil**
    o Games   **Answer: Nil**
    o Wi-Fi **Answer: This is not known nor centrally recorded.**
3. Can you confirm who are the third-party vendors who provide the media systems in question (1) and (2) above
    Answer: This is not applicable as they are box standard TVs running off a terrestrial aerial.

4. Do you have Wi-Fi available for patients, and how much does it cost per hour/per use?
    Answer: Yes, Wi-Fi is free within our hospital.

5. Which, if any, of the following services does the trust use?
    o Patient flow / bed management software
    Answer: No

    o Patient medical records software (EPR/PAS software such as Lorenzo or equivalent)
    Answer: Yes

    o Bedside software for clinical use by medical staff – electronic access to charts, medication etc.
    Answer: Yes

- Hospital management software at bedside, such as electronic Meal Ordering for patients
  Answer: No

6. Which vendors do you use for each of those items in (5) above
   Answer: Lorenzo for patient medical records and VitalPAC for bedside clinical software.

484/15
Discharge Policies

Under the Freedom of Information Act 2000, please provide me with the following information:
1. What number (and proportion) of hospitals run by the Trust have discharge policies in place that require patients to leave hospital after a specified period of time, if they are medically fit but remain in hospital because they (or their family) are:
   a. Choosing a residential or nursing home?
   b. Arranging a care package at home?
   c. Looking for alternative housing (e.g. sheltered/retirement housing, extra care)?

Please provide supporting documentation in the form of the relevant policy documents.
Answer: Our Trust currently does not have a ratified implemented policy relating to specific time frames in which medically fit patients have to leave the hospital.

2. How many patients aged 65 and over have been affected by this policy in the past 12 months? Please provide an overall number, and if possible also provide numbers of patients who have been affected for each of the reasons listed in question 1 above.

If it is not possible to provide figures for different age groups, please give the total number of people affected.
Answer: Data is not recorded in relation to this.

3. What number of hospitals run by the Trust have plans to develop such a policy within the next 12 months?
Answer: Our Trust is reviewing our discharge processes/policies in line with other NHS practice and this might mean a more formal policy approach to patients who are medically fit for discharge is put in place within the next 12 months.

485/15
Physical attacks on your trust's premises

I have also included as an attachment to this request a template file for responses, in the Excel file format.

I would be very grateful if you could please input the answers into this template file. This will be of great help to me in my research.

1) How many physical attacks have there been on premises owned by your Trust in each of the last five financial years by patients on
a) patients
b) staff
c) visitors?

2) How many physical attacks have there been on premises owned by your Trust in each of the last five financial years by staff on
a) patients
b) staff
c) visitors?

3) How many physical attacks have there been on premises owned by your Trust in each of the last five financial years by visitors on
a) patients
b) staff
c) visitors?

By 'physical attacks' I mean any physical attack by one person on another person reported to or collected by your trust, or reported by your trust to the police or any other law enforcement agency.
Answer: Please find the completed table below. This has also been entered into the enclosed excel spreadsheet as requested. – available upon request.

Name of Trust	Financial year	Q1) Attacks by patients on…			Q2) Attacks by staff on…			Q3) Attacks by visitors on…			Additional notes
		a) Patients	b) Staff	c) Visitors	a) Patients	b) Staff	c) Visitors	a) Patients	b) Staff	c) Visitors	
Walsall Healthcare NHS Trust	Jan12-Mar12	1	19	0	0	0	0	0	0	0	Answer: 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.
	2012/2013	5	81	2	1	0	0	0	0	0	N/A
	2013/2014	4	129	0	3	1	0	3	3	0	N/A
	2014/2015	0	143	4	4	0	0	0	3	0	N/A
	2015/2016	5	151	0	2	0	0	1	6	4	N/A

486/15
IT Spend and Information Security

I would therefore be grateful if you could provide me the following information to help me complete my research –

1. Name of your Organisation
    Answer: Walsall Healthcare NHS Trust

2. Name of your IT Provider
    Answer: Our IT service provision is in-house.

3. Total number of staff within your IT Department
    Answer: 93 staff are currently employed within our IT Department.

4. Total number of beds you have across your sites –
    Answer: The total bed complement is 610 when all overflow capacity is open. Normal running state is circa 525.

5. Do you have a A&E Department
    Answer: Yes.

6. Total spend on IT by your organisation
    Answer: Total annual IT pay spend is £1,100,000. Total annual non-pay spend is £1,300,000.

7. Total spend on Hardware by your organisation
    Answer: Total annual spend on server hardware is £6,000. Total annual spend on computer hardware is £5,000.

8. Total Spend on Software by your organisation
    Answer: We would be grateful if you could respond to our email to you on the 11ᵗʰ March in relation to this question. Please reply within 12 weeks from the date of the email. If we do not hear from you before this time, you request for this information will be closed.

9. Planned spend on IT by your organisation for 16/17
    Answer: We would be grateful if you could respond to our email to you on the 11ᵗʰ March in relation to this question. Please reply within 12 weeks from the date of the email. If we do not hear from you before this time, you request for this information will be closed.

10. Number of sites supported
    Answer: 52

11. Number of users supported
    Answer: 3000

12. The total number of computers within the organisation
    Answer: 3501 desktop PCs and 1339 laptops.

13. The total number of smartphones within the organisation
    Answer: Nil

14. The total number of tablet devices within the organisation
    Answer: 200

15. Any of the functions of your IT Department are provided by a third party – Yes/No
    Answer: No

16. And if yes to the above how much does this service cost and when is it due for renewal ?
    Answer: This is not applicable.

17. Details of whether IT security and/or Information Governance is provided by an in-house team or by a third party (number of staff in each team please) – if by a third party please state who provides the service and when the contract expires
    Answer: This is provided by an in-house team.

Please provide the additional below information based on the manufacturer used, license expiry, and license cost including duration for each of the following IT security areas within the organisation:

18. Desktop anti-virus
    - Manufacturer:
    - Licence Expiry:
    - Licence Cost:

    Answer: We have an Enterprise wide solution purchased in 2012 with 5 years maintenance at a cost of £58,000. This is currently due to expire July 2017. The manufacturer details are withheld under Section 24 (National Security). Our Trust does not release information or details which may compromise system security.

    This covers;
    - **desktop anti-virus**
    - **protection of Microsoft Exchange environment**
    - **mobile device management/enterprise mobility management**
    - **hard disk encryption removal**

19. Protection of Microsoft Exchange environment (please state if this is not applicable due to the use of NHSmail/NHSmail2)
    - Manufacturer:
    - Licence Expiry:
    - Licence Cost:

    Answer: Please see the answer to question 18 above.

20. Email gateway (please state if this is not applicable due to the use of NHSmail/NHSmail2)
    - Manufacturer:
    - Licence Expiry:
    - Licence Cost:

    Answer: Please see the answer to question 18 above.

21. Mobile device management/enterprise mobility management

·   Manufacturer:
·   Licence Expiry:
·   Licence Cost:
Answer: Please see the answer to question 18 above.

22. Removable media encryption
·   Manufacturer:
·   Licence Expiry:
·   Licence Cost:
Answer: Please see the answer to question 18 above.

23. Firewall
·   Manufacturer: **Answer: This information is withheld under Section 24 (National Security). Our Trust does not release information or details which may compromise system security.**
·   Licence Expiry **Answer: Due to expire in August 2016**
·   Licence Cost **Answer: Maintenance costs for the year is £7600**

24. Virtual server software provider and number of virtual servers (e.g. VMWare, Hyper-V etc.)
·   Manufacturer: **Answer: VMWare**
·   Licence Expiry: **Answer: Due for renewal in May 2016.**
·   License Cost: **Answer: £31,000 inc VAL per annum**
·   Number of VM's: **Answer: Approximately 310 virtual servers.**

25. Network access control solution provider
·   Manufacturer:
·   Licence Expiry
·   Licence Cost
 Answer: Our Trust does not use Network Access Control.

487/15
Mental Health Referrals

How many mental health referrals were made in the Accident and Emergency Department for patients suffering from suspected mental health disorders over the last three years?

Fom 1st January 2013 – 31st December 2013.
Answer: Our current patient management system does not record referrals leaving the Accident & Emergency Department. The patients listed below were identified as a combination of all attendances for 'Mental Health Issues' and where those patients were subsequently referred to 'Other Health Care

Providers'. This is the methodology determined to provide the closest match to the information you have requested.

Prior to March 2014 our previous patient management system was able to record referrals to a Crisis Team. Those patients have been included where they have a matching 'Mental Health Issues' diagnosis present.

From the criteria described above, we can confirm that 344 patients were identified with this coding during 1st January 2013 – 31st December 2013.

From 1st January 2014 – 31st December 2014.
Answer: Our current patient management system does not record referrals leaving the Accident & Emergency Department. The patients listed below were identified as a combination of all attendances for 'Mental Health Issues' and where those patients were subsequently referred to 'Other Health Care Providers'. This is the methodology determined to provide the closest match to the information you have requested.

Prior to March 2014 our previous patient management system was able to record referrals to a Crisis Team. Those patients have been included where they have a matching 'Mental Health Issues' diagnosis present.

From the criteria described above, we can confirm that 173 patients were identified with this coding during 1st January 2014 – 31st December 2014.

From 1st January 2015 – 31st December 2015.
Answer: Our current patient management system does not record referrals leaving the Accident & Emergency Department. The patients listed below were identified as a combination of all attendances for 'Mental Health Issues' and where those patients were subsequently referred to 'Other Health Care Providers'. This is the methodology determined to provide the closest match to the information you have requested.

Prior to March 2014 our previous patient management system was able to record referrals to a Crisis Team. Those patients have been included where they have a matching 'Mental Health Issues' diagnosis present.

From the criteria described above, we can confirm that 172 patients were identified with this coding during 1st January 2015 – 31st December 2015.

From 1st January 2016 - 29th February 2016.
Answer: Our current patient management system does not record referrals leaving the Accident & Emergency Department. The patients listed below were identified as a combination of all attendances for 'Mental Health Issues' and where those patients were subsequently referred to 'Other Health Care Providers'. This is the methodology determined to provide the closest match to the information you have requested.

Prior to March 2014 our previous patient management system was able to record referrals to a Crisis Team. Those patients have been included where they have a matching 'Mental Health Issues' diagnosis present.

From the criteria described above, we can confirm that 70 patients were identified with this coding during 1ˢᵗ January 2016 – 29ᵗʰ February 2016.

In addition, if you have the figures could you include the reason for the referral in each of those time periods; for example, suicide attempt, self harm, psychotic episode etc.
Answer: Reason for referral is not a captured data item on our systems.

488/15
Shifts and Translators

I would like to make a Freedom of Information request to your Trust. Please can you provide the following information?

1) The name of your trust

Answer: Walsall Healthcare NHS Trust

2) In the last 12 months, has your trust had to issue a new rota pattern for doctors of any speciality, which has had the effect of reducing the number of doctors on shift?

Answer: No

3) For the week commencing February 22 **2016**,

a) what percentage of doctor shifts were filled by locums?

Answer: 14.72%

b) what percentage of doctor shifts were unfilled?

Answer: 0%

4) For the week commencing February 23 **2015**,

a) what percentage of doctor shifts were filled by locums?

Answer: 10.78%

b) what percentage of doctor shifts were unfilled?

Answer: 0%

5) In the month of February 2016, how many agency nursing shifts were paid at a band 6 rate to fill a band 5 unfilled shift?

Answer: The only instances where we are aware of this occurring and it is therefore monitored and recorded is within our Theatres department. Due to the TDA/Monitor agency capped rates which were introduced in November and again lower capped rates in February, we have found it increasingly difficult to source Theatre Nurses at the Band 5 pay rate. The Trust therefore agreed to pay Band 6 rates to fill agency shifts in Theatres.

As of 09th March 2016, the number of shifts recorded on our Temporary Staffing system that the above applies to, is a total of 55 shifts.

6) How many languages do you translate patient information into as of **1 March 2016**? Please list the languages by most popular.

Answer: We can confirm that the different languages our Trust translate patient information into in order of popularity is;

1) **Punjabi**
2) **Bengali**
3) **Polish**
4) **Urdu**
5) **Mirpuri**
6) **Gujarati**
7) **Chinese**
8) **Slovak**
9) **Romanian**
10) **Hungarian**
11) **Arabic 9**
12) **Czech**

7) For the following financial years: 2013/14, 2014/15 and so far in 2015/16, how much money has the trust spent on the following language services:

a) Translation of written information for patients /carers

Answer: Our Trust does not request document translation. A large number of health advice leaflets are available in the different languages mentioned above.

b) Translation services for patients/carers

We can confirm the annual spend for agency interpreter is;

2015/16   £101,481 (up to end of February 2016)
2014/15   £113,122
2013/14   £110,299

c) Employment of translators

Answer: The Trust employs x4 interpreters who speak various South Asian languages. For any European, Middle Eastern, African or far east languages agencies are used.

We can confirm the annual spend for these staff members is;

2015/16   £39,997 (up to end of February 2016)
2014/15   £43,332
2013/14   £42,833

d) Employment of advocates for non-English speaking people

Answer: Our employed interpreters also provide advocacy services to patients from South Asian countries (eg. Punjabi, Urdu, Bengali, Gujarati and Mirpuri).

Please see the annual spend detailed above.

e) Total cost of translation and interpretation for the trust

Answer: Total annual spend for our employed interpreters and for agency interpretation services is detailed below. Please note that some invoices may still be being processed for 2015/16.

2015/16   £141,478 (up to end of February 2016)
2014/15   £156,444
2013/14   £153,132

489/15
Allied Health Professionals

I would like to request that you provide the following information under the Freedom of Information Act:

Question 1
Please can you confirm what your total spend on Allied Health Professional (AHP) agency staff was during the financial year April 2015-January 2016?
Answer: Our Trust spend a total of £748,000 on Allied Health Professionals during April 2015 – January 2016.

Can you please break this financial information down by AHP specialism:
• Arts Therapists,
• Chiropodist/Podiatrist,
• Dietician,
• Occupational Therapist,
• Physiotherapist,
• Prosthetist / Orthotist,
• Imaging Professionals,
• Speech / Language Professionals.
Answer: Not much information is recorded from invoices electronically. Spend is not recorded for individual roles so cannot be broken down on our system. Some roles are categorised and grouped together. We can only provide the following spend for the roles detailed;

2014/15												
Staff Group	Mth 1 (£)	Mth 2 (£)	Mth 3 (£)	Mth 4 (£)	Mth 5 (£)	Mth 6 (£)	Mth 7 (£)	Mth 8 (£)	Mth 9 (£)	Mth 10 (£)	Mth 11 (£)	Mth 12 (£)
(Radiology/Therapies/Dietitians)	23,000	54,000	33,000	68,000	42,000	33,000	93,000	92,000	72,000	91,000	65,000	94,000
(Pathology/Clinical Measurement Unit/Pharmacists)	65,000	43,000	17,000	30,000	29,000	24,000	16,000	21,000	34,000	21,000	26,000	31,000

Question 2

Please can you confirm the names of the organisation/s you procure temporary Allied Health Professionals (AHP) from and the total spend for each organisation/s. To provide additional clarity on my request, 'temporary Allied Health Professionals' is to mean all persons who are AHPs and are not on permanent contracts of employment with the Board, but are supplied via employment agencies.

Answer: Please note that our Temporary Staffing Office record some information in terms of bookings for some AHPs. Arrangements for other roles are made by the individual departments.

We can confirm that our Trust has used the following agencies to provide AHP staff over the last 12 months;

Care 4 Health
ID Medical
IML
Labmed
Reed
RIG
Medacs
Medics Pro
Maxxima
Yourworld

With regards to the total annual spend for each agency company listed above, this would include spend for other roles eg. Nursing, Medics etc. As mentioned above, not much information is recorded from invoices electronically. Spend information is not recorded against individual roles so cannot be broken down on our system.

If total annual spend for these companies (which included spend for Nursing, Medics, AHPs, Admin & Clerical staff etc) would be useful to you, please let us know.

490/15
Board Members and Executive Directors

I am requesting the following information under the Freedom of Information Act 2000:
1.   Designation/ job title of Board members and the Executive directors with their <u>voting or non-voting status</u> as at year end (31 March) for each of the following years

- 2010/11
- 2011/12
- 2012/13
- 2013/14
- 2014/15
- 2015/16 (current/in post - not at year end)

For the Executive directors, please use their job titles. For Non- executive directors, other than the Chair, please use Non-executive 1, 2 etc.

2.   Gender of Board members and the Executive directors for the above requested years

For Example:

Example	2010/11 year		
No	Designation/ Job title	Gender	Voting or Non voting
	Chief Executive	M	Voting
	Medical Director	F	Voting
	Chair	M	Voting
	Non-executive director 1	F	Non voting

A spread sheet is attached for ease of compilation for the years requested.
Answer: Please see the information requested below. This has also been entered into the spreadsheet as requested which is enclosed with this letter.

Designation / Job title	GENDER (Male - M or Female - F)						VOTING STATUS - Voting or Non-voting					
	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16	2010/11	2011/12	2012/13	2013/14	2014/15	2015/16
Acting Director of Finance	N/A	N/A	M	M	N/A	N/A	N/A	N/A	Voting	Non-voting	N/A	N/A
Chair	M	M	M	M	M	M	Voting	Voting	Voting	Voting	Voting	Voting
Chief Executive	N/A	M	M	M	M	M	N/A	Voting	Voting	Voting	Voting	Voting
Chief Operating Officer	N/A	F	F	F	M	N/A	N/A	Voting	Voting	Non-voting	N/A	N/A
Director of Corporate Affairs and Trust Secretary	F	F	N/A	N/A	N/A	N/A	Non-Voting	Non-voting	N/A	N/A	N/A	N/A
Director of Finance	F	F	N/A	N/A	N/A	N/A	Voting	Voting	N/A	N/A	N/A	N/A
Director of Finance & Performance	N/A	N/A	N/A	N/A	M	M	N/A	N/A	N/A	N/A	Voting	Voting
Director of Governance & Trust Secretary	N/A	N/A	F	F	F	N/A	N/A	N/A	Voting	Non-voting	N/A	N/A
Director of Human Resouces	F	F	N/A	N/A	N/A	N/A	Non-Voting	Non-voting	N/A	N/A	N/A	N/A
Director of Human Resources and Organisational Development	N/A	N/A	N/A	N/A	N/A	M	N/A	N/A	N/A	N/A	N/A	Non-voting
Director of Informatics	M	M	N/A	N/A	N/A	N/A	Non-Voting	Non-voting	N/A	N/A	N/A	N/A
Director of Nursing	N/A	N/A	F	F	F		N/A	N/A	Non-voting	Non-voting		
Director of Nursing and Governance	F	F	N/A	N/A	N/A	N/A	Voting	Voting	N/A	N/A	N/A	N/A
Director of Operations	M	N/A	N/A	N/A		N/A	Non-Voting	Non-voting	N/A	N/A	N/A	N/A
Director of Strategy	N/A	N/A	F	F	N/A	N/A	N/A	N/A	Non-voting	Non-voting	N/A	N/A
Director of Strategy and Partnerships	F	F	N/A	N/A	N/A	N/A	Non-Voting	Non-voting	N/A	N/A	N/A	N/A
Director of Strategy and Transformation	N/A	N/A	N/A	N/A	N/A	M	N/A	N/A	N/A	N/A	N/A	Non-voting
Director of Transformation and Integrated Pathways	N/A	F	N/A	N/A	N/A	N/A	Non-Voting	Non-voting	N/A	N/A	N/A	N/A
Interim Chief Executive	M	N/A	N/A	N/A	N/A	N/A	Non-Voting	N/A	N/A	N/A	N/A	N/A
Interim Chief Operating Officer	N/A	N/A	N/A	N/A	N/A	M	N/A	N/A	N/A	N/A	N/A	Voting
Interim Director of Nursing	N/A	N/A	N/A	N/A	N/A	F	N/A	N/A	N/A	N/A	N/A	Voting
Interim Director of Strategy and Transformation	N/A	N/A	N/A	N/A	M	N/A	N/A	N/A	N/A	N/A	Non-voting	N/A
Medical Director	M	M	M	M	M	M	Voting	Voting	Voting	Voting	Voting	Voting

Non-Executive Director 1	M	M	M	M	M	M	Voting	Voting	Voting	Voting	Voting	Voting
Non-Executive Director 2	M	M	M	M	M	M	Voting	Voting	Voting	Voting	Voting	Voting
Non-Executive Director 3	M	M	M	M	M	M	Voting	Voting	Voting	Voting	Voting	Voting
Non-Executive Director 4	M	M	F	M	M	M	Non-Voting	Non-voting	Voting	Voting	Voting	Voting
Non-Executive Director 5	F	F	N/A	F	M	F	Non-Voting	Non-voting	N/A	Voting	Voting	Voting
Non-Executive Director 6	M	N/A	N/A	N/A	N/A	N/A	Voting	N/A	N/A	N/A	N/A	N/A
Trust Secretary	N/A	N/A	N/A	N/A	N/A	F	N/A	N/A	N/A	N/A	N/A	Non-voting
Vice Chair	M	M	M	M	M	N/A	Voting	Voting	Voting	Voting	Voting	Voting

491/15
Staffing Costs and Agency Spend

Dear FOI administrator
I would like the following information under the Freedom of Information Act

1. How much spend on agency and bank workers for 2015?
   Answer: We can provide the total spend on agency and bank workers for 2014/15 (Apr-Mar) financial year which was £19,969,000.

2. How much spend on agency and bank workers for 2014?
   Answer: We can provide the total spend on agency and bank workers for 2013/14 (Apr-Mar) financial year which was £20,021,000.

3. How much spend on agency and bank workers for 2013?
   Answer: We can provide the total spend on agency and bank workers for 2012/13 (Apr-Mar) financial year which was £13,731,000.

4. Total cost of Staffing: Full time, part time, Agency, Bank and other for 2015?
   Answer: We can provide the total cost of staffing for 2014/15 financial year which was £163,093,000.

5. Total cost of Staffing: Full time, part time, Agency, Bank and other for 2014?
   Answer: We can provide the total cost of staffing for 2013/14 financial year which was £154,765,000.

6. Total cost of Staffing: Full time, part time, Agency, Bank and other for 2013?
   Answer: We can provide the total cost of staffing for 2012/13 financial year which was £145,347,000.

7. The number of shifts filled by agency and bank staff in December 2015 in hospitals under the agency price cap rules ?
   Answer: We can only provide the joint number of Nursing bank and agency shifts filled in December 2015 which was a total of 2670 shifts. This information is dated 4th January 2016.

   As the TDA/Monitor agency capped rates are reported on a weekly basis, we can provide the number of nursing agency shifts filled which were above the capped rates for the particular weeks within December:
   - **Week commencing 30.11.15 = 75 shifts**
   - **Week commencing 07.12.15 = 15 shifts**
   - **Week commencing 14.12.15 = 48 shifts**
   - **Week commencing 21.12.15 = 12 shifts**
   - **Week commencing 28.12.15 = 18 shifts**

8. How many of (answer 7) were breaches of the new pay caps that recently came into effect."?
   Answer: This is not recorded so cannot be provided.

9. The person and the email of the person responsible for temporary staffing
   Answer: Staff details below Director level are withheld under Section 40 (Personal Information). The Director responsible for our Temporary Staffing Department is Rachel Overfield, our Interim Director of Nursing.

492/15
Staff Car Parking

This is a request under the Freedom of Information Act.

1) How many staff work at the trust?
   Answer: As of the 29th February 2016, 4402 individuals are employed by our Trust.

2) How many car parking spaces are there?
   Answer: At Walsall Manor Hospital there are a total of 1200 staff car parking spaces available. Please note that staff that are based within the Community do not pay for car parking at their place of work.

3) How many staff members use car parking facilities each day?
   Answer: Within a 24 hour period on the 15th March 2016, our system registered 1522 separate card swipes by staff in order to access car parking.

4) Do staff pay to park?
   Answer: Staff that are based within the Community do not pay for car parking at their place of work. Staff that are based at Walsall Manor Hospital do pay for car parking.

5) If so, how much to they currently pay if they pay by a) salary sacrifice
                                                            b) daily
   (please state if staff on different bands or pay grades pay different amounts to park. Please state what these amounts are)
   Answer: Staff of all grades are charged the same for parking according to where they park. The inner zone which is closer to the hospital is charged at £300 per year which is deducted monthly. The outer zone is charged at £180 per year which is also deducted monthly. Staff do not pay this by salary sacrifice.

The rates have been the same since 1st April 2014.

5) Please state what the charges were for both salary sacrifice and daily parking in 2014/5
   Answer: Please see the answer above.

6) Please state what the charges were for both salary sacrifice and daily parking in 2013/4
   Answer: Staff do not pay for car parking by salary sacrifice. Prior to the 1st April 2014 the rates were; the inner zone was £180 per year and the outer zone £120 per year. These rates had not altered for the at least 5 years prior to 1st April 2014.

7) Please state what the charges were for both salary sacrifice and daily parking in 2012/3
   Answer: Please see the answer above. This is not applicable.

8) Please state what the charges were for both salary sacrifice and daily parking in 2011/2
   Answer: Please see the answer above. This is not applicable.

9) What is the total amount paid by staff for parking at the trust in 2014/5
Answer: During April 2014 – March 2015 a total income of £331,550 is recorded from staff car parking.

10) What is the total amount paid by staff for parking at the trust in 2013/4
Answer: During April 2013 – March 2011 a total income of £224,893 is recorded from staff car parking.

11) What is the total amount paid by staff for parking at the trust in 2012/3
Answer: During April 2012 – March 2013 a total income of £210,597 is recorded from staff car parking.

12) What is the total amount paid by staff for parking at the trust in 2011/2
Answer: During April 2011 – March 2011 a total income of £197,470 is recorded from staff car parking.

493/15
Overseas Visitors

1. Do you keep exemption data, covering overseas visitors?
   Answer: Yes.

2. How many exempt overseas visitor patients did you treat since 1 April 2015 to 1 March 2016?
   Answer: The standard practice within our Trust with regards to private and overseas patients is that if they do not have a UK address for invoicing purposes then they would be charged as an overseas patient.

   We can confirm that during 1st April 2015 – 1st March 2016 there were 26 overseas patients recorded as receiving treatment/being invoiced by our Trust.

3. How many European (EEA) "ordinarily resident" (OR) patients did you treat since 1 April 2015 to 1 March 2016?
   Answer: Where a patient originated from prior to coming to the UK is not recorded on our systems in order to provide this information.

4. Of those in question 3, how many received maternity care?
   Answer: As mentioned above, this is not recorded so cannot be provided.

5. Of those in question 3, how many received treatment at a department other than maternity? Please break the total down by department. Include up to 5 most popular departments.
   Answer: As mentioned above, this is not recorded so cannot be provided.

6. Of those in Q3, please state the 5 most popular treatments received by European (EEA) "ordinarily resident" (OR) patients since 1 April 2015 – 1 Mar 2016, and give numbers for each treatment if known.

Answer: As mentioned above, this is not recorded so cannot be provided.

7.   Do you have an Overseas Visitors Department? Y/N
Answer: No

8.   If so, how many Overseas Visitors Officers (OVOs)/ Overseas Visitor Managers (OVMs) do you employ? (full-time equivalent)
Answer: This is not applicable to our Trust.

9.   Are your OVOs/OVMs dedicated to working solely at your Overseas Visitors Department, or do they also work in other departments? If so please state which other departments they work in.
Answer: This is not applicable to our Trust.

10.   Do you share any of your OVOs/OVMs with other trusts? If so how many and with which trusts?
Answer: This is not applicable to our Trust.

11.   Are your OVOs/OVMs all resident in your trust, or do they work off-site?
Answer: This is not applicable to our Trust.

Regarding Q3 by "Ordinarily Resident" we mean citizens from non-UK EEA countries who are classified as "Ordinarily Resident" in the UK for the purposes of receiving healthcare from the NHS and being exempt from charges as a result.

For instance a French citizen receiving NHS treatment in the UK who was able to produce documents such as a rental agreement would qualify as "Ordinarily Resident" for the purpose of receiving NHS care, and would not be charged for the care received.

A French citizen on holiday in the UK who was receiving NHS treatment would not qualify as "Ordinarily Resident" and the NHS would seek to charge either the patient's health insurance or the French health system for his/her care,

494/15
Maternity Discharges and Time of Live Births

I request the following;

1.For each of the past five calendar years (2011 to 2015) what is the total number of women who have been discharged from maternity units/birthing centres between the hours of 00.00 hours and 06.00 hours after having live births? Please note I would like an individual figure for each year rather than an overall total.
Answer: The table below details counts of inpatients who are coded as having had a live birth who were discharged by calendar year before 6am. This information has also been entered into an excel spreadsheet as requested.

Calendar Year	Number of Discharged Patients before 6am Following Live Birth
2011	66
2012	76

2013	76
2014	109
2015	100

2. I would also like details on the times of day mothers are discharged from your maternity units/birthing centres after giving birth, during 2015. For 2015 I would like the number of mothers who have given live births discharged for each hour of the day;

-Between 00.00 hours and 00.59 hours

-Between 1.00 hours and 01.59 hours

-Between 02.00 hours and 02.59 hours and so on to complete the 24 hour period.

Please reply by email and put the results in a table, preferably using an Excel spreadsheet.

Answer: The table below details counts of inpatients who are coded as having had a live birth who were discharged in 2015. This information has also been entered into an excel spreadsheet as requested.

Hour of Discharge	Number of Discharged Patients Following Live Birth
Between 00:00 and 00:59	25
Between 01:00 and 01:59	20
Between 02:00 and 02:59	17
Between 03:00 and 03:59	17
Between 04:00 and 04:59	10
Between 05:00 and 05:59	11
Between 06:00 and 06:59	24
Between 07:00 and 07:59	97
Between 08:00 and 08:59	162
Between 09:00 and 09:59	137
Between 10:00 and 10:59	201
Between 11:00 and 11:59	372
Between 12:00 and 12:59	307
Between 13:00 and 13:59	488
Between 14:00 and 14:59	603
Between 15:00 and 15:59	285
Between 16:00 and 16:59	140
Between 17:00 and 17:59	769
Between 18:00 and 18:59	730
Between 19:00 and 19:59	173
Between 20:00 and 20:59	73
Between 21:00 and 21:59	46
Between 22:00 and 22:59	28
Between 23:00 and 23:59	27

495/15
Patients not Resident in the UK

Please can you provide the following information?

1) The name of your trust
Answer: Walsall Healthcare NHS Trust

2) Since 1st April 2015 until 1st March 2016 how many patients using your services have been identified as not 'ordinarily resident' in the UK under the Department of Health guidelines on
'Guidance on implementing the overseas visitor hospital charging regulations 2015'?   See link below
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/496951/Overseas_visitor_hospital_charging_accs.pdf
Answer: Where a patient originated from prior to coming to the UK is not recorded on our systems in order to provide this information.

3) Since 1st April 2015 until 1st March 2016 how much money has the Trust spent on the care of patients identified as not 'ordinarily resident' in the UK?
Answer: We are not able to identify these patients on current systems in order to provide this information.

4) Since 1st April 2015 until 1st March 2016 out of those patients identified as not 'ordinarily resident' in the UK, how much money has the Trust claimed back for their care?
Answer: We are not able to identify these patients on current systems in order to provide this information.

5) Since 1st April 2015 until 1st March 2016 out of those patients identified as not 'ordinarily resident' in the UK, how many have been asked to repay the costs for their care?
Answer: We are not able to identify these patients on current systems in order to provide this information.

6) Since 1st April 2015 until 1st March 2016 out of those patients identified as not 'ordinarily resident' in the UK, how many of those who have been asked to repay the costs for their care have not yet paid?
Answer: We are not able to identify these patients on current systems in order to provide this information.

496/15
Hip Implants

Please provide the number of hip implant revisions the Trust has carried out in the last three calendar years. For your information, a hip implant revision is the surgery carried out on someone who has previously had a hip replacement. The revision involves either resurfacing the device that was initially implanted or replacing it.
Answer: Please see the table below which details the number of hip implant revisions surgeries performed over the last three years.

Calendar Year	Number of Patients
2013	12
2014	8
2015	8

And, provided it does not exceed the cost limit, please provide information on the initial implant which had to be revised in the revision surgery - namely the type of implant (ie metal-on-metal, ceramic-on-metal etc etc) and the manufacturer.

Answer: The only information available is listed in the table below. Please note that this information was not electronically recorded for some patients.

Calendar Year	Implant Information
2013	Femoral Head 28mm
	95mm DHS/DCS Screw
	MUSCULOSKELETAL TRANSPLANT FOUNDATION
	STRYKER EXETER X3 RIMFIT CUP
	STRYKER BIOLOX DELTA CERAMIC V40 FEMORAL HEAD
	STRYKER EXETER V40 CEMENTED HIP STEM
	DEPUY OVAL DOME PATELLA 3-PEG
	STRYKER EXETER CONTEMPORARY FLANGED CUP
	STRYKER EXETER V40 CEMENTED HIP STEM
	STRYKER V40 FEMORAL HEAD
	STRYKER EXETER V40 CEMENTED HIP STEM
	STRYKER TORX CANCELLOUS BONE SCREW
	STRYKER TORX CANCELLOUS BONE SCREW
	STRYKER ACETABULAR DOME HOLE PLUG
	STRYKER TRIDENT X3 POLYETHLENE INSERT
	STRYKER TRITANIUM HEMISPHERICAL CLUSTER HOLE SHELL
	STRYKER TORX CANCELLOUS BONE SCREW
	STRYKER V40 FEMORAL HEAD
	STRYKER TORX CANCELLOUS BONE SCREW
	STRYKER TRIDENT X3 POLYETHLENE INSERT
	STRYKER EXETER CONTEMPORARY FLANGED CUP
	STRYKER EXETER V40 CEMENTED HIP STEM
	STRYKER V40 FEMORAL HEAD
	JRI CUP LINER
	JRI 32MM FEMORAL HEAD
	JRI 13MM FEMORAL STEM
	JRI 15MM BONE SCREW
	JRI 15MM BONE SCREW
	JRI 52MM ACETABULAR CUP
	JRI 20MM BONE SCREW

2014	JRI BONE DRILL WITH BAYONETT FITTING
	JRI 15MM BONE SCREW
	JRI 20MM BONE SCREW
	JRI 32MM FEMORAL HEAD
	JRI 48MM ACETABULAR CUP
	JRI 9MM FEMORAL STEM
	JRI CUP LINER
	STRYKER DALL-MILES BEADED CABLE AND SLEEVE SET
	JRI BONE DRILL WITH BAYONETT FITTING
	JRI 20MM BONE SCREW
	JRI 46MM ACETABULAR CUP
	JRI 15MM BONE SCREW
	JRI 20MM BONE SCREW
	JRI 15MM BONE SCREW
	JRI CUP LINER
	CVC Hickman Line
	JRI 60MM ACETABULAR CUP
	JRI 15MM BONE SCREW
	JRI BONE DRILL WITH BAYONETT FITTING
	JRI 16MM FEMORAL STEM
	JRI 32MM FEMORAL HEAD
	JRI 20MM BONE SCREW
	JRI CUP LINER
	JRI 15MM BONE SCREW
	DEPUY ADVANTAGE CTA HEAD
	DEPUY ADVANTAGE STANDARD STEM
	JRI 32MM FEMORAL HEAD
	JRI BONE DRILL WITH BAYONETT FITTING
	JRI 15MM BONE SCREW
	JRI 58MM ACETABULAR CUP
	JRI 20MM BONE SCREW
	JRI CUP LINER
	JRI 16MM FEMORAL STEM
	JRI 12MM FEMORAL STEM
	JRI CUP LINER
	JRI 32MM FEMORAL HEAD
	JRI 58MM ACETABULAR CUP
	JRI 15MM BONE SCREW
	JRI 15MM BONE SCREW
	JRI 20MM BONE SCREW
	FEMORAL HEAD COBALT CHROME 32MM MEDIUM NECK
	6MM CURVED SERATED OSTEOTOME
	CUP LINER HAC CSF PLUS 10 HOODED
	BONE SCREW HAC CSF 15MM

	BONE SCREW HAC CSF 20MM
	BONE SCREW HAC CSF 15MM
	BONE DRILL WITH BAYONET FITTING
	FEMORAL STEM FURLONG HAC 16MM
	ACETABULAR CUP FURLONG HAC CSF PLUS 58MM
2015	**JRI 58MM ACETABULAR CUP**
	JRI 25MM BONE SCREW
	JRI 25MM BONE SCREW
	JRI 36MM FEMORAL HEAD
	JRI CUP LINER
	STRYKER V40 FEMORAL HEAD
	STRYKER RESTORATION GAP II ACETABULAR SHELL
	STRYKER RESTORATION GAP PLATE SCREW
	DEPUY HARDINGE FEMORAL CEMENT RESTRICTOR
	STRYKER RESTORATION GAP PLATE SCREW
	STRYKER EXETER V40 CEMENTED HIP STEM
	JRI 28MM REVISION FEMORAL HEAD
	PALACOS R+G 1X40
	STRYKER EXETER V40 CEMENTED HIP STEM
	STRYKER RESTORATION GAP PLATE SCREW
	STRYKER RESTORATION GAP PLATE SCREW
	STRYKER TRIDENT TRITANIUM HEMISPHERICAL SHELL 62MM
	STRYKER RESTORATION GAP PLATE SCREW 6.5MMX25MM
	STRYKER RESTORATION GAP PLATE SCREW 6.5MMX30MM
	STRYKER TRIDENT 10 POLYETHYLENE INSERT 36MM
	STRYKER BIOLOX DELTA CERAMIC V40 FEMORAL HEAD 36MM
	PALACOS R+G 2X2O
	TRIATHLON PRIMARY TIBIAL BASEPLATE
	TRIATHLON TIBIAL BEARING INSERT
	TRIATHLON POSTERIOR STABILIZED FEMORAL

497/15
Director of Nursing Details

Could you give me the name of the Director of Nursing at the Manor Hospital and her email address please?
Answer: Rachel Overfield is our Interim Director of Nursing. Her email address is rachel.overfield@walsallhealthcare.nhs.uk

498/15
Letter Transcription

QUESTIONS:

1.
Does your NHS Trust use any outside company, individual or organisation to transcribe patient letters, records or any other patient information?
Answer: No

If so:

2.
Please give the names of the companies/ individuals/ organisations used, their addresses and the countries in which they are based.
Answer: This is not applicable to our Trust.

3.
Please give the dates during which they have been employed to carry out these services by your Trust.
Answer: This is not applicable to our Trust.

4.
Please state exactly what services the company/ individual/ organisation is contracted to do for the trust.
Answer: This is not applicable to our Trust.

5.
In what form is the patient information sent to the company/ individual/ organisation?
Answer: This is not applicable to our Trust.

6.
On how many occasions was patient information sent to the company/ individual/ organisation? Please give the figure for each of the past three years.
Answer: This is not applicable to our Trust.

7.
How much money has been paid to the company/ individual/ organisation? Please give the figure for each of the past three years.
Answer: This is not applicable to our Trust.

6.
How many complaints have you received about the standard of the work by this company/individual/organisation, if any? Please give figures for each of the past three years.
Answer: This is not applicable to our Trust.

7.
On how many occasions has this data been lost or misplaced by the company/ individual/ organisation? Please give figures for each of the past three years.
Answer: This is not applicable to our Trust.

499/15
Diagnostic Imaging

I would be grateful if you could provide me with the information set out below in respect of Diagnostic Imaging (DI) at your Trust for the FY 2014/15:

For each of the key Points of Delivery categories (just EL, SSEL, NEL, SSNEL, DC and OP), the numbers and types (e.g. CT/MR/PET-CT/endoscopy) of DIs performed per Primary Diagnosis (ICD) and the number of patients so investigated in that ICD category.

We would only need the first three characters of the Primary Diagnosis code (e.g. C00 to D49 for Neoplasms).
Answer: The closest figures we can provide from our electronic system is imaging data broken down by individual scan type (MRI, CT etc) and then type of patient from the list below.

A&E Attender
Day Case Patient
Dental Patient
GP Direct Access Patient
Inpatient
Outpatient
Ward Attender
Other Patient

With regards to the diagnostic coding, we only record this for inpatients and day case patients.

Before we source this information, would you kindly confirm if the information we can provide would be useful to you as it is not particular in the way you request

I will be happy with the data you specified.
Answer: Please find enclosed the information as requested in spreadsheet format. – available upon request.

500/15
Thefts

I would like to make the following Freedom of Information request to your trust:

1. How many items/money has your trust logged as stolen or missing from your premises over the last three years? Please provide the figures broken down by the following calendar years (Jan-Dec): i)2013 ii)2014 iii)2015
Answer: We can confirm the following number of incidents recorded where items were reported as stolen or missing from our premises;

2013   56 incidents

2014   118 incidents

2015   86 incidents

2. Please provide each incident in a list form including: year, item stolen, and estimated value of the item/money (if held), and whether the missing/stolen item had belonged to member of staff, a patient/visitor, or was hospital money/property.
Answer: The estimated value was not stated for some incidents. Please see the tables below.

Year	Victim/Owner	Category	Item Description	Estimated Value
2013	Trust Property	Theft	SATs monitor	Not Stated
2013	Visitor	Theft	Money	100
2013	Staff	Theft	Money	20
2013	Trust Property	Theft	Tin of baby milk	Not Stated
2013	Staff	Theft	Missing purse	150
2013	Staff	Theft	Money	235
2013	Trust Property	Theft	Stock delivery box	Not Stated
2013	Staff	Theft	Childrens books and toys missing	Not Stated
2013	Trust Property	Theft	Tampon machine stolen	Not Stated
2013	Staff	Theft	Pair of prescription reading glasses	Not Stated
2013	Trust Property	Theft	3 prescriptions had gone missing	Not Stated
2013	Staff	Theft	Neonatal phone stolen	Not Stated
2013	Staff	Theft	Phone was missing	Not Stated
2013	Patient	Theft	Car has been broken into	Not Stated
2013	Staff	Theft	Money from collection box	£16-20
2013	Patient	Lost Property	Fleece Jumber	£25
2013	Patient	Lost Property	Black Hodal Containg Clothes	Not Stated
2013	Patient	Lost Property	Coat & Dressing Gown	Not Stated
2013	Patient	Lost Property	2 Pairs of Pyjamas	Not Stated
2013	Patient	Lost Property	2 Pairs of Glasses	Not Stated
2013	Patient	Lost Property	Earings	Not Stated
2013	Patient	Lost Property	Dentures	Not Stated
2013	Patient	Lost Property	Spectacles	Not Stated
2013	Patient	Lost Property	Hearing Aid	Not Stated
2013	Patient	Lost Property	Spectacles	Not Stated
2013	Patient	Lost Property	Mobile Phone	Not Stated
2013	Patient	Lost Property	Dentures	Not Stated

2013	Staff	Lost Property	Money	£20
2013	Patient	Lost Property	Money	Not Stated
2013	Patient	Lost Property	Dentures	Not Stated
2013	Staff	Lost Property	Shoes	Not Stated
2013	Patient	Lost Property	Tobacco	Not Stated
2013	Patient	Lost Property	Wedding Ring	Not Stated
2013	Patient	Lost Property	Mobile Phone	Not Stated
2013	Patient	Lost Property	Dentures	Not Stated
2013	Patient	Lost Property	Equipment	Not Stated
2013	Patient	Lost Property	Spectacles	Not Stated
2013	Patient	Lost Property	Credit Card	Not Stated
2013	Patient	Lost Property	Dentures	Not Stated
2013	Patient	Lost Property	Jewellery	Not Stated
2013	Patient	Lost Property	Money	£40
2013	Patient	Lost Property	Money & Keys	£10
2013	Patient	Lost Property	Slippers	Not Stated
2013	Patient	Lost Property	Dentures	Not Stated
2013	Patient	Lost Property	Spectacles	Not Stated
2013	Patient	Lost Property	Spectacles	Not Stated
2013	Patient	Lost Property	Nightdress	Not Stated
2013	Patient	Lost Property	Spectacles	Not Stated
2013	Patient	Lost Property	Electric Razor	Not Stated
2013	Patient	Lost Property	Money	£20
2013	Patient	Lost Property	Hearing Aid	Not Stated
2013	Patient	Lost Property	Dentures	Not Stated
2013	Patient	Lost Property	Dentures	Not Stated
2013	Patient	Lost Property	Pyjamas	Not Stated
2013	Patient	Lost Property	Dentures	Not Stated
2013	Patient	Lost Property	Bath Towel	Not Stated

Year	Victim/Owner	Category	Item Description	Estimated Value
2014	Staff	Theft	Drug Keys	Not stated
2014	Staff	Theft	Money and mug	Not stated
2014	Trust Property	Theft	Weighing scales, measuring mat, head circumference measurer, pencil case stolen from boot of car	Not stated
2014	Staff	Theft	Money	£55
2014	Patient	Theft	Handbag containing purse, cards and £10-£15, mobile phone and charger, medical supplies for colostomy bag	Not stated

2014	Staff	Theft	iPad	Not stated
2014	Staff	Theft	Sat nav from glove box	Not stated
2014	Staff	Theft	Purse with cards	Not stated
2014	Staff & Trust Property	Theft	Cash tin of tea/coffee funds and gift vouchers purchased with trust funds stolen	approx £330
2014	Staff	Theft	Attempted theft of cash box from scan room	Not stated
2014	Patient	Lost Property	Kindle	Not stated
2014	Patient	Lost Property	Pyjamas	Not stated
2014	Patient	Lost Property	Dentures	Not stated
2014	Patient	Lost Property	Money	Not stated
2014	Patient	Lost Property	Jewellery	Not stated
2014	Patient	Lost Property	Dentures	Not stated
2014	Patient	Lost Property	Glasses	Not stated
2014	Patient	Lost Property	Jewellery	Not stated
2014	Patient	Lost Property	Dentures	Not stated
2014	Patient	Lost Property	Hearing Aid	Not stated
2014	Patient	Lost Property	Night Dress	£20
2014	Patient	Lost Property	Debit Card & Cash	£130
2014	Patient	Lost Property	Cardigan	£15
2014	Patient	Lost Property	Kindle	Not stated
2014	Patient	Lost Property	Pyjamas	Not stated
2014	Patient	Lost Property	Money	Not Stated
2014	Patient	Lost Property	Jewellery	Neckchains
2014	Patient	Lost Property	Dentures	Not stated
2014	Patient	Lost Property	Jewellery	Not stated
2014	Patient	Lost Property	Dentures	Not stated
2014	Patient	Lost Property	Hearing Aid	Not stated
2014	Patient	Lost Property	Debit Card & Cash	£130
2014	Patient	Lost Property	Money	£30 and Change

2014	Trust	Lost Property	Chair Mats	Not stated
2014	Patient	Lost Property	Dentures	Not stated
2014	Patient	Lost Property	Clothing	Not stated
2014	Trust	Lost Property	Keys	Not stated
2014	Patient	Lost Property	Dressing Gown	Not stated
2014	Patient	Lost Property	2 x Gold Chains	Not stated
2014	Patient	Lost Property	Wash Bag	Not stated
2014	Patient	Lost Property	Pyjama Tops	Not stated
2014	Patient	Lost Property	Glasses	Not stated
2014	Patient	Lost Property	Watch	Not stated
2014	Patient	Lost Property	Spectacles & £5	Not stated
2014	Patient	Lost Property	Money	200
2014	Patient	Lost Property	Toiletry Bag & Contents	Not stated
2014	Patient	Lost Property	Spectacles	Not stated
2014	Patient	Lost Property	Hearing Aid	Not stated
2014	Patient	Lost Property	Purse	Not stated
2014	Patient	Lost Property	Nightwear	Not stated
2014	Patient	Lost Property	Hearing Aid	Not stated
2014	Patient	Lost Property	Mobile Phone & Specs	Not stated
2014	Patient	Lost Property	Dentures	Not stated
2014	Patient	Lost Property	Dentures	Not stated
2014	Patient	Lost Property	Slipers, Dressing Gown	Not stated
2014	Patient	Lost Property	Jewellery - Rings	Not stated
2014	Patient	Lost Property	Spectacles	Not stated
2014	Patient	Lost Property	Dentures	Not stated
2014	Patient	Lost Property	Dentures	Not stated
2014	Patient	Lost Property	Hearing Aid	Not stated
2014	Patient	Lost Property	Dentures	Not stated
2014	Patient	Lost Property	Dentures	Not stated
2014	Patient	Lost	Mobile Phone	Not stated

		Property		
2014	Patient	Lost Property	Dentures	Not stated
2014	Patient	Lost Property	Spectacles	Not stated
2014	Patient	Lost Property	Dentures	Not stated
2014	Patient	Lost Property	Dressing Gown	Not stated
2014	Patient	Lost Property	Spectacles	Not stated
2014	Patient	Lost Property	Necklace	Not stated
2014	Patient	Lost Property	Spectacles	Not stated
2014	Patient	Lost Property	Money	Not stated
2014	Patient	Lost Property	Money	20
2014	Patient	Lost Property	Mobile Phone	Not stated
2014	Patient	Lost Property	Jewellery	Not stated
2014	Patient	Lost Property	Spectacles	Not stated
2014	Patient	Lost Property	Spectacles	Not stated
2014	Patient	Lost Property	Dressing Gown	Not stated
2014	Patient	Lost Property	Clothes	Not stated
2014	Patient	Lost Property	Mobility Aid	Not stated
2014	Staff	Lost Property	Spectacles	250
2014	Patient	Lost Property	Clothes	Not stated
2014	Patient	Lost Property	Spectacles	Not stated
2014	Patient	Lost Property	Many Items	Not stated
2014	Patient	Lost Property	Mobility Aid	Not stated
2014	Patient	Lost Property	Dentures	Not stated
2014	Patient	Lost Property	Hearing Aid	Not stated
2014	Patient	Lost Property	Clothes	Not stated
2014	Patient	Lost Property	Dentures	Not stated
2014	Patient	Lost Property	Spectacles	Not stated
2014	Patient	Lost Property	Personal Clothing	Not stated
2014	Trust Property	Lost Property	Thermometers	Not stated
2014	Staff	Theft	stolen purse	Not stated

2014	Staff & Trust Property	Theft	Trust mobile phone and drivers own Sat Nav.	Not stated
2014	Trust Property	Theft	Ward XBOX taken from the ward	Not stated
2014	Staff	Theft	Money collected for the ward syndicate lottery was stolen	£350
2014	Staff	Theft	Handbag and contents stolen	Not stated
2014	Staff	Theft	Money stolen from purse from handbag	Not stated
2014	Staff	Theft	£20 note missing	£20
2014	Trust Property	Theft	Dictation machines missing	Not stated
2014	Trust Property	Theft	table and chair set found to be missing	Not stated
2014	Staff	Theft	Purse stolen, contained bank cards and driving licence.	Not stated
2014	Staff	Theft	Mountin bike stolen	Not stated
2014	Staff	Theft	approximately £40 has been taken.	£40
2014	Patient	Theft	£30 pounds stolen	£30
2014	Staff	Theft	front and rear number plates had been stolen	Not stated
2014	Patient	Theft	£80 stolen	£80
2014	Staff	Theft	£10 missing from bag	£10
2014	Staff	Theft	£ 13 went missing	£13
2014	Trust Property	Theft	Sandwiches and yoghurts eaten/stolen	Not stated
2014	Staff	Theft	hospital key for the new building	Not stated
2014	Trust Property	Theft	store cupboard keys plus another set of keys were missing.	Not stated
2014	Staff	Theft	£5 was missing.	£5
2014	Patient	Theft	Wallet containing £120 has gone missing from the ward.	Not stated
2014	Staff	Theft	A member of staff's payslip and accompanying letter	Not stated
2014	Trust Property	Theft	2 laptops along with the chargers, and bags were stolen	Not stated
2014	Staff	Theft	work brief case, mobile phone and Sat Nav	Not stated
2014	Staff	Theft	£300 was missing	£300
2014	Staff	Theft	Money was found to be missing from the parents sitting room	Not stated

Year	Victim/Owner	Category	Item Description	Estimated Value
2015	Trust Property	Theft	hard drive was missing from the pc.	Not Stated
2015	Staff	Theft	Collection money	£70
2015	Staff	Theft	money intop drawer was missing	£60
2015	Patient	Theft	Patient lost money	£98.14
2015	Staff	Theft	car keys and bank card	Not Stated
2015	Trust Property	Theft	Four ink cartridges	Not Stated
2015	Trust Property	Theft	alcohol gel being stolen	Not Stated
2015	Patient	Theft	Patient checked her purse to find that £40.00 was missing.	£40
2015	Patient	Theft	Patient states money has been stolen	£10
2015	Staff	Theft	staff dress stolen	Not Stated
2015	Staff	Theft	money and bank card taken from purse	£20
2015	Staff	Theft	BCU Hoodie and Converse shoes	Not Stated
2015	Staff	Theft	money has been stolen	£5
2015	Staff	Theft	purse has been stolen	Not Stated
2015	Staff	Theft	purse with credit and debit cards driving license disability card and car keys.	Not Stated
2015	Patient	Theft	£40.00 and bank card	£40
2015	Patient	Theft	bank card has been stolen	Not Stated
2015	Trust Property	Theft	9 brand new xbox games stolen from the ward.	Not Stated
2015	Patient	Lost Property	Slippers	Not Stated
2015	Patient	Lost Property	Dentures	Not Stated
2015	Patient	Lost Property	Necklace	Not Stated
2015	Patient	Lost Property	Handbag	Not Stated
2015	Patient	Lost Property	Money	£200.00
2015	Patient	Lost Property	Spectacles	Not Stated
2015	Patient	Lost Property	Dentures	Not Stated
2015	Patient	Lost	Spectacles	Not Stated

2015	Patient	Lost Property	Spectacles	Not Stated
2015	Patient	Lost Property	Spectacles	Not Stated
2015	Patient	Lost Property	Hearing Aid	Not Stated
2015	Patient	Lost Property	Hearing Aid	Not Stated
2015	Patient	Lost Property	Dentures	Not Stated
2015	Patient	Lost Property	Jewellery	Not Stated
2015	Patient	Lost Property	Money	Not Stated
2015	Patient	Lost Property	Dentures	Not Stated
2015	Patient	Lost Property	Spectacles	Not Stated
2015	Patient	Lost Property	Dentures	Not Stated
2015	Patient	Lost Property	Phones	Not Stated
2015	Patient	Lost Property	Dentures	Not Stated
2015	Patient	Lost Property	Dentures	Not Stated
2015	Patient	Lost Property	Dentures	Not Stated
2015	Patient	Lost Property	Hearing Aid	Not Stated
2015	Patient	Lost Property	Dentures	Not Stated
2015	Patient	Lost Property	Money	£400
2015	Patient	Lost Property	Dentures	Not Stated
2015	Patient	Lost Property	Hearing Aid	Not Stated
2015	Patient	Lost Property	Razor	Not Stated
2015	Patient	Lost Property	Clothing	Not Stated
2015	Patient	Lost Property	Clothing	Not Stated
2015	Patient	Lost Property	Clothing	Not Stated
2015	Patient	Lost Property	Slippers & Dressing Gown	Not Stated
2015	Patient	Lost Property	Dressing Gown	Not Stated
2015	Patient	Lost Property	Dressing Gown	Not Stated
2015	Patient	Lost Property	Spectacles	Not Stated
2015	Patient	Lost Property	Dentures	Not Stated
2015	Patient	Lost Property	£40.00 & Bank Card	£40
2015	Patient	Lost Property	Dentures	Not Stated

		Property		
2015	Patient	Lost Property	Personal Clothing	Not Stated
2015	Patient	Lost Property	Personal Clothing	Not Stated
2015	Trust Property	Lost Property	Prescription Pad	Not Stated
2015	Patient	Lost Property	Dentures	Not Stated
2015	Patient	Lost Property	Kindle fire	Not Stated
2015	Patient	Lost Property	Dentures	Not Stated
2015	Trust Property	Lost Property	Staff Personal Files	Not Stated
2015	Patient	Lost Property	Personal clothing	Not Stated
2015	Patient	Lost Property	Personal Clothing	Not Stated
2015	Patient	Lost Property	Dentures	Not Stated
2015	Patient	Lost Property	Hearing Aid	Not Stated
2015	Trust Property	Lost Property	Clinical Equipment/Admin	Not Stated
2015	Trust Property	Lost Property	Clinical Equipment/Admin	Not Stated
2015	Patient	Lost Property	Money	£30.00
2015	Patient	Lost Property	Dentures	Not Stated
2015	Patient	Lost Property	Dentures	Not Stated
2015	Patient	Lost Property	Hearing Aid	Not Stated
2015	Trust Property	Lost Property	Clinical Equipment/Admin	Not Stated
2015	Staff	Lost Property	Personal Belongings	Not Stated
2015	Staff	Lost Property	Personal Property	Not Stated
2015	Trust Property	Lost Property	Clinical Equipment/Admin	Not Stated
2015	Trust Property	Lost Property	Clinical Equipment/Admin	Not Stated
2015	Staff	Lost Property	Dentures	Not Stated
2015	Patient	Lost Property	Personal Clothing	Not Stated
2015	Patient	Lost Property	Money	Not Stated
2015	Patient	Lost Property	Money	Not Stated
2015	Staff	Lost Property	Equipment	Not Stated
2015	Patient	Lost Property	Personal Clothing	Not Stated

2015	Patient	Lost Property	Dentures	Not Stated
2015	Staff	Lost Property	Personal Property	Not Stated
2015	Staff	Lost Property	Phone	Not Stated

501/15
Diseases of the Eye, Treatment Options and Volumes

In accordance to the right of information under the Freedom of Information Act 2000 I am writing to request the following information.

The total patients treated with the following conditions:

- Wet age-related macular degeneration (AMD)

  Answer: We do not treat patients diagnosed with this condition at our hospital. Any patients requiring treatment for this condition are referred to New Cross Hospital. We recommend you contact their Freedom of Information office directly for this information. Their email address is; rwh-tr.foi@nhs.net or postal address; Freedom of Information Coordinator, Governance & Legal Services Department, The Royal Wolverhampton NHS Trust, New Cross Hospital, Wolverhampton, WV10 0QP.

  We are only able to confirm the monthly numbers of inpatients who had this condition coding present as a diagnosis. We have provided this information in a separate spreadsheet enclosed with this letter. – available upon request.

Disease Description and Treatment Option	NUMBER OF PATIENTS TREATED PER MONTH (if small numbers e.g. 5 or under suppress to 5*											
wAMD (Wet Age Related Macular Degeneration)	**Mar-15**	**Apr-15**	**May-15**	**Jun-15**	**Jul-15**	**Aug-15**	**Sep-15**	**Oct-15**	**Nov-15**	**Dec-15**	**Jan-16**	**Feb-16**
(H353)	**4**	**3**	**8**	**5**	**12**	**4**	**12**	**4**	**10**	**13**	**11**	**2**

- Diabetic macular oedema (DMO)

  Answer: We do not treat patients diagnosed with this condition at our hospital. Any patients requiring treatment for this condition are referred to New Cross Hospital. We recommend you contact their Freedom of Information office directly for this information. Their email address is; rwh-tr.foi@nhs.net or postal address; Freedom of Information Coordinator, Governance & Legal Services Department, The Royal Wolverhampton NHS Trust, New Cross Hospital, Wolverhampton, WV10 0QP.

  We are only able to confirm the monthly numbers of inpatients who had this condition coding present as a diagnosis. We have provided this information in a separate spreadsheet enclosed with this letter. – available upon request.

Disease Description and Treatment Option	NUMBER OF PATIENTS TREATED PER MONTH (if small numbers e.g. 5 or under suppress to 5*											
bRVO (Branch Retinal Vein Occlusion)	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
(E103) (E113) (E143 +H358)	13	10	19	16	20	28	33	29	21	18	11	8

- Macular oedema secondary to retinal vein occlusion, branch (branch RVO)

  Answer: We do not treat patients diagnosed with this condition at our hospital. Any patients requiring treatment for this condition are referred to New Cross Hospital. We recommend you contact their Freedom of Information office directly for this information. Their email address is; rwh-tr.foi@nhs.net or postal address; Freedom of Information Coordinator, Governance & Legal Services Department, The Royal Wolverhampton NHS Trust, New Cross Hospital, Wolverhampton, WV10 0QP.

  We are only able to confirm the monthly numbers of inpatients who had this condition coding present as a diagnosis. We have provided this information in a separate spreadsheet enclosed with this letter. – available upon request.

Disease Description and Treatment Option	NUMBER OF PATIENTS TREATED PER MONTH (if small numbers e.g. 5 or under suppress to 5*											
cRVO (Central Retinal Vein Occlusion)	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
(H342)	0	0	0	0	1	0	1	0	0	0	0	0

- Macular oedema secondary to retinal vein occlusion, central (central RVO)

  Answer: We do not treat patients diagnosed with this condition at our hospital. Any patients requiring treatment for this condition are referred to New Cross Hospital. We recommend you contact their Freedom of Information office directly for this information. Their email address is; rwh-tr.foi@nhs.net or postal address; Freedom of Information Coordinator, Governance & Legal Services Department, The Royal Wolverhampton NHS Trust, New Cross Hospital, Wolverhampton, WV10 0QP.

  We are only able to confirm the monthly numbers of inpatients who had this condition coding present as a diagnosis. We have provided this information in a separate spreadsheet enclosed with this letter. – available upon request.

Disease Description and Treatment Option	NUMBER OF PATIENTS TREATED PER MONTH (if small numbers e.g. 5 or under suppress to 5*											
DMO (Diabetic Macular Oedema)	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
(H341)	0	0	0	0	0	0	0	0	0	0	1	0

- Myopic choroidal neovascularization (mCNV)

  Answer: We do not treat patients diagnosed with this condition at our hospital. Any patients requiring treatment for this condition are referred to New Cross Hospital. We recommend you contact their Freedom of Information office directly for this information. Their email address is; rwh-tr.foi@nhs.net or postal address; Freedom of Information Coordinator, Governance & Legal Services Department, The Royal Wolverhampton NHS Trust, New Cross Hospital, Wolverhampton, WV10 0QP.

  We are only able to confirm the monthly numbers of inpatients who had this condition coding present as a diagnosis. We have provided this information in a separate spreadsheet enclosed with this letter. – available upon request.

Disease Description and Treatment Option	NUMBER OF PATIENTS TREATED PER MONTH (if small numbers e.g. 5 or under suppress to 5*											
mCNV (myopic choroidal neovascularization)	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16
(H350)	1	1	0	0	0	1	0	0	0	0	1	0

The volume of use of the following treatment options:
- Ranibizumab
- Bevacizamab
- Aflibercept
- Dexamethasone intravitreal implant
- Fluocinolone acetonide intravitreal implant
- Laser Therapy

Answer: We do not treat patients diagnosed with the above conditions at our hospital. Any patients requiring treatment for this condition are referred to New Cross Hospital. We recommend you contact their Freedom of Information office directly for this

information. Their email address is; rwh-tr.foi@nhs.net or postal address; Freedom of Information Coordinator, Governance & Legal Services Department, The Royal Wolverhampton NHS Trust, New Cross Hospital, Wolverhampton, WV10 0QP.

I would like this information for the period March 2015 to February 2016, broken down by month and provided to me electronically in the spread sheet provided.

502/15
Patient Transport Vehicles

I would be most grateful if you would provide me, under the Freedom of Information Act, details in respect to the contract below:

UK- Walsall: patient-transport vehicles

The details we require are:

- Suppliers who applied for inclusion on the contract and were successful & not successful at the PQQ & ITT stages*
- Contract values of the contract year to date
- Start date & duration of contract
- Is there an extension clause in the contract and, if so, the duration of the extension?
- Has a decision been made yet on whether the contract is being either extended or renewed?
- Who is the senior officer (outside of procurement) responsible for this contract?

*For clarity, the details of the successful and unsuccessful suppliers are kept in the strictest confidence. These details are used only to contact and support suppliers regarding their bidding activity for the relevant contracts.

We have attached a Reply Form which may assist you in providing this data.

Reply Form

Organisation	**Walsall Healthcare NHS Trust**

Contract Title	**Patient Transport Vehicles**

	Question Detail	PQQ		ITT	
		Successful Suppliers	Unsuccessful Suppliers	Successful Suppliers	Unsuccessful Suppliers
Q1	Suppliers who applied for inclusion on the contract and were successful & not successful at the PQQ & ITT stages.	**Arriva Passenger Services** **NSL Ltd** **West Midlands Ambulance** **West Midlands Special Needs Transport**	**A4 MTS** **Ablewell Taxis** **Ambu Kare** **E-Zec Medical Transport** **Medical Services** **PP Transport Services** **Premier Care Direct**	**West Midlands Ambulance Service**	**Arriva Passenger Services Limited** **NSL Limited** **West Midlands Special Needs Transport**
Q2	Contract values of the contract year to date	**£398,992**			
Q3	Start date & duration of contract	**1st March 2013 to 28th February 2018**			
Q4	What is the current fleet size in the following categories:	Cars	Light Commercial Vehicles	Heavy Goods Vehicles	
		We are not aware of this information. West Midlands Ambulance Service provides	**We are not aware of this information. West Midlands Ambulance Service provides**	**We are not aware of this information. West Midlands Ambulance Service provides**	

		the appropriate patient transport vehicle at the time. As they own the fleet we recommend you contact their Freedom of Information Office directly for this information. They can be contact via email address; **FOI@wmas.nhs.uk** or postal address; Freedom of Information Officer, West Midlands Ambulance Service NHS Foundation Trust, Millennium Point, Waterfront Business Park, Waterfront Way, Brierley Hill, Dudley, Dy5 1LX	the appropriate patient transport vehicle at the time. As they own the fleet we recommend you contact their Freedom of Information Office directly for this information. They can be contact via email address; **FOI@wmas.nhs.uk** or postal address; Freedom of Information Officer, West Midlands Ambulance Service NHS Foundation Trust, Millennium Point, Waterfront Business Park, Waterfront Way, Brierley Hill, Dudley, Dy5 1LX	the appropriate patient transport vehicle at the time. As they own the fleet we recommend you contact their Freedom of Information Office directly for this information. They can be contact via email address; **FOI@wmas.nhs.uk** or postal address; Freedom of Information Officer, West Midlands Ambulance Service NHS Foundation Trust, Millennium Point, Waterfront Business Park, Waterfront Way, Brierley Hill, Dudley, Dy5 1LX
Q5	Is there an extension clause in the contract and, if so, the duration of the extension?	**Yes, duration is to 2 years (28th February 2020)**		
Q6	Has a decision been made yet on whether the contract is being either extended or renewed?	**No**		
Q7	Who is the senior officer (outside of procurement) responsible for this contract?	**Staff details below Director level are withheld under Section 40 (Personal Information). The Director responsible for this contract is Qadar Zada our Divisional Director for Women's, Children's and Clinical Support Services.**		

503/15
Multiple Sclerosis Patients, MRIs, Annual Reviews and Relapses

In accordance to the right of information under the Freedom of Information Act 2000 I am writing to request the following information.

Number of patients with an annual review in the last 12 months and number of patients with an MRI in the last 12 months being treated with the following products:

- Tysabri   **Answer: x4 patients with an annual review**
- Gilenya   **Answer: x1 patient with an annual review**
- Interferon beta 1a   **Answer: x33 patients (Avonex x15, Rebif x18) with an annual review**
- Interferon beta 1b   **Answer: x6 patients with an annual review**
- Copaxone   **Answer: x17 patients with an annual review**
- Lemtrada   **Answer: x0 patients with an annual review**
- Tecfidera   **Answer: x5 patients with an annual review**
- Aubagio   **Answer: x0 patients with an annual review**
- Plegridy   **Answer: x0 patients with an annual review**

Answer: The information provided above is based on the last data update 6 months ago. It is not recorded on a monthly basis so cannot be entered into the spreadsheet you provided.

All MS patients have at least annual reviews with the MS Clinical Nurse Specialist (MS-CNS) and the Consultant in Rehabilitation Medicine. Patients requiring monitoring of DMT are reviewed by the MS-CNS. Those who have been established on DMT for more than 2 years are seen annually. Patients who are new to DMT are seen by the MS-CNS more regularly as per monitoring guidance from the Queen Elizabeth Hospital dependent on their treatment of choice. All DMTs are funded by NHS England and are managed by the pharmacy/finance team at the Queen Elizabeth Hospital.

Data on MRIs undertaken on these patients is not centrally recorded. This information would be in patient records. Exemption under Section 12 (Cost of Compliance Exceeds Appropriate Limit) has been applied to this part of your request as it would involve the manual review of paper records.

I would also like to request the following information on patient numbers:
- Number of new MS diagnoses
  Answer: This information is not recorded on a monthly basis so cannot be entered into the spreadsheet you provided. Our Community Neuro-Rehabilitation Team (CNRT) can only confirm that 14 known new MS diagnoses are documented.

- Number of patients who have had a relapse in the above month
  Answer: Although most patients would notify the CNRT if they thought they were experiencing a relapse some patients are managed by their GP for relapses so our CNRT may not be aware of all relapses/relapse events. Collection of this information has only recently started by our Trust so cannot be provided.

If the CNRT are informed of any patients that have relapsed, this would be in patient records. Exemption under Section 12 (Cost of Compliance Exceeds Appropriate Limit) has been applied to this part of your request as it would involve the manual review of paper records.

- Number of relapse events in the above month
  Answer: Please see the answer above.

I would like this information for the period March 2015 to February 2016, broken down by month and provided electronically in the spread sheet provided.

504/15
Laparoscopies, Pelvic and Perineal Pain, Female Genital Organs and Menstrual Cycle

Under the Freedom of Information Act, please could you provide the following information for Walsall Healthcare NHS Trust;

1) In each of the last 5 years, how many times has the ICD-10 code "N94.8" (other specified conditions associated with female genital organs and menstrual cycle) been logged?
Answer: Searching our system for discharged inpatient spells with this coding, the results are;

Financial Year	Number of Discharged Inpatient Spells with N94.8 Coding
2010/11	15
2011/12	24
2012/13	15
2013/14	19
2014/15	18

2) In each of the last 5 years, how many times has the ICD-10 code "R102" (pelvic and perineal pain) been logged?
Answer: Searching our system for discharged inpatient spells with this coding, the results are;

Financial Year	Number of Discharged Inpatient Spells with R102 Coding
2010/11	92
2011/12	94
2012/13	114
2013/14	79
2014/15	134

3) In each of the last 5 years, how many patients have received a laparoscopy (HRG codes "MA08Z", "MA09Z" and "MA10Z")?
Answer: Searching our system for discharged inpatient spells with this coding, the results are;

Financial Year	Number of Discharged Inpatient Spells with MA08Z, MA09Z and MA10Z Coding
2010/11	511
2011/12	164
2012/13	210
2013/14	186
2014/15	233

4)   Does your trust have a list of symptoms for which you give a laparoscopy?
Answer: Symptoms indicative of laparoscopy would include pelvic pain, endometriosis, deep dyspareunia, to check tubal patency, to treat an ovarian cyst greater than 5cm, ectopic pregnancy etc.

5)   What is the cost to the trust of a) an individual laparoscopy b) laparoscopy on an annual basis?
Answer: Please see the table below which details the average cost of an individual laparoscopy.

	Average Cost
Elective Inpatient	**£2,637**
Daycase Patient	**£1,433**
Non-Elective Inpatient	**£3,099**

Searching our electronic system, there were 233 laparoscopies recorded as being performed during 2014/15 financial year. The calculation to the above table has been completed and is detailed below.

	Average Annual Cost
Elective Inpatient	**£614,421**
Daycase Patient	**£333,889**
Non-Elective Inpatient	**£722,067**

505/15
WiFi Provider Contracts

Please can you send me the following contract information?

1.   Wi-Fi Provider- Who is the contracted supplier for the Wi-Fi contract.
Answer: We do not have a contract for our community premises as this service is provided in-house. With regards to Walsall Manor Hospital, 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 **or telephone number 01922 656470.**

2.   Average Annual Spend – Please state the annual average spend over three years for each supplier. If this is a new contract please state the estimate annual

average spends. If there is more than one Wi-Fi provider please split annual for each individual provider.
Answer: With regards to Walsall Manor Hospital the annual average spend is £15,000.

3.   Number of Wi-Fi Users- Please state the number of users the Wi-Fi contract is in place for. An estimate number of users will also be acceptable. If there is more than one Wi-Fi provider please state the number of users for each individual provider.
Answer: 1000 users at Walsall Manor Hospital.

4.   What is the contract Type: 1. WiFi= WiFi contract, 2. Managed=Part of a larger contract, 3. In-house=is the Wi-Fi managed and maintained in-house.
Answer: Walsall Manor Hospital – managed.

4.   Number of Locations/Site- I require the number of locations/sites the Wi-Fi contract is contracted for. If there is more than one Wi-Fi provider please state the number of sites for each individual provider.
Answer: 1 location for Walsall Manor Hospital.

5.   End User Offer- What the Wi-Fi offers to the end users e.g. Unlimited, Pay as you go, free 1 hour access or just free access. If there is more than one Wi-Fi provider please state the number of sites for each individual provider.
Answer: Walsall Manor Hospital – unlimited/free access.

6.   Manufacturer Name/Brand- Please provides me with the brand names of the Wi-Fi equipment which many include manufacturers of the access points and routers. If there is more than one Wi-Fi provider please state the Manufacturers Name for each individual provider.
Answer: Walsall Manor Hospital – Aruba.

7.   Contract Description- Please provide me with a brief description of the solution in place for Wi-Fi and any other services provided under the contract. If there is more than one Wi-Fi provider please state the contract description for each individual provider.
Answer: With regards to Walsall Manor Hospital, 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 or telephone number 01922 656470.

8.   Actual Contract Start Date- Please can you state the Start date of the contract. If there is more than on Wi-Fi provider please split contract dates for each individual provider.
Answer: With regards to Walsall Manor Hospital, this is part of a PFI contract. The contract runs for 33 years and there is just under 25 years remaining.

9.   Actual Contract Renewal/Expiry Date- Please can you state the renewal/expiry date of the contract. If the contract is coming up for renewal if possible please state the likely outcome of the Wi-Fi contract.
Answer: Please see the answer above.

10.   Contact Details- I require the person from within the organisation responsible for the Wi-Fi contract. Can you please provide me with their full contact detail including contact number and an email address? If there is more than one Wi-Fi provider please state the contract details for each individual provider.

Answer: The Director responsible for the Wi-Fi service is Jane Longden, our Interim Director of Estates & Facilities. She can be contacted on 01922 721172 or email address <u>jane.longden@walsallhealthcare.nhs.uk</u>. Her postal address is Walsall Healthcare NHS Trust, Walsall Manor Hospital, Moat Road, Walsall, WS1 9PS.

IF the organisation doesn't have a Wi-Fi contract in place please state when the organisation plans to have a Wi-Fi contract in place. Please do this by providing me with a month and year and if possible what type of solutions they plan to want in place and the number of locations.
Answer: This is not applicable.

If this service is provided in-house please provide me with:

1.   Number of Users
    Answer: Please see the answer to question 3 above.

2.   Number of Locations/Site
    Answer: Please see the answer to question 4 above.

3.   End User Offer
    Answer: Please see the answer to question 5 above.

4.   Manufacturer Name/Brand
    Answer: Please see the answer to question 6 above.

5.   Contact Details- I require the person from within the organisation responsible for the Wi-Fi
    Answer: Please see the answer to question 10 above.

IF the organisation has this service (Wi-Fi) as part of a managed service please can you provide me with the contract details of the managed contract including:

1.   Current Provider
    Answer: Please the answer to question 1 above.
2.   Number of Users- This is normally the total number of staff with the organisation.
    Answer: Please the answer to question 3 above.
3.   Contract Description- Please can you provide me with a brief contract description of the overall contract.
    Answer: Please the answer to question 7 above.
4.   Contract Expiry Date- Please
    Answer: Please the answer to question 8 above.

5.   Contract Review Date
    Answer: Please the answer to question 8 above.
6.   Contact Details- I require the person from within the organisation responsible for the Wi-Fi contract. Can you please provide me with their full contact detail including contact number and an email address.
    Answer: Please the answer to question 10 above.

506/15
Spend on Employing Agency/Temporary/Locum Doctors in A&E Departments

Under the Freedom of Information Act, please can you provide me with the amount spent on employing agency/temporary/locum doctors in A&E departments, and the number of FTE roles covered by agency doctors, if possible for each month in 2014 and 2015, or for 2014 and for 2015 as whole years.
Answer: Emergency Department Agency and Locum Costs for Junior Doctors and Consultants broken down by month is as follows;

Role	Jan 14	Feb 14	Mar 14	Apr 14	May 14	Jun 14	Jul14	Aug 14	Sept 14	Oct 14	Nov 14	Dec 14
Junior Doctors	£60,105	£46,437	£41,117	£37,279	£50,796	£60,797	£59,975	£55,296	£78,757	£69,509	£118,143	£104,766
Consultants	£9,559	£8,088	£839	£15,682	£16,050	£18,768	£5,725	£12,645	£3,049	£62,603	-£10,788	£31,194
TOTALS	£69,664	£54,525	£41,956	£52,961	£66,846	£79,565	£65,700	£67,941	£81,806	£132,112	£107,355	£135,960

Role	Jan 15	Feb 15	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sept 15	Oct 15	Nov 15	Dec 15
Junior Doctors	£63,016	£49,607	£131,002	£114,766	£103,110	£90,964	£73,778	£95,749	£102,232	£137,802	£113,082	£148,275
Consultants	£31,814	£24,301	£19,626	£17,934	-£14,186	-£2,102	£516	£5,389	£1,505	£18,481	£7,966	£9,471
TOTALS	£94,830	£73,908	£150,628	£132,700	£88,925	£88,861	£74,293	£101,138	£103,737	£156,283	£121,048	£157,746

With regards to the number of FTE roles covered by agency doctors, we would be grateful if you could reply to the email we sent you on the 29th March 2016. Please reply within 12 weeks from the date of the email. If we do not receive your reply by this time, your request for this information will be closed.

Please can you provide me with the number of FTE doctors working in the A&E department, if possible for each month in 2014 and 2015, or for 2014 and for 2015 as whole years.
Answer: We have records of staffing as at the 31st December each year. This is based upon Junior, Career and Consultant Grade Doctors recorded on our Electronic Staffing Record System. The results are as follows;

As at 31 December 2014 35.17 FTE Emergency Department Doctors were employed.

Job Role	FTE	Head count
Career/Middle Grade	7	12
Consultant	6	7
Training Grade	21.53	24
TOTALS	34.53	43

As at 31 December 2015 32.64 FTE Emergency Department Doctors were employed.

Job Role	FTE	Head count
Career/Middle Grade	4	13
Consultant	8	9
Training Grade	20	22
TOTALS	32	44

If possible, please provide a breakdown between junior doctors and consultants.
Answer: Please see the table above.

507/15
ITU/ICU/HDU Procedures

Please tell me what happens if you get patients for ITU / ICU / HDU but they are full with other patients, what do you do?
Answer: There is a review of all patients throughout the day to check on their Critical Care status and whether they require critical care, if not they are highlighted for "step down" to ward our Trust has a discharge pathway to follow. If there are no "step downs" and Critical Care is full and extra capacity is also at full capacity, our next step is to request a bed within the region and we will transfer the patient to the nearest hospital where the beds are available.

This transfer is initiated by the Critical Care Consultants at both hospitals.

508/15
RIDDOR Reports

I am writing to you under the Freedom of Information Act 2000 to request the following information:

1. The number of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) reports made, if any, by each hospital operated by Walsall Healthcare NHS Trust from 1/1/2014 to 31/12/2014, 1/1/2015 to 31/1/2015 and 1/1/2016 to 16/03/2016.
Answer: During 2014 at Walsall Manor Hospital, there are 18 RIDDORs recorded. During 2015, 17 RIDDORs are recorded and 8 recorded between 1st January 2016 – 16th March 2016.

I've just noticed a typo in my previous request on RIDDOR reports.

I asked for reports from 1/1/2014 to 31/12/2014, 1/1/2015 to 31/1/2015 and 1/1/2016 to 16/03/2016.

It should, of course, have read 1/1/2014 to 31/12/2014, 1/1/2015 to 31/**12**/2015 and 1/1/2016 to 16/03/2016.

So, 2014, 2015, and 2016 so far, not 2014, January 2015, and 2016 so far.

2. A summary of each report e.g.

2014:

Fake Hospital 1:

• A nurse was pricked by a needle taken from an HIV-positive patient who had died on ward

2015:

Fake Hospital 2:

• A container of a TB culture broke and released its contents

• A cleaner suffered a needlestick injury from a needle and syringe known to contain hepatitis B positive blood
Answer: Summary information is limited to what is categorised on our system. We can only provide the information below;

2014   -18 RIDDORS
=x4 specified injury
=x15 Injury preventing the injured person from working for more than 7 days

2015   -17 RIDDORS
=x2 specified injury
=x15 Injury preventing the injured person from working for more than 7 days

2016   -8 RIDDORS (1ˢᵗ January - 16ᵗʰ March)
=x4 specified injury
=x3 Injury preventing the injured person from working for more than 7 days

509/15
Haemorrhoid Surgeries

I would like to request the following data.

1.   Number of inpatient episodes of haemorrhoid surgeries done within the trust (broken down by hospital if there is more than one site) in the time period 1ˢᵗ January 2014 – 31ˢᵗ December 2014. If possible I would like the data broken down by types of procedure as set out below:
·   Number of Haemorrhoidectomies (OPCS Code H51.1)
Answer: During 2014, we can confirm that 52 inpatient haemorrhoidectomies were performed at Walsall Manor Hospital. Please note that some spells may have more than one type of procedure.

·   Number of Stapled Haemorrhoidectomies (OPCS Code H51.3)
Answer: During 2014, we can confirm that 0 inpatient stapled haemorrhoidectomies were performed at Walsall Manor Hospital.

·   Number of Rubber Band Ligation of Haemorrhoid (OPCS H52.4)
Answer: During 2014, we can confirm that 154 inpatient rubber band ligation of haemorrhoid procedures were performed at Walsall Manor Hospital. Please note that some spells may have more than one type of procedure.

·   Number of Haemorrhoidal Artery Ligations (OPCS Code L70.3) *these may be identified by having the L70.3 code plus additional coding of Y53.2 and H53.8*
Answer: During 2014, we can confirm that 0 inpatient haemorrhoidal artery ligation procedures were performed at Walsall Manor Hospital.

2.   Number of Outpatient Episodes for Rubber Band Ligation of Haemorrhoid (OPCS H524)

Answer: During 2014, we can confirm that 158 outpatient episodes of rubber band ligation of haemorrhoid procedures are recorded as being performed at Walsall Manor Hospital.

510/15
Number of pay banding appeals

I would like to make a Freedom of Information request.

Junior doctors receive a banding supplement to their base pay.

In the year 2015, in your trust how many pay banding appeals for junior doctors were there? How many were successful? And how many (total) junior doctors were involved?
Answer: During 2015, there are 8 appeals recorded for Junior Doctors. All 8 were successful. 8 Junior Doctors were involved.

Following each of these appeals, how many resulted in a change in working pattern or extra staff/doctors being hired?
Answer: No extra staff were hired but there was a change in working pattern for the 8 Junior Doctors.

Very roughly, how many junior doctor have you employed in 2015?
Answer: During 2015 177.42 FTE Junior Doctors joined the Trust, many as part of the NHS Junior Doctor rotation program, with the total number of Junior Doctors employed by the Trust effective 31st December 2015 recorded as 175.36 FTE.

511/15
Cancelled Appointments and Operations

How many appointments have been cancelled for non-clinical reasons IN THE 3 DAY BEFORE a patient was due to be admitted?
Answer: Our Trust collects data with regards to cancelled operations/procedures on a quarterly basis as part of the Quarterly Monitoring Cancelled Operations Data Set (QMCO). Data is published nationally by NHS England. This can be accessed via the following link. The monthly reports on this page break the information down by Trust.

https://www.england.nhs.uk/statistics/statistical-work-areas/cancelled-elective-operations/cancelled-ops-data/

The QMCO includes all patients who were cancelled last minute for non-clinical reasons (although the specific reasons are not submitted) and also any that were breaches of the 29 day standard.

Cancelled operations three days prior to a patient being admitted is not recorded/collected so cannot be provided.

Out of those cancellations, how many were rescheduled within the statutory time limit
- eg 28 days?
**Answer: Cancelled operations three days prior to a patient being admitted is
not recorded/collected so this information cannot be provided.**

Out of those cancellations, how many were rescheduled more than once?
**Answer: Cancelled operations three days prior to a patient being admitted is
not recorded/collected so this information cannot be provided.**

How many appointments have been cancelled for non-clinical reasons ON THE DAY
a patient was due to be admitted?
**Answer: Cancelled operations that we record and collect for data submission
to NHS England are categorised as 'last minute' cancellations. The actual
timing of the cancellation is not recorded so we cannot accurately confirm
whether the numbers below were actually cancelled on the day a patient was
due to be admitted. This information has been entered into a spreadsheet as
requested. – available upon request.**

Our January 2016 – March 2016 QMCO data is still being finalised.

Financial Year	Month	Total Number of Patients Cancelled	Reason for Cancellation
2013/14	Apr-13	14	X2 Admin Error X5 List overrun X1 Staff unavailable X6 Bed unavailable
	May-13	10	X6 List overrun X1 Staff unavailable X3 Bed unavailable
	Jun-13	12	X1 Equipment failure/unavailable X6 List overrun X2 Staff unavailable X3 Bed unavailable
	Jul-13	20	X2 Admin error X1 Equipment Failure/unavailable X11 List overrun X6 Bed unavailable
	Aug-13	17	X1 Admin error X1 Equipment Failure/unavailable X7 List Overun X1 Staff unavailable X7 Bed unavailable
	Sep-13	18	X1 Admin error X1 Equipment Failure/unavailable X4 List overrun X3 Staff unavailable X9 Bed unavailable
	Oct-13	27	X2 Admin error X1 Equipment Failure/unavailable

			X4 List overrun X20 Bed unavailable
	Nov-13	43	X1 Admin error X9 Equipment Failure/unavailable X3 List overrun X30 Bed unavailable
	Dec-13	11	X3 List overrun X8 Bed unavailable
	Jan-14	7	X2 Admin error X1 Equipment Failure/unavailable X4 Bed unavailable
	Feb-14	13	X1 Equipment Failure/unavailable X7 List overrun X5 Bed unavailable
	Mar-14	11	X3 Admin error X1 Equipment Failure/unavailable X2 List overrun X1 Staff unavailable X4 Bed unavailable
TOTAL		**203**	**203**

Financial Year	Month	Total Number of Patients Cancelled	Reason for Cancellation
2014/15	Apr-14	8	X1 Equipment Failure/unavailable X2 List overrun X5 Bed unavailable
	May-14	20	X4 Admin error X2 List overrun X3 Staff unavailable X11 Bed unavailable
	Jun-14	16	X2 Equipment Failure/unavailable X4 List overrun X10 Bed unavailable
	Jul-14	12	X1 Admin error X5 Equipment Failure/unavailable X1 Emergency/Trauma X1 List overrun X1 Staff unavailable X3 Bed unavailable
	Aug-14	4	X1 Admin error X2 Staff unavailable
	Sep-14	11	X3 List overrun X1 Staff unavailable X7 Bed unavailable
	Oct-14	9	X1 Admin error X5 List overrun

Financial Year	Month	Total Number of Patients Cancelled	
			X3 Bed unavailable
	Nov-14	13	X2 Admin error X1 Emergency/Trauma X1 Equipment Failure/unavailable X3 List overrun X1 Staff unavailable X5 Bed unavailable
	Dec-14	10	X1 Staff unavailable X9 Bed unavailable
	Jan-15	12	X1 Equipment Failure/unavailable X2 List overrun X9 Bed unavailable
	Feb-15	13	X1 List overrun X1 Staff unavailable X11 Bed unavailable
	Mar-15	12	X3 Admin error X2 List overrun X7 Bed unavailable
TOTAL		140	

Financial Year	Month	Total Number of Patients Cancelled	
2015/16	Apr-15	22	X3 Admin error X1 Equipment Failure/unavailable X1 List overrun X1 Staff unavailable X16 Bed unavailable
	May-15	4	X2 Equipment Failure/unavailable X1 List overrun X1 Bed unavailable
	Jun-15	8	X3 Admin error X1 Equipment Failure/unavailable X2 Staff unavailable X2 Bed unavailable
	Jul-15	4	X1 Admin error X2 Equipment Failure/unavailable X1 List overrun
	Aug-15	4	X2 Admin error X1 Equipment Failure/unavailable X1 List Overrun
	Sep-15	12	X3 Admin error X6 Equipment Failure/unavailable X3 List overrun
	Oct-15	9	X3 List overrun X6 Bed unavailable

	Nov-15	15	X3 Equipment Failure/unavailable X5 List overrun X7 Bed unavailable
	Dec-15	6	X5 List overrun X1 Bed unavailable
TOTAL		84	

Out of those cancellations, how many were rescheduled within the statutory time limit – eg 28 days?
Answer: Please see the table below. This information has been entered into a spreadsheet as requested. – available upon request.

Financial Year	Number Rescheduled within 28 days
2013/15	201
2014/15	140
2015/16	84

Out of those cancellations, how many were rescheduled more than once?
Answer: Please see the table below. This information has been entered into a spreadsheet as requested. – available upon request.

Financial Year	Number Rescheduled More Than Once
2013/15	3
2014/15	3
2015/16	2

Please provide this data by month for 2013, 2014, 2015 and 2016 - up to and including March 2016.

 The following should be included in the figures for 'appointments':
* All planned or elective operations and day surgery
* Invasive X-ray procedures carried out on inpatients or day cases
* Telephone cancellations made to patients
* All minor procedures, including outpatient procedures

For 'non-clinical reasons' please include a break-down of the following:
· Bed-ward not available
· Staff unavailable
· Emergency operations taking priority
· Maintenance needed on equipment
* Patient unavailable
* Admin error

I would prefer to receive the information electronically in XLS or CSV format readable in Excel.

512/15
Haemorrhoid Surgeries

I would like to request the following data.

1. Number of inpatient episodes of haemorrhoid surgeries done within the trust (broken down by hospital if there is more than one site) in the time period 1st January 2015 – 31st December 2015. If possible I would like the data broken down by types of procedure as set out below:

· Number of Haemorrhoidectomies (OPCS Code H51.1)
Answer: During 2015, we can confirm that 52 inpatient haemorrhoidectomies were performed at Walsall Manor Hospital. Please note that some spells may have more than one type of procedure.

· Number of Stapled Haemorrhoidectomies (OPCS Code H51.3)
Answer: During 2015, we can confirm that 0 inpatient stapled haemorrhoidectomies were performed at Walsall Manor Hospital.

· Number of Rubber Band Ligation of Haemorrhoid (OPCS H52.4)
Answer: During 2015, we can confirm that 170 inpatient rubber band ligation of haemorrhoid procedures were performed at Walsall Manor Hospital. Please note that some spells may have more than one type of procedure.

· Number of Haemorrhoidal Artery Ligations (OPCS Code L70.3) *these may be identified by having the L70.3 code plus additional coding of Y53.2 and H53.8*
Answer: During 2015, we can confirm that 0 inpatient haemorrhoidal artery ligation procedures were performed at Walsall Manor Hospital.

2. Number of Outpatient Episodes for Rubber Band Ligation of Haemorrhoid (OPCS H524)
Answer: During 2015, we can confirm that 180 outpatient episodes of rubber band ligation of haemorrhoid procedures are recorded as being performed at Walsall Manor Hospital.

513/15
Reported Physical Assaults Against Staff

I would like to gain accurate figures on reported physical assaults against staff in and around the hospital and the type of assault committed please for 2015 / 16
Answer: During 1st April 2015 to 31st March 2016, we can confirm that 174 incidents where physical violence/assaults against staff were reported. The type of assault is not always detailed on the system as free text fields are used. We can however advise that for 65 of the 174 incidents reported, an injury to the staff member's body was sustained.

Further I would like to gain contact details for:

LSMS

Answer: We have presumed you are referring to Local Security Management Specialists. Staff details below Director level are withheld under Section 40 (Personal Information). The Director who manages this role in terms of Health and Safety is Mark Sinclair, Director of Organisational Development and Human Resources. His email address is; mark.sinclair@walsallhealthcare.nhs.uk postal address is Walsall Healthcare NHS Trust, Manor Hospital, Moat Road, Walsall, WS2 9PS and telephone number is 01922 721172.

The Director who manages this role in terms of Estates and Facilities is is Jane Longden our Interim Director of Estates and Facilities. Her email address is; jane.longden@walsallhealthcare.nhs.uk postal address is Walsall Healthcare NHS Trust, Manor Hospital, Moat Road, Walsall, WS2 9PS and telephone number is 01922 721172.

Security Manager

Answer: Staff details below Director level are withheld under Section 40 (Personal Information). The Director who manages this role is Jane Longden our Interim Director of Estates and Facilities. Her email address is; jane.longden@walsallhealthcare.nhs.uk postal address is Walsall Healthcare NHS Trust, Manor Hospital, Moat Road, Walsall, WS2 9PS and telephone number is 01922 721172.

Health & Safety Manager

Answer: Staff details below Director level are withheld under Section 40 (Personal Information). The Director who manages this role is Mark Sinclair, Director of Organisational Development and Human Resources. His email address is; mark.sinclair@walsallhealthcare.nhs.uk postal address is Walsall Healthcare NHS Trust, Manor Hospital, Moat Road, Walsall, WS2 9PS and telephone number is 01922 721172.

514/15
Leukaemia Patients

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

1. In your organisation, how many patients diagnosed with Chronic Myeloid Leukaemia (CML) have been treated in calendar year 2015?
    Answer: We can confirm that during 2015, one inpatient was admitted with a diagnosis of chronic myeloid leukaemia.

2. Of these patients, how many are currently being treated with each of the following tyrosine kinase inhibitors (TKIs)?
    ·   Dasatinib (Sprycel)   **Answer: Nil**
    ·   Imatinib (Glivec)   **Answer: 1 patient**
    ·   Nilotinib (Tasigna)   **Answer: Nil**
    ·   Ponatinib (Iclusig)   **Answer: Nil**
    ·   Bosutinib (Bosulif)   **Answer: Nil**

3. If possible, of these patients on a TKI, how many have had treatment with a previous TKI?

Answer: Nil

4.   In your organisation, how many patients diagnosed with Philadelphia positive (Ph+) Acute Lymphoblastic Leukaemia (ALL) have been treated in calendar year 2015?
Answer: We can confirm that during 2015, no inpatients were admitted with a diagnosis of this condition.

5.   Of these patients how many are currently being treated with each of the following TKIs?

· Dasatinib (Sprycel)   **Answer: Nil**
· Imatinib (Glivec)   **Answer: Nil**
· Nilotinib (Tasigna)   **Answer: Nil**
· Ponatinib (Iclusig)   **Answer: Nil**
· Bosutinib (Bosulif)   **Answer: Nil**
· Other (i.e. not on a TKI)   **Answer: Nil**

515/15
Bariatric Beds, Captial Spend and Rental Expenditure

I would be grateful if you could provide me with the following information under the Freedom of Information Act in relation to your Trust's expenditure on and usage of specialist bariatric beds and mattresses?

- What was your overall capital spend in 2015 on specialist bariatric beds & mattresses?
  Answer: We can confirm that our overall spend in 2015 on this equipment was £1,538.

- What was your overall rental expenditure in 2015 on specialist bariatric beds and mattresses?
  Answer: We can confirm that our overall rental spend in 2015 on this equipment was £3,720.

- Have you purchased specialist bariatric beds in the last three years?
  Answer: Yes.

- Have you purchased specialist bariatric mattresses in the last three years?
  Answer: Yes.

- Do you mainly rent or use your own products?
  Answer: We rent this equipment in our acute hospital and purchase this equipment within our community settings.

- How many days usage of bariatric beds and mattresses did you have in 2015?
  Answer: 69 days

- If you rent specialist bariatric beds and mattresses which companies do you use?
  Answer: ArjoHuntleigh until 31st July 2015 and currently 1st Call Mobility.

- Do you have a contract in place with this/these companies?
  Answer: Yes.

- What is the % breakdown by product type of your total bariatric rental expenditure?
  Answer: Systems: (bed and mattresss combined) 30.77%

  Mattresses: 53.85%

  Beds: 15.38%

516/15
Tendering Contract with Healthcare at Home

I want to request a copy of the contract the hospital has with health care at home. tendering contract or/and full contract

you can either email it to me directly or post it to me
Answer: This contract was tendered and is held by the East Midlands Procurement Collaborative (EMPC) which is hosted by Derby Teaching Hospitals NHS Foundation Trust. Our Trust is a member of this collaborative. We recommend that you redirect request to the Freedom of Information Office at Derby Teaching Hospitals NHS Foundation Trust. Their FOI Office can be contacted via email address; dhft.FOI@nhs.net or postal address; Information access Coordinator, Derby Teaching Hospitals NHS Foundation Trust, Royal Derby Hospital, Uttoxeter Road, Derby, DE22 3NE.

Please find enclosed a copy of our FOI Policy for your information. available upon request. Please inform us of any comments/suggestions you may have.

517/15
Elective Surgery and Waiting Times

Name of Trust	**Walsall Healthcare NHS Trust**
Name of Trust's CCG	**Walsall**

Freedom of Information: Elective Surgery

1. Which Regional/Area Team does your hospital belong to?

  Please tick ONE of the following options:

North East	
North West	
West Midlands	☑
East Midlands	

Yorkshire and the Humber	
East of England	
South West	
South East	
London	

2. Please set out the number of individual elective procedures that took place in your Trust in 2015 for the following categories –

Procedure	Number
Hip Replacement	**218**
Knee Replacement	**313**
Hernia Operations	**499**
Adenoid Operations	**8**
Gallstone Operations	**18**
Tonsillectomies	**234**
Cataract Operations	**887**
Bariatric Surgery	**105**
Gender Reassignment Surgery	**0**

3. Please set out the mean average waiting time (in days), within your Trust, for each of the following procedures in 2015 – Please also include referral to treatment (RTT) waiting time

Procedure	Average Waiting Time (Days)	Referral to Treatment
Hip Replacement	**Due to system inaccuracy issues we are not able to provide this information.**	**Our Trust is not currently submitting any Referral to Treatment data Nationally due to system inaccuracy issues. This information cannot be provided.**
Knee Replacement	**Due to system inaccuracy issues we are not able to provide this information.**	**Our Trust is not currently submitting any Referral to Treatment data Nationally due to system inaccuracy issues. This information cannot be provided.**

Hernia Operations	**Due to system inaccuracy issues we are not able to provide this information.**	**Our Trust is not currently submitting any Referral to Treatment data Nationally due to system inaccuracy issues. This information cannot be provided.**
Adenoid Operations	**Due to system inaccuracy issues we are not able to provide this information.**	**Our Trust is not currently submitting any Referral to Treatment data Nationally due to system inaccuracy issues. This information cannot be provided.**
Gallstone Operations	**Due to system inaccuracy issues we are not able to provide this information.**	**Our Trust is not currently submitting any Referral to Treatment data Nationally due to system inaccuracy issues. This information cannot be provided.**
Tonsillectomies	**Due to system inaccuracy issues we are not able to provide this information.**	**Our Trust is not currently submitting any Referral to Treatment data Nationally due to system inaccuracy issues. This information cannot be provided.**
Cataract Operations	**Due to system inaccuracy issues we are not able to provide this information.**	**Our Trust is not currently submitting any Referral to Treatment data Nationally due to system inaccuracy issues. This information cannot be provided.**
Bariatric Surgery	**Due to system inaccuracy issues we are not able to provide this information.**	**Our Trust is not currently submitting any Referral to Treatment data Nationally due to system inaccuracy issues. This information cannot be provided.**
Gender Reassignment Surgery	**Procedure not offered/performed within our Trust**	**Procedure not offered/performed within our Trust**

4. Please set out the number of patients who waited over 18 weeks, within your Trust, for each of the following procedures in 2015 –

Procedure	Number of people who waited over 18 weeks
Hip Replacement	**Our Trust is not currently submitting any Referral**

	to Treatment data Nationally due to system inaccuracy issues. This information cannot be provided.
Knee Replacement	**Our Trust is not currently submitting any Referral to Treatment data Nationally due to system inaccuracy issues. This information cannot be provided.**
Hernia Operations	**Our Trust is not currently submitting any Referral to Treatment data Nationally due to system inaccuracy issues. This information cannot be provided.**
Adenoid Operations	**Our Trust is not currently submitting any Referral to Treatment data Nationally due to system inaccuracy issues. This information cannot be provided.**
Gallstone Operations	**Our Trust is not currently submitting any Referral to Treatment data Nationally due to system inaccuracy issues. This information cannot be provided.**
Tonsillectomies	**Our Trust is not currently submitting any Referral to Treatment data Nationally due to system inaccuracy issues. This information cannot be provided.**
Cataract Operations	**Our Trust is not currently submitting any Referral to Treatment data Nationally due to system inaccuracy issues. This information cannot be provided.**
Bariatric Surgery	**Our Trust is not currently submitting any Referral to Treatment data Nationally due to system inaccuracy issues. This information cannot be provided.**

Gender Reassignment Surgery	**Procedure not offered/performed within our Trust**

5. If a patients needs were to change while on the Trust's waiting list is there a process to recognise this?

Yes	☑
No	

If yes, please describe

This would depend on the level of change and who is advising of the change. For example, a patient will be given details of who to contact if they wish to make any changes to their waiting list status, ie unavailability due to holiday. The patient contacts the waiting list team who will document on the access plan the dates that the patient is unavailable. If a clinician identifies that a patient on the waiting list needs expediting due to clinical need, the clinician will contact the waiting list team to inform them of the change and the access plan will be revised to change the clinical priority of the patient and offer a 'to come in' date if appropriate.

6. What number of patient's surgeries were cancelled on the day in the calendar year of 2015?

Answer: We can confirm that 121 cancellations were recorded as 'last minute' for non-clinical reasons as reported in our Quarterly Monitoring Cancelled Operations Data Set (QMCO). Data is published nationally by NHS England.

7. Please tick the most common reasons surgery is cancelled on the day?

Scheduling errors – i.e. lack of theatre time, surgeon unavailable	☑
Patient not prepped – i.e. not fasted	
Equipment shortages and/or lack of beds	☑
Cancellation due to inadequate preoperative evaluation	
Patient failing to attend or operation no longer necessary	
Emergency case superseding the elective schedule	☑
Medical reasons – on-going infection, illness of family member	
Low Staffing levels	

Other, please specify

Answer: Admin error, list overrun,

8. Have you implemented any improvement programs to improve access to meeting the (recommended) waiting time?

Theatre Improvements	☑
Admin / booking projects	☑
Pre-op assessment	☑

Diagnostic improvement	
Separation of elective and emergency beds	☑
Communication with patients	☑

Other, please specify

9. Have you implemented any bans on out of area referrals for any types of elective procedures?

Yes	
No	☑

If yes, for which procedures?

10. Do you notify patients of their rights under the NHS Constitution when the 18 week limit has been missed?

Yes	
No	☑

If Yes, how?

11. On average how many extra days or weeks did patients wait for surgery beyond the 18 week limit?

Procedure	Number
Hip Replacement	**Our Trust is not currently submitting any Referral to Treatment data Nationally due to system inaccuracy issues. This information cannot be provided.**
Knee Replacement	**Our Trust is not currently submitting any Referral to Treatment data Nationally due to system inaccuracy issues. This information cannot be provided.**
Hernia Operations	**Our Trust is not currently submitting any Referral to Treatment data Nationally due to system inaccuracy issues. This information cannot be provided.**

Adenoid Operations	**Our Trust is not currently submitting any Referral to Treatment data Nationally due to system inaccuracy issues. This information cannot be provided.**
Gallstone Operations	**Our Trust is not currently submitting any Referral to Treatment data Nationally due to system inaccuracy issues. This information cannot be provided.**
Tonsillectomies	**Our Trust is not currently submitting any Referral to Treatment data Nationally due to system inaccuracy issues. This information cannot be provided.**
Cataract Operations	**Our Trust is not currently submitting any Referral to Treatment data Nationally due to system inaccuracy issues. This information cannot be provided.**
Bariatric Surgery	**Our Trust is not currently submitting any Referral to Treatment data Nationally due to system accuracy issues. This information cannot be provided.**
Gender Reassignment Surgery	**Our Trust is not currently submitting any Referral to Treatment data Nationally due to system accuracy issues. This information cannot be provided.**

518/15
Babies Showing Signs of Drug Addiction

Can you provide answers for 2011-2012, 2012-2013, 2013-2014, 2014-2015 and 2015-2016 please.

How many babies were born with neonatal abstinence syndrome (showing signs of drug addiction because of their mother taking drugs during pregnancy) at hospitals run by your trust during each financial year? If you run more than one hospital please breakdown the figures for each hospital.
Answer: Please see the table below which details the number of babies born with neonatal abstinence syndrome by financial year.

Financial Year	Number of Babies
2011-12	23
2012-13	19
2013-14	9
2014-15	19
2015-16	14

519/15
Patients with Venous Thromboembolisms

I would be grateful if you could answer these questions within the timeframe specified by the Freedom of Information Act (2000).

1.   Of the patients who were admitted to your Trust for VTE which occurred outside of a secondary care setting between 1 April 2014 and 31 March 2015, how many had a previous inpatient stay in your Trust up to 90 days prior to their admission? Of those patients, how many had their VTE risk status recorded in their discharge summary?
Answer: Details of where the VTE occurred is not recorded on our systems. We can only provide the total number of patients who were admitted with a primary diagnosis of VTE.

We can confirm that 148 patients were admitted with a primary diagnosis of VTE which covers all possible occurrence settings. 58 of the 148 patients had a previous inpatient stay up to 90 days prior the VTE admission.

The VTE status is not formally displayed on our discharge summaries. However, the prescription for TED stockings, Clexane etc is displayed clearly on the discharge documentation including the duration of therapy needed.

Discharge summaries would be in patient records. Exemption under Section 12 (Cost of Compliance Exceeds Appropriate Limit) has been applied to this part of your request as it would involve the manual review of records.

2.   Please describe how your Trust displays a patient's VTE risk status in its discharge summaries.

Answer: The VTE status is not formally displayed on our discharge summaries. However, the prescription for TED stockings, Clexane etc is displayed clearly on the discharge documentation including the duration of therapy needed.

*Venous thromboembolism (VTE) is a collective term referring to deep vein thrombosis (DVT) and pulmonary embolism (PE). VTE is defined by the following ICD-10 codes: I80.0-I80.3, I80.8-I80.9, I82.9, O22.2 – O22.3, O87.0 – O87.1, I26.0, and I26.9.

520/15
Non Medical Contracts Register – request withdrawn

521/15
Termination of Pregnancies

- Name of person giving information
  Answer: The Freedom of Information Office on behalf of; Mrs A Mulay, Clinical Director, Consultant Obstetrician and Gynaecologist

- Role of person giving information
  Answer: Please see above.

- Do you provide medical abortions at home?
  Answer: We do not provide termination services within our Trust.

  - To what gestation?
    Answer: This is not applicable to our Trust.

- Do you provide medical abortion in hospital?
  Answer: We do not provide termination services within our Trust.

  - To what gestation?
    Answer: This is not applicable to our Trust.

- Do you provide surgical abortion under general anaesthetic?
  Answer: We do not provide termination services within our Trust.

  - To what gestation?
    Answer: This is not applicable to our Trust.

- Do you provide surgical abortion under local anaesthetic (e.g. MVA)?
  Answer: We do not provide termination services within our Trust.

  - To what gestation?
    Answer: This is not applicable to our Trust.

- Do you offer surgical abortion to women with fetal anomalies diagnosed in the second trimester via the obstetric service?
  Answer: We do not provide termination services within our Trust.

  o To what gestation?
    Answer: This is not applicable to our Trust.

- If you do not provide all methods of abortion (medical, surgical under local and general), do you offer patients that choice and refer them to another provider?
  Answer: We do not provide termination services within our Trust.

- Do you offer a full range of long acting contraception (i.e. implant, Mirena, IUCD) at the time of the surgical procedure?
  Answer: This is not applicable to our Trust.

- Is counselling from a trained counsellor available in clinic, before, during or after the termination?
  Answer: This is not applicable to our Trust.

- For follow up with medical abortion, do you offer telephone clinics, hospital visit or a choice?
  Answer: This is not applicable to our Trust.

- Do other providers offer abortions to your population?   If so, who?
  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 or postal address: Jubilee House, Bloxwich Lane, Walsall, WS2 7JL.

522/15
Colour Vision Deficiency

Evaluating support for doctors with colour vision deficiency

1. Name of your NHS trust	**Walsall Healthcare NHS Trust**
2. Approximately how many doctors is your department responsible for?	**We can confirm that our Trust currently employed 404 Doctors.**
3. Does your trust do routine screen of all doctors for colour vision deficiency?	❏ Yes ☑ No
4. How many of the doctors currently employed by your trust have a declared a colour vision deficiency?	❏ Number: _____ ☑ Data not collected/available ❏ Data collected/available, but unable to give out number (reason) _____

5. Does your trust offer formal guidance for doctors with color vision deficiency?	❏ Yes, specific guidance for colour vision deficiency (go to Q7) ❏ Yes, but only encompassed in a broader policy (Go to Q9) ☑ No (Go to Q6)
6. If a doctor declared a colour vision deficiency, what (if any) action would be taken?	**Referral to Occupational Health Consultant Physician for consultation and professional guidance regarding clearance to work; work capabilities and any restrictions needed** Survey ends here
7. What form does this guidance take (select all that apply)	❏ Written advice (Survey ends here) ❏ Face-to-face interview (go to Q8) ❏ Phone interview (Go to Q8) ❏ Referral to other service (specify) _____ (Go to Q8) ❏ Other _____ (Go to Q8)
8. What would this interview/referral/other guidance consist of?	Survey ends here
9. Please describe how colour vision deficiency is encompassed in a broader policy, and what advice (if any) is given	Survey ends here

523/15
Staff Overpayments

I would like to make a Freedom of Information Act request.

1. How many staff employed by the Trust were overpaid in each of the financial years: 2011-12, 2012-13, 2013-14, 2014-15, and 2015-16 so far?
Answer: Please see the table below.

Financial Year	Total Number of Overpayments Made to Employees
2011/12	30
2012/13	51
2013/14	75

| 2014/15 | 117 |
| 2015/16 | 81 |

2. In total, by how much were staff employed by the Trust were overpaid in each of the financial years: 2011-12, 2012-13, 2013-14, 2014-15, and 2015-16 so far?
Answer: Please see the table below.

Financial Year	Total Amount Staff were Overpaid
2011/12	£32,651.33
2012/13	£80,619.58
2013/14	£83,419.38
2014/15	£79,175.54
2015/16	£70,031.97

3. For each financial year (2011-12, 2012-13, 2013-14, 2014-15, and 2015-16 so far), how much of this money has been recouped by the Trust?
Answer: Please see the table below.

Financial Year	Total Amounts Recouped
2011/12	£24,695.24
2012/13	£48,456.90
2013/14	£45,945.94
2014/15	£81,468.64
2015/16	£80,674.73

4a. What was the largest overpayment that the Trust can locate in each of the financial years: 2011-12, 2012-13, 2013-14, 2014-15, and 2015-16?
Answer: Please see the table below.

Financial Year	Largest Value of Overpayment Made
2011/12	£5168.03
2012/13	£11,579.15
2013/14	£14,960.19
2014/15	£14,950.00
2015/16	£14,498.47

4b. What position within the Trust does the person given the largest overpayment each year hold? Eg, 2011-12: nurse. 2012-13: consultant, etc
Answer: Please see the table below.

Financial Year	Position of Person Largest Value of Overpayment was Made
2011/12	Doctor
2012/13	Clinical Support Worker
2013/14	Nurse

2014/15	Nurse
2015/16	Nurse

524/15
Transfer Forms

Please tell me -

1. Does your hospital internally use 'ward-to-ward' and/or 'emergency / critical departments-to-ward' transfer ready-made forms? If so please send me a blank copy of the ready-made form or quote the data on the ready-made forms.
Answer: Yes our Trust does use forms internally for this. Please find enclosed copies as requested. - available upon request.

2. Does your hospital externally use 'ward/emergency / critical departments-to-other Trusts/nursing home/residential home' transfer ready-made forms? If so please send me a blank copy of the ready-made form or quote the data on the ready-made forms.
Answer: Yes our Trust does use forms for this. Please find enclosed copies as requested. - available upon request.

3. Please tell me who completes, authorises and signs the empty fields on the ready-made forms in questions 1. and 2. above?
Answer: Medics complete highlighted sections of sign appendix 10, the critical care form. For non-critical care patients, this is a Nurse led process and the medical staff will not necessarily be involved in authorising the transfer. Nurses complete and sign the other internal transfer forms; appendices 7 and 11.

4. If hospital consultant authorises but does not have to sign the ready-made forms in questions 1. and 2. above, where is their authorisation record kept?
Answer: Medics sign appendix 10, the critical care form. For non-critical care patients, this is a Nurse led process and the medical staff will not necessarily be involved in authorising the transfer.

5. What happens if there is no hospital consultant there in ward/departments to sign the ready-made forms in questions 1. and 2.
above?
Answer: As above for question 4.

6. What about 'ward/department-to-isolated room' in the ward/department transfers - is there a ready-made form form? If so please send me a blank copy of the ready-made form or quote the data on the ready-made forms. Please tell me who completes, authorises and signs the empty fields on this ready-made form? If hospital consultant authorises but does not have to sign the ready-made form, where is their authorisation record kept? What happens if there is no hospital consultant there to sign the ready-made form?
Answer: Our Trust does not have a specific form around isolation room transfers. However, there is a comment on the transfer form enclosed regarding infection control issues with patients. This form is mentioned above and is enclosed as requested.

525/15
Consultant Obstetricians

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

1.   Please tell me how many consultant obstetricians are employed by the trust?
Answer: Our Electronic Staffing Record system does not distinguish between Obstetrics and Gynaecology Consultants. On this basis, we can confirm that as at the 29th February 2016, the Trust employed x12 FTE Obstetrics and Gynaecology Consultants.

2.   If possible, please tell me how many were employed by the trust at the end of the following financial years: a) 2009-10 b) 2005-6?
Answer: Walsall Healthcare NHS Trust did not form until 01 April 2011 (when Walsall Hospital Trust & Walsall Primary Care Trust services merged). Due to this, and in line with previous historical FOI requests, information is not available in relation to any period pre 2011.

3.   Please tell me how many consultant obstetricians were onsite (not including on call) on Wednesday March 23rd 2016 at 3pm?
Answer: We can confirm that there were x9 Obstetrics and Gynaecology Consultants on the rota to be onsite during this period.

4.   Please tell me how many consultant obstetricians were onsite (not including on call) on Sunday March 20th 2016 at 3pm?
Answer: We can confirm that there was x1 Obstetrics and Gynaecology Consultants on the rota to be onsite during this period.

5.   Please tell me how many consultant obstetricians were onsite (not including on call) on Wednesday 23rd March 2016 at midnight?
Answer: We can confirm that there was x1 Obstetrics and Gynaecology Consultants on the rota to be onsite during this period.

6.   Please also tell me how many overseas visitors you treated in the maternity unit in the calendar year 2015 who were not eligible for free NHS care?
Answer: We can confirm that one overseas visitor was treated within our maternity unit during 2015.

7.   With reference to the above question, please state the highest bill accrued by an overseas visitor in the maternity unit which has not yet been repaid?
Answer: The cost of the above mentioned treatment provided to the overseas visitor was £50,229.

8.   Please provide as many details as possible about the patient, the babies and the care without compromising confidentiality
Answer: The overseas visitor mentioned above was on holiday in the UK and encountered pregnancy complications during her stay. Premature delivery of the baby was needed due to the complications and the baby required a substantial amount of time in intensive/high dependency care.

526/15
Ophthalmology Procedures

Under the Freedom of Information Act I would like to request the following information for the 2014-15 and 2015-16 financial years:

1. How many ophthalmology procedures were carried out on overseas residents in a) 2014-15 and b) 2015-16?
Answer: The only procedures our Trust performs are local anaesthetic (LA) cataract procedures. If the patient has any co-morbidities, the clinician will decide as to whether to refer the patient to New Cross Hospital for the procedure. We recommend you contact their Freedom of Information Office directly for this information. They can be contacted via email address rwh-tr.foi@nhs.net or postal address Freedom of Information Coordinator, Governance & Legal Services Department, The Royal Wolverhampton NHS Trust, New Cross Hospital, Wolverhampton, WV10 0QP

It would be extremely rare for an overseas visitor to be listed for an LA cataract procedure. Please note that information on these patients is not collated centrally in order to be provided.

2. Of these how many were emergency and therefore given priority for treatment in a) 2014-15 and b) 2015-16?
Answer: Our Trust does not manage emergency patients for ophthalmology. If they attend our Emergency Department we would refer them to New Cross Hospital. We recommend you contact their Freedom of Information Office directly for this information. They can be contacted via email address rwh-tr.foi@nhs.net or postal address Freedom of Information Coordinator, Governance & Legal Services Department, The Royal Wolverhampton NHS Trust, New Cross Hospital, Wolverhampton, WV10 0QP

3. What was a) the total cost of these procedures b)the highest individual cost of such a procedure in a) 2014-15 and b) 2015-16?
Answer: We recommend you contact their Freedom of Information Office directly for this information. They can be contacted via email address rwh-tr.foi@nhs.net or postal address Freedom of Information Coordinator, Governance & Legal Services Department, The Royal Wolverhampton NHS Trust, New Cross Hospital, Wolverhampton, WV10 0QP

4. What were the associated translation costs in a) 2014-15 and b) 2015-16?
Answer: We recommend you contact their Freedom of Information Office directly for this information. They can be contacted via email address rwh-tr.foi@nhs.net or postal address Freedom of Information Coordinator, Governance & Legal Services Department, The Royal Wolverhampton NHS Trust, New Cross Hospital, Wolverhampton, WV10 0QP

5. a) How many of these patients were identified as having been chargeable patients, i.e. not entitled to receive free NHS care in a) 2014-15 and b) 2015-16?
Answer: We recommend you contact their Freedom of Information Office directly for this information. They can be contacted via email address rwh-tr.foi@nhs.net or postal address Freedom of Information Coordinator, Governance & Legal Services Department, The Royal Wolverhampton NHS Trust, New Cross Hospital, Wolverhampton, WV10 0QP

b) What was the total cost of treating those chargeable patients in a) 2014-15 and b) 2015-16?

Answer: We recommend you contact their Freedom of Information Office directly for this information. They can be contacted via email address rwh-tr.foi@nhs.net or postal address Freedom of Information Coordinator, Governance & Legal Services Department, The Royal Wolverhampton NHS Trust, New Cross Hospital, Wolverhampton, WV10 0QP

6. Of that cost, how much was actually paid by the chargeable patients in a) 2014-15 and b) 2015-16?

Answer: We recommend you contact their Freedom of Information Office directly for this information. They can be contacted via email address rwh-tr.foi@nhs.net or postal address Freedom of Information Coordinator, Governance & Legal Services Department, The Royal Wolverhampton NHS Trust, New Cross Hospital, Wolverhampton, WV10 0QP

527/15
Hepatitis B Vaccinations

To Whom it May Concern, I am writing to you to enquire for further information regarding the infant mortality plan in Walsall and strategies to improve HepB immunisation compliance.

I understand that that increasing coverage was a key outcome of the 2011 – 2014 strategy, however I am struggling to find further information on the initiatives implemented in order to achieve this.

Answer: For Hepatitis B our Trust has implemented the following changes to achieve compliance;
- **Changed the Trust guidelines for Hepatitis B**
- **Changed documentation used for General Practitioners (GP)**
- **Streamlined the process between the Trust and GP surgeries**
- **A member of staff is designated to monitoring activity weekly**

I am additionally interested to know the following:
- Whether Walsall has an identified person responsible for coordinating the local hepatitis B vaccination programme?

Answer: We can confirm that we have identified a member of our Advanced Nurse Practitioner Team to be responsible for coordinating the local Hepatitis B vaccination programme.

- What the protocol is for follow-up with infants who have missed doses.

Answer: The protocol for follow-up with infants who have missed doses, is to send a letter to the patients GP and arrange a follow-up appointment with ourselves however this has never happened within the Trust at present.

Finally, it would be great if you'd be able to provide any further information on present or upcoming strategies/plans to increase vaccination uptake in Walsall.

Answer: Unfortunately we are unable to answer your final request as this information is held and coordinated by Walsall Clinical Commissioning Group (CCG) and Walsall Council. Should you wish to contact their Freedom of

Information Teams for this information you can do this for Walsall CCG via email address; foi@walsall.nhs.uk **or postal address: Jubilee House, Bloxwich Lane, Walsall, WS2 7JL. For Walsall Council, email address;** inforights@walsall.gov.uk **or postal address; Walsall Council, The Civic Centre, Darwell Street, Walsall, WS1 1TP.**

528/15
Patient Attendances/Activity

Please find below FOI request for information pertaining to workforce caring for NHS patient attendances / occupancies over a 3 year period split by specialty and day of the week.

I would be grateful if you could provide me with the following information for the period between 1 January 2013 to 31 December 2015 for workforce caring for activity within the main hospital setting, excluding community services, home visits and telephone consultations.

 1) Number of Consultants in Trust split by;
Answer: Please see the tables below which lists the FTE for all our medical and dental Consultants as at the 31 December for each year.

- - day of the week they were in the Trust
Answer: This information is not electronically recorded so cannot be provided.

- - specialty of the consultants
Answer: The area/department is detailed within the tables below.

- - area of work for the Consultant i.e. outpatients, general ward, ITU, CCU, AMU etc
Answer: Actual locations of where employees work is not recorded/reportable. However, the area/department of work is detailed within the tables below.

- - whether this was in core hours or outside of core hours*
Answer: This information is not electronically recorded so cannot be provided.

2013 Medical and Dental Consultants		
Area Of Work	**Grade**	**Total FTE - Effective 31 December**
Accident and Emergency	**Career Grade**	**9**
Accident and Emergency	**Consultant**	**5**
Accident and Emergency	**Training Grade**	**18.6**
Acute Internal Medicine	**Training Grade**	**0.71**
Acute Medicine	**Consultant**	**2**
Anaesthetics	**Career Grade**	**11**
Anaesthetics	**Consultant**	**22.525**
Anaesthetics	**Training Grade**	**12.75**
Cardiology	**Consultant**	**6**

Cardiology	**Training Grade**	**3**
Chemical Pathology	**Consultant**	**2**
Child Protection	**Career Grade**	**0.2**
Clinical Oncology	**Consultant**	**0.1**
Clinical Radiology	**Consultant**	**5.95**
Clinical Support	**Training Grade**	**1.1**
Dental Health	**Training Grade**	**0.65625**
Dermatology	**Consultant**	**1.7**
Elderly Care Medicine	**Career Grade**	**6**
Elderly Care Medicine	**Consultant**	**5**
Elderly Care Medicine	**Training Grade**	**10.11**
Endocrinology and Diabetes Mellitus	**Consultant**	**3.1**
Endocrinology and Diabetes Mellitus	**Training Grade**	**2.6**
Gastroenterology	**Career Grade**	**2**
Gastroenterology	**Consultant**	**6**
Gastroenterology	**Training Grade**	**3**
General Medicine	**Career Grade**	**8.6**
General Medicine	**Consultant**	**3**
General Medicine	**Training Grade**	**6**
General Practice	**Training Grade**	**8**
General Psychiatry	**Training Grade**	**1**
General Surgery	**Career Grade**	**8**
General Surgery	**Consultant**	**9.1**
General Surgery	**Training Grade**	**22.6**
Genito Urinary Medicine	**Career Grade**	**1.16364**
Genito Urinary Medicine	**Consultant**	**2**
Haematology	**Career Grade**	**2**
Haematology	**Consultant**	**4**
Histopathology	**Consultant**	**5**
Histopathology	**Training Grade**	**0.6**
Intensive Care Medicine	**Consultant**	**2**
Medical Microbiology and Virology	**Consultant**	**2**
Medicine	**Training Grade**	**19.4**
Neurology	**Consultant**	**1**
Obstetrics and Gynaecology	**Career Grade**	**5**
Obstetrics and Gynaecology	**Consultant**	**12.9**
Obstetrics and Gynaecology	**Training Grade**	**13.4025**
Oral Medicine	**Career Grade**	**0.1**
Oral Surgery	**Career Grade**	**0.27273**
Orthodontics	**Consultant**	**1.8**
Otolaryngology	**Career Grade**	**1**
Otolaryngology	**Consultant**	**4**
Otolaryngology	**Training Grade**	**1**
Paediatric Community Child Health	**Career Grade**	**1**
Paediatric Community Child Health	**Consultant**	**3**
Paediatrics	**Career Grade**	**8.665**
Paediatrics	**Consultant**	**9.525**
Paediatrics	**Training Grade**	**10.706**
Palliative Medicine	**Consultant**	**1.8**
Respiratory Medicine	**Career Grade**	**2**
Respiratory Medicine	**Consultant**	**4**
Respiratory Medicine	**Training Grade**	**5**

Rheumatology	Career Grade	0.36364
Rheumatology	Consultant	1
Trauma and Orthopaedic Surgery	Career Grade	12
Trauma and Orthopaedic Surgery	Consultant	9
Trauma and Orthopaedic Surgery	Training Grade	11.995
Urology	Career Grade	2
Urology	Consultant	2
Urology	Training Grade	1

2014 Medical and Dental Consultants		
Area Of Work	Grade	Total FTE - Effective 31 December
Accident and Emergency	Career/Middle Grade	8.00
Accident and Emergency	Consultant	7.00
Accident and Emergency	Training Grade	21.53
Acute Medicine	Consultant	2.00
Anaesthetics	Career/Middle Grade	12.00
Anaesthetics	Consultant	22.53
Anaesthetics	Training Grade	9.75
Cardiology	Consultant	6.00
Cardiology	Training Grade	5.00
Chemical Pathology	Consultant	1.40
Child Protection	Career/Middle Grade	0.20
Clinical Oncology	Consultant	0.10
Clinical Radiology	Consultant	5.95
Clinical Support	Training Grade	0.50
Dental Health	Training Grade	0.66
Dermatology	Consultant	3.70
Elderly Care Medicine	Career/Middle Grade	3.00
Elderly Care Medicine	Consultant	6.00
Elderly Care Medicine	Training Grade	13.31
Endocrinology and Diabetes Mellitus	Consultant	3.10
Endocrinology and Diabetes Mellitus	Training Grade	5.00
Gastroenterology	Career/Middle Grade	3.00
Gastroenterology	Consultant	5.00
Gastroenterology	Training Grade	4.00
General Medicine	Career/Middle Grade	5.00
General Medicine	Consultant	3.00
General Medicine	Training Grade	9.00
General Practice	Training Grade	8.00
General Psychiatry	Training Grade	1.00

General Surgery	Career/Middle Grade	6.00
General Surgery	Consultant	10.10
General Surgery	Training Grade	18.00
Genito Urinary Medicine	Career/Middle Grade	1.16
Genito Urinary Medicine	Consultant	2.00
Genito Urinary Medicine	Training Grade	1.00
Haematology	Consultant	2.00
Histopathology	Career/Middle Grade	2.00
Histopathology	Consultant	4.60
Intensive Care Medicine	Consultant	2.00
Medical Microbiology and Virology	Consultant	2.00
Medicine	Training Grade	26.10
Neurology	Consultant	1.00
Obstetrics and Gynaecology	Career/Middle Grade	5.80
Obstetrics and Gynaecology	Consultant	12.50
Obstetrics and Gynaecology	Training Grade	12.96
Oral Medicine	Career/Middle Grade	0.10
Oral Surgery	Career/Middle Grade	0.27
Orthodontics	Consultant	2.65
Otolaryngology	Consultant	4.00
Otolaryngology	Training Grade	3.00
Paediatric Community Child Health	Career/Middle Grade	1.00
Paediatric Community Child Health	Consultant	1.80
Paediatrics	Career/Middle Grade	8.80
Paediatrics	Consultant	9.53
Paediatrics	Training Grade	14.08
Palliative Medicine	Consultant	1.80
Respiratory Medicine	Career/Middle Grade	3.00
Respiratory Medicine	Consultant	4.00
Respiratory Medicine	Training Grade	6.00
Rheumatology	Career/Middle Grade	0.36
Rheumatology	Consultant	1.00
Trauma and Orthopaedic Surgery	Career/Middle Grade	11.00
Trauma and Orthopaedic Surgery	Consultant	10.00
Trauma and Orthopaedic Surgery	Training Grade	11.00
Urology	Career/Middle Grade	1.00
Urology	Consultant	3.00
Urology	Training Grade	2.00

2015 Medical and Dental Consultants

Area Of Work	M&D Grade	Total FTE - Effective 31 December
Accident and Emergency	Career/Middle Grade	4.00
Accident and Emergency	Consultant	8.00
Accident and Emergency	Training Grade	20.00
Acute Medicine	Consultant	2.00
Anaesthetics	Career/Middle Grade	14.00
Anaesthetics	Consultant	21.33
Anaesthetics	Training Grade	12.75
Cardiology	Consultant	6.00
Cardiology	Training Grade	1.00
Chemical Pathology	Consultant	1.00
Child Protection	Career/Middle Grade	0.20
Clinical Oncology	Consultant	0.10
Clinical Radiology	Consultant	6.00
Clinical Support	Training Grade	27.10
Dermatology	Consultant	2.70
Diabetes	Consultant	1.00
Elderly Care Medicine	Consultant	8.00
Endocrinology and Diabetes Mellitus	Consultant	2.10
Gastroenterology	Consultant	6.00
General Medicine	Career/Middle Grade	6.00
General Medicine	Consultant	2.00
General Medicine	Training Grade	21.00
General Practice	Training Grade	10.00
General Psychiatry	Training Grade	1.00
General Surgery	Career/Middle Grade	8.60
General Surgery	Consultant	11.00
General Surgery	Training Grade	20.00
Genito Urinary Medicine	Career/Middle Grade	0.70
Genito Urinary Medicine	Consultant	2.00
Genito Urinary Medicine	Training Grade	2.00
Haematology	Consultant	2.00
Histopathology	Career/Middle Grade	3.00
Histopathology	Consultant	4.00
Medical Microbiology and Virology	Consultant	1.00
Neurophysiology	Consultant	0.05
Obstetrics and Gynaecology	Career/Middle Grade	7.80
Obstetrics and Gynaecology	Consultant	12.00
Obstetrics and Gynaecology	Training Grade	12.80
Ophthalmology	Training Grade	1.00
Oral Surgery	Career/Middle Grade	0.27
Orthodontics	Consultant	1.45

Otolaryngology	Consultant	4.00
Otolaryngology	Training Grade	3.00
Paediatric Community Child Health	Career/Middle Grade	1.00
Paediatric Community Child Health	Consultant	3.20
Paediatrics	Career/Middle Grade	5.80
Paediatrics	Consultant	9.53
Paediatrics	Training Grade	15.71
Palliative Medicine	Consultant	1.80
Psychiatry	Training Grade	1.00
Renal Medicine	Consultant	1.00
Respiratory Medicine	Career/Middle Grade	7.00
Respiratory Medicine	Consultant	4.00
Respiratory Medicine	Training Grade	16.00
Rheumatology	Career/Middle Grade	0.36
Trauma and Orthopaedic Surgery	Career/Middle Grade	11.00
Trauma and Orthopaedic Surgery	Consultant	9.00
Trauma and Orthopaedic Surgery	Training Grade	11.00
Urology	Career/Middle Grade	1.00
Urology	Consultant	3.00

2) Number of Junior Doctors in Trust split by;
Answer: Please see the tables above which lists the FTE for all our Training Grade doctors as at the 31 December for each year.

- - day of the week they were in the Trust
Answer: This information is not electronically recorded so cannot be provided.

- - specialty of the doctor
Answer: The area/department is detailed within the tables below.

- - level of junior doctor i.e. SHO, SpR etc
Answer: This is not recorded, only the grade can be detailed. This information is provided in the tables above.

- - area of work for the junior doctor i.e. outpatients, general ward, ITU, CCU, AMU etc
Answer: Actual locations of where employees work is not recorded/reportable. However, the area/department of work is detailed within the tables below.

- - whether this was in core hours or outside of core hours*
Answer: This information is not electronically recorded so cannot be provided.

3) Number of Nurses in Trust split by;
Answer: Please see the tables below which lists the FTE for all our Nursing staff as at the 31 December for each year.

- - day of the week they were in the Trust
Answer: This information is not electronically recorded so cannot be provided.

- - banding of the nursing staff
Answer: Please see this information detailed within the tables below.

- - area of work for the nursing staff i.e. outpatients, general ward, ITU, CCU, AMU etc
Answer: Actual locations of where employees work is not recorded/reportable. However, the area/department of work is detailed within the tables below.

- - whether this was in core hours or outside of core hours*
Answer: This information is not electronically recorded so cannot be provided.

2013 Nursing		
Area Of Work	**Banding Group**	**Total FTE - Effective 31 December**
Accident and Emergency	5	36.74667
Accident and Emergency	6	3.21333
Accident and Emergency	7	4
Accident and Emergency	8+	1
Acute Medicine	8+	0.10667
Anaesthetics	7	0.76
Breast Surgery	6	1
Breast Surgery	7	1
Cancer Support	5	1.64
Cancer Support	6	2.2
Cancer Support	7	14.77333
Cancer Support	8+	2.42667
Cardiology	5	12.1
Cardiology	6	7.4
Cardiology	7	6
Cardiology	8+	1
Child Protection	6	1
Child Protection	7	1
Child Protection	8+	2
Clinical Oncology	5	4.33333
Clinical Oncology	6	2.6
Clinical Oncology	7	2
Clinical Support	5	4.72
Clinical Support	7	1
Clinical Support	8+	1
Community Health Services	6	12.48427
Community Health Services	7	13.63333
Community Health Services	8+	2
Community Mental Health	6	3.53333
Community Sexual and Reproductive Health	6	0.18667
Corporate	8+	2

Day Case Unit	5	2
Dermatology	8+	1
Diabetes	5	0.53333
Diabetes	6	2
Diabetes	7	3.22667
Diabetes	8+	1
Dietetics	7	1
District Nursing	5	66.46
District Nursing	6	8.2
District Nursing	7	9.05334
District Nursing	8+	1.6
Domestic Services	5	1
Education	5	1
Education	7	5.90667
Elderly Care Medicine	5	35.87333
Elderly Care Medicine	6	8
Elderly Care Medicine	7	2
Elderly Care Medicine	8+	4.4
Emergency Services	5	33.82666
Emergency Services	6	6.53333
Emergency Services	7	1
Endoscopy	5	7.56001
Endoscopy	6	1
Endoscopy	7	2
Gastroenterology	7	0.89333
General Acute	5	1
General Acute	7	1
General Medicine	5	24.30666
General Medicine	6	5.92
General Medicine	7	2.92
General Surgery	5	75.41331
General Surgery	6	9.72
General Surgery	7	7
General Surgery	8+	4.86667
Genito Urinary Medicine	5	1.53333
Genito Urinary Medicine	6	7.92
Genito Urinary Medicine	7	1
Gynaecology	5	12.98667
Gynaecology	6	2
Gynaecology	7	1
Gynaecology	8+	1
Haematology	5	1.74667
Haematology	6	0.85333
Haematology	7	1.8
Health Promotion	6	1
Health Promotion	7	1
Health Promotion	8+	1
Health Visiting	5	2.07333
Health Visiting	6	25.65332
Health Visiting	7	20.34666
Health Visiting	8+	0.8
Human Resources	7	1

Imaging	6	1
Infectious Diseases	5	1
Infectious Diseases	6	4
Infectious Diseases	7	1
Infectious Diseases	8+	2
Information and Communication Technology	7	1
Intensive Care	5	37.77333
Intensive Care	6	15.38
Intensive Care	7	3
Intensive Care	8+	0.9
Intermediate Care	5	7.8
Intermediate Care	6	8.76
Intermediate Care	7	1.8
Intermediate Care	8+	1
Maternity	5	51.15997
Maternity	6	95.79998
Maternity	7	21.22667
Maternity	8+	9.38666
Neurology	7	1
Nights	7	7.33334
Nights	8+	1
Occupational Health	5	0.8
Occupational Health	6	1
Occupational Health	8+	1
Old Age Psychiatry	8+	1
Operating Department	5	27.33334
Operating Department	6	8.72
Operating Department	7	5.81334
Otolaryngology	7	1
Outpatients	5	12.13333
Outpatients	7	3.22667
Paediatrics	5	27.64998
Paediatrics	6	9.59333
Paediatrics	7	5.92667
Paediatrics	8+	1
Pain Management	5	0.85333
Pain Management	7	2
Palliative Medicine	5	0.42667
Palliative Medicine	6	3
Palliative Medicine	8+	1
Pathology	7	0.69333
Patient Safety	8+	1
Primary Care	7	2
Rehabilitation	6	2.6
Rehabilitation	7	2
Rehabilitation	8+	1
Research and Development	6	1.48
Respiratory Medicine	5	15.53333
Respiratory Medicine	6	9.2
Respiratory Medicine	7	5
Rheumatology	6	1

Rheumatology	**7**	**1**
School Nursing	**5**	**3.13547**
School Nursing	**6**	**11.87441**
School Nursing	**7**	**3.8**
School Nursing	**8+**	**1**
Service Planning	**7**	**4**
Service Planning	**8+**	**2**
Stoma Care	**7**	**2**
Stoma Care	**8+**	**1**
Stroke	**5**	**14.68667**
Stroke	**6**	**16.90667**
Stroke	**7**	**3**
Stroke	**8+**	**1**
Tissue Banking	**6**	**0.8**
Tissue Banking	**7**	**0.53333**
Tissue Banking	**8+**	**1**
Training	**7**	**2**
Urogynaecology	**7**	**1**
Urology	**5**	**1**
Urology	**6**	**2**
Urology	**7**	**1**
Urology	**8+**	**0.6**
Vascular Surgery	**7**	**1**
Wound Management	**5**	**1**
Wound Management	**6**	**1**
Wound Management	**7**	**1**
Wound Management	**8+**	**1**

2014 Nursing		
Area Of Work	**Banding Group**	**Total FTE - Effective 31 December**
Accident and Emergency	5	32.37
Accident and Emergency	6	8.88
Accident and Emergency	7	5.00
Accident and Emergency	8+	1.00
Acute Medicine	8+	0.11
Breast Surgery	6	1.00
Breast Surgery	7	1.00
Breast Surgery	8+	1.00
Cancer Support	5	1.64
Cancer Support	6	3.00
Cancer Support	7	15.37
Cancer Support	8+	2.43
Cardiology	5	12.34
Cardiology	6	10.53

Cardiology	**7**	**5.00**
Cardiology	**8+**	**1.00**
Child Protection	**6**	**1.00**
Child Protection	**7**	**3.00**
Child Protection	**8+**	**2.00**
Clinical Audit	**5**	**1.00**
Clinical Oncology	**5**	**3.57**
Clinical Oncology	**6**	**2.60**
Clinical Oncology	**7**	**2.00**
Clinical Support	**5**	**4.72**
Clinical Support	**7**	**1.00**
Clinical Support	**8+**	**1.00**
Community Health Services	**6**	**12.84**
Community Health Services	**7**	**11.71**
Community Health Services	**8+**	**2.00**
Community Mental Health	**6**	**3.73**
Community Sexual and Reproductive Health	**6**	**0.19**
Corporate	**8+**	**1.00**
Day Case Unit	**5**	**2.92**
Day Case Unit	**6**	**1.00**
Dermatology	**8+**	**1.00**
Diabetes	**5**	**0.67**
Diabetes	**6**	**2.00**
Diabetes	**7**	**3.00**
Diabetes	**8+**	**1.00**
Dietetics	**7**	**1.00**
District Nursing	**5**	**73.90**
District Nursing	**6**	**9.80**
District Nursing	**7**	**7.35**
District Nursing	**8+**	**1.20**
Domestic Services	**5**	**1.00**
Education	**5**	**1.00**
Education	**7**	**6.31**
Education	**8+**	**0.20**
Elderly Care Medicine	**5**	**47.50**
Elderly Care Medicine	**6**	**8.92**
Elderly Care Medicine	**7**	**2.00**
Elderly Care Medicine	**8+**	**4.00**
Emergency Services	**5**	**32.35**
Emergency Services	**6**	**7.15**
Emergency Services	**7**	**1.00**
Endoscopy	**5**	**6.28**
Endoscopy	**6**	**2.00**
Endoscopy	**7**	**1.00**
Gastroenterology	**7**	**0.89**
General Acute	**7**	**1.00**
General Medicine	**5**	**22.24**
General Medicine	**6**	**6.68**
General Medicine	**7**	**2.92**
General Surgery	**5**	**82.11**
General Surgery	**6**	**8.16**

General Surgery	7	9.00
General Surgery	8+	4.87
Genito Urinary Medicine	5	2.80
Genito Urinary Medicine	6	7.67
Genito Urinary Medicine	7	3.00
Gynaecology	5	12.09
Gynaecology	6	2.00
Gynaecology	7	1.00
Gynaecology	8+	1.00
Haematology	5	2.33
Haematology	6	0.85
Haematology	7	2.40
Health Promotion	7	1.00
Health Promotion	8+	1.00
Health Visiting	6	43.77
Health Visiting	7	18.84
Health Visiting	8+	1.80
Human Resources	7	1.00
Imaging	6	1.00
Infectious Diseases	5	1.00
Infectious Diseases	6	5.00
Infectious Diseases	8+	1.67
Intensive Care	5	42.99
Intensive Care	6	15.03
Intensive Care	7	3.00
Intensive Care	8+	0.90
Intermediate Care	5	7.39
Intermediate Care	6	9.44
Intermediate Care	7	5.80
Intermediate Care	8+	1.00
Maternity	5	44.53
Maternity	6	99.05
Maternity	7	21.56
Maternity	8+	9.40
Neurology	7	1.00
Nights	7	9.76
Nights	8+	1.00
Occupational Health	5	0.80
Occupational Health	6	1.00
Occupational Health	8+	0.43
Old Age Psychiatry	8+	1.00
Operating Department	5	27.13
Operating Department	6	8.00
Operating Department	7	3.81
Otolaryngology	7	1.00
Outpatients	5	10.93
Outpatients	7	2.33
Paediatrics	5	23.00
Paediatrics	6	9.01
Paediatrics	7	5.00
Paediatrics	8+	1.00
Pain Management	5	0.85

Pain Management	7	2.00
Palliative Medicine	5	0.99
Palliative Medicine	6	1.60
Palliative Medicine	8+	1.00
Pathology	7	0.69
Patient Safety	8+	1.00
Primary Care	7	2.00
Rehabilitation	6	1.60
Rehabilitation	7	2.00
Rehabilitation	8+	1.00
Research and Development	6	0.48
Respiratory Medicine	5	25.84
Respiratory Medicine	6	10.20
Respiratory Medicine	7	5.20
Rheumatology	6	1.00
Rheumatology	7	1.00
School Nursing	5	6.36
School Nursing	6	17.17
School Nursing	7	4.80
School Nursing	8+	1.00
Service Planning	5	1.00
Service Planning	7	3.00
Service Planning	8+	2.00
Stoma Care	7	1.80
Stoma Care	8+	1.00
Stroke	5	15.69
Stroke	6	16.48
Stroke	7	2.90
Tissue Banking	6	1.91
Tissue Banking	7	1.00
Training	7	2.00
Urogynaecology	7	2.60
Urology	5	1.00
Urology	6	3.00
Urology	8+	0.60
Vascular Surgery	7	1.00
Wound Management	5	1.00
Wound Management	6	1.00
Wound Management	8+	1.00

2015 Nursing		
Area Of Work	**Banding Group**	**Total FTE - Effective 31 December**
Accident and Emergency	5	33.84
Accident and Emergency	6	8.76
Accident and Emergency	7	4.64
Accident and Emergency	8+	1.00
Acute Medicine	5	10.45

Acute Medicine	6	3.00
Acute Medicine	7	1.00
Acute Medicine	8+	0.11
Blood Sciences	7	1.00
Breast Surgery	6	0.90
Breast Surgery	7	1.00
Breast Surgery	8+	1.00
Cancer Support	5	3.16
Cancer Support	6	4.00
Cancer Support	7	16.05
Cancer Support	8+	2.43
Cardiology	5	12.56
Cardiology	6	7.95
Cardiology	7	3.60
Cardiology	8+	1.00
Child Protection	7	3.60
Child Protection	8+	1.00
Clinical Oncology	5	6.57
Clinical Oncology	6	2.00
Clinical Oncology	7	2.00
Community Health Services	6	7.36
Community Health Services	7	11.00
Community Health Services	8+	1.00
Community Sexual and Reproductive Health	6	0.19
Corporate	6	2.29
Corporate	8+	4.00
Day Case Unit	5	2.00
Day Case Unit	6	1.00
Dermatology	8+	1.00
Diabetes	5	0.80
Diabetes	6	3.00
Diabetes	7	4.00
Dietetics	7	1.00
District Nursing	5	62.52
District Nursing	6	21.40
District Nursing	7	5.35
District Nursing	8+	2.20
Education	5	1.00
Education	7	4.91
Education	8+	2.00
Elderly Care Medicine	5	50.64
Elderly Care Medicine	6	11.84
Elderly Care Medicine	7	3.00
Elderly Care Medicine	8+	6.00
Emergency Services	5	25.55
Emergency Services	6	8.07
Emergency Services	7	1.00
Endoscopy	5	5.49
Endoscopy	6	2.00
Endoscopy	7	2.00
Family Nurse Partnership	7	5.97

Family Nurse Partnership	8+	0.96
Gastroenterology	7	0.89
General Acute	5	3.61
General Acute	7	9.00
General Acute	8+	1.00
General Medicine	5	22.25
General Medicine	6	7.60
General Medicine	7	1.92
General Surgery	5	65.32
General Surgery	6	8.84
General Surgery	7	6.91
General Surgery	8+	3.87
Genito Urinary Medicine	5	2.93
Genito Urinary Medicine	6	8.39
Genito Urinary Medicine	7	3.00
Gynaecology	5	15.81
Gynaecology	6	2.00
Gynaecology	7	1.00
Gynaecology	8+	1.00
Haematology	5	2.33
Haematology	6	0.85
Haematology	7	1.80
Health Promotion	7	1.00
Health Promotion	8+	1.00
Health Visiting	6	50.99
Health Visiting	7	11.07
Health Visiting	8+	1.00
Human Resources	7	1.00
Infectious Diseases	6	2.00
Informatics Strategy and Development	7	0.60
Intensive Care	5	41.60
Intensive Care	6	13.07
Intensive Care	7	3.00
Intensive Care	8+	0.90
Intermediate Care	5	10.80
Intermediate Care	6	17.05
Intermediate Care	7	6.80
Intermediate Care	8+	1.00
Maternity	5	51.42
Maternity	6	112.13
Maternity	7	18.79
Maternity	8+	9.76
Neurology	7	1.00
Nights	7	5.81
Nights	8+	1.00
Occupational Health	5	0.80
Occupational Health	8+	0.43
Operating Department	5	26.52
Operating Department	6	7.00
Operating Department	7	3.23
Otolaryngology	7	1.00
Outpatients	5	15.91

Outpatients	7	2.53
Paediatric Community Child Health	5	1.00
Paediatric Community Child Health	6	6.58
Paediatric Community Child Health	7	4.00
Paediatric Community Child Health	8+	1.00
Paediatrics	5	27.19
Paediatrics	6	7.09
Paediatrics	7	2.00
Paediatrics	8+	1.00
Pain Management	6	0.85
Pain Management	7	1.53
Palliative Medicine	5	1.00
Palliative Medicine	6	0.60
Palliative Medicine	8+	1.00
Patient Safety	8+	1.00
Primary Care	7	1.00
Rehabilitation	5	1.00
Rehabilitation	6	1.60
Rehabilitation	7	2.00
Rehabilitation	8+	2.00
Research and Development	6	1.00
Research and Development	7	0.69
Respiratory Medicine	5	13.53
Respiratory Medicine	6	6.60
Respiratory Medicine	7	5.20
Respiratory Medicine	8+	1.00
Rheumatology	6	1.00
Rheumatology	7	1.00
School Nursing	5	3.62
School Nursing	6	13.60
School Nursing	7	3.80
School Nursing	8+	1.00
Stoma Care	6	0.80
Stoma Care	7	1.80
Stoma Care	8+	1.00
Stroke	5	13.57
Stroke	6	15.60
Stroke	7	1.90
Tissue Banking	6	1.00
Tissue Banking	7	1.00
Training	6	1.00
Training	7	1.00
Urogynaecology	7	2.60
Urology	5	2.60
Urology	6	3.60
Urology	7	1.00
Urology	8+	0.60
Wound Management	5	1.00

4) Number of AHPs in Trust split by;

Answer: Please see the tables below which lists the FTE for all our Nursing staff as at the 31 December for each year.

- - day of the week they were in the Trust
Answer: This information is not electronically recorded so cannot be provided.

- - banding of the AHP
Answer: Please see this information detailed within the tables below.

- - area of work for the AHP i.e. outpatients, general ward, ITU, CCU, AMU etc
Answer: Actual locations of where employees work is not recorded/reportable. However, the area/department of work is detailed within the tables below.

- - whether this was in core hours or outside of core hours*
Answer: This information is not electronically recorded so cannot be provided.

2013 AHPs		
Area Of Work	**Banding Group**	**Total FTE - Effective 31 December**
Chiropody/Podiatry	5	4
Chiropody/Podiatry	6	6.14
Chiropody/Podiatry	7	2.72667
Chiropody/Podiatry	8+	2.4
Community Health Services	7	1
Diabetes	8+	1
Dietetics	5	2
Dietetics	6	8.00445
Dietetics	8+	1
Imaging	5	18.8
Imaging	6	15.62568
Imaging	7	13.56666
Imaging	8+	3
Maternity	7	0.42667
Occupational Therapy	5	8.84
Occupational Therapy	6	12.93333
Occupational Therapy	7	9.8
Occupational Therapy	8+	1.81333
Ophthalmology	3	0.6
Orthoptics/Optics	6	2
Orthoptics/Optics	7	1.71555
Orthoptics/Optics	8+	1
Paediatrics	7	0.36
Physiotherapy	5	16.8
Physiotherapy	6	29.23493
Physiotherapy	7	17.00388
Physiotherapy	8+	6.69547
Prosthetics and Orthotics	2	0.16
Prosthetics and Orthotics	5	1
Rehabilitation	5	3
Speech and Language Therapy	5	3.66667

Speech and Language Therapy	6	6.49634
Speech and Language Therapy	7	6.79162
Speech and Language Therapy	8+	4.27027
Stroke	6	3
Stroke	7	2

2014 AHPs		
Area Of Work	**Banding Group**	**Total FTE - Effective 31 December**
Chiropody/Podiatry	5	2.00
Chiropody/Podiatry	6	7.00
Chiropody/Podiatry	7	2.73
Chiropody/Podiatry	8+	2.40
Community Health Services	7	1.00
Corporate	8+	1.00
Diabetes	8+	1.00
Dietetics	5	1.60
Dietetics	6	9.00
Dietetics	8+	1.00
Imaging	5	19.80
Imaging	6	16.61
Imaging	7	13.53
Imaging	8+	4.00
Maternity	7	0.43
Occupational Therapy	5	7.77
Occupational Therapy	6	13.76
Occupational Therapy	7	10.03
Occupational Therapy	8+	1.81
Ophthalmology	3	0.81
Orthoptics/Optics	5	1.00
Orthoptics/Optics	6	2.27
Orthoptics/Optics	7	1.52
Orthoptics/Optics	8+	1.00
Paediatrics	7	0.36
Physiotherapy	5	18.87
Physiotherapy	6	31.60
Physiotherapy	7	15.28
Physiotherapy	8+	4.78
Prosthetics and Orthotics	2	0.16
Prosthetics and Orthotics	5	1.00
Rehabilitation	5	1.00
Speech and Language Therapy	5	6.68
Speech and Language Therapy	6	6.65
Speech and Language Therapy	7	6.77
Speech and Language Therapy	8+	4.07
Stroke	6	4.00
Stroke	7	2.00

2015 AHPs		
Area Of Work	**Banding Group**	**Total FTE - Effective 31 December**
Chiropody/Podiatry	5	3.00
Chiropody/Podiatry	6	6.81
Chiropody/Podiatry	7	2.13
Chiropody/Podiatry	8+	1.60
Community Health Services	7	1.00
Corporate	8+	1.00
Diabetes	8+	1.40
Dietetics	5	1.00
Dietetics	6	7.60
Dietetics	8+	2.00
Imaging	5	15.40
Imaging	6	19.19
Imaging	7	11.78
Imaging	8+	6.00
Intermediate Care	5	1.00
Intermediate Care	6	10.24
Intermediate Care	7	1.80
Maternity	7	0.43
Occupational Therapy	5	10.09
Occupational Therapy	6	11.59
Occupational Therapy	7	8.63
Occupational Therapy	8+	1.81
Ophthalmology	3	0.81
Orthoptics/Optics	6	2.27
Orthoptics/Optics	7	1.52
Orthoptics/Optics	8+	1.00
Physiotherapy	5	13.67
Physiotherapy	6	24.18
Physiotherapy	7	12.21
Physiotherapy	8+	5.78
Prosthetics and Orthotics	2	0.16
Prosthetics and Orthotics	5	1.00
Rehabilitation	5	1.00
Respiratory Medicine	7	0.60
Speech and Language Therapy	5	5.63
Speech and Language Therapy	6	6.85
Speech and Language Therapy	7	6.19
Speech and Language Therapy	8+	3.44
Stroke	6	3.85
Stroke	7	1.00

please state what you believe your core hours to be

5) Number of Consultants On-Call split by;
- - day of the week they were On-Call
- - specialty of the consultants

- - area of work for the Consultant i.e. outpatients, general ward, ITU, CCU, AMU etc
- - whether the Consultant is on-site or off-site for period of on-call
    o if Consultant is on site, whether or not they are providing care in another area of the Trust during on-call period, i.e. outpatient clinic etc
- - whether this was in core hours or outside of core hours*

Answer: This information is not centrally recorded electronically so cannot be provided for the last three years.

6) Whilst a Consultant in on-call, what is the maximum distance permitted for the Consultant to reside if they are not on site during their on-call period? How quickly is a Consultant expected to return to the Trust once they are called to attend?
Answer: 30 miles / 30 minutes

7) How many ward rounds take place split by;
- - day of the week the ward round takes place
- - area of work for the ward round i.e. general ward, ITU, CCU, AMU etc

Answer: This information is not recorded centrally so cannot be provided for the last three years. We can advise that currently ward rounds take place every day.

For each of the above I would like to know where there is an expectation for consultation / treatment plan to be documented electronically.
Answer: Within our Trust there is not an expectation at present.

529/15
Babies Born Where Weight of the Baby was 12lbs or more

In the 2015 calendar year were there any babies born at your hospitals where the weight of the baby was 12lbs (5443g) or more? If so please state how many and what their birthweights were.
Answer: We can confirm that no babies have been born at Walsall Healthcare NHS Trust during the period January 2015 – December 2015 with a birth weight of 12lbs (5443g) or more.

530/15
Maternity Units and Consultant Obstetricians on Site

I would like to request the following information, please, under the freedom of information act.

Could you please tell me the names of your maternity units and sites and the distances they are apart?
Answer: Walsall Healthcare NHS Trust has two sites:

Delivery Suite at Walsall Manor Hospital
Midwifery Led Unit (MLU)

They are approximately 0.5 miles apart.

Could you please tell me the number of births at each individual named maternity unit and site, for the last year?

Answer: The total number of deliveries for our Trust during the last financial year was = 4614. This total is broken down by unit is:

Delivery suite = 4342
MLU = 272

For every named maternity unit and site run by your trust, could you please tell me:
* the number of full-time consultant obstetricians working at each unit/ site
Answer: The MLU does not have any Consultant Obstetricians on site as it is midwifery led and therefore does not require Consultant cover. The Delivery Suite is covered by a total of 11 Consultant Obstetricians.

* the number of part-time consultant obstetricians working at each unit/ site
Answer: There are no part-time Consultant Obstetricians

* the number of whole time equivalent consultant obstetricians working at each unit/ site
Answer: The MLU does not have any Consultant Obstetricians on site where as the Delivery Suite has 11 wte Consultant Obstetricians.

* the number of hours each named unit or site has a consultant obstetrician working in the hospital Monday to Friday
Answer: There is a total of 105.5 Consultant Obstetricians' hours working Monday to Friday at Walsall Manor Hospital.

* the number of hours each named unit or site has a consultant obstetrician working in the hospital on Saturdays
Answer: On a Saturday there are a minimum of 3 hours dedicated Consultant Obstetrician time allocated, however if more cover is required then the Consultant will stay on site for as long as needed.

* the number of hours each named unit or site has a consultant obstetrician working in the hospital on Sundays
Answer: On a Sunday there are a minimum of 2 hours dedicated Consultant Obstetrician time allocated, however if more cover is required then the Consultant will stay on site for as long as needed.

*the number of hours each named unit or site has a consultant obstetrician working in the hospital on Bank holidays
Answer: If the Bank Holiday falls on Monday – Thursday, there would be 15 hours of dedicated Consultant Obstetrician (3 Hours during the day and 12 hours during the night) although this should be regarded as the minimum amount of time as it would depend on the need at the time. If the Bank Holiday falls on a Friday there would be 3 hours of dedicated time allocated with no night cover, although again this would be the minimum amount of dedicated time.

In addition, could you please give the following information specifically for the Easter Bank Holiday weekend Friday March 25 to Monday March 28 2016
*the number of hours each named maternity unit or site had a consultant obstetrician working in the hospital on Friday March 25 2016

Answer: There was a total of 4.5 hours on site cover provided by a Consultant Obstetrician on Friday 25 March. However they would provide cover for as long as they were required along with offsite cover for the entire duration.

*the number of hours each named maternity unit or site had a consultant obstetrician working in the hospital on Saturday March 26 2016
Answer: There was a total of 3 hours Consultant Obstetrician cover during the day with no cover provided at night. However they would provide cover for as long as they were required along with off-site cover for the entire duration.

*the number of hours each named maternity unit or site had a consultant obstetrician working in the hospital on Sunday March 27 2016
Answer: There was a total of 2 hours Consultant Obstetrician cover during the day with no cover provided at night. However they would provide cover for as long as they were required along with off-site cover for the entire duration.

*the number of hours each named maternity unit or site had a consultant obstetrician working in the hospital on Monday March 28 2016
Answer: On Monday 28 March, 15 hours of dedicated Consultant Obstetrician cover would have been provided (3 hours during the day and 12 hours during the night) although this would be the minimum amount of time and would be dependent on the need of the service at the time.

531/15
Redevelopment of Manor Hospital Site

a) the total actual and projected nominal cash costs of this PFI contract, including all projected adjustments for inflation (reflecting the basis on which the unitary charge is indexed to inflation, as agreed in the contract), along with start date and completion date;
Answer: We can confirm that the total actual & projected nominal cash costs of the PFI contract are £644,734k. The unitary charge is indexed annually based on the RPI in February. The Trust has assumed an annual inflation of 2.5% on projected costs from 2017/18 onwards.

Construction Start Date	**November 2007**
Construction End Date	**September 2011**
Service Start Date	**September 2010**
Service End Date	**January 2041**

b) for each year of the contract, the total actual and projected nominal cash costs of this PFI contract, including all projected adjustments for inflation (reflecting the basis on which the unitary charge is indexed to inflation, as agreed in each contract);
Answer: Please see the enclosed table this details this information.

c) for each year of the contract, the non-service element of the total actual and projected nominal cash cost of each PFI contract, estimated as above;
Answer: Please see the enclosed table this details this information.

d) the pre-tax nominal Project Internal Rate of Return and the pre-tax nominal Equity Internal Rate of Return, as calculated at the start of the contract, and as projected by the relevant SPV as of today.
Answer: Our Financial Management Team do not centrally record this information electronically.

532/15
New Contract for Junior Doctors

The government has announced it is introducing a new contract for all junior doctors, and this is going to be introduced from August 2016. I would like to know:

1) If your trust has been provided with, or carried out any estimates on, the overall one-off cost to the trust for the implementation of the new contract. This would include one-off costs such as introduction of new payroll systems, training of staff etc. If so, please can you provide this information and the overall costing for the new junior doctor contract introduction.
Answer: Our Trust has not yet conducted any costing exercises with regards to implementation of the new contract.

2) If the trust has been provided with, or carried out any estimates on, the ongoing cost or benefit to the Trust of the new junior doctor contract. This would be from ongoing changes in salaries, reduction in locum costs or work patterns etc. If so, please provide this information. Please state where any ongoing costs or benefits over the current junior contract are anticipated.
Answer: This is not applicable.

3) Finally, please state if the trust plans to make any changes to any of the junior doctor rotas following the introduction of the new junior doctor contract. If the trust does plan to make changes, please estimate:
   a. the percentage of current junior doctor rotas that are aiming to be changed
   b. A very brief (one-line) summary of what these changes are (eg more working in the evenings)
Answer: We expect the majority of our rotas will need to be revised to meet the requirements of the new contract to ensure compliance with the new rest periods and weekend working.