

FREEDOM OF INFORMATION

Disclosure Log – Quarter 3 (Oct-Dec 2016)

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309/16 Genetic Testing

For the period 1 January 2015 to 31st December 2015 (or the most recent full 12 month period if more recent data is available) :

A. The number of patients diagnosed with genetic haemochromatosis who have been provided with genetic testing for haemochromatosis and/or genetic counselling in relation to their condition.

Answer: we are unable to identify the number of patients with genetic haemochromatosis as this is not coded on the electronic system. Please find below the number of patients that have been diagnosed with haemochromatosis instead.

Please find below the number of patients who have had a haemochromatosis diagnosis in 2015

Calendar Year	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Year 2015	29	14	24	18	17	24	24	23	20	20	22	23	258

B. The number of marriage or civil partners of patients diagnosed with genetic haemochromatosis who have been provided with genetic testing for haemochromatosis and/or genetic counselling in relation to their partners' condition.

Answer: We do not code that a patient has been tested/received counselling and we would be unable to that say that it is in relation to a related patient's haemochromatosis.

C. The number of siblings of patients diagnosed with genetic haemochromatosis who have been provided with genetic testing for haemochromatosis and/or genetic counselling in relation to their sibling's condition.

Answer: The Trust does not record this information.

D. A copy of your protocol or pathway applicable to the provision of genetic testing/counselling for families of patients diagnosed with genetic haemochromatosis.

Answer: We follow BCSH guidelines. All new diagnosis patients are advised that this is a hereditary condition and that they need to liaise with their family members so that they can liaise with their respective GPs for testing. This is also included in the letter to patients own GP. Information leaflet is also provided.

http://www.bcsguidelines.com/4_HAEMATOLOGY_GUIDELINES.html

310/16

Staff and Locum Data

Rota Data: (Please complete separate tables for each month for which data exists, for the last three years).

Staff Group	Month							
	Number of filled positions:	Number of unfilled positions:	Total number of Shifts	Number of shifts needed to be covered	Number of shifts which remained uncovered	Number of shifts covered by internal locums	Number of shifts covered by external locums	Number of shifts covered by other locums
Consultant								
Trainee (Specialist Registrar)								
Trainee (Core Trainee)								
Trainee (Foundation Year 2 Trainee)								
Trainee (Foundation Year 1 Trainee)								
Band 5 and 6 Registered Nursing Staff								
Other Registered nurses								
Nursing assistant								
Phlebotomists								
Occupational Therapists								
Physiotherapists								
Other allied Healthcare Professionals (please specify)								
Ward Clerks								
Other staff (please specify)								

Locum Data: (Please provide separate tables for each year, for the last three years, that there is data available from).

Staff Group	Number of Internal Locums:	Total Cost of Internal Locums:	Number of External Locums:	Total Cost of External Locums:	Number of Other Locums:	Total Cost of Other Locums:
Consultant						
Non-training grades (excluding consultants)						
Trainee (Specialist Registrar)						
Trainee (Core Trainee)						
Trainee (Foundation Year 2 Trainee)						
Trainee (Foundation Year 1 Trainee)						
Band 5 and 6 Registered Nursing Staff						
Other Registered nurses						
Nursing assistant						
Phlebotomists						
Occupational Therapists						
Physiotherapists						
Other allied Healthcare Professionals (please specify)						
Ward Clerks						
Other staff (please specify)						
Total:						

Answer: information is withheld under section 12 as it will take over 18 hours to complete. We would be pleased to try and assist you if you are able to narrow down your request.

**311/16
Occupational Therapy**

How many occupational therapists were/are employed within your Trust in each of the following financial years, in working time equivalent format: 1) 2011/12; 2) 2012/13; 3) 2013/14; 4) 2014/15; and 5) 2016/17 budgeted?

Answer: The figures below are for actuals:

- 1) 2011/12; 43.77
- 2) 2012/13; 35.05
- 3) 2013/14; 40.79
- 4) 2014/15; 41.85
- 5) 2015/16 38.41
- 6) 2016/17; 42.99

What was the total amount spent on occupational therapy services within your Trust in each of the following financial years: 1) 2011/12; 2) 2012/13; 3) 2013/14; 4) 2014/15; and 5) 2016/17 budgeted?

Answer: Withheld under section 12 as this request would require more than 18 hours input in order to provide the information.

Of these, how many occupational therapists were/are working on acute medical wards in each of the following financial years, in working time equivalent format: 1) 2011/12; 2) 2012/13; 3) 2013/14; 4) 2014/15; and 5) 2016/17 budgeted?

Answer: The table below shows what the establishment was. We are unable to provide the exact numbers throughout the year due to variation with vacancies.

	2013	2014	2015	2016
Band 7	2.20	1.56	1.56	1.56
Band 6	3.68	4.68	6.48	7.40
Band 5	5.77	5.77	6.0	6.0

Of these, how many occupational therapists were/are working in Accident & Emergency departments in each of the following financial years, in working time equivalent format: 1) 2011/12; 2) 2012/13; 3) 2013/14; 4) 2014/15; and 5) 2016/17 budgeted?

Answer: No one was employed directly for working in the ED although staff covered for patients as and when identified.

**312/16
Technology**

Provide a description of your current PBX? Please select from the below:

- Rolling Annual
 - Fixed contract exceeding 1 year
 - Fixed contract less than 1 year
2. Who is the incumbent supplier for your PBX?
 3. When did your PBX contract start? (Provide month and year)
 4. When does your PBX contract end? (Provide month and year)
 5. What is the value of your PBX contract?

6. How many extensions does your PBX have?
7. Do you have a Siemens ISDX?
 - Yes
 - No

Answer: for questions 1 – 7 please redirect your request to Skanska Facilities. We recommend you contact them 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. Do you have NHS Mail?
 - Yes, used by some staff
 -
9. Do you have NHS Mail 2?
 - No
10. What kind of Microsoft Licensing Agreement do you have? Please select from the below:
 - Microsoft Purchasing Agreement (MPSA)_user purchases with each piece of hardware
 -
11. What is your Microsoft Licensing renewal date? (Provide month and year)
We utilise the original NHS Microsoft Wide Agreement

313/16

Paramedics in A&E

1. Do you employ paramedics in A&E? If yes, please confirm how many and in what capacity?
Answer: No

2. Do you employ agency staff in A&E to support ambulance handover? If yes, please confirm clinical grade and in what capacity?
Answer: No

3. Does your local Ambulance Trusts provide ambulance handover clinicians during peaks in activity? If yes, please confirm which Ambulance Trust supplied, what grades they supplied and when they supplied?
Answer: No but HALO (hospital ambulance liaison officer) via West Midlands Ambulance Service Band 7 cover period 37.5hrs per week but rota owned by WMAS supports handover problems / peak activity.

4. Please confirm value of penalties incurred by the Trust as a result of delays in ambulance handover since January 2016?

Answer:

Month Fine

January 2016	£44,600
February 2016	£33,000
March 2016	£44,200
April 2016	£21,800
May 2016	£14,000
June 2016	£27,200
July 2016	£37,000
August 2016	£22,600

314/16

Agency spend in A&E

1) What was the most you paid per hour for a locum shift in the emergency department before the Agency Cap was introduced before November 2015?

Answer: A Specialist Nurse covering a Bank Holiday date equates to £144.28 per hour.

An example of this is a day shift booked on 25th December 2014 for Accident and Emergency with a duration of 11.5 hours. ($11.5 \times £117.95 = £1356.43$ in total. Mileage is also charged in addition to this)

2) What is the most you have paid per hour for a locum shift in the emergency department since 1st December 2015 and October 5th 2016.

Answer: A Specialist Nurse covering a Bank Holiday date equates to £144.28 per hour.

An example of this is a night shift booked on 25th December 2015 for Accident and Emergency with a duration of 11.5 hours. ($11.5 \times £144.28 = £1659.22$ in total. Mileage is also charged in addition to this)

315/16

Fit and Proper Persons

1. How many people in your organisation have been checked against the test since its introduction in 2014?

Answer: 27

2. In how many cases has the NHS trust been required to investigate a person further?

Answer: None

3. How many were in response to complaints from the public?

Answer: N/A

4. How many were instigated by the Trust itself?

Answer: N/A

5. How many were the result of the Care Quality Commission recommending that a person should be investigated further?

Answer: N/A

6. On what grounds were the complaints made?

Answer: N/A

7. Has the Trust been required (either voluntarily or formally by the Care Quality Commission) to conduct an independent investigation under Regulation 5?

Answer: N/A

8. In how many cases has a person failed the Fit and Proper Person's test within your Trust?

Answer: 0

316/16

Rapid tranquillisation use in NHS trusts

I would like to request your Trust's most recent Rapid Tranquillisation (RT) policy and guidance aimed at guiding practice of RT usage by staff involved in its use (should you provide this type of care).

Answer: Walsall Healthcare NHS Trust does not provide psychiatric care.

317/16

Patient Meals

Please could you tell me how much is spent on food per patient, per day. If the data is not recorded like this please can I have the closest information to what I have requested.

Please could you also tell me how often menus are changed.

Answer: £3.95 per patient day and menus are reviewed every 3 months

318/16

Financial spend on Train Travel

The total amount spent by your trust on train travel, of that total how much was spent on first class train travel? What were the top 5 most expensive individual journeys and what was the reason for them?

Please provide this information for the following financial years:-

2011/2012
2012/2013
2013/2014
2014/2015
2015/2016

Answer: Please see attached spreadsheet and also note that from the information available we did not identify any first class travel and standard practice is not to book first class.

319/16

Diagnostic imaging provision and activity

FOI Questions

1. What is the approximate local population catchment your hospital trust provides services for?

- | | |
|---|--|
| Less than 100k people <input type="checkbox"/> | 750k to 1.0M people <input type="checkbox"/> |
| 100k to 250k people <input type="checkbox"/> | 1.0M to 1.5 M people <input type="checkbox"/> |
| 250k to 500k people <input checked="" type="checkbox"/> | 1.5M to 2.0M people <input type="checkbox"/> |
| 500k to 750k people <input type="checkbox"/> | More than 2.0M people <input type="checkbox"/> |

2. For each MRI, CT, and PET-CT, please set out the location for each scanner located on Trust property using one line per machine:

Index	Type	Hospital name and scanner reference	Postcode
A	MRI <input checked="" type="checkbox"/> CT <input type="checkbox"/> PET/CT <input type="checkbox"/>	Walsall Manor Hospital, Route 234	WS2 9PS
B	MRI <input type="checkbox"/> CT <input checked="" type="checkbox"/> PET/CT <input type="checkbox"/>	Walsall Manor Hospital, Route 234	WS2 9PS
C	MRI <input type="checkbox"/> CT <input checked="" type="checkbox"/> PET/CT <input type="checkbox"/>	Walsall Manor Hospital, Route 005	WS2 9PS
D	MRI <input type="checkbox"/> CT <input type="checkbox"/> PET/CT <input type="checkbox"/>		
E	MRI <input type="checkbox"/> CT <input type="checkbox"/> PET/CT <input type="checkbox"/>		
F	MRI <input type="checkbox"/> CT <input type="checkbox"/> PET/CT <input type="checkbox"/>		
G	MRI <input type="checkbox"/> CT <input type="checkbox"/> PET/CT <input type="checkbox"/>		
H	MRI <input type="checkbox"/> CT <input type="checkbox"/> PET/CT <input type="checkbox"/>		
I	MRI <input type="checkbox"/> CT <input type="checkbox"/> PET/CT <input type="checkbox"/>		
J	MRI <input type="checkbox"/> CT <input type="checkbox"/> PET/CT <input type="checkbox"/>		

3. For each scanner listed in Question 2 as per index, please set out the type of ownership and both the year of manufacture and the year of installation in your trust for each machine:

Index	Type of ownership	Year of manufacture	Year of installation in trust	Manufacturer and model number
A	Owned by trust <input type="checkbox"/> Leased <input type="checkbox"/> Manage equipment service <input type="checkbox"/> Other <input checked="" type="checkbox"/>	2000	2000	Siemens Symphony 1.5T
B	Owned by trust <input checked="" type="checkbox"/> Leased <input type="checkbox"/> Manage equipment service <input type="checkbox"/> Other <input type="checkbox"/>	2009	2009	GE VCT Lightspeed
C	Owned by trust <input checked="" type="checkbox"/> Leased <input type="checkbox"/> Manage equipment service <input type="checkbox"/> Other <input type="checkbox"/>	2010	2010	GE VCT Lightspeed
D	Owned by trust <input type="checkbox"/> Leased <input type="checkbox"/> Manage equipment service <input type="checkbox"/> Other <input type="checkbox"/>			
E	Owned by trust <input type="checkbox"/> Leased <input type="checkbox"/> Manage equipment service <input type="checkbox"/> Other <input type="checkbox"/>			
F	Owned by trust <input type="checkbox"/> Leased <input type="checkbox"/> Manage equipment service <input type="checkbox"/> Other <input type="checkbox"/>			
G	Owned by trust <input type="checkbox"/> Leased <input type="checkbox"/> Manage equipment service <input type="checkbox"/> Other <input type="checkbox"/>			
H	Owned by trust <input type="checkbox"/> Leased <input type="checkbox"/> Manage equipment service <input type="checkbox"/> Other <input type="checkbox"/>			
I	Owned by trust <input type="checkbox"/> Leased <input type="checkbox"/> Manage equipment service <input type="checkbox"/> Other <input type="checkbox"/>			
J	Owned by trust <input type="checkbox"/> Leased <input type="checkbox"/> Manage equipment service <input type="checkbox"/> Other <input type="checkbox"/>			

3. For each scanner listed in Question 4 that is not owned by the trust and as *per index*, please list the name of the company providing the service:

Index	Name of company providing service
A	InHealth
B	
C	
D	
E	
F	
G	
H	
I	
J	

5. For each scanner listed in Question 2 as *per index*, please set out the current 'normal opening hours' of the service *per week* and indicate whether this includes a non-emergency weekend service or not:

Index	Opening hours per week	Includes weekend service?
A	~84hrs (Mon-Sun 8am-8pm)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
B	168hrs (24/7)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
C	37.5 (Mon-Fri 9am-5pm)	Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
D		Yes <input type="checkbox"/> No <input type="checkbox"/>
E		Yes <input type="checkbox"/> No <input type="checkbox"/>
F		Yes <input type="checkbox"/> No <input type="checkbox"/>
G		Yes <input type="checkbox"/> No <input type="checkbox"/>
H		Yes <input type="checkbox"/> No <input type="checkbox"/>
I		Yes <input type="checkbox"/> No <input type="checkbox"/>
J		Yes <input type="checkbox"/> No <input type="checkbox"/>

6. Please set out the total number of MRI, CT, and PET/CT scans that were carried out on scanners within your trust in the financial years (April to March) 2012/13, 2013/14, 2014/15, and 2015/16:

Financial year	Total number MRI scans	Total number of CT scans	Total number of PET/CT scan
April-12 – Mar-13	11,998	17,293	NA
Apr-13 – Mar-14	12,689	18,802	NA
Apr-14 – Mar-15	12,825	19,432	NA
Apr-15 – Mar-16	14,290	20,740	NA

7. Please set out the total number of MRI, CT, and PET/CT scans referred by clinicians from your trust, regardless of whether they were carried out at your trust or at another trust or provider, in the financial years (April to March) 2012/13, 2013/14, 2014/15, and 2015/16:

Financial year	Total number MRI scans	Total number of CT scans	Total number of PET/CT scan
April-12 – Mar-13	Not recorded	Not recorded	NA

Apr-13 – Mar-14	Not recorded	Not recorded	NA
Apr-14 – Mar-15	Not recorded	Not recorded	NA
Apr-15 – Mar-16	Not recorded	Not recorded	NA

8. Please list the providers outside your trust below that carried out MRI, CT, and PET/CT scans on your trust's patients trust during the financial year 2015/16:

Index	Type of activity (tick 1/line)	Hospital or provider name(s)	Postcode(s)
K	MRI <input type="checkbox"/> CT <input type="checkbox"/> PET/CT <input type="checkbox"/>	Not recorded	
L	MRI <input type="checkbox"/> CT <input type="checkbox"/> PET/CT <input type="checkbox"/>		
M	MRI <input type="checkbox"/> CT <input type="checkbox"/> PET/CT <input type="checkbox"/>		
N	MRI <input type="checkbox"/> CT <input type="checkbox"/> PET/CT <input type="checkbox"/>		
O	MRI <input type="checkbox"/> CT <input type="checkbox"/> PET/CT <input type="checkbox"/>		
P	MRI <input type="checkbox"/> CT <input type="checkbox"/> PET/CT <input type="checkbox"/>		
Q	MRI <input type="checkbox"/> CT <input type="checkbox"/> PET/CT <input type="checkbox"/>		

9. For each of the hospital providers listed in Question 8 as *per index*, please set out the total number of MRI, CT, or PET/CT scans that were carried there on your behalf in the financial years (April to March) 2012/13, 2013/14, 2014/15, 2015/16:

Index	2012/13	2013/14	2014/15	2015/16
K	Not recorded			
L				
M				
N				
O				
P				
Q				

10. Does your trust currently hold plans to extend its MRI, CT, or PET/CT capacity (e.g. increase number of scanners)?

No

Yes , please specify below:

11. If yes, what is the likely procurement method your trust is likely to take?

Please answer for each scanner planned,

Buy outright

Lease

Managed Equipment Service

Outsource (including radiography and interpretation)

Public Private Partnership

Other , please specify below:

FULL MANAGED SERVICE

12. Does your trust currently hold plans to invest into high value (>£500k) capital diagnostic equipment (both radiological and non-radiological) over the next five years?

No

Yes , please specify below:

- SPECT
- MRI
- CT

13. If your trust has done any assessment/forecasting of the evolution of demand for MRI, CT, and/or PET-CT scanning, either historic or future, please provide a copy.

NA

320/16

Capital Loans

Can you please state how much the health trust has received in working capital loans from the Department of Health in the last five years, including the current financial year?

Answer:

The Trust received a working capital loan in 2015/16 totaling £6,883,000.

The Trust has currently received an additional £8,549,000 in 2016/17.

In total the Trust has received a total of £15,432,000 by the end of October.

321/16

Urology Services

- The total number of patient referrals made to Walsall Hospitals NHS Trust to specialist urology services during the financial years 2013-14, 2014-15 and 2015-16

	Female	Male	Grand Total
2013/14	883	2623	3506
2014/15	1041	2916	3957
2015/16	948	2452	3400
Grand Total	2872	7991	10863

- The total number of male patient referrals made to the Trust to specialist urology services during the financial years 2013-14, 2014-15 and 2015-16

	Female	Male	Grand Total
2013/14	883	2623	3506
2014/15	1041	2916	3957
2015/16	948	2452	3400
Grand Total	2872	7991	10863

- The total number of female patient referrals made to the Trust to specialist urology services during the financial years 2013-14, 2014-15 and 2015-16

	Female	Male	Grand Total
2013/14	883	2623	3506
2014/15	1041	2916	3957
2015/16	948	2452	3400
Grand Total	2872	7991	10863

- The total number of first-time referrals made to the Trust to specialist urology services during the financial years 2013-14, 2014-15, and 2015-16

	Grand Total
2013/14	3113
2014/15	3376
2015/16	3018

Grand Total 9507

- **The average waiting time between patient referrals to specialist urology services and appointments with aforementioned services during the financial years 2013-14, 2014-15 and 2015-16**

	Average Time(Days)
2013/14	147
2014/15	74
2015/16	76

322/16

Trust Venous Thromboembolism

**Answer: Please see attached.
Information available upon request.**

323/16

Training Courses

Q1. Have you purchased any IT / ICT technical training courses or any other training Since April 2016 from;

QA training or QA limited (or any related businesses)

**Rath House
55-65 Uxbridge Road
Slough
SL1 5SG**

Answer: Yes Walsall IT Services (WITS)

Or any other of QA's offices?

Answer: No

Q2. If so, please state what specific training services have been purchased and the exact monetary amount spent and what dates were these purchases made since April 2016?

Answer: £10862 including VAT.

Purchased July (£7500) & Sept (£1552)

- **Customer service in a technical environment**
- **ITIL Foundation**
- **Metrocluster**
- **Powershell**
- **Asset Mgt**
- **IACCM**

Q3. Who are the decision makers or buyers (provide name, job title, email address and direct phone number) who have purchased this IT/ICT technical training course or any other training Since April 2016?

Answer: Procurement Department & IT Services Business Manager

Main telephone number: 01922 721172

Q4. How much money has been spent with QA limited, QA training, QA Group, QA apprenticeships (or associated/related businesses) since April 2016 by entity?

Answer: See response to Q2.

Q5. Have you purchased any pre-paid training credits before the financial year is coming to an end and then used the training courses in a next financial year?

Answer: No

Q6. Please provide exact details of all the courses or training purchased under the pre-paid credits?

Answer: N/A

Q7. What specific procurement processes were followed to award QA the training contracts?

Answer: for the training highlighted in question 2, quotes obtained by 4 separate providers. The amount not large enough to go out to tender.

Q8. Provide copies of all the contracts awarded to QA in the last 3 years?

Answer: N/A

Q9. Which other training providers were shortlisted before these individual contracts were awarded? List by contract.

Answer: N/A

Q10. What is the current process for procuring training services?

£0 - £9,999 inc vat – 3 informal quotations

£10,000 - £24,999 – Formal competitive quotations (min 3)

£25,000 - £49,999 - Formal competitive quotations (min 3), and Trust Financial Submission process

£50,000 – prevailing OJEU level - Formal competitive Tenders (min 3) and Trust Financial Submission process

Prevailing OJEU level - £249,999 – OJEU Tender procedure and Trust Financial Submission process

£250,000 and over - OJEU Tender procedure, Trust Board Approval of Contract award and Trust Financial Submission process

Q11. What is the complaints procedure for raising breaches in procurement processes? Example: creating one dominate supplier, awarding contracts without a fairness and transparency and not seeking to obtain best value for money.

Answer: Trust's standard complaints procedure or via Procurement if part of a procurement exercise led by the Procurement Dept.

Q12. What training is yet to be purchased up to 1st April 2017?

Answer: The courses in question 13 have been identified but there are limitations on funding

Q13 Please give specific details of courses, locations number and number of delegates who require to attend the training courses until 1st of April 2017?

Answer: The Trust is reviewing it externals courses and training in view of its current position.

324/16

Non-EU Patients

- **How many non-EU nationals were treated in your NHS trust during each of the last four financial years?**

Answer: Unfortunately we are unable to provide this information as our electronic system only overseas the charging status of the patient.

- How many of these were "chargeable" patients - ie those who should not have been receiving NHS care for free? Please give figures for each year

Answer: Please see below table

- How much money has the trust recovered in charges from patients who were not eligible for free NHS care? Please give figures for each year

Answer: Please see below table

- How much money has the trust NOT been able to recover in charges from patients who were not eligible for free NHS care? Please give figures for each year

Answer: Please see below table

	2012/13	2013/14	2014/15	2015/16
Number of chargeable patients	18	7	7	9
Charges recovered	£6,600.00	£9,030.16	£9,522.09	£11,264.00
Charges Not Recovered	£10,017.00	£2,364.00	£12,686.91	£101,746.44

- Which departments were most frequently used by non-EU overseas patients (eg maternity/gynaecology)?

Answer: General Medicine, Geriatric Medicine, Orthopaedics, Cardiology, Accident and Emergency, General Surgery, Paediatrics, Gastroenterology, Gynaecology, Fracture Clinic, Pathology, Critical Care Medicine, Trauma and orthopaedics and Obstetrics.

325/16

Electronic Staffing Systems

1) Does your trust (or has your trust plans to) use any electronic systems in relation to human resource activities, rostering/timetabling staff, or recruiting/provisioning for locums.

Answer:

- There is a rostering system for the wards – nursing only
- The systems currently used within Temporary Staffing for the rostering/recording of bank shifts are Smart Kronos Rosterpro and also Allocate Bank System Management System.
- Currently using for medical locums and internal rotas

2) If so, for each system your trust uses, please provide the following:

A) What is the name of the software

Answer:

- Rosterpro Central - Smart/Kronos
- As above Smart Kronos Rosterpro and also Allocate Bank System Management System.
- TempRE for medical locums – went live July 2016 / Allocate for medical rotas – been using >5 years

B) How much did the system cost / how much will it cost.

Answer:

- Rosterpro purchased in 2007 – cost is withheld under section 43 Commercially sensitive
- E-ROTA - cost is withheld under section 43 Commercially sensitive
- No set up charge or licence for TempRE but varying %age charges for different elements of usage

C) When was / will your system be deployed ("go live" date).

Answer:

- Rosterpro first go live was 2007 and then relaunched Jan 2012
- Allocate Bank Staff Management System was implemented in April 2012, Smart Kronos Rosterpro was already present in the Trust beforehand however was implemented for Temporary Staffing use in April 2014
- TempRE for medical locums – went live July 2016

D) What are the main functions of the system (e.g. recruiting nursing staff, timetabling junior doctors, etc)

Answer:

- Producing a roster and staff management system
- Allocate - creating doctor rotas/rosters and monitoring of hours
- TempRE – electronic management for sourcing, booking and paying for locum shifts

3) If data exists, for each system, please indicate:

A) What cost savings were projected at deployment of the system.

Answer:

B) What cost savings are being realised by the system in actuality.

Answer:

Answer: unfortunately, this data is not available.

Examples of "human resource activities" include, but are not limited to: recruitment/vacancies, payroll, sicknesses, mandatory training etc.

Examples of "rostering/timetabling" include, but are not limited to: electronic annual leave / other leave request, electronic timetabling, ect.

Examples of "recruiting/provisioning for locums" include, but are not limited to: Recruitment of locums, via agencies or internally (bank staff), payment of locums, mandatory training, etc.

326/16

Cyber Security Services

For each of the different types of cyber security services can you please provide me with:

1. Who is the existing supplier for this contract?

Answer: As per all NHS and large organisations we have the comprehensive security measures in place however disclosure of this confidential information may put our information assets at risk.

2. What does the organisation spend for each of contract?

Answer: Annual cybersecurity costs: £38K

3. What is the description of the services provided for each contract?

Answer: Maintenance and support for antivirus, email spam and malware filter and firewalls.

4. What is the expiry date of each contract?

Answer: Firewalls – annual contract (Aug 2017)
Antivirus et al – 3 year contract (Mar 2018)

5. What is the start date of each contract?

Answer: Firewalls – Aug 2016
Antivirus et al – Apr 2015

6. What is the contract duration of contract?

Answer: See above

7. What is the hardware brand? If available.

Answer: Cisco

8. What is the software brand? If available?

Answer: We have the comprehensive security measures in place however disclosure of this confidential information may put our information assets at risk.

9. The responsible contract officer? Full name, job title, contact number and direct email address.

Answer: Steve Darkes, Director of Informatics – 01922 721172

327/16

Cyber Security Services

1. Desktop anti-virus
2. Protection of Microsoft Exchange environment (please state if this is not applicable due to the use of NHSmail/NHSmail2)
3. Email gateway (please state if this is not applicable due to the use of NHSmail/NHSmail2)
4. Web gateway
5. Mobile device management/enterprise mobility management
6. Hard disk encryption
7. Removable media encryption
7. Firewall
8. VPN
9. Two factor authentication provider
9. Wireless network provider
10. Virtual server software provider and number of virtual servers (e.g. VMWare, Hyper-V etc.)
11. VDI software provider and number of VDI instances
12. Network access control solution provider
13. Security information and event management (SIEM) solution provider

Answer: for questions 1 – 13 please note that the manufacturer details are withheld under Section 24 (National Security). Our Trust does not release information or details which may compromise system security.

Please also provide:

1. The total number of computers within the organisation.

Answer: 4706

2. The total number of smartphones within the organisation

Answer: At the moment we have approx. 10 x Alcatel Pixi 3 phones in the Trust with around 6 or so on order. Technically the phone is classed as a smartphone but all of our connections on this device are for voice and SMS only so no smartphone applications can be utilised.

Similarly we have 34 Blackberry Leaps in use, with a few more on order. These are for Voice and Data. Again, they are not necessarily used to access smartphone apps.

3. The total number of tablet devices within the organisation.#

Answer: 297

4. Details of whether IT security is provided by an in-house team or by a third party – if by a third party please state who provides the service and when the contract expires.

Answer: In house

328/16

Car Parking charges

How much money did the trust raise from car parking charges in each of the last four financial years (state the amount and the years for which figures are available)? Include a breakdown of staff and visitor/patient parking if possible.

Answer:

Year	Total
2011/12	1,027,807
2012/13	1,196,928
2013/14	1,232,076
2014/15	1,304,280
2015/16	1,345,253

How much money was raised from parking fines in each of the last four financial years (state the amount and the years for which figures are available)? Include a breakdown of staff and visitor/patient fines if possible.

Answer: £4.5K – we are unable to breakdown staff and patients' fines.

Do you charge for disabled parking?

Answer: Yes

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

Answer: No

329/16

Foundation Years Doctors

What dates will Foundation Year 1 (FY1) doctors and Foundation Year 2 (FY2) doctors in your trust transition on the *new Terms and Conditions for NHS Doctors and Dentists in Training (England) 2016*?

Answer: please see below

2. How many FY1s and FY2s within your Trust will be transitioning on to the *new Terms and Conditions for NHS Doctors and Dentists in Training (England) 2016* before December 31st 2016, represented as

- a) the total number of FY1s transitioning - 36
- b) the total number as a percentage of FY1s transitioning – 100%
- c) the total number of FY2s transitioning - 0
- d) the total number as a percentage of FY2s transitioning – 0%

3. If not all FY1s and FY2s are transitioning to the *new Terms and Conditions for NHS Doctors and Dentists in Training (England) 2016* in November or December 2016 – as recommended by NHS Employers implementation timeline – please can you explain why and provide any and all detail, correspondence or Trust board reports relating to this decision.

Answer: n/a

330/16

Car Parking charges

1. How much revenue did the Trust receive from car parking fees between 1st October 2015 and 1st October 2016?

Answer: £7K

2. What are the Trusts rates per hour and per day (can you indicate if this varies between hospitals in the Trust)? Is there any way to get a reduction in this rate?

Answer: First 15 mins free - £2 for first hour then £1 per hour thereafter up to a maximum of £6 for 6 hours

3. Has the Trust increased the parking charge in the last two years and if so by how much?

Answer: No

4. If the Trust car parks are run by an outside firm and can you please say who that is?

Answer: No it isn't run by an outside firm

331/16

Clinical Service Incidents

Please provide details of all clinical service incidents caused by estates and infrastructure failure at your hospital trust in 2015/16 and 2016/17 to date.

This is the definition of clinical service incidents: Incidents caused by estates and infrastructure failure which caused clinical services to be delayed, cancelled or otherwise interfered with owing to problems or failures related to the estates and infrastructure failure. Exclude failures relating to non-estates causes e.g. nursing availability, but include where external incidents which estates and infrastructures should have mitigated e.g. utility power failures where the Trusts backup power system failed to offset. An incident is considered to be a delay of at least 30 minutes to clinical services affecting at least 5 patients or equivalent. Both inpatient and outpatient service incidents should be included. Such incidents will include, but are not limited to: • Power and/or heating failures including overheating • Fires and false alarms (where caused by equipment faults or malfunction, deliberate/malicious causes should be excluded) • Water and/or sewage supply • Food production and/or delivery • Pest control

For each incident, please provide a summary of the incident and the impact on services. Please include what the problem was and how clinical services were affected, including details of how many patients were affected, what the service was and how long the service was delayed or whether it was cancelled.

Answer: Exemption under section 12 (Cost of compliance exceeds appropriate limit) has been applied for your request for details of all clinical service incidents caused by estates and

infrastructure failure to date. This would involve the manual review of a high number of documents.

332/16

Dental Extraction

For each institution within your trust that offers provision of dental treatment under general anaesthesia (eg. oral and maxillofacial departments, dental hospitals, community dental services), please provide the number of episodes of dental extraction performed under general anaesthesia (**GA**), **sedation**, and local anaesthesia (**LA**) for **adults** (18 years or older) and **children** (under 18 years) **between 1st October 2015 and 30th September 2016** in the following format:

Institution name & Trust name (One table for each institution)

	Dental Procedure (Examples of codes below)	Number of episodes of dental extraction under GA	Number of episodes of dental extraction under sedation	Number of episodes of dental extraction under LA
Adults (18 years or older)	surgical removal of impacted wisdom tooth			
	surgical removal of wisdom tooth NEC			
	surgical removal of retained root of tooth			
	unspecified surgical removal of tooth			
	full dental clearance			
	extraction of multiple teeth NEC			
	unspecified simple extraction of tooth			
	Any other codes for dental extraction			
	Total number of EPISODES (If an episode was given more than one code, count this as one episode)			
Children (Under 18 years)	surgical removal of impacted wisdom tooth			
	surgical removal of wisdom tooth NEC			
	surgical removal of retained root of tooth			
	unspecified surgical removal of tooth			
	full dental clearance			
	extraction of multiple teeth NEC			
	unspecified simple extraction of tooth			
	Any other codes for dental extraction			
	Total number of EPISODES (If an episode was given more than one code, count this as one episode)			
GRAND TOTAL number of EPISODES				

As shown above, please provide the number of episodes for each code* used, and the total number of EPISODES (If an episode was given more than one code, count this as one episode).

*Dental extraction might have been coded into different terms depending on each institution's coding system (e.g. surgical removal of impacted wisdom tooth, surgical removal of wisdom tooth NEC, surgical removal of retained root of tooth, unspecified surgical removal of tooth, full dental clearance, extraction of multiple teeth, unspecified simple extraction, etc).

Answer: Please see the table below. Exemption under section 12 (Cost of compliance exceeds appropriate limit) has been applied for your request for the type of procedures carried out. This would involve the manual review of a high number of patient's records.

333/16

Oncology Data

I am writing to request hospital prescribing data for the attached list of chemical substances being used in Oncology.

The data is required for all generic and branded prescriptions of these and I would request to provide this in the attached format.

Information available upon request.

334/16 A&E Waiting Times

I am writing to request data under the Freedom of Information Act 2000 on A&E waiting times at your trust.

For each discrete A&E department within your trust, I would like to understand when longest and shortest waiting times to be seen are.

If applicable, please provide data for majors, minors/urgent care departments separately.

In particular, I would like in spreadsheet form:

- Average A&E waiting times (total time in A&E, i.e. time to discharge or admission) for each hour of the day for a 365-day period*, starting 1 September 2015 and ending 30th August 2016.

*Please provide average waiting time for patients arriving in each hour.

- Number of A&E attendances hourly across the same period.

I have attached a template you may choose to fill in, as an aid.

We would prefer waiting times to be given in minutes but we will also accept data that is given in hours.

Answer: Please see attached.

Information available upon request.

335/16 Agency Usage

Under the Freedom of Information Act, I would like to request the following information regarding agency usage within your NHS Trust. Where possible, please kindly include responses on the attached Excel template.

1. Who is your Head of Procurement for the NHS Trust?

- Name; Job title; Telephone number; Email address

Answer: Staff Details below Director Level are withheld under Section 40 (Personal Information). The Director responsible for this contract is Mr Russell Caldicott, our Director of Finance & Performance. His email address is russell.caldicott@walsallhealthcare.nhs.uk and contact number is; 01922 721172.

2. Who is responsible for Agency Nursing within the NHS Trust?

- Name; Job title; Telephone number; Email address

Answer: The Director responsible Rachael Overfield. Her email address is rachael.overfield@walsallhealthcare.nhs.uk and contact is: 01922 721172.

3. What procurement Framework is the Trust currently aligned to for Agency staff i.e. Crown Commercial Service (CCS), Health Trust Europe (HTE), London Procurement Programme (LPP) or no framework?

- Which staffing categories is this for i.e. ‘Nursing’, ‘Nursing – Healthcare Assistants’, ‘Locum Doctors’, ‘Admin and clerical’ or other similar categories?

Answer: For all Nursing requirements the Health Trust Europe framework is utilised via the Temporary Staffing department and there currently is no use of agency workers for Admin and Clerical needs.

Locum Doctors – Health Trust Europe

4. If the answer to Question 3 states that the Trust is aligned to a Framework, please provide a breakdown of the “on framework” agencies used for each staffing category with the number of hours supplied over the last 12 months, and a breakdown of expenditure across these agencies

- Which agencies were used for:
 - Nursing – See below
 - Nursing - Healthcare Assistants – See below
 - Locum Doctors – See below
 - Admin and clerical – None
- Total hours for:
 - Nursing
 - Nursing - Healthcare Assistants
 - Locum Doctors
 - Admin and clerical
- Breakdown of expenditure across these agencies

Nursing – See below

Nursing - Healthcare Assistants – See below

- Acton Banks
- Arcadia
- Firstpoint
- HCL
- ID Medical
- Kareplus
- Last Minute Healthcare
- Mayday (VIP)
- Meridian
- Medics Pro
- Medacs
- MSI
- Nursing Personnel
- Plan B Healthcare

- Precedo
- Primera
- Pulse Nursing
- Swiis
- Team 24
- Team Support
- Wimborne

Locum Doctors – See below

- Accident & Emergency Agency Limited
- Agenda Recruitment Limited
- Ambition Recruitment Services Limited
- Anaesthetists Agency Limited
- Athona Limited
- Capital Care Services (UK) Limited
- Career Online Limited trading as Locum Direct
- Castlerock Resourcing Group Limited
- CES Locums Limited
- Corrigans Door
- Direct Medics Limited
- Doctors on Call Limited
- DRC Locums Limited
- Evergood Associates Limited
- First Medical Staffing Solutions Limited
- Fresh Recruitment Limited
- HCL Doctors Limited
- Holt Doctors Limited
- ID Medical Limited
- interAct Medical Limited
- Locum Placement Group Limited
- Locumcheck Limited
- Locumlinx Limited
- Medacs Healthcare plc
- Medical Professional Personnel Limited
- MedicsPro Limited
- Medicure Limited
- Medilink Consulting Limited
- Medpro Limited
- Medsol Healthcare Services Limited
- Merco Recruitment Limited
- MSI Recruitment Limited
- Mylocum Limited
- National Locums Limited
- Nisi Enterprises Limited t/a Nisi Staffing
- No 1 Recruitment Services Limited
- Phoenix Medical Advice & Repatriation Limited

- ProMedical Personnel Limited
- Provide Medical Limited
- Pulse Healthcare Limited
- RIG Locums Limited
- RMR Recruitment Limited
- Sensible Staffing Limited
- Shahul Ayden Cohen & Co Limited trading as dr-locums
- Supply Care Medical Limited
- Surgi-Call Locums Limited
- Templars Medical Agency Limited
- The Locum Consultancy Limited
- Total Assist Recruitment Limited
- Triple West Medical Limited
- Your World Recruitment Limited

Total hours for:

- Nursing
- Nursing - Healthcare Assistants
- Locum Doctors
- Admin and clerical

Breakdown of expenditure across these agencies

Answer: Exemption under Section 12 (Cost of Compliance Exceeds Appropriate Limit) has been applied to this part of your request as it would involve manually reviewing a large number of the documents to provide the total hours and expenditure.

5. Please state if there is any “off framework” usage over the past 12 months. If so, please provide a breakdown of the off framework agencies used for each staffing category with the number of hours supplied over the last 12 months, and a breakdown of expenditure across these agencies

- Which agencies were used for:
 - Nursing
 - Nursing - Healthcare Assistants

Answer: Thornbury Nursing

- Locum Doctors

Answer: None

- Admin and clerical

Answer:

- Total hours for:

- Nursing – see below
- Nursing - Healthcare Assistants – see below
- Locum Doctors - None
- Admin and clerical – None
- Breakdown of expenditure across these agencies

Answer: Exemption under Section 12 (Cost of Compliance Exceeds Appropriate Limit) has been applied to this part of your request as it would involve manually reviewing a large number of the paper invoices to provide the total hours.

6. What was the total annual agency spend by the NHS Trust in financial years 2014/15 and 2015/16?

Answer: See below

2014/15 - £8,293k

2015/16 - £9,180k

336/16

Womens Health

1. In each of the last three financial years how many women a year are diagnosed with:
 - a. symptomatic fibroids
 - b. endometriosis

Answer: Please see attached

2. In each of the last three financial years how many women with chronic pain were i) investigated by laparoscopy and ii) what proportion of these women received a diagnosis for
 - a. endometriosis
 - b. fibroids
 - c. other, please state where possible

Answer: Please see attached

3. In each of the last three financial years how many women have received a diagnostic or other test(s) for:
 - a. endometriosis
 - b. fibroids

Answer: We are unable to identify what qualifies as a diagnostic test for these conditions - if possible can you provide specific OPCS codes we could search for those?

4. On average how many diagnostic and other tests do women receive who later receive a diagnosis of:

- a. endometriosis
- b. fibroids

Answer: We are unable to identify what qualifies as a diagnostic test for these conditions - if possible can you provide specific OPCS codes we could search for those?

5. What information is offered to women who present with :

- a. pelvic pain
- b. heavy menstrual bleeding

Answer: Leaflets we use are off the EIDO site or Royal College of Gynaecology

6. On average, how much money a year is spent on hospital admissions for women with:

- a. fibroids
- b. endometriosis

Answer: Please see the table below. This answer takes into account the fact that some admissions have diagnosis codes for both conditions.

	13/14	14/15	15/16
Endometriosis	£ 562,472	£ 480,593	£ 501,132
Fibroids	£ 367,813	£ 356,910	£ 397,936
Both	£ 78,951	£ 96,310	£ 43,602
Total	£ 1,009,236	£ 933,813	£ 942,669

7. In each of the last 5 years, how many times have the below codes been logged?

- a. Open Myomectomy - code Q09.2
- b. Endoscopic myomectomy – code Q17.1
- c. Hysterectomy - code Q07.1-Q08.9
- d. Heavy menstrual bleeding – code N92
- e. Fibroids – code D25.0-25.02 and D25.9

f. Uterine Fibroid Embolisation - code RC41Z

Answer: Please see attached.

8. How many laparoscopies have you carried out over the last three financial years for:

- a. diagnostic endometriosis
- b. treatment for endometriosis
- c. fibroids
- d. other, please state where possible

Answer: Please see attached.

9. How many laparoscopic excision surgeries and hysterectomies (code Q07.1-Q08.9) due to endometriosis/adenomyosis/fibroids have you carried out over the last three financial years broken down by year?

Answer: Please see attached.

10. What is the cost of the number of hysterectomies (code Q07.1-Q08.9) related to a) endometriosis b) adenomyosis and c) fibroids over the last three financial years?

Answer: Please see the table below. This answer takes into account the fact that some admissions have diagnosis codes for one or more conditions.

	13/14	14/15	15/16
Adenomyosis only	£ -	£ -	
Endometriosis only	£ 74,535	£ 70,671	£ 77,896
Fibroids Only	£ 156,782	£ 188,386	£ 237,109
Endometriosis & Adenomyosis	£ 92,665	£ 69,497	
Endometriosis & Fibroids	£ 17,870	£ 13,429	£ 15,530
All Three	£ 44,820	£ 57,793	£ 18,546
Total	£ 386,673	£ 399,775	£ 349,080

11. How many uterine artery/fibroid embolization procedures (code RC41Z) have you carried out over the last three financial years, for fibroids, broken down by year?

Answer: Please see attached

337/16

Head and Neck Cancer

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

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

A. Locally advanced

B. Recurrent and/or metastatic

Of these patients please split by their current drug treatment;

Carboplatin (Only or in combination with 5-FU)

Cetuximab (Erbix) and chemotherapy or radiotherapy

Cetuximab (Erbix) Only

Cisplatin (Only or in combination with 5-FU)

Docetaxel (Taxotere), (Only or in combination with 5-FU)

Fluorouracil (5FU)

Radiotherapy Only

Other - Specify

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

Of those patients please split by their current drug treatment;

Bevacizumab

Cetuximab

Panitumumab

Aflibercept

Oxaliplatin

Irinotecan

5-Fluorouracil

Irinotecan with 5-fluorouracil (5FU) and folinic acid [FOLFIRI]

Oxaliplatin with 5-fluorouracil (5FU) and folinic acid [FOLFOX]

Capecitabine and oxaliplatin (CAPOX / XELOX)

Capecitabine and irinotecan (CAPIRI)

Other – Specify

Answer: Our Trust does not treat any head and neck cancer patients at our hospital. Patients are referred for chemotherapy/radiotherapy to the University Hospitals Birmingham NHS Foundation Trust. We recommend you contact their Freedom of Information Office directly for this information. They can be contacted via email address; foi@uhb.nhs.uk or postal address; Room 32E, Third Floor, Nuffield House, Queen Elizabeth Hospital Birmingham, Mindelsohn Way, Edgbaston, Birmingham, B15 2PR.

338/16

Cyclotron

Answer: This relates to equipment used to manufacture radio-isotopes, which we do not do at Walsall Healthcare

339/16

Radiopharmaceuticals

Answer: We do not undertake PET CT in this organisation. Whilst we do purchase radiopharmaceuticals, they are not used for the purpose outlined in this FOI

340/16

Corporate Software / Applications

I require the organisation to provide me with the following contract information relating to the following corporate software/applications:

1. Enterprise Resource Planning Software Solutions (ERP)
Answer: N/A
2. Customer Relationship Management (CRM) Solutions
Answer: N/A
3. Human Resources (HR) and Payroll Software Solutions
Answer: SEE BELOW
4. Finance Software Solutions
Answer: SEE BELOW

Along with the actual contract information for the above can you also provide me with the maintenance and support contract associated with each of the categories above if it not already within the existing contract.

For each of the categories above can you please provide me with the relevant contract information listed below:

1. Software Category: ERP, CRM, HR, Payroll, Finance
Answer: SEE BELOW
2. Software Supplier: Can you please provide me with the software provider for each contract?
Answer: SEE BELOW
3. Software Brand: Can you please provide me with the actual name of the software. Please do not provide me with the supplier name again please provide me with the actual software name.
Answer: SEE BELOW
4. Contract Description: Please do not just state two to three words can you please provide me detail information about this contract and please state if upgrade, maintenance and support is included. Please also include the modules included within the contract.
Answer: SEE BELOW

5. Number of Users/Licenses: What is the total number of user/licenses for this contract?
Answer: SEE BELOW
6. Annual Spend: What is the annual average spend for each contract?
Answer: SEE BELOW
7. Contract Duration: What is the duration of the contract please include any available extensions within the contract.
Answer: SEE BELOW
8. Contract Start Date: What is the start date of this contract? Please include month and year of the contract. DD-MM-YY or MM-YY.
Answer: SEE BELOW
9. Contract Expiry: What is the expiry date of this contract? Please include month and year of the contract. DD-MM-YY or MM-YY.
Answer: SEE BELOW
10. Contract Review Date: What is the review date of this contract? Please include month and year of the contract. If this cannot be provide please provide me estimates of when the contract is likely to be reviewed. DD-MM-YY or MM-YY.
Answer: 3 months before contract end date.
11. Contact Details: I require the full contact details of the person within the organisation responsible for this particular software contract (name, job title, email, contact number).
Answer: Director of Finance and Performance: Mr Russell Caldicott, Russell.caldicott@walsallhealthcare.nhs.uk 01922 721172

341/16

Agency Spend

It is about the compliance with the agency pay rules. The NHS Improvement document 'Agency Rules, March 2016' contains all definitions of phrases used in this FOI (see Annex 1).

The FOI seeks information for the period July 1st 2016 to September 30th 2016.

For clarity, Questions 1 – 4 apply to the agency price caps set by NHS Improvement.

1. How many shifts have over-ridden the price caps on total hourly charge paid to an agency for i) *core hours* ii) *unsocial hours*, as set out in Annex 2 of the above document for
 - a) Consultants
 - b) ST3 Registrars
 - c) FY2 doctors
 - d) Staff grade doctors
2. What was the i) average and ii) maximum hourly rate paid during *core hours* for:
 - a) Consultants
 - b) ST3 Registrars
 - c) FY2 doctors
 - d) Staff grade doctors

3. What was the i) average and ii) maximum hourly rate paid during *unsocial* hours for:
 - a) Consultants
 - b) ST3 Registrars
 - c) FY2 doctors
 - d) Staff grade doctors
4. What is the total amount (£) the Trust spent between July 1st and Sept 30th on paying staff above the rate cap?
5. How many doctors did you pay through a limited/personal service company during that period?
6. How many of these complied with the HMRC's IR35 legislation?
7. How much in total was this group (doctors paid through a limited/personal service company) paid during that period?
8. How much did the Trust pay in total for the highest earning individual (whether through an agency OR a limited/personal service company) in the three months July 1st to September 30th?

Response going through approval process.

342/16

A&E Admissions with Mental Health Problems

How many attendances have there been at A&E by people suffering with mental health related issues (for example, categories including, psychiatric conditions, social problems, self-harm) over the last five calendar years (2012/2013/2014/2015/ January 1st – September 30th 2016)?

Please give the breakdown for under 18s and over 18s attendances (and if possible a further breakdown of ages for under 18s).

If possible, for each year, please state how many people waited longer than the four hour waiting target. If the trust is in charge of more than one hospital, please give separate information per hospital please.

Answer: Please see attached.

343/16

Copier Paper

1. What was the latest price paid per ream (500 sheets) of standard white A4 copier paper (80 gsm or equivalent)?

Answer: The information is available from the following NHS Supply Chain link.

<https://www.supplychain.nhs.uk/>

2. If the answer to question 1. Is not representative of a usual price paid, what is the average price paid per ream of copier paper during financial year 2015/16?

Answer: The information is available from the following NHS Supply Chain link.

<https://www.supplychain.nhs.uk/>

3. How many reams of copy paper were purchased during the 2015/16 financial year?

Answer: We used 28690 reams of A4 copier paper in 2015/16

343/16

Copier Paper

1. What was the latest price paid per ream (500 sheets) of standard white A4 copier paper (80 gsm or equivalent)?

Answer: The information is available from the following NHS Supply Chain link.

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2. If the answer to question 1. Is not representative of a usual price paid, what is the average price paid per ream of copier paper during financial year 2015/16?

Answer: The information is available from the following NHS Supply Chain link.

<https://www.supplychain.nhs.uk/>

3. How many reams of copy paper were purchased during the 2015/16 financial year?

Answer: We used 28690 reams of A4 copier paper in 2015/16

344/16

Audited accounts 2015-16, Circumcision and Hospital addresses

Please send me copies of your audited accounts for year end 2015-16.

Answer: Exemption under Section 22 (Information Intended for Future Publication) and Section 21 (Information Available by Other Means) has been applied. You can download a copy of the report from our website using the link below.

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

Please send me the hospital fees for a male circumcision operation and the names of the Consultant Urology Surgeons and their outpatient's fees before the operation.

Answer: We hereby issue a refusal notice under Section 14 exemption (Repeat Request).

Please send me the names of Consultant Psychiatrists who can treat depression and anxiety problems and their outpatient fees.

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

foi@dwmh.nhs.uk

Please send me full main addresses of NHS Hospitals in City of Wellingborough and Blackburn

Answer: We hereby issue a refusal notice under Section 14 exemption (Repeat Request).

345/16

Helicobacter Pylori Infections

1. Your policy for the identification and screening for Helicobacter Pylori infection

Answer: There is no specific policy in place.

2. Your procedure for GP referral for patients presenting with gastritis. In particular:

2.1 Are the GPs required to carry out or request any screening procedures at Out Patient Departments in advance of a referral.

Answer: No

2.2. Does the GP give you a referral letter with implicit permissions to treat the patient without further reference to him/her?

Answer: No

3. The total number of gastroscopic investigations carried out over the most recent 12 month period for which you have data

Answer: November 2015 – November 2016, 2975

4. The number Campylobacter-like organism (CLO) tests carried out during gastroscopy in the same period. These may also be referred to as Rapid Urease Tests (RUT)

Answer: 1004

5. The number of stool antigen tests requested by you for the diagnosis of Hp infection in the same period (if applicable)

Answer: The lab received 23 requests for H pylori stool antigen between 1/11/15 and 13/10/16.

6. The number of urea breath tests (C13 or C14) carried out by you in the same period (if applicable)

Answer: 29

7. The number of patients treated for H Pylori infections in the same period.

Answer: 169

346/16

Chemotherapy

On average how many patients receive intravenous cancer drug therapies (includes monoclonal antibodies (mAbs)) on a daily basis across all hospital chemotherapy day units in your organisation/Trust?

Answer: Between 01/11/2015 and 31/10/2016 an average of 12.89 patients were discharged each day who had received intravenous cancer drug therapies (includes monoclonal antibodies (mAbs)) on a daily basis across all hospital chemotherapy day units. (Based on the codes supplied by the requester)

347/16

Cost of Goods and Services

In each of the last three financial years (2013/14) (2014/15) and (2015/16) please state how much your organisation has paid for goods and services from each of the following companies

* ACADEMY OF FABULOUS STUFF COMMUNITY INTEREST COMPANY (10189968)

* LINDUM LOFTS & EXTENSIONS LIMITED (06083403)

* HEALTH MANAGERS NETWORK LIMITED (08234437)

- * WOUND SPECIALIST LIMITED (08188747)
- * CARBON HEALTH NETWORK LIMITED (06887536)
- * UK HEALTHGATEWAY LIMITED (06319587)
- * GRASMERE MANAGEMENT COMPANY LIMITED (05685001)

Please provide me with copies of each invoice (accepting that personal details will have to be redacted) so that I can see how much was paid and a description of what it was paid for.

Answer: The Trust has not paid for goods and services from the companies detailed in your request.

348/16

Overseas Patients Not Eligible for Free UK Healthcare

For each of the last three financial years (2013/14), (2014/15) and (2015/16) how many Overseas Patients Not Eligible for Free UK Healthcare were treated in the maternity department of your Trust who did not pay their care bill in full?

Please state what the value of this care was in each of the last three financial years?

In relation to the bills that make up the total in Q.2 please state what the biggest single care bill was in each of the last three years.

Answer: All 3 answers are summarized in the table below

	2013/14	2014/15	2015/16
Patients treated in Maternity	0	0	1
Value of Care in year	£0.00	£0.00	£50,229.00
Single biggest care bill in year	£0.00	£0.00	£50,229.00

349/16

Nursing and Neonatal

Would you be able to provide the following information in electronic format please (spreadsheet attached):

1. The type of neonatal unit you have (NICU, Local Neonatal Unit or SCBU). If you have more than one site, please provide the highest level.

2. The region your hospital is in from this list (trusts will only be identified by region in the analysis):
 - a. South East
 - b. London
 - c. North West
 - d. East of England
 - e. West Midlands
 - f. South West
 - g. Yorkshire and Humber
 - h. East Midlands
 - i. North East

3. Activity (in bed days) for the following Healthcare Resource Groups (HRGs):
 - a. XA01Z
 - b. XA02Z
 - c. XA03Z
 - d. XA05Z

4. Your 2015/16 and 2016/17 Tariff for the above HRGs. Please provide your full tariff including any MFF enhancements.

5. Current neonatal nursing vacancy rate (% of expected) at
 - a. Band 5
 - b. Band 6
 - c. Band 7

Answer: Please see below for all of the above questions.

	2015/16 activity (in bed days)	2015/16 tariff	2016/17 projected activity	2016/17 tariff
XA01Z	637	963.77	410 to date	974.37
XA02Z	1027	713.46	532 to date	721.31
XA03Z	4663	390.95	2154 to date	395.25
XA05Z	72	NA	23 to date	NA

Highest level of care provided in your trust		Local Neonatal Unit
Region		West Midlands
Nursing vacancy rate	Band 5	1.86
	Band 6	0.94
	Band 7	0

350/16

Radio Frequency Identification

Radio Frequency Identification (RFID)

1. How many beds are in your trust?
Answer: The number of actual beds 606

2. How many Medical Devices are managed by your trust?
Answer: 10968 including Community

3. How many Clinical Technicians/Engineers are in your Trust?
Answer: 11 engineer's 1 Apprentice

4. Do you use RFID tracking technology, if yes, Please answer the below questions.
Answer: NO
 - a. For what purpose do you use RFID? (i.e. Records, Patients, Medical Devices, Security etc.)
Answer: N/A

 - b. What were the initial setup costs of the supplier? (0-10k, 10-20k, etc.)
Answer: N/A

 - c. How many medical devices are tagged
Answer: N/A

 - d. Do you use Passive or Active Tagging?
Answer: N/A

 - e. Approximately how long does it take to perform a ward audit using RFID?
Answer: N/A

 - f. What are the main medical device types tagged?
Answer: N/A

5. How long does it take your EBME department to perform a ward audit (for Non-RFID users)?
Answer: This depends on the ward. Around 1.5 to 2 Hours

351/16

Telecoms and Network Services

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

Contract 1

1. **Current Fixed Line (Voice Circuits) Provider-** Supplier's name, if there is not information available please can you provide further insight into why?

Answer: BT, Virgin Media, SwitchShop on behalf of TalkTalk

2. **Fixed Line- Contract Renewal Date-** please provide day, month and year (month and year is also acceptable). If this is a rolling contract please provide me with the rolling date of the contract. If there is more than one supplier please split the renewal dates up into however many suppliers

Answer: Open contract, no set renewal dates.

3. **Fixed Line- Contract Duration-** the number of years the contract is for each

Answer: BT & Virgin Line contracts have expired and are just being migrated to SIP, TalkTalk lines are in a 3 year contract expiring March 2019

4. **Type of Lines-** Please can you split the type of lines per each supplier? PSTN, Analogue, SIP

Answer: BT – PSTN and ISDN, Virgin Media – ISDN, TalkTalk – SIP Trunks, Basic ACD, VOIP for internal, PSTN for external

5. **Number of Lines-** Please can you split the number of lines per each supplier? SIP trunks, PSN Lines, Analogue Lines

Answer: Number of Users: Virgin - 700 / BT – 500 / TalkTalk - 150

Contract 2

6. **Minutes/Landline Provider-** Supplier's name (NOT Mobiles) if there is not information available please can you provide further insight into why?

Answer: Virgin Media, BT. Switchshop on behalf of TalkTalk

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

Answer: Same as above

8. **Minutes Landline Monthly Spend -** Monthly average spend. An estimate or average is acceptable.

Answer: Please see below

Annual: Virgin - £20K / BT - £60k / TalkTalk - £26k

Estimate monthly: Virgin - £1800/ BT - £5400 / TalkTalk - £2200

9. **Minute's Landlines Contract Duration:** the number of years the contract is with the supplier.

Answer: Contracts have expired and are just rolling on month on month, TalkTalk – March 2019

10. **Number of Extensions-** Please state the number of telephone extensions the organisation currently has. An estimate or average is acceptable.

Answer: 1500

Contract 3

11. **Fixed Broadband Provider-** Supplier's name if there is not information available please can you provide further insight into why?

Answer: None

12. **Fixed Broadband Renewal Date-** please provide day, month and year (month and year is also acceptable). If this is a rolling contract please provide me with the rolling date of the contract. If there is more than one supplier please split the renewal dates up into however many suppliers

Answer: As above

13. **Fixed Broadband Annual Average Spend-** Annual average spend for each broadband provider. An estimate or average is acceptable.

Answer: As above

14. **VOIP/PBX Installation Date of the organisation's primary telephone system:** - please provide day, month and year (month and year is also acceptable).

Answer: >8 years so exact date cannot be supplied. SpliceCom – Oct 2015

Contract 4

15. **WAN Provider-** please provide me with the main supplier(s) if there is not information available please can you provide further insight into why?

Answer: Public Sector Network (PSN)

16. **WAN Contract Renewal Date-** please provide day, month and year (month and year is also acceptable). If this is a rolling contract please provide me with the rolling date of the contract. If there is more than one supplier please split the renewal dates up into however many suppliers

Answer: 31 November 2016

17. **Contract Description:** Please can you provide me with a brief description of the contract

Answer: PSN SP CESG approved Contract provided by Virgin Media under: MTCF and GCF frameworks let – Q2 2011

18. **Number of sites:** Please state the number of sites the WAN covers. Approx. will do.

Answer: 80 Approx

19. **WAN Annual Average Spend-** Annual average spend for each WAN provider. An estimate or average is acceptable.

Answer: £230,000

18. **Internal Contact:** please can you send me there full contact details including contact number and email and job title.

Answer: Steve Darkes, Director of Informatics, programmeoffice@walsallhospitals.nhs.uk

IMPORTANT

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

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

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

Answer: HP – Software Maintenance / BT – Fully Managed

Managed Service Contract

.
Number of Extensions
Answer: HP - 900 / BT – 600 / TalkTalk - 150

.
Type of Lines
Answer: See above

.
Number of Lines
Answer: See above

.
Minutes Landline Monthly Average Spend
Answer: £1400 a month

.
Fixed Broadband Average Annual Spend
Answer: N/A

.
WAN Average Annual Spend
Answer: £230K

.
Internal Contact: please can you send me there full contact details including contact number and email and job title.
Answer: Steve Darkes, Director of Informatics, programmeoffice@walsallhospitals.nhs.uk

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

**352/16
Complaints**

FOI request: We request the first 25 type-written letters of complaint that your Trust received after 1st October 2013. If your Trust contains more than one unit, we request that the letters are from across the units.

Answer: Please find attached
Information available upon request.

**353/16
Dental Extraction**

For each institution within your trust that offers provision of dental treatment under general anaesthesia (eg. oral and maxillofacial departments, dental hospitals, community dental services), please provide the number of episodes of dental extraction performed under general anaesthesia (**GA**), **sedation**, and local anaesthesia (**LA**) for **adults** (18 years or older) and **children** (under 18 years) **between 1st October 2015 and 30th September 2016** in the following format:

(One table for each hospital / service centre)

Trust name:	
Institution (hospital/ service centre name):	

	Dental Procedure (Examples of codes below)	Number of episodes of dental extraction under GA	Number of episodes of dental extraction under sedation	Number of episodes of dental extraction under LA
Adults (18 years or older)	F09.1 Surgical removal of impacted wisdom tooth			
	F09.2 Surgical removal of impacted tooth NEC			
	F09.3 Surgical removal of wisdom tooth NEC			
	F09.4 Surgical removal of tooth NEC			
	F09.5 Surgical removal of retained root of tooth			
	F09.8 other specified surgical removal of tooth			
	F09.9 Unspecified surgical removal of tooth			
	F10.1 Full dental clearance			
	F10.2 Upper dental clearance			
	F10.3 lower dental clearance			
	F10.4 extraction of multiple teeth NEC			
	F10.8 other specified simple extraction of tooth			
	F10.9 unspecified simple extraction of tooth			
	Total number of EPISODES (If an episode was given more than one code, count this as one episode)			
Children (Under 18 years)	F09.1 Surgical removal of impacted wisdom tooth			
	F09.2 Surgical removal of impacted tooth NEC			
	F09.3 Surgical removal of wisdom tooth NEC			
	F09.4 Surgical removal of tooth NEC			
	F09.5 Surgical removal of retained root of tooth			
	F09.8 other specified surgical removal of tooth			
	F09.9 Unspecified surgical removal of tooth			
	F10.1 Full dental clearance			
	F10.2 Upper dental clearance			
	F10.3 lower dental clearance			
	F10.4 extraction of multiple teeth NEC			
	F10.8 other specified simple extraction of tooth			
	F10.9 unspecified simple extraction of tooth			
	Total number of EPISODES (If an episode was given more than one code, count this as one episode)			
GRAND TOTAL number of EPISODES				

As shown above, please provide the number of episodes for each code used, and the total number of EPISODES (If an episode was given more than one code, count this as one episode).

Answer:

<u>Inpatients</u>			
AgeGroup	OperCd01	OperTx01	Count
18 and Over	F091	Surgical removal of impacted wisdom tooth	97
18 and Over	F093	Surgical removal of wisdom tooth NEC	80
18 and Over	F094	Surgical removal of tooth NEC	14
18 and Over	F095	Surgical removal of retained root of tooth	16
18 and Over	F101	Full dental clearance	12
18 and Over	F104	Extraction of multiple teeth NEC	20
18 and Over	F104	Unspecified simple extraction of tooth	1
18 and Over	F109	Unspecified simple extraction of tooth	4
Under 18	F091	Surgical removal of impacted wisdom tooth	3
Under 18	F093	Surgical removal of wisdom tooth NEC	1
Under 18	F094	Surgical removal of tooth NEC	12
Under 18	F095	Surgical removal of retained root of tooth	2

Under 18	F104	Extraction of multiple teeth NEC	4
Under 18	F109	Unspecified simple extraction of tooth	3
Outpatients			
AgeGroup	OperCd01	OperTx01	Count
18 and Over	F093	Surgical removal of wisdom tooth NEC	155
18 and Over	F094	Surgical removal of tooth NEC	57
18 and Over	F095	Surgical removal of retained root of tooth	17
18 and Over	F101	Full dental clearance	1
18 and Over	F104	Extraction of multiple teeth NEC	68
18 and Over	F109	Unspecified simple extraction of tooth	235
Under 18	F093	Surgical removal of wisdom tooth NEC	1
Under 18	F094	Surgical removal of tooth NEC	1
Under 18	F109	Unspecified simple extraction of tooth	7

354/16

Sterile service costs.

Freedom of information request	
Question	Answer
Name of your Trust	Walsall Healthcare NHS Trust
Number of hospitals you provide sterile services to	1
Number of instruments processed each year?	94,340
Number of trays processed each year?	39,618
What is the sterilisation cost (in £'s) per instrument? Please provide breakdown if dependent upon tray size	£1.11
Which specialty has the highest instrument sterilisation requirement?	T & O
Are your sterile services, on site or off site?	Off Site
Are you sterile services in house or out sourced?	In House
What is the isolated cost of sterilising loan trays/instruments in 2015?	£89,166.40
If in house	
total annual cost 2015 excluding staff	380554
total annual cost 2015 including staff	992259
Number of staff?	29
Total number of hours over-time paid 2015?	3064
If off site	
What is the distance to the off site?	Less than a mile.
What is the carriage cost incurred? Please provide breakdown if needed.	N/A

<u>If outsourced</u>	
What is the total annual cost to fast track instrument trays?	N/A

**355/16
antibiotic prescribing in hospitals for the past 10 years**

I am writing to you under the Freedom of Information Act 2000 to request the following information. Could you please supply me with the number of each antibiotic prescribed in hospital for the past 10 years.

Could you please break this information down by the name of the drug (eg vancomycin) for each year in the past 10 years. For 2016 could you please give the number of each antibiotic prescribed so far. Could you also provide me with the cost of each drug for each year.

Please note I am not seeking antibiotics dispensed in the community, but antibiotics prescribed in hospitals.

Answer:

Please see below, but please note the following:

The Trust is unable to provide numbers of drugs as requested, as wards, for instance hold stocks of antibiotics, and no details are readily available of patients being prescribed from these stocks. The costs shown, however, do include these issues to ward stocks.

In addition, we have only provided nine full years' worth of data plus the first eight months of this year. Prior to 2006, the pharmacy data was processed held on another system, and though the data is available, it would take more time to include in the report and is therefore withheld under section 12.

													30/11/2016
BNF Code	BNF Description	Moiety	2006 - 2007	2007 - 2008	2008 - 2009	2009 - 2010	2010 - 2011	2011 - 2012	2012 - 2013	2013 - 2014	2014 - 2015	2015 - 2016	2016 - 2017
05.01.01.01	Benzylpenicillin and phenoxymethylpenicillin	BENZATHINE BENZYL PENICILLIN	£0	£0	£0	£0	£0	£0	£0	£312	£430	£1,881	£361
05.01.01.01	Benzylpenicillin and phenoxymethylpenicillin	BENZYL PENICILLIN	£11,131	£13,864	£16,363	£24,667	£34,890	£35,351	£31,193	£31,650	£37,284	£50,100	£36,854
05.01.01.01	Benzylpenicillin and phenoxymethylpenicillin	PHENOXY METHYL PENICILLIN	£1,688	£2,464	£2,754	£2,054	£2,618	£2,616	£3,109	£4,068	£3,622	£3,241	£1,033
05.01.01.01	Benzylpenicillin and phenoxymethylpenicillin	PROCAINE BENZYL PENICILLIN	- £183	£208	£0	£502	£0	£0	£0	£77	£224	-£2	£0
05.01.01.02	Penicillinase-resistant penicillins	FLUCLOXACILLIN	£23,983	£23,828	£32,118	£35,398	£35,509	£32,717	£34,624	£37,841	£34,401	£35,579	£24,612
05.01.01.02	Penicillinase-resistant penicillins	TEMOCILLIN	£0	£0	£0	£0	£0	£0	£0	£0	£5,299	£9,442	£34,532
05.01.01.03	Broad-spectrum penicillins	AMOXICILLIN	£3,777	£3,508	£3,652	£4,373	£2,703	£2,751	£3,009	£3,274	£3,252	£3,670	£2,873
05.01.01.03	Broad-spectrum penicillins	CO-AMOXICLAV	£54,160	£26,324	£15,265	£17,320	£18,804	£16,565	£15,858	£7,300	£9,385	£9,233	£6,013
05.01.01.03	Broad-spectrum penicillins	CO-FLUAMPICIL	£16	£95	£18	£14	-£14	£0	£5	£4	£0	£0	£0
05.01.01.04	Antipseudomonal penicillins	PIPERACILLIN + TAZOBACTAM	£271,264	£598,814	£709,894	£380,377	£257,902	£180,435	£132,470	£263,117	£183,456	£158,582	£89,540
05.01.01.04	Antipseudomonal penicillins	TICARCILLIN + CLAVULANIC ACID	£0	£0	£75	£0	£0	£0	£0	£0	£0	£0	£0
05.01.01.05	Mecillinams	PIVMECILLINAM	£0	£0	£0	£0	£0	£0	£0	£0	£293	£1,077	£2,361
05.01.02.01	Cephalosporins	CEFACLOR	£51	£16	£9	£0	£0	£0	£0	£5	£0	£7	£0
05.01.02.01	Cephalosporins	CEFALEXIN	£3,793	£1,517	£1,963	£1,274	£1,285	£1,225	£1,291	£1,463	£1,552	£2,010	£1,253
05.01.02.01	Cephalosporins	CEFIXIME	£784	£531	£515	£892	£960	£697	£798	£497	£206	£782	£482

05.01. 02.01	Cephalosporins	CEFOTAXIME	£8,115	£2,008	£4,569	£3,902	£2,342	£1,901	£2,600	£2,198	£1,589	£1,727	£1,111
05.01. 02.01	Cephalosporins	CEFPODOXIME	£0	£0	£0	£0	£61	£0	£0	£0	£0	£0	£0
05.01. 02.01	Cephalosporins	CEFRADINE	£13	£2	£0	£0	£0	£0	£0	£0	£0	£0	£0
05.01. 02.01	Cephalosporins	CEFTAZIDIME	£2,217	£438	£383	£553	£209	£227	£161	£85	£102	£236	£97
05.01. 02.01	Cephalosporins	CEFTOBIPROLE	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£14,505
05.01. 02.01	Cephalosporins	CEFTRIAZONE	£949	£1,227	£856	£1,075	£884	£1,066	£1,313	£1,675	£1,974	£2,197	£2,239
05.01. 02.01	Cephalosporins	CEFUROXIME	£31,646	£11,902	£8,479	£4,532	£3,095	£2,534	£3,275	£4,933	£4,255	£3,854	£2,626
05.01. 02.02	Carbapenems	ERTAPENEM	£2,108	£782	£136	£201	£232	£340	£1,666	£4,125	£6,629	£12,511	£3,195
05.01. 02.02	Carbapenems	IMIPENEM + CILASTATIN	£349	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
05.01. 02.02	Carbapenems	MEROPENEM	£43,670	£86,348	£90,723	£149,819	£162,965	£92,455	£72,473	£44,995	£31,922	£34,585	£17,390
05.01. 03	Tetracyclines	DEMECLOCYCLINE	£254	£333	£459	£670	£563	£4,652	£12,838	£8,453	£5,211	£2,875	£3,379
05.01. 03	Tetracyclines	DOXYCYCLINE	£820	£1,340	£1,841	£1,700	£1,568	£1,644	£2,593	£3,845	£4,860	£5,236	£3,442
05.01. 03	Tetracyclines	LYMECYCLINE	£31	£11	£0	£15	£8	£33	£59	£55	£112	£57	£146
05.01. 03	Tetracyclines	MINOCYCLINE	£0	£36	£39	£24	£22	£0	£12	£1	£19	£0	£0
05.01. 03	Tetracyclines	OXYTETRACYCLIN E	£45	£21	£9	£10	£6	£6	£20	£16	£11	£24	£3
05.01. 03	Tetracyclines	TIGECYCLINE	£3,265	£2,430	£1,131	£0	£4,100	£4,032	£1,318	£814	£388	£1,357	£737
05.01. 04	Aminoglycosides	AMIKACIN	£3,722	£1,364	£0	£0	£0	£0	£0	£610	£295	£0	£0
05.01. 04	Aminoglycosides	GENTAMICIN	£4,631	£8,008	£10,531	£22,436	£14,063	£21,659	£25,187	£34,884	£32,289	£25,174	£19,135
05.01. 04	Aminoglycosides	NEOMYCIN	£5	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
05.01.	Aminoglycosides	TOBRAMYCIN	£629	£234	£1,62	£336	£111	£335	£76	£0	£98	£42	£0

04					3								
05.01.05	Macrolides	AZITHROMYCIN	£25,516	£13,179	£9,717	£13,780	£10,608	£9,542	£11,197	£9,368	£8,452	£7,047	£4,019
05.01.05	Macrolides	CLARITHROMYCIN	£101,336	£66,629	£60,655	£54,384	£40,143	£24,729	£23,247	£15,615	£24,189	£15,498	£6,556
05.01.05	Macrolides	ERYTHROMYCIN	£5,032	£2,872	£2,370	£2,134	£2,424	£2,776	£2,772	£1,365	£1,078	£1,165	£722
05.01.05	Macrolides	ERYTHROMYCIN LACTOBIONATE	£3,629	£2,509	£1,926	£2,039	£2,224	£2,661	£2,981	£2,095	£2,583	£2,650	£1,646
05.01.05	Macrolides	ERYTHROMYCIN STEARATE	£2,399	£3,808	£3,530	£2,725	£3,431	£259	£0	£0	£0	£0	£0
05.01.06	Clindamycin	CLINDAMYCIN	£2,051	£1,285	£6,710	£5,207	£3,081	£2,835	£2,833	£1,157	£2,024	£2,034	£2,659
05.01.07	Some other antibacterials	ARTESUNATE	£0	£0	£0	£0	£0	£0	£0	£0	£0	£1,617	£0
05.01.07	Some other antibacterials	CHLORAMPHENICOL	£0	£0	£0	£0	£0	£0	£17	£0	£0	£0	£0
05.01.07	Some other antibacterials	COLISTIMETHATE	£319	£180	£1,147	£263	£353	£18	£171	£134	£245	£519	£388
05.01.07	Some other antibacterials	DAPTOMYCIN	£0	£0	£9,454	£0	£0	£1,236	£3,747	£3,274	£1,585	£4,381	£28,569
05.01.07	Some other antibacterials	FIDAXOMICIN	£0	£0	£0	£0	£0	£0	£0	£15,228	£17,010	£8,829	£7,533
05.01.07	Some other antibacterials	FUSIDIC ACID	£453	£147	£468	£191	£383	£565	£388	£562	£650	£441	£75
05.01.07	Some other antibacterials	LINEZOLID	£17,613	£16,174	£50,434	£67,367	£40,174	£34,794	£37,423	£15,915	£15,717	£30,237	£4,182
05.01.07	Some other antibacterials	RIFAXIMIN	£0	£0	£2,849	£1,674	£4,388	£4,856	£10,220	£14,213	£20,149	£16,394	£9,814
05.01.07	Some other antibacterials	SODIUM FUSIDATE	£5,923	£5,738	£9,798	£23,835	£7,329	£12,945	£5,040	£3,463	£4,667	£2,238	£1,148
05.01.07	Some other antibacterials	SPECTINOMYCIN	£0	£0	£0	£0	£0	£426	£131	£163	£50	£131	£261
05.01.07	Some other antibacterials	TEICOPLANIN	£83,234	£86,264	£70,692	£15,051	£21,641	£18,504	£24,456	£37,042	£49,965	£46,553	£23,133
05.01.07	Some other antibacterials	VANCOMYCIN	£35,203	£27,161	£19,473	£14,030	£14,893	£6,849	£3,998	£4,751	£2,867	£2,241	£1,611
05.01.08	Sulphonamides and trimethoprim	CO-TRIMOXAZOLE	£798	£1,820	£2,863	£5,277	£3,263	£2,325	£2,463	£1,918	£2,968	£3,414	£3,536

05.01.08	Sulphonamides and trimethoprim	SULFADIAZINE	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0	£0
05.01.08	Sulphonamides and trimethoprim	TRIMETHOPRIM	£1,562	£1,483	£1,705	£1,515	£1,778	£1,588	£1,708	£2,115	£2,112	£3,241	£1,282
05.01.09	Antituberculosis drugs	CAPREOMYCIN	£0	£1,870	£0	£0	£0	£0	£0	£0	£0	£676	£0
05.01.09	Antituberculosis drugs	ETHAMBUTOL	£5,700	£7,138	£7,017	£6,048	£8,397	£8,091	£5,084	£3,817	£3,358	£1,319	£1,881
05.01.09	Antituberculosis drugs	ISONIAZID	£5,595	£6,506	£4,062	£2,337	£3,014	£5,650	£5,888	£5,673	£1,195	£3,042	£4,215
05.01.09	Antituberculosis drugs	PROTIONAMIDE	£0	£874	£1,019	£0	£0	£0	£0	£0	£0	£0	£0
05.01.09	Antituberculosis drugs	PYRAZINAMIDE	£314	£1,130	£1,031	£533	£1,131	£1,689	£362	£1,503	£203	£757	£895
05.01.09	Antituberculosis drugs	RIFABUTIN	£0	£76	£0	£0	£840	£531	£380	£0	£108	£2,126	£0
05.01.09	Antituberculosis drugs	RIFAMPICIN	£4,791	£4,773	£2,083	£2,020	£1,814	£4,105	£1,289	£1,571	£1,774	£3,315	£2,542
05.01.09	Antituberculosis drugs	RIFAMPICIN + ISONIAZID	£1,372	£1,153	£3,218	£3,724	£4,342	£5,696	£4,859	£6,322	£4,693	£4,753	£5,489
05.01.09	Antituberculosis drugs	RIFAMPICIN + ISONIAZID + PYRAZINAMIDE	£2,721	£3,820	£3,100	£2,195	£1,990	£2,476	£2,492	£3,562	£3,191	£2,690	£3,934
05.01.09	Antituberculosis drugs	STREPTOMYCIN	£651	£781	£1,452	£1,453	£1,201	£198	£2,760	£402	£0	£0	£204
05.01.10	Antileprotic drugs	DAPSONE	£79	£375	£398	£406	£911	£1,551	£1,361	£519	£2,738	£1,416	£1,860
05.01.10	Antileprotic drugs	THALIDOMIDE	£3,368	£5,284	£4,375	£0	£0	£0	£0	£0	£0	£0	£0
05.01.11	Metronidazole and tinidazole	METRONIDAZOLE	£16,912	£3,823	£5,250	£4,304	£5,667	£5,444	£8,554	£10,429	£10,643	£10,962	£6,454
05.01.11	Metronidazole and tinidazole	TINIDAZOLE	£11	£0	£0	£20	£12	£0	£3	£17	£0	£0	£10
05.01.12	Quinolones	CIPROFLOXACIN	£40,781	£4,356	£2,290	£3,332	£1,018	£953	£1,136	£493	£574	£1,107	£1,009
05.01.12	Quinolones	LEVOFLOXACIN	£1,548	£397	£367	£171	£1,627	£1,748	£357	£341	£174	£566	£2,553
05.01.12	Quinolones	MOXIFLOXACIN	£2,723	£1,813	£2,176	£1,431	£1,712	£510	£793	£3,739	£1,948	£394	£505

05.01.12	Quinolones	NALIDIXIC ACID	£0	£26	£0	£0	£0	£35	£0	£61	£0	£0	£0
05.01.12	Quinolones	OFLOXACIN	£2,354	£1,716	£3,418	£3,407	£3,331	£5,626	£5,582	£2,344	£1,925	£1,027	£695
05.01.13	Urinary-tract infections	METHENAMINE	£11	£32	£0	£0	£0	£0	£0	£0	£0	£47	£0
05.01.13	Urinary-tract infections	NITROFURANTOIN	£724	£723	£1,561	£1,191	£1,238	£3,344	£4,614	£6,605	£11,449	£11,450	£7,592
	Grand Total		£847,657	£1,063,568	£1,200,011	£894,186	£739,248	£577,796	£524,253	£632,071	£569,440	£559,753	£404,893

356/16
MRI Scanner

1. What is the current waiting time (in weeks) for a routine MRI scan? What are the current trust waiting time (in weeks) targets for a routine MRI scan?

Answer: The current waiting time for a routine MRI scan is 4 weeks. The trust target is a maximum of 6 weeks referral to examination, in line with National targets

2. Does the trust hire in any private mobile MRI scanners to meet the existing workload? Or do they send any NHS patients to private centres for their scans?

Answer: Yes, a mobile MRI scanner is utilised for additional capacity.

357/16
Discrimination claims

1. In the last three financial years, how many NHS employees at your trust have put forward a legal claim for discrimination under the Equalities Act 2010? This also includes sexual harassment. Please break down by financial year for 2013-14, 2014-15, and 2015-16. This includes claims which have later been dropped.

2. For each claim made, please state:

- The nature of the discrimination (e.g. sexual harassment, sex discrimination, disability discrimination, transgender discrimination etc.)
- Whether or not the claim went to tribunal (if applicable, for instance cases of unfair dismissal)
- The outcome (if applicable/decided) and the amount of compensation paid (if applicable)

3. In the last three financial years (2013-14, 2014-15, and 2015-16), how much money as totals has been paid out following discrimination claims made by staff at your trust? This information is separate to the above information detailed in 1. and 2., as it may refer to claims from previous years. Please provide this information broken down by the financial years above. I would be grateful if for each year, you could also list the amounts paid in legal fees, broken down by legal firm.

To be clear: All questions above relate to NHS staff only, not the general public. This includes administrative staff, as well as medical staff.

Answer: In response to all of the above we have not paid out or received any legal claims for discrimination for the last three years (2013 -2016)

358/16
IT Infrastructure

1. The total number of IT staff employed by the organisation:

Answer: 50

2. Please list and provide contact details for the IT senior management team including CIO, IT Director and Infrastructure Architects if applicable

Answer: Steve Darkes, Director of Informatics, Tel: 01922 721172

3. Please confirm your current primary storage vendors and replacement/refresh dates

Answer: NetApp

4. Please confirm your server vendor and replacement/refresh date

Answer: Dell

5. Please confirm data centre refresh date

Answer: Oct 2016

6. Please confirm the amount of used storage and number of virtual / physical servers

Answer: 100TB, 300 VMs

7. Please confirm if you are utilising desktop virtualisation technologies and if so how many users do you provide services for?

Answer: N/A

8. Please confirm which hypervisor you are currently using?

Answer: VMware ESXi

9. Please name the resellers/partners you currently work with to deliver your IT infrastructure

Answer: ProAct

10. Total available budget for IT infrastructure for FY16/17 and FY17/18 if available

Answer: 2016/17: £760k

359/16

MRI

1. Do you use the service of an external mobile Magnetic Resonance Imaging provider? For example Alliance Medical, IN-Health, Cobalt, other

Answer: Yes

2. If yes to question 1, was this to cover the replacement of an existing MRI scanner or as additional MRI Capacity to meet prescribed waiting times, for example 2 and 6 week waiting targets?

Answer: Additional Capacity

3. On average how many days per month in the last year have you use external Mobile MRI Services?

Answer: 2015/2016 – 56 days

4. Did you use these services in July, August or September 2016?

Answer: Yes

5. What is/are the company(s) of provider(s) you have used?

Answer: InHealth

6. Do you have a fixed term contract for this provision or is the service commissioned on an “ad hoc” basis?

Answer: We have a fixed term contract for our static MRI scanner with InHealth. Under the terms of this agreement we can only use InHealth for additional mobile capacity

7. If you have a fixed term contract when does this contract come to an end?

Answer: Static scanner contract expires March 17. Procurement has been undertaken and a preferred supplier identified

8. Please provide the age(s) of your current MRI scanning machines

Answer: 16 Years. Siemens Symphony 1.5T

9. Please provide the names and email address of your radiology services manager and MRI service Lead

Answer: Exemption under section 40 (Personal Information) has been applied to your request for the name and job title of the Radiology Services Manager and MRI service lead.

360/16 Serious Incidents

Answer: Please see attachment which provides a breakdown of serious incidents dating back to 2012 broken down into months. Please note that there were 3 Never Events reported during the period and these are highlighted in yellow.

Detailed information to provide the outcome of the investigation is not possible. Exemption under Section 12 (Cost of Compliance Exceeds Appropriate Limit) has been applied to this part of your request as it would involve an excessive amount of work to compile the information.

Information available upon request.

361/16 Clinical Coding

1. Which directorate of the organisation does the clinical coding department fall into?

Answer: Finance

2. Please supply structure of your clinical coding department including AfC bands for each role

Answer: Please see attached

3. How many clinical coders does the trust employ?

Answer: Please see attached

4. How many contract clinical coders work with/for the coding department?

Answer: 0

5. Please include a breakdown of all contract or interim appointments/engagements relating to the clinical coding department over the last twelve months.

Answer: We have only had between 2 and 4 contract clinical coders employed at any one time and have employed a total of 6 different coders during the 12 month period

6. What is the total clinical coding department spend on agency staff over the past twelve months?

Answer: For October 2015 to September 2016 £255,480

7. What is the average agency rate your Trust has paid for an agency clinical coder based on data and engagement in the last twelve months?

Answer: £260 per day

7. What is the total rate of pay your clinical coding department is able to pay for a contract clinical coder in accordance with the Monitor/TDA price caps?

Answer: Please see answer above

8. Since the inception of these pricing caps how many contract clinical coders have the trust engaged?

Answer: We have only had between 2 and 4 contract clinical coders employed at any one time and have employed a total of 6 different coders during the 12 month period

9. Please state the number of these contractors that were secured within the Monitor/TDA capped price according to banding for accredited clinical coders at the trust.

Answer: We have only had between 2 and 4 contract clinical coders employed at any one time and have employed a total of 6 different coders during the 12 month period

10. How many coders within your department hold the National Clinical Coding Qualification?

Answer: 12 (including managers)

11. Do your coders have daily coding benchmarks on quantity? If yes what are your coders' daily coding benchmark? Do they vary with specialties or coding experience?

Answer: Expected rate of coding depends on the speciality being covered so there are no definitive benchmarks. Coders each have individual wards that they are responsible for and we expect that these ward lists are clear no later than 48 hours post end of month (deadline)

12. Do you have a Clinical Classifications Service Approved Clinical Coding Auditor?

Answer: No

13. Do you have a TAP Approved Clinical Coding Trainer?

Answer: No

14. How many FCE's per year do you have?

Answer: Approx. 87,000

15. On average, how many episodes are being coded in a day?

Answer: Depends on number of discharges from previous day – average for October = 261.2 per day

16. How many episodes are expected from coders a day/week?

Answer: Depends on specialty being coded

17. What % of coders meet productivity expectations?

Answer: All

18. Do you code totally from the case notes or an Electronic Patient Record?

Answer: Case notes primarily, may use EPR if case notes unavailable

19. Do you have an encoder?

Answer: Yes

20. How long have you had an encoder for?

Answer: Since May 2016

21. Please list all/any clinical information systems and software that contribute to the clinical coding process

Answer: Lorenzo, Fusion, ORMIS, Badgernet, Bookwise, Endosoft

22. When does the trust anticipate being totally paperless?

Answer: The Trust is working towards the 2020 vision.

23. Who by and how are mortality reviews undertaken within your Trust?

Answer: Coded by clinical coding mortality manager, if unsure of coding then reviewed by deputy head. Notes then distributed by clinical audit department to clinicians for quality of care review.

24. When did the trust carry out its Clinical Coding Information Governance Audit for 2015/16?

Answer: January 2016

25. Who carried out the 15/16 clinical coding IG audit? If this was commercial company please state the name of the company?

Answer: 3M

26. Please supply a copy of the written report from your most recent annual Information Governance audits

Answer: Please see attached

27. Please supply a copy of your last PbR clinical coding audit.

Answer: No recent PbR audit

362/16
Vital Packs

1. Why did you implement vital packs at the trust? What evidence was the decision based on?

Answer: The trust had previously (2009) evaluated vital signs systems but did not proceed due to lack of funding. The Nursing Technology Fund Round Two, in a limited way, overcame the obstacle and so a bid was made for funding.

The project was the implementation of Stage I of an electronic track and trigger system throughout the identified wards in the adult inpatient areas. It provided real-time, mobile 'Track and Trigger' information systems which monitored patient's conditions and quickly identified deteriorating patients, and enabled healthcare professionals to capture vital signs electronically at the bedside. The systems analysed vital signs together with other clinical data and provided risk scores and assessment tools. These systems allow hospitals to remove paper charts and other documents by capturing and displaying information electronically, clearly and accurately in real-time and so delivered the benefits as stated in the business case.

2. Who was in charge of the implementation of vital packs? For example head of nursing, matrons, directors?

Answer: Director of Nursing.

3. Did you do a pilot study before implementing vital packs into the trust? If so where was it piloted and for how long?

Answer: Piloted Nursing Observation and Fluid Management on two pilot wards over a two week period.

4. How do you check the quality assurance of vital packs?

Answer: Site visit and successful completion of Localisation, Interface, Process and User Acceptance Testing.

5. Which teams within the trust was involved with the process of implementing vital packs? E.g. Research team, was any boards involved and if so who?

Answer: Project Board (including Director of Nursing, Director of Informatics, Finance Manager, and Quality Matron) and Project Implementation Team (including Business Change, IT Training, IT, Ward Managers, Matrons, Outreach Team, and Clinical Governance).

6. Are the vital packs proving to be successful? If so how do you measure this and how successful have they been?

Answer: The use of vitalPAC is measured each month for just one element of nursing care-recording of observations within timescale. The trust does not hold any comparative data from before implementation. The VitalPAC system is proving successful in terms of embedding the new process of capturing observations and staff accepted the change very willingly. The formatting of reports is yet to be agreed for Trust wide reporting overall. The patient safety team and the local managers use the system to review patient care regularly.

7. Who dealt with the financial side of the change and cost implications and what was their role?

Answer: Funded by Nursing Technology Fund.

8. What issues did you come across when bringing in vital packs?

Answer: Identification of a safe and secure area on the individual wards for the storage and charging of devices. WIFI performance on one of the targeted wards was deemed inadequate to support the implementation of VitalPAC.

9. How long was the process of bringing in vital packs? Did you implement it in every area of the hospital on one specific date?

Answer: Six month project with roll out to 15 wards over a period of 2 months.

10. How did you phase out paper systems?

Answer: Wards dual recorded using both paper and VitalPAC for an agreed period. Ward Managers and Matrons approved the phasing out of paper TPR charts.

11. Have you had any system issues if so what are these and how have you dealt with them?

Answer: Functionality within Fluid Management and Doctor Closing the Loop Modules were deemed not fit for purpose, escalated issues to the supplier

363/16

CRE infections

1. How many patients have been colonized and infected with CRE infections for each of the past 10 years in your trust?

Answer:

Colonized – 1 community patient

Infected – 0

2. Does your trust have universal screening of patients for CRE when they are admitted, screening of patients with high risk factors or no formal screening policy?

Answer: Policy outlines screening on admission if they have been in another healthcare facility in UK or abroad in last 12 months.

3. How many patients were screened for CRE when they were admitted and deemed high risk for a CRE infection?

Answer: There have been 51 CRE screens completed.

4. How many isolation rooms does your hospital have for isolating CRE patients?

Answer: Please see answer to question 5.

5. How many isolation rooms have en suite bathrooms?

Answer: There are 55 side rooms available in acute adult wards (excluding maternity) - 11 of these have en-suite toilet facilities and 22 full en-suite bathrooms

In paediatrics there are 13 single rooms all with full en-suite bathrooms

6. What is your policy if there is no side room available for isolating patients with CRE?

Answer: Escalation and incident reporting is outlined in Trust policy

- Risk assessment would identify patients who could move out of side rooms to allow for CPE patient to be admitted into room
- IPCT assess side rooms daily (mon-Friday) and work with capacity team to identify where side rooms can be made available.
- On call infection control advice is available out of hours from microbiologist or infection control nurse
- Capacity managers have guidance to risks associated with infections and if they require side room has high, medium or low priority

364/16

Annual Report

Please could I request copies of your annual reports under FOI. The years I am seeking are not on your website:

- 2002/03
- 2003/04
- 2004/05
- 2005/06
- 2006/07
- 2007/08
- 2008/09

Please can these be emailed to me in PDF format.

Answer: We are unable to provide annual reports for 2002/03, 2003/04 and 2008/09 as they are not available however, please find attached reports for 2003/04, 2004/05, 2005/06 and 2007/08

365/16

Microbiological techniques

Can you please list the precise microbiological techniques used in each hospital in your trust to identify or confirm the following infections.

- Clostridium difficile

Answer: GDH – Screen using EIA

CD Toxin – Positive GDH tested for CD toxin by EIA

C difficile Antigen – CD toxin negatives tested for antigen by Gene Xpert molecular test

- Penicillin resistant streptococcus pneumonia

Answer: Culture followed by disk sensitivity

- Macrolide-resistant Group A Streptococcus

Answer: Culture followed by disk sensitivity

- Clindamycin-resistant Group B Streptococcus

Answer: Culture followed by disk sensitivity

- Meticillin resistant Staphylococcus aureus (MRSA)

Answer: Culture followed by disk sensitivity and VITEK

- Vancomycin resistant / intermediate Staphylococcus aureus

Answer: Culture followed by disk sensitivity and VITEK

- Glycopeptide-resistant enterococci

Answer: Culture followed by disk sensitivity and VITEK

- Multi-drug resistant Pseudomonas aeruginosa

Answer: Culture followed by disk sensitivity

- Multi-drug resistant Acinetobacter

Answer: Culture followed by disk sensitivity and VITEK

- Drug resistant campylobacter

Answer: Not tested

- Fluconazole-resistant Candida albicans

Answer: Culture – if Candida albicans detected referred to reference laboratory at North Bristol NHS Trust (Performed on significant blood culture isolates and sterile fluids only)

- Carbapenemase-Producing Enterobacteriaceae (CPE)

Answer: Culture followed by disk sensitivity and VITEK

- ESBL-Producing Enterobacteriaceae

Answer: Culture followed by disk sensitivity

- AmpC-Producing Enterobacteriaceae

Answer: Culture followed by disk sensitivity

- Drug resistant non-typhoidal Salmonella

Answer: Culture followed by disk sensitivity

- Drug resistant Salmonella typhi / paratyphi

Answer: Culture followed by disk sensitivity

- Drug resistant Shigella

Answer: Culture followed by disk sensitivity

- Drug resistant TB (MRDTB, XDRTB, Pan-DRTB)

Answer: Referred to Royal Wolverhampton Hospitals

366/16

Staff and Locum Data

Request withdrawn

367/16

Managerial structures by division

In following up to that initial request, I am now requesting a breakdown of your managerial structures by division. Please can you confirm your managerial and organizational structure to include but not limited to - Clinical Director, Service Manager, Business Manager, Directorate Manager, Secretaries, Rota Co-coordinators. Please can you provide contact information for each point of contact to include, email address, telephone number and postage address.

Answer: Exemption under Section 21 (Information available by other means) has been applied to your request. Our structures are accessible via our publication scheme on our Trust website by using the following link;

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

We do not provide staff names under Director Level. The main contact telephone number is 01922 721172.

368/16

Trust and MFD

Please see below

Under the Freedom of Information Act 2000, can you please provide details on the following:

Organisation Name: Walsall Healthcare NHS Trust

Question	Answer
How many Full Time Employees do you have?	Effective 31 October 2016, the Trust employed 2595 full-time colleagues
How many locations do you have?	1 (+ 2 Community Locations other Community Locations we lease)
Please confirm if you are in contract for a managed print service.	No
Does this include Multi-Functional Devices (MFDs) and printers?	N/A
Please confirm contract number and dates.	N/A
Please confirm who the contract was awarded to.	N/A
Please confirm the name of the employee that is responsible for the management of the printer estate for your organisation.	Craig Cox, Service Desk and End User Computer Manager
Please confirm if you currently reclaim the VAT on the managed service contract	N/A
Please confirm if you intend to go out to tender next time or call off an existing framework. If so, which one?	Considering a managed print service and investigating procurement options.
How many MFDs do you have?	98 (MFD's / Copiers)
What is the annual spend on MFDs – including lease costs, consumables, costs per click and service charges?	£129,479 ex vat
How many printers do you have?	Approx 1,000
What is the annual spend on printers – including lease costs, consumables, costs per click and service charges?	£136,064
Please confirm the annual volumes of mono and colour prints.	Estimated at 5.4 million
How much time a month does the IT team spend on printer queries from end users?	1 week Per month
Do you have any mobile print capabilities?	Yes
Do you have any secure print capabilities?	Yes
What print management software do you use across the organisation?	N/A

369/16

Overseas Visitor Treatment

1 - How many overseas visitors received treatment at the trust in the financial year 2015-16 who weren't eligible for free care?

Answer: 9 patients.

2 - How much has the trust so far (as of today's date) collected in payments from overseas visitors who weren't eligible for free care in 2015-16? How much is still owed?

Answer: See below

Collected - £11,264.00

Still owed - £101,746.44

3 - How many overseas visitors received treatment in any form of obstetrics or maternity care in 2015/16?

Answer: 1 patient

4 - How much has the trust so far collected in payments from overseas visitors receiving obstetrics or maternity care in 2015/16? How much is still owed?

Answer: See below

Collected - £0.00

Still owed - £50,229.00

5 - Did any overseas visitors receive IVF or any other fertility treatment in 2015/16?

Answer: None – fertility treatment is not provided by the Trust.

6 - If yes please provide as many details as possible including the nationality (if possible), the form of treatment and the price. Please also state if they paid the full amount for the cost.

Answer: N/A

7 - Is the trust doing anything specific to better identify overseas visitors and ensure they are charged eg ID checks on specific wards, training for staff, employing debt collection agencies – please specify.

Answer: The policy is currently being reviewed but once implemented specific training will be delivered to relevant staff groups; ED clerks, Wards clerks, Access Team (referral process) to support staff in identifying potential overseas visitors. The documentation and training will provide staff with the required knowledge and confidence to determine if a person is properly settled in the UK in order to establish if they are ordinarily resident here.

370/16

Carbapenemase-producing organisms

How many patients have been infected with carbapenamase-producing organisms in your trust?

Answer: None in the Trust

How many patients with an infection from a carbapenamase-producing organism have died?

Answer: None

371/16

medical locum doctors and agency nurses

Extension requested.

372/16
IT Systems

1) What Patient Information System (PAS) do you use and when does the contract with your present supplier expire?

Answer: Lorenzo Expires 01/11/2020

2) What Electronic Patient Record system (EPR) do you use and when does the contract with your present supplier expire?

Answer: Lorenzo Expires 01/11/2020

3) Do you use an electronic patient flow/bed management system and is so – which system do you use and when does the contract with your present supplier expire?

Answer: No

4) Do you use an electronic system to monitor patient flow through the emergency department? If so, can you please tell me what system you use and when the contract is due to expire?

Answer: Lorenzo Expires 01/11/2020

5) Will you be going out to procurement for any of the above systems within the next 3 years?

Answer: Not known

6) Please can you contribute the name and contact details of the organisations - a) CIO, b)CCIO and c) IT Director d) Clinical director for ED

Answer:

a) CIO – Philip Thomas Hands

b) CCIO – We do not currently have a person in post

c) IT Director – Mr Steve Darkes

d) Clinical Director for ED – Mr N Rashid

373/16
Services for Attention Deficit Hyperactivity Disorder

Dear Colleague,

Replies to Questions which can be answered by the Community Paediatric Service for referrals made to Walsall Healthcare NHS Trust for children and young people with symptoms of ADHD are as below. We are not able to answers any questions relevant to Adults or referrals made to CAMHS services at Dudley and Walsall Mental Health Partnership NHS Trust.

Answer: We are unable to answers any questions relevant to Adults or referrals as they are made to CAMHS services at Dudley and Walsall Mental Health Partnership NHS Trust.

- What proportion of children and young people with symptoms of ADHD have been referred to an ADHD specialist for assessment in the past 12 months (Quality Statement Answer:1) At least 69 have been referred in the last 1 year . There will be possibly a few more as presently we do not have data for children under the age of 5 years who were referred for ADHD assessment during period Nov 2015 to may 2016

- What proportion of adults with symptoms of ADHD without a childhood diagnosis of ADHD have been referred to an ADHD specialist for assessment in the past 12 months Answer: Applies to Adult services

- What proportion of adults who were diagnosed with ADHD as children or young people and present with symptoms of continuing ADHD have been referred to general adult psychiatric services in the past 12 months

Answer: Applies to Adult services

- What proportion of parents or carers of children with symptoms of ADHD who meet the NICE eligibility criteria have been offered a referral to a parent training programme in the past 12 months

Answer: We offer this to almost all patients

- What proportion of children and young people with moderate ADHD have been offered a referral to a psychological group treatment programme in the past 12 months (Quality Answer: Friends for Life Groups and Teen Friends offer Social Skills training. Children are referred if there are relevant issues depending on presentation. We do not have exact number of children who have been offered a place at present.

- In the past 24 months, what proportion of eligible patients with ADHD who are starting drug treatment go on to have their initial drug dose adjusted and response assessed by an ADHD specialist

Answer: 100%

- In the past 24 months, what proportion of eligible patients with ADHD who are taking drug treatment have a specialist review at least annually to assess their need for continued treatment

Answer: 100%

In addition, can you please provide information on:

- The number of people with symptoms of ADHD who have come into contact with your service in the past 12 months: -

- o Children and young people .

Answer: We are unable to provide the figures as the system does not record this information.

Answer: Adults : Applies to Adult services so unable to answer

- The number of people referred with symptoms of ADHD who are currently waiting for their first outpatients appointment:

Children and young people :

Answer: We are unable to provide the figures as the system does not record this information.

Answer: Adults: Applies to Adult services so unable to answer

- The average waiting time from referral to first outpatients appointment in the past 12 months for

- Children and young people presenting with symptoms of ADHD :

Answer: approximately 9 weeks

- Adults presenting for the first time with symptoms of ADHD :

Answer: Applies to Adult services so unable to answer

- The range of waiting times (ie shortest to longest) for patients from referral to first outpatient appointment in the past 12 months for

- Children and young people presenting with symptoms of ADHD :

Answer: 4 weeks to 18 weeks approximately

- Adults presenting for the first time with symptoms of ADHD:

Answer: Applies to Adult services so unable to answer

- What specialist services are available for referral for adults presenting with symptoms of ADHD

Answer: Applies to Adult services so unable to answer

- Does your organisation provide a transition to an adult service for adolescents with ADHD:-

Answer: Transfer made to GP for him to take a decision to refer appropriately to adult psychiatric services

- The age at which your organisation transitions a young person diagnosed with ADHD to general adult psychiatric services

Answer: Transferred to adult services at 16-18 years

- Does your organisation receive out of area referrals for specialist ADHD services?

Answer: NO

374/16

ESBL and CPE infections

Can you please tell me how many people in your hospital trust:

- Were admitted to hospital with an ESBL infection

Answer: Please see below

- Acquired an ESBL infection while in hospital

Answer: Please see below

Answer: ESBL from blood cultures in last 10 years (1st April 2006 – 30th November 2016)

- 56 over 2 days (acute acquired)
- 107 under 2 days (community)

Code to use - (U82.2 is used to identify a bacteria that produces ESBL resistance.)

- Were admitted to hospital with a CPE infection

Answer: Please see below

- Acquired a CPE infection while in hospital

Answer: Please see below

Answer: CPE last 10 years (1st April 2006 – 30th November 2016)

- colonised – 1 community patient
- infected = 0

PLEASE NOTE: There isn't a code that specifically captures those bacteria that are carbapenem resistant. We would use U82.8 "resistance to other betalactam antibiotics" but as the code title suggests we would also use this for resistance to a number of antibiotics.

Please provide the information for the past 10 years.

375/16

Advanced Prostate Cancer

Within your trust how many unique patients with Advanced Prostate Cancer have been treated in the past 12 months?

How many patients with Advanced Prostate Cancer have received ;

Abiraterone (Zytiga) Answer: 21

Cabazitaxel (Jevtana) Answer: 3

Docetaxel (Taxotere) Answer: 0

Enzalutamide (Xtandi) Answer: 23

Radium-223 (Xofigo) Answer: 0

Bicalutamide (Casodex) Answer: 0

376/16

Safe staffing data

1. The Trust's safe staffing data for October 2016

I have attached an example of the data I am seeking (Dartford and Gravesham's safe staffing data for September 2016). I would like the information provided in this format - an Excel spreadsheet as an .xlsx file, including both the "fill rate indicator return" for nursing, midwifery and care staff for all wards across the Trust, and the "site summary".

I am sending this request because I note that many Trusts do not keep their online safe staffing data pages properly updated.

If information for October 2016 is not available, please provide the information for September 2016.

Answer: Please see attached spreadsheet illustrating the Safe Staffing return for September 2016

377/16

environmental and waste management requirements

Freedom of Information Question template

1. Who is the Trust's waste manager and what are their contact details? Estates & Facilities directorate, Facilities manager
2. How much is spent on clinical waste per annum? (£)? Withheld under section 43, commercial interests
3. How many tonnes of clinical waste are sent for alternative treatment (last financial year/12 months if possible)? 350 tonnes
4. How many tonnes of clinical sharps waste are produced of per annum? 62.558 tonnes
5. How many tonnes of offensive waste is produced per annum? 153 tonnes
6. How many tonnes of waste is sent for landfill/waste to energy? 153 tonnes
7. How many tonnes of waste is sent for recycling? 466 tonnes general waste
8. When does the domestic waste and recycling contract expire? 31/3/17 Extension is available
9. Who currently provides the domestic and recycling waste services? WEIR Waste
10. Who currently provides the clinical waste services? SRCL

11. When does the clinical waste contract expire? 31/3/19
12. How much is spent on domestic waste per annum? (£)Withheld under section 43, commercial interests
13. How much is spent on recycling waste per annum? Withheld under section 43, commercial interests
14. How many tonnes of food waste is segregated and recycled per annum? None
15. How much is spent on food waste recycling per annum? (£) 0
16. How much does the Trust spend on sharps containers per annum? (£)Withheld under section 43, commercial interests
17. Who currently supplies the sharps containers to the Trust? Sharpsmart (service) and NHS supplieschain (diposables)
18. Does the trust use e-learning for waste management? No
19. Does the trust have its own procurement department? Yes
20. Who is the infection control lead and what is their email address? Medical Directorate, Head of infection Control
21. Who is the procurement lead and what is their email address? Estes & Facilities, Procurement Department
22. Who is environmental lead and what is their email address? N/A
23. Who is health and safety lead and what is their email address? Estates & Facilities, Health & Safety manger
24. Who is the education lead and what is their email address? N/A
25. Is the waste contract linked to a procurement framework? Yes

378/16
DBS/ Parking FOI

) How many nurses and midwives (from Band 5 upwards) waiting to take up employment with your trust are awaiting completion of Disclosure and Barring Service (DBS) checks?
Answer: 38

2) How long is the average wait for DBS approval for new starters at your organisation?
Answer: 9.64 Calendar days

3) How many parking spaces at your hospitals are exclusively for staff use and how much do they pay to use them?
Answer: We have approximately 1200 spaces for staff and they pay £15 per month for all car parks except Car Park C whereby we charge £20.00

4) What is your FTE nursing and midwifery staff establishment (from Band 5 upwards)?
Answer: 1150.72 FTE

379/16

Patients leaving the waiting list

Please can you provide me with the number of patients that left the Trust's waiting list in each of the last five financial years (please see table below).

Please provide the overall total of patients who left the waiting list, and where possible supply breakdown figures according to reason (please see table below).

Answer: Please see below.

We can identify those patients who declined treatment. These figures can be backdated to 1st Apr 2014 but no further; this was when our new patient administration system was implemented.

Walsall Healthcare NHS Trust

Financial Year	No. of patients who Declined Treatment	Total No. of patients who left the waiting list	No. of patients who died while on waiting list	No. of patients who no longer needed treatment (e.g. symptoms improved)	No. of patients leaving list to seek private treatment
2011/12	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>
2012/13	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>
2013/14	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>
2014/15	6834	<i>n/a</i>	1102	<i>n/a</i>	<i>n/a</i>
2015/16	6662	<i>n/a</i>	711	<i>n/a</i>	<i>n/a</i>

380/16

Domiciliary services for medicines review and palliative care

1) Domiciliary visiting medicines review (focusing on both medicines optimization and medicines adherence) and

Answer: Pharmacy does not provide a domiciliary visiting medicines review service

(2) Palliative care services (to ensure the timely and appropriate availability of end of life medicines) within Norfolk using the community pharmacy network and GP practice based pharmacy network, working in conjunction with our NHS community services teams. I am therefore writing to ask if you could send me any reports (service specifications, audit reports, service evaluations etc.) which you may have relating to any services of a similar nature delivered in your area.

Answer: Pharmacy does not provide palliative care services within Norfolk we are not involved in the prescribing, supply or administration of palliative care medicines for people in their own home

We have an arrangement for accessing end of life drugs out of hours. This arrangement is defined and monitored via a Clinically Commissioned service via our Clinical Commissioning Group at Walsall. The service operates from Saturday at 18.00 hours to Monday at 09.00 hours via a pharmacist on call process. Weekdays we have a number of Pharmacies over the Borough that are open until 23.00 hours and our out of hours provider also carries a minimum agreed stock of drugs. The stock formulary is monitored yearly and drugs changed in line with prescribing habit change. I am not responsible for the monitoring of this arrangement but have supplied our current stocked formulary. The rotas for this service are also compiled by the CCG and circulated to all community adult teams.

381/16

Venous thrombo-embolism (VTE) prophylaxis

- Name of Trust	Walsall Healthcare NHS Trust
- Contact email address	Answer: Exemption under section 40 (Personal Information) has been applied to your request for the email address.
- Contact phone number	Hospital number: 01922 721172
1) Do you have a specific trust guideline for venous thrombo-embolism (VTE) prophylaxis in patients undergoing trauma & orthopaedic surgery?	Yes attached.
2) If yes to (1), please provide full details of your trust VTE prophylaxis guidelines for patients undergoing all forms of trauma & orthopaedic surgery	Attached. Please see Page 17, Section 5.8.1.
3) If no to (1), please provide reasons why not (if known).	NA

382/16

Mail

- 1) On average, how many pieces of mail does the Trust send on an annual basis?
- 250,000-500,000

- ii. 500,000-750,000
- Answer: iii. 750,001- 1,000,000 – this is an approximate figure
- iv. 1,000,001 – 1,250,000
- v. 1,250,001 – 1,500,000
- vi. Greater than 1,500,000

2) Within your Trust do you use:

a. Franking Machines (Y/N). Answer: Yes

i. If yes, how many franking machines do you have?

Answer: One

ii. If yes, who supplies your franking machines?

- Pitney Bowes
- Neopost
- Other – please specify

b. PPI Envelopes (envelopes with pre-printed indices) (Y/N) Answer: No

i. If yes, do you have an envelope machine(s) to automate folding and enveloping documents?

ii. If yes, who supplies your envelope machine(s)?

- Pitney Bowes
- Neopost
- Other – please specify

3) For the majority of your postal communication do you use:

a. Internal mail Room Answer: yes

b. External Mail Supplier Answer: yes

Both the internal mail room & external mail supplier are used for the majority of post as some of it is combined

i. If yes, please provide the name of External Mail Supplier

Answer: Royal Mail

c. If External Hybrid Mail Supplier

i. If yes, please provide the name of External Hybrid Mail

Supplier

Answer: We do not use the Hybrid mail supplier

4) Does your Hybrid supplier provide you with any of the following mail services?

i. Offsite printing

ii. Posting letters

iii. Other

Answer: We do not use the Hybrid mail supplier

5) Which supplier(s) do you use to pick up your post?

i. Royal Mail

ii. Whistl

iii. UKMail

iv. Other (please specify)

Answer: Royal Mail

6) Which procurement frameworks does your Trust use/belong to?

Answer: The lease of the franking machine was procured against a Pro5 framework

7) How long is left on the current mailing contract?

Answer: We do not have a contract for Hybrid mail supplier

8) Please supply the name of the person(s) responsible for Transformation projects in your trust and the department they work in if available? (

Answer: Mr Darren Fradgley, Director of Transformation

383/16

Cyber Attacks

1. How many times has your organisation been a victim of a cyber attack in the last two years?

Answer: 0

2. How many times has your organisation been a victim of a ransomware attack in the last two years? In each case, was a ransom paid and if so how much was paid?

Answer: Once, and no ransom was paid.

3. For each of the cyber and ransomware attacks, please provide a summary of the incident. This should including details of who was targeted, how they were targeted, what the immediate impact was, for instance was patient or staff data targeted, and if so in what way and how many people's data was affected? For each of the attacks, please also detail whether the police became involved, and whether the perpetrator or perpetrators were caught?

Answer: Single ransomware attack via malware, resulting in encrypted documents within a department shared folder. The files were quickly restored from a backup. No other action was taken.

384/16

Cancelled Operations -

Over the past five financial years (2011-12, 2012-13, 2013-14, 2014-15, 2015-16) please state the number of last minute elective surgery cancellations there have been or non-clinical reasons for the following branches of surgery: trauma and orthopaedics, neurology, cancer, and ophthalmology. Please break down by year and surgery type.

Over the past five financial years (2011-12, 2012-13, 2013-14, 2014-15, 2015-16) please state how many patients were not treated within 28 days of last minute elective cancellation of an operation for the following branches of surgery: trauma and orthopaedics, neurology, cancer, and ophthalmology. Please break down by year and surgery type.

Answer: Please see below. However, please note the following:

The Trust is unable to supply data related to cancer for your request, as we cannot identify that based on the speciality. Any data for that cohort of patients would require a manual check of notes for all surgical cancellations. This could be upwards of 500 sets of notes over the last 5 years. Please also note that because a patient has a cancer diagnosis this does not then guarantee that any surgery the patient had was cancer related.

Our policy is to not cancel patients who are coming in for cancer operations or are labelled as urgent.

CANCELLATIONS MONITORING by Specialty and Reason

<u>1 Apr 2011 to 31 Mar 2012</u>			<u>1 Apr 2012 to 31 Mar 2013</u>			<u>1 Apr 2013 to 31 Mar 2014</u>			<u>1 Apr 2014 to 31 Mar 2015</u>			<u>1 Apr 2015 to 31 Mar 2016</u>		
110 T & O	Total *	Breaches **	110 T & O	Total *	Breaches **	110 T & O	Total *	Breaches **	110 T & O	Total *	Breaches **	110 T & O	Total *	Breaches **
Total	30	0	Total	67	0	Total	65	1	Total	46	0	Total	43	0
						130 OPTHALMOLOGY	Total *	Breaches **				130 OPTHALMOLOGY	Total *	Breaches **
						Total	8	0				Total	4	0

Total = Number of last minute cancellations in the qtr for non clinical reasons

Breaches = Breaches of standard

385/16

Compensation claims by Members of Staff

I would like information on the number and nature of compensation claims brought against your organisation by members of staff who have sustained an injury or contracted a disease while employed your organisation in the past five years.

I would like a year by year breakdown, preferably on an excel document via email, detailing:

Details of the injury (i.e. moving and handling injury, slips/trips/falls and so on)

Staff role if known (i.e. staff nurse, doctor)

Whether compensation was paid

The total amount of compensation paid

If information available, any action taking following the incident (i.e. additional training, non-slip flooring and so on)

Answer: Please see below

Freedom of Information Request 385/16 - Compensation Claims made by members of Staff from the past five years			
Date of Claim	Nature of Claim	Profession of Staff Member	Details of the Nature of the Claim
2011			
14/02/2011	Manual Handling	Nurse	Injured whilst patient handling
16/02/2011	Slip Trip and Fall	Nurse	Slipped on wet floor
23/02/2011	Slip Trip and Fall	Admin	Fell from Chair
07/03/2011	Slip Trip and Fall	Admin	Slipped on ice
11/03/2011	Slip Trip and Fall	Nurse	Fell over object
11/03/2011	Manual Handling	Nurse	Injured whilst patient handling
10/03/2011	Slip Trip and Fall	Nurse	Slipped on wet floor
10/05/2011	Sharps Injury	Support Services	Needle Stick Injury
07/07/2011	Slip Trip and Fall	Support Services	Slipped on wet floor
30/08/2011	Manual Handling	Admin	Injured whilst obtaining patient notes
2012			
20/01/2012	Slip Trip and Fall	Nurse	Fell from a step stool
02/02/2012	Slip Trip and Fall	Nurse	Slipped on wet floor
03/02/2012	Physical Violence	Nurse	Attacked by patient
14/02/2012	Slip Trip and Fall	Clinical Support Services	Slipped on wet floor
04/04/2012	Slip Trip and Fall	Support Services	Slipped on wet floor
10/05/2012	Slip Trip and Fall	Admin	Slipped on stairs
10/07/2012	Manual Handling	Clinical Support Services	Injured right shoulder and back when removing shelves
25/07/2012	Slip Trip and Fall	Support Services	Slipped on wet floor
02/08/2012	Slip Trip and Fall	Admin	Slipped on wet floor
10/09/2012	Sharps Injury	Support Services	Needle stick Injury
27/09/2012	Sharps Injury	Support Services	Needle stick Injury
26/09/2012	Slip Trip and Fall	Support Services	Tripped on the Stairs
26/10/2012	Slip Trip and Fall	Clinical Support Services	Slipped on wet floor
29/10/2012	Physical Violence	Nurse	Attacked by patient
29/10/2012	Slip Trip and Fall	Admin	Slipped on wet floor
01/11/2012	Slip Trip and Fall	Nurse	Slipped on wet floor

20/11/2012	Sharps Injury	Support Services	Needle Stick Injury
2013			
04/01/2013	Slip, Trip and Fall	Admin	Tripped over object
11/01/2013	Animal Bite	Nurse	Bitten by patients dog
17/01/2013	Barrier Incident	Admin	Car was hit by barrier
11/02/2013	Slip, Trip and Fall	Nurse	Slipped on wet floor
12/02/2013	Body Part Impacting with Moveable Object	Admin	Metal Divider went through palm of hand causing a deep cut.
22/02/2013	Sharps Injury	Support Services	Needle Stick Injury
06/03/2013	Slip, Trip and Fall	Clinical Support Services	Sat on the chair and the chair gave way.
04/03/2013	Slip, Trip and Fall	Support Services	Slipped on Fluid
19/03/2013	Noise Pollution	Support Services	Claiming damages for hearing loss and tinnitus
16/04/2013	Slip, Trip and Fall	Support Services	Slipped on wet floor
16/04/2013	Slip, Trip and Fall	Clinical Support Services	Impact with door
16/04/2013	Slip, Trip and Fall	Admin	Fallen off the bed whilst an inpatient
05/06/2013	Manual Handling	Admin	Hurt back whilst moving notes
2014			
06/01/2014	Slip, Trip and Fall	Admin	Slipped on mud
25/02/2014	Body Part Impacting with Moveable Object	Admin	Crushed between the filing bays
19/02/2014	Body Part Impacting with Stationary Object	Admin	Shelf under the desk was rubbing against leg
17/03/2014	Slip, Trip and Fall	Support Services	Fell down a vertical drop
05/03/2014	Manual Handling	Nurse	Injured whilst patient handling
17/04/2014	Slip, Trip and Fall	Admin	Slipped on wet floor
29/07/2014	Body Part Impacting with Moveable Object	Support Services	Hit by moving object
08/08/2014	Body Part Impacting with Moveable Object	Clinical Support Services	Hit by moving object
10/09/2014	Slip, Trip and Fall	Admin	Tripped over Object
17/11/2014	Slip, Trip and Fall	Admin	Tripped over object
05/12/2014	Manual Handling	Support Services	Pulled Back
09/12/2014	Manual Handling	Nurse	Pulled Back
2015			

09/01/2015	Manual Handling	Support Services	Faulty Equipment
09/01/2015	Manual Handling	Nurse	Injured whilst patient handling
29/01/2015	Burn / Scald	Admin	Spilt hot drink
01/05/2015	Sharps Injury	Support Services	Needle Stick Injury
05/05/2015	Slip, Trip and Fall	Nurse	Slipped on wet floor
25/06/2015	Sharps Injury	Support Services	Needle Stick Injury
07/08/2015	Work Related Stress	Admin	Work Related Stress
16/11/2015	Slip, Trip and Fall	Admin	Fell from a step stool
2016			
03/03/2016	Slip, Trip and Fall	Admin	Slipped on wet floor
17/06/2016	Slip, Trip and Fall	Admin	Tripped over cables
20/06/2016	Slip, Trip and Fall	Nurse	Slipped on wet floor
25/07/2016	Manual Handling	Nurse	Hurt shoulder whilst moving notes
26/08/2016	Sharps Injury	Support Services	Needle Stick Injury
06/06/2016	Slip, Trip and Fall	Admin	Slipped on fluid
23/02/2016	Manual Handling	Nurse	Injured whilst patient handling
13/09/2016	Sharps Injury	Nurse	Needle Stick Injury
15/09/2016	Sharps Injury	Support Services	Needle Stick Injury

386/16
breast biopsy

Under the Freedom of Information Act, please could you provide the following information for your Trust:

1. How many benign breast lesions has your Trust diagnosed per annum in the last three years?

Answer:

The following ICD 10 codes were used = D24.X (D23.5 for benign lesion of skin of breast, this code however is for skin of trunk so would be used for benign skin lesions of other areas too)

D24X – Benign neoplasm of breast

13/14 = 61

14/15 = 52

15/16 = 28

D235 – Other benign neoplasms of skin – skin of trunk

13/14 = 4

14/15 = 2

15/16 = 2

D486 – Neoplasm of uncertain or unknown behaviour of other and unspecified sites - Breast

13/14 = 0

14/15 = 0

15/16 = 2

2. How many benign breast lesions have been removed surgically per annum within your Trust in the last three years?

Answer: **Please note the following with regards to ICD 10 codes used - Excision of lesion of breast = OPCS Code B28.3 and B28.7 (OPCS codes B27._, B28.1, B28.2, B28.5, B28.8, B28.9 are also the codes for procedures that may be performed to treat a patient with a breast lesion as they include mastectomies, partial excision of breast, etc. B28.4 is used to classify a re-excision of breast margins when it has been identified that previous treatments have not removed a lesion completely).**

- a. Of this total number, how many of these are classified as B2?

Answer: **ICD 10 doesn't provide a means to classify sub groups of benign lesion; however based on the definitions below we have assumed B2 lesions would be covered by ICD 10 code D24.X as above.**

- b. Of this total number, how many of these are classified as B3?

Answer: **Based on the definition code D48.6 (Neoplasm of uncertain or unknown behavior of breast) may cover the definition of B3. The caveat in 2a applies to this answer .**

- a. **D24X – Benign neoplasm of breast**

13/14 = 51

14/15 = 47

15/16 = 19

- b. **D486 – Neoplasm of uncertain or unknown behaviour of other and unspecified sites - Breast**

13/14 = 0

14/15 = 0

15/16 = 2

How many benign breast lesions have not been removed per annum in the last three years?

Answer: **please refer to the previous answer with regards to the codes used.**

13/14 = 10

14/15 = 5

15/16 = 9

3. How many benign breast lesions have been removed by vacuum assisted excision (VEA) per annum in the last three years?

Answer: **OPCS code Y06.6 is used in conjunction with the codes in question 2 to classify that an excision has been vacuum assisted**

- a. Of this total number, how many of these are classified as B2 (definition below)
- b. Of this total number, how many of these are classified as B3 (definition below)?

Answer: see answers to questions a and b above

4. Is the Trust aware of NICE guidance promoting the use of VAE for removal of benign lesions?

Answer: Yes

5. Does the Trust have a referral pathway in place for vacuum assisted percutaneous excision of benign breast lesions?

Answer: The referral pathway would be through the multi-disciplinary team

387/16

Audiology services for deaf/hearing impaired children and young people

The National Deaf Children's Society (NDCS) surveys health providers periodically and this request follows on from a similar survey carried out 4 years ago. We will use the information you provide to inform our campaigns and challenge the Government to ensure all deaf children can access good quality audiology services.

Your service may have already received this survey directly but a number of respondents filled in the survey anonymously or skipped questions. As a result we have had to use the FOI process to ensure that each service fills out the survey in full, including the name of the respondent and basic details of their service.

Please answer ALL the questions relevant for your service. If the information cannot be provided in whole or in part, please justify all omissions by reference to the specific exemptions of the Act. If you do not provide an audiology service to children or young people please reply to this email and let us know.

Answer: Please see attached completed survey.

Information available upon request.

388/16

Car Parking

1. Are your car parks managed by a private contractor? If yes, please provide the name of the contractor.

Answer: No

2. How many parking enforcement tickets were issued in your car parks between 1st April 2015 and 31st March 2016?

Answer: 892

3. What is the cost of a parking enforcement fine in your car parks?

Answer: £50 but early payment will result in a £25 payment

4. How many parking enforcement ticket appeals did you receive between 1st April 2015 and 31st March 2016?

Answer: 102

5. How many parking enforcement ticket appeals were successful between 1st April 2015 and 31st March 2016?

Answer: The Trust does not hold this information

389/16

Digital Health Intelligence Information request

Digital Health Intelligence continues to deliver free research access to the NHS and as part of this, we are updating our data held on your organisation for your review

We are asking your help to update Digital Health Intelligence's database of NHS IT please. Can you review the attached spreadsheet of systems we have recorded for your trust and correct any mistakes, omissions or changes?

Can I ask that you validate the spreadsheet and give particular priority on systems that we don't record or been replaced with a new system please.

Answer: Please see below.

System Type	Supplier name	System name	Version	Date installed	Contract expiration date	Notes
<p>We request that you confirm the name of the supplier, system name, installation date and expiration date.</p> <p>However, if your trust does not offer a particular service, such as maternity, then please enter "no department offered". Similarly, if you provide the service but do not have a system in place please enter "no system installed".</p> <p>If you have any questions at all please contact suzanne@digitalhealth.net.</p>						
Walsall Healthcare NHS Trust						
Bed management	System C	HEV		2009-01-01	2016-04-30	
BI & Data warehousing	In House	Chili		2005-01-01	N/A	
Blood tracking	Haemonetics	BloodTrack		2006-01-01	2016-07-31	
Cardiology	No system installed					
Child health system	System C	CarePlus Child Health		2006-11-26	2017-03-31	
Clinical data warehouse	In House			Unknown	N/A	
Clinical decision support in e-prescribing	No system installed					
Clinical noting	In House			Unknown	N/A	
Clinical portal	Orion Health	Consult Clinical Portal		2002-10-11	2017-03-31	
Clinical workflow engine/integrated care pathways	In House			Unknown	N/A	
Clinical workflow engine/integrated care pathways	Orion Health	Concerto		2004-01-01	2017-03-31	
Critical care	Mela Solutions	Medicus 4D		2014-05-01	2016-06-21	
Dep A&E	CSC	Lorenzo		2014-03-01	2024-03-02	
Dep A&E	Orion Health	Whiteboard		2008-01-01	2017-03-31	
Dep A&E	System C	HEV		2009-01-01	2017-03-31	
Dep Maternity	Clevermed	Badgernet		Unknown	2016-03-31	
Dep PACS	GE Healthcare	Centricity		2007-03-01	2016-03-31	
Dep Pathology	CliniSys	WinPath		2007-09-01	2016-06-30	
Dep Pharmacy	EMIS Health	Pharmacy		2005-03-01	2016-03-31	
Dep RIS	HSS	CRIS		2007-02-01	2016-03-31	
Dep Theatres	API Healthcare	RES-Q OR		2000-01-01	2017-03-31	
Diagnostic reporting	Orion Health	Concerto		2003-05-01	2017-03-31	
Digital dictation	Nuance	eScription		2013-01-01	2018-01-01	
Discharge letters	Orion Health	Concerto		Unknown	2017-03-31	
Document management	No system installed					
EPR	CSC	Lorenzo		2014-03-01	2024-03-02	
Finance	Capita IB Solutions	Integra		2006-03-01	2016-09-30	
Inpatient e-prescribing	No system installed					
Integration Platform	Orion Health	Rhapsody		2003-01-01	2016-03-31	
Main Community System	CSC	Lorenzo		2014-03-01	Unknown	
Observations - vital signs	System C	VitalPAC		2015-06-01	Unknown	
Oncology	Somerset HIS	Somerset Cancer Register		Unknown	Rolling contract	
Oncology e-prescribing	No system installed					
Order comms	Sunquest	ICE		2008-10-01	2016-10-31	
Outpatient e-prescribing	No system installed					
PAS	CSC	Lorenzo		2014-03-01	2024-03-02	
Patient access portal	No system installed					
Scheduling	CSC	Lorenzo		2014-03-01	2024-03-02	

390/16

Earlier docetaxel

I am contacting you as we are trying to understand the situation regarding the prescribing of docetaxel for men with prostate cancer and would be grateful if you could answer the following questions with regards to men with hormone-sensitive advanced prostate cancer:

1. Is an oncologist part of the Multi-disciplinary Team (MDT) for prostate cancer?

Answer: Yes, a consultant oncologist attends the Walsall Manor Urology MDT. This meeting takes place once a week and the Consultant is Dr Christos Mikropoulos.

2. Are you offering docetaxel to men with hormone sensitive disease per the STAMPEDE trial results?

Answer: Men with hormone-sensitive metastatic prostate cancer who are of good performance status are offered Docetaxel 75mg/m² 3 weekly as per the STAMPEDE and CHARTED trials for 6 cycles. We aim to start chemotherapy within 8 weeks from initiation of hormone manipulation treatment.

3. How many men are not able to access docetaxel because they have had more than 12 weeks of Androgen Deprivation Therapy (ADT)?

Answer: Since March 2016 we have been offering Docetaxel chemotherapy to men with hormone sensitive prostate cancer. We have been discussing all newly diagnosed metastatic prostate cancer cases in our MDT. The involvement of a Clinical Oncologist in the decision making process has streamlined the pathway and we are not aware of any patients who were refused chemotherapy due to delays.

- a) If this is the case, please could you explain why this is happening?

Answer: We have not been made aware of any delays in the referral process.

391/16

Staff - Stress Illness

Could you please tell us how many members of staff have been signed off work through stress-related illness each year for the last five years

Could you also include the total number of staff employed at the trust each year?

Answer: Please see below:

	Staff In Post (Headcount)*	No. Colleagues Absent Due To Stress/Anxiety**
11/12	4011	118
12/13	4095	147
13/14	4244	158
14/15	4415	223
15/16	4333	240

*Number supplied are effective 31 March 20XX

**Reflective of absence owed to current employees of the Trust.

392/16

Cost for Open Heart Surgery

We want to book appointment to see a specialist for open heart Surgery operation at your hospital, we need an advice from your hospital on the cost for appointment to see the specialist at the hospital and the cost for open heart Surgery.

Answer: The Trust does not perform open heart Surgery.

393/16

Circumcision

1. How many patients have been admitted to the hospital due to post-circumcision problems between January 1st 2008 and January 1st 2016 (particularly via the A&E, OBS and CDU departments). Please categorize this data by year

Answer: Please see attached and note that we have looked at all patients who have been re-admitted to a hospital ward within 30 days after a circumcision procedure where the readmission primary diagnosis code is a post-operative complication.

2. Of those admitted for post-circumcision problems, what were the diagnosis descriptions, and were any of these admissions capable of being considered life-threatening (such as haemorrhage, shock or infection (including sepsia)). If there is no data on whether a condition may be classified as life-threatening, or it is too speculative, then please just give as much data on the condition as is practical.

Answer: Please see attached and note that we have looked at all patients who have been re-admitted to a hospital ward within 30 days after a circumcision procedure where the readmission primary diagnosis code is a post-operative complication.

3. Is there any procedure at the hospital for monitoring short and long term complications of infant circumcision? We are particularly interested in whether the hospital monitors the likelihood of the development of certain conditions post-circumcision, such as meatal stenosis

Answer: The trust follows best practice guidance for circumcision; all circumcisions are offered in line with this guidance. While the circumcision is completed under the Surgical team as a day case the patients are then discharged back to the management of the GP. Any potential post-operative complications will be seen by the surgical team.

Information available upon request.

394/16

IVF Treatment

I am writing to you under the Freedom of Information Act 2000 to request the following information from the gynaecological/fertility department.

- 1) Does your organisation have the facilities to treat an NHS patient in need of IVF treatment?

Answer: No, we do not provide IVF here. Patients can be referred for IVF from here but it is the local commissioning group that decides NHS funding.

- 2) If the answer to the above is **NO** - where are these patients referred to and are these establishments private/NHS funded or mixed? Please give the name(s) of the fertility treatment organisations you have relationships with/ refer your patients to should IVF be required?

Answer: The local commissioners tender Birmingham Womens Hospital for IVF

3) If the answer to the above is **NO** - are there any future plans for your Trust to offer fertility treatment and if so, when will this be?

Answer: No

If the answer to question 1) is YES - can you please answer the following questions?

4) In your fertility treatment centre/IVF clinic - do you have the use of fertility management software to manage patient appointments, treatment schedules, statistical reports/ HFEA uploads, patient case files, financial projections etc?

5) If the answer to question 4) is **NO** - can you please detail how you presently manage the administrative running of your fertility centre and if there is a consideration to move to a software solution re the paperless ambitions of the NHS?


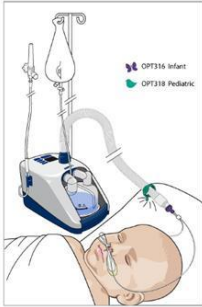
6) If the answer to question 4) is **YES**, could you please confirm the name of the software system you use &/or company that sells it, when it was purchased & when the contract expires?

7) If you do offer IVF treatment at your Trust, could you please confirm the names of the following people
 a) Principal Embryologist b) Clinical Director c) Clinic Manager

395/16

Nasal cannula oxygen equipment in bronchiolitis

Please see below response.

QUESTIONNAIRE	
1	Hospital Name: Walsall healthcare NHS Trust Date: 12/12/2016
2	Has high flow nasal cannula oxygen been purchased for your paediatric ward? (Please note – NOT the neonatal Unit) NO If Yes, then please continue with the following questions
3	Which type of high flow nasal cannula oxygen did you purchase? (Please circle) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>VAPOTHERM (Purchasing details may include Precision Flow or 2000i)</p>  </div> <div style="width: 45%;"> <p>FISHER & PAYKAL OPTIFLOW (Purchasing details may include airvo system, Optiflow™ with MR850 or MR880)</p>  </div> </div> <p>OTHER (please state)</p>
4	When was this equipment FIRST purchased? (Please give approximate month & year)?

396/16

Implementing the Friends and Family Test

Please can your organisation respond to the attached FOI request in relation to the money your organisation has invested in implementing the Friends and Family Test.

I want to know the following information:

1. initial cost to set up and implement the FFT
2. Ongoing or recurrent costs of operating the FFT
3. Bands of staff and Whole Time Equivalents directly responsible for the management of Friends and Family Test
4. If you have used an external / 3rd party agency to implement the Friends and Family Test I have attached a template to support your response

Answer: Please see attached

Services Provided by Trust? E.g Community, Adult, mental health	Initial Cost of implementation (£)	Annual Cost / Recurrent Cost			Band(s) of staff directly responsible for the management of FFT	Have you used an outside agency / company to support data analysis or reporting?
		2014/2015 (£)	2015/2016 (£)	2016/2017 (£)		
EXAMPLE: Community Health Services	30,000	26000	30000	30000	B6 WTE.	YES
Acute and Community Services	withheld under Section 43, commercial interests.	withheld under Section 43, commercial interests.	withheld under Section 43, commercial interests.	withheld under Section 43, commercial interests.	B6 WTE and B3 WTE	YES

397/16

Continance Product Formulary

- 1) Does the Trust have a Continance Product Formulary?

Answer: Yes

- 2) If yes to Q1, please provide a copy

Answer: Please see attached – Information available upon request

- 3) How often is the Continance Product Formulary reviewed?

Answer: 3 yearly when the tender contract is up

- 4) What date was the Continance Product Formulary last reviewed?

Answer: June 2015

- 5) What date will Continance Product Formulary be next reviewed?

Answer: March 2018

398/16

Window Screen Lock

Has your organisation implemented Windows screen lock as an information security measure?

Answer: No

If yes, approximately, when was it implemented?

Answer: N/A

Has it been implemented across the whole organisation or has it been partially implemented in certain areas?

Answer: N/A

If partially implemented what areas are covered?

Answer: N/A

After how many minutes does the screen lock?

Answer: N/A

If it is different timings for different areas what are they?

Answer: N/A

399/16

Conference

1 How much was spent on external conferences/workshops for all your NHS staff? (total figure)

Answer: Please see below spreadsheet.

2 Name of conference/workshop provider

Answer: Please see below spreadsheet.

3 Job title of staff attending (Dr, Nurse, Manager etc)

Answer: Please see below spreadsheet.

Conference name	Provider	Job Title	Cost
Tongue Tie and Infant feeding workshop	Sarah Oakley Lactation LTD	Health Visitor	150
Unicef Baby Friendly conference	unicef	Health Visitor	500
Macmillian Workshop	Macmillian	Nurse	no cost
UK NEQAS Conference	NEQAS	AHP	90
PHE IDPS Regional workshops	Public Health England	midwife	no cost
National Pain symposium	naps uk	CNS	195
Palliative end of life care	Compton hospice	Health Care Assistant	15
Fourth Cancer Survivor Conference	Queens College	clinical psychologist	145
We are Macmillian	Macmillian	Nurse	no cost
Developing Communication in Palliative Care	Compton Hospice	nurse	15
OT Show	NEC	OT	no cost
Pharmacy Show	NEC	Pharmicst	no cost
living with beyond loss	university of bham	clinical psychologist	95
Resuscitation conference	Resus Skills Council	Resus training officer	282
Armstrong med conf	Armstrong medical	OT Team leader	no cost
Respiratory seminar	armstrong medical	physiotherapist	no cost
Clinisys National Conference	Clinisys	Pathology service manager	no cost
HPTP Digital Medicines Event	HPTP	Pharmicst	no cost
Osteoporosis Conference	Osteoporosis Society	Osteoporosis CNS Lead	385

**400/16
Health Care Strategy Forum**

1. Costs claimed by Ahmedia Ltd for NHS England staff unable to attend their Health Care Strategy Forum for the financial year 2015/16?

Ahmedia offer 'complimentary tickets' to attend, but if staff fail to attend for any reason it incurs cost to the Authorities of up to £2200 per person

Answer: The Trust has had no invoices from Ahmedia Ltd

401/16
Pest Control

- How many times did your hospital trust have to call out pest control between the financial years 2014/15 and 2015/16?

Answer: Please see below.

- Please further detail each specific incident as far as possible? (For example: what type of pest was seen: rat; cockroaches; ants' nest etc and where was it spotted: staff locker room; electrical cupboard; kitchen; ward)

Answer: Please see below.

- Please describe any proofing/housekeeping/hygiene recommendations – and/or precautions to be observed by trust staff - given by pest control contractors to help eliminate causes of infestation.

Answer: Reduce external Harborage

- Please provide an up-to-date copy of your hospital's pest control policy if you have one.

Answer: The Trust does not have a policy but we have a specification for the Pest control service

Date called out	Reason for call out	Area	Cost
23/04/2014	Mice	External Grounds	contract
21/06/2014	Spider mites	Ward 9	contract
08/07/2014	Silverfish	Ward 12	contract
22/08/2014	Bites	Sexual health Clinic	contract
10/10/2014	Wasp Nest	EBME	contract
15/10/2014	Bites	Offices	contract
05/11/2014	Silverfish	Ward 12	contract
25/11/2014	Bites	Children's out patients	contract
28/4/2015	Ants	Office	contract
28/4/2015	Mouse	Ward 17	contract
24/6/2015	Mouse	Clinical Measurement	contract
7/7/2015	Ants	Antenatal Dept.	contract
17/10/2015	Rat	External Grounds	contract
12/11/2015	Fly's	Ward 11	contract
17/11/2015	Mouse	Staff accommodation	contract
19/11/2015	Bites	Ward 15	contract
26/1/2016	Mouse	External Grounds	contract
28/1/2016	Rat	External Grounds	contract
2/2/2016	Mouse	Cytology Dept.	contract
30/6/16	Mouse	Ward 9	contract
8/7/16	Mouse	HSDU	contract
13/7/16	Ants	Neonatal	contract
25/7/16	Fly's	Rear of Theatres	contract
11/8/16	Fly's	Physio	contract
4/8/16	Wasp Nest	External Neonatal	Chargeable
25/8/16	Rat	External Grounds	contract
9/9/16	Mouse	Accommodation	contract

18/10/16	Rat	External Grounds	contract
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**402/16
GP's in A&E**

*is the Trust planning to use GPs within any of its emergency departments over the winter months?

Answer: No – we have a co-located Urgent Care Centre.

*has the Trust recruited/is the Trust planning to recruit GPs to staff its emergency departments over the winter months? If so, how many will be/have been recruited? If so, please confirm (i) the cost of recruitment and (ii) the planned duration of the post(s).

Answer: No – we have a co-located Urgent Care Centre.

*If the Trust is planning to use GPs in A&E departments, how will they fit into the current system/how will they be used?

Answer: No – we have a co-located Urgent Care Centre.

*If the Trust is planning to use GPs in A&E departments, why is this necessary?

Answer: No – we have a co-located Urgent Care Centre.

*If the Trust is NOT planning to use GPs in A&E departments, will it be necessary to employ more consultants/nurses/locums for this coming winter? If so, why?

Answer: There are no plans to employ more consultants/nurses/locums for the coming winter.

**403/16
Director of Pharmacy**

Please can you let me know if Will Wilson is still the Director of Pharmacy, and please can you let me know his NHS email address. If he is not the current Director of Pharmacy, please can you let me know their name and email address instead.

Answer: Director of Pharmacy - Gary Fletcher
Email address: gary.fletcher@walsallhealthcare.nhs.uk

**404/16
Services for Women**

1) What services are you currently commissioned to deliver specifically for women affected by:
 substance use problems
 mental health problems
 homelessness
 involvement in offending

Answer: There are currently no services directed at women only.

2) For each type of service commissioned:

Who is the service manager and what are their contact details?

Answer: Not applicable as no services directed at women only

How many women can they support at any one time?

Answer: Not applicable as no services directed at women only

When does the current contract end?

Answer: Not applicable as no services directed at women only

405/16

Deaths

1. The number of deaths recorded at your trust on each date of the 2015 calendar year and the 2016 calendar year to date (November 17 or whichever is closest).

I would like you to break down the total number of deaths by each date of each year please.

Answer: Below are figures by month on that time period of inpatient deaths and stillbirths.

Month	Month
2015 (01) Jan	138
2015 (02) Feb	95
2015 (03) Mar	90
2015 (04) Apr	95
2015 (05) May	98
2015 (06) Jun	88
2015 (07) Jul	64
2015 (08) Aug	45
2015 (09) Sep	85
2015 (10) Oct	99
2015 (11) Nov	92
2015 (12) Dec	110
2016 (01) Jan	114
2016 (02) Feb	98
2016 (03) Mar	110
2016 (04) Apr	104
2016 (05) May	73
2016 (06) Jun	79
2016 (07) Jul	84
2016 (08) Aug	82
2016 (09) Sep	69
2016 (10) Oct	95

406/16

Asbestos Contract information

Please can we make a freedom of information request to see a copy of the winning tender / contract for asbestos surveys within your NHS authority.

Answer:

Our PFI agreement is with Skanska Facilities who will hold this information. We recommend you contact them 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.

407/16

Annual cost of private patient taxi services

Under the Freedom of Information Act, please could you provide me with the total annual cost of private patient taxi services, excluding voluntary car services and patient transport services, e.g. ambulances for 2015/16 (the data that was previously gathered and published as part of ERIC returns: <http://hefs.hscic.gov.uk/ERIC.asp>)

Response going through approval process.

408/16

Data Storage

1. Do you host your data in-house or with external providers?
Answer: Within our Trust we host our data in-house and with external providers.
2. Is any of your data stored in the cloud? If so, do you use private or public cloud?
Answer: No the Trust does not use the Cloud.
3. Are you considering moving any data into the cloud during the next 12 months?
Answer: No, the Trust has no intention of moving data over to the cloud in the next 12 months.

409/16

Funeral Services Contract

1. Is a contract or framework agreement in place for funeral services in the circumstances where the Trust has responsibility for these matters?

Answer: Yes.

2. If there is not a contract or framework in place, in the absence of any contractual arrangements, how are these matters dealt with by the Trust?

Answer: N/A

3. If there is a contract or framework agreement in place:
 - a. Please describe each contract relating to funeral services and the specific service areas each contract covers. We consider funeral services to cover adult burials or cremations, child burials or cremations, stillbirth burials or cremations, individual fetal remains burials or cremations and communal fetal remains burials or cremations.

Answer: We have one overall contract for Funeral Services, covering burials and cremations for Neonates and Stillbirths, Children, Adults and Foetal remains.

- b. Who is the contract awarding body for each contract?

Answer: Walsall Healthcare NHS Trust

- c. What specific institutions and healthcare settings does the contract cover? Please provide a list of the individual institutions and/or settings.

Answer: The contract covers the Walsall Manor Hospital site only.

- d. For each contract(s), please outline any lots that the contract is broken down into?

Answer: N/A

- e. If the contract is divided into lots, please describe the specific geographies/institutions/services included within each contract lot?

Answer: N/A

- f. Who is the present contract holder, including by lot if applicable?

Answer: The present contract holder is Midcounties Co-Operative Funeral care

- g. When was the contract(s) for funeral services last let?

Answer: 2014

- h. What is the term of the contract(s)?

Answer: Contract term is initial 2 years with options to extend

- i. What are the extensions to the term that are permissible within the contract(s)?

Answer: 2 x 12 months

- j. What were the activity levels (approximate number/volume) in the last full **financial** year of each of the funeral service types listed in 3a above? I.e. number of adult burials or cremations, number of child burial or cremations etc.

Answer: See table below.

Funeral Services 1 st April 2015 – 31 st March 2016			
	Burials	Cremations	Communal
Adults	0	12	n/a
Foetus	29	13	58
Twins	3	1	n/a
Still Birth/ Babies	10	7	n/a

- k. What was the total spent funeral services in each of the last three years of the contract, broken down by contracts for individual funeral service lines (3a) or lots where they exist? Please confirm the year definition used in the response.

Total Cost of Funerals			
	Adults	Babies	Communal
2015-2016	£6026.13	Not recorded	Not recorded
2014-2015	£10,361:00	Not recorded	Not recorded
2013-2014	£7233:00	Not recorded	Not recorded

- l. What are the contact details for the procurement lead who will be responsible for re-tendering of this contract when the term ends (include individual, job role, organisation, address, phone number and email as available)?

Answer: Procurement Lead: Russell Caldicott, Director Finance & Performance. Email: russell.caldicott@walsallhealthcare.nhs.uk Telephone: 01922 721172

410/16

Closure of Wards and Operating theatres due to hospital drainage / Sewer system

1. Since 1 January 2012, on how many separate occasions have any hospital wards, operating theatres or other clinical hospital premises in the trust have had to be closed temporarily because of issues with the hospital's drainage or sewer systems?

Answer: The Trust has had two rooms closed within the Out-Patients Department twice since 1 January 2012. The Trust has also temporarily lost the use of the Board Room and one of the Multifaith rooms over the period of 1 weekend.

2. What percentage of hospital wards operated by the trust have been temporarily closed since 1 January 2012 as a result of issues with the hospital's drainage or sewer systems?

Answer: The Trust has not had to close hospital wards temporarily due to the hospital drainage or sewer systems.

3. Since 1 January 2012, on how many separate occasions have any hospital wards, operating theatres or other clinical hospital premises in the trust have had to be closed permanently because of issues with the hospital's drainage or sewer systems?

Answer: The Trust has never permanently closed hospital wards, operating theatres or other clinical hospital premises.

4. What percentage of hospital wards operated by the trust have been permanently closed since 1 January 2012 as a result of issues with the hospital's drainage or sewer systems?

Answer: The Trust has never permanently closed Hospital Wards due to hospital drainage or sewer systems.

411/16

Foetuses

Please supply information for all of the questions below relevant to - foetuses that were miscarried, stillborn or aborted and children up to one year old from 1988 to the present day (Nov 2016).

1. Are you holding organs or tissue samples or bodies of foetuses that were miscarried, stillborn, aborted or of children up to one year old, pending disposal?

Answer: Yes

2. If yes to question 1, please report how many organs, tissue samples, body parts or bodies of foetuses that were miscarried, stillborn, aborted or of children up to one year old you have retained and still have?

Answer: We have 5 cases of foetal remains awaiting disposal. Dates are booked for funeral and are in line with our local policy which is not to exceed 3 months.

We have 2 children under 1 year old being held on behalf of Her Majesty's Coroner.

We have no other holdings.

3. In how many of these cases of foetuses that were miscarried, stillborn or aborted or of children up to one year old **which have been retained and you still have** was consent given by the nearest relatives to take, use and dispose of organs or tissue samples or body parts or bodies?

Answer: Consent is in place for all the foetal remains holdings. Consent is not required for Coronial cases, but is sought when appropriate by the Coroner for disposal.

4. In how many of these cases of foetuses that were miscarried, stillborn or aborted or of children up to one year old **which were retained but have since been disposed of** was consent given

by the nearest relatives to take, use and dispose of organs or tissue samples or body parts or bodies?

Answer: Consent was taken in all cases of surgical procedure for examination and disposal. In more recent times (since 2014) specific consent has been taken for foetal remains including options for respectful disposal/burial/cremation. It is not practicable to collect exact figures going back to 1988 due to old manual record keeping and several computer systems that have been in use over time.

Children up to 1 year would have been consented for post mortem examination. However for many years (since before 1995) these have been referred to the Women's Hospital in Birmingham.

412/16

Documentation regarding Pregnancy for Patients and Staff

1. Please provide copies of all current versions (currently handed to patients or in use by clinical staff) of the following documents where available:

Answer: Please see attached the current policy which has a copy of the consent forms in use which has advice for staff too.

- a. Consent forms for patients for all kinds of procedures related to the following types of pregnancy loss: miscarriage (for example, manual vacuum aspiration or medical miscarriage), termination for fetal anomaly, and stillbirth;
- b. Advice sheets and leaflets provided to patients for the following types of pregnancy loss: all types of miscarriage, termination for fetal anomaly, and stillbirth;
- c. Consent forms concerning retention and disposal of fetal tissue and remains following pregnancy loss (e.g. all types of miscarriage, termination for fetal anomaly, stillbirth);
- d. Advice sheets and leaflets concerning retention and disposal of fetal tissue and remains following pregnancy loss (e.g. all types of miscarriage, termination for fetal anomaly, stillbirth);
- e. Trust or staff policy/clinical guideline on informing patients who experienced pregnancy loss on the disposal of fetal tissue and remains, including any scripts or guidance on advice/information staff must provide.

Answer: Please see attached documents for questions a-e

2. Has the Trust's policy/clinical guideline on the disposal of pregnancy remains changed after the publication of the HTA Guidance on the disposal of pregnancy remains following pregnancy loss or termination in March 2015? If yes, please provide details of these changes. You may also provide copies of previous versions of the policy/guidelines.

Answer: The Policy was updated in June 2015 to include an option for the Mother to opt for sensitive incineration rather than just burial or cremation.

413/16

Yoga Company

Response currently going through approval process.

414/16

Contact Details

Can you please provide the **name** and **email** of your **Chief Clinical Information Officer** or the person who holds the equivalent role in your Trust?

Answer: Director of Finance, Performance and Informatics – Mr Russell Caldicott,
russell.caldicott@walsallhealthcare.nhs.uk

415/16

Electro-Convulsive Treatments

I request the following information on Electro-Convulsive Treatments which I believe to be held by this trust for each individual year 2005/06* to 2015/16 (or as far back as these figures are available).

1(a) the number of providers of ECT treatments within the trust area in each year period
(b) the names of all of providers of ECT treatments within the trust area in each year period (including hospitals, cares homes, private clinics, etc) together with a breakdown of the number of total ECT **treatments** per year per provider and the **number of people treated** by year per provider.

2(a) the total number of ECT treatments recorded in each year period
(b) the total number of ECT treatments recorded among in-patients in each year period
(c) the total number of ECT treatments recorded among out-patients in each year period

3(a) the total number of people treated in each year period
(b) the total number of in-patients treated in each year period
(c) the total number of out-patients treated in each year period

Answer: Walsall Healthcare NHS Trust does not provide Electro-Convulsive Treatments

416/16

Annual Suture Usage

May I kindly request annual usage information of all surgical suture codes being used by the trust at various hospitals? The procurement team will be the best to reply to this query.

I require suture manufacturer codes with description and total boxes/pack ordered annually/per year. An excel sheet will be ideal.

Answer: Please see attached.

Information available upon request.

418/16

Midwifery Led Unit

- since 1 December 2014, how many nulliparous women entered the centre to give birth;

Answer: 261

- since 1 December 2014, how many of those women were transferred to an obstetric unit.

Answer: 223

- of those transfers, how many were prior to birth

Answer: 133

- of those transfers, how many were post birth.

Answer: 90

419/16

Biologics and Biosimilar prescribing

Could you please provide me with the following numbers of patients treated in the last six months with the following drugs for the conditions listed below.

Answer: please see the table below:

	Rheumatology	Dermatology	Gastroenterology
Abatacept (Orencia)	16		
Adalimumab (Humira)	97	24	73
Apremilast (Otezla)			
Certolizumab Pegol (Cimzia)	12		
Etanercept (Enbrel)	57	5	1
Etanercept biosimilar (Benepali)			
Golimumab (Simponi)	39	1	2
Infliximab (Remicade)	8		12
Infliximab biosimilar (Inflectra)	3		12
Infliximab biosimilar (Remsima)			
Rituximab (MabThera)			
Secukinumab (Cosentyx)		3	
Ixekizumab (Taltz)			
Tocilizumab (RoActemra)	40		
Ustekinumab (Stelara)	4	8	1
Vedolizumab (Entyvio)			18

420/16

Contact Details

In order to assist the PASLU in finding new members, I would be extremely grateful if you could supply the contact details of your chief pharmacist or equivalent role within the trust so that the offer to join the NRG can be extended to them. More information regarding the PASLU and the NRG will then be sent to them directly.

Answer:

The contact details of Director of Pharmacy is:

Gary Fletcher MSc MRPharmS MFRPSII

Director of Pharmacy

Pharmacy Department

421/16

Inpatient Meals

1. For the two past financial years (2015/16 and 2016/17 to date), please provide the following data, breaking it down month by month:

Answer: please note that monthly data is not available:

- a. The number of inpatient main meals requested in the Trust

Answer: for 2015/16 total meals 643,753

- b. The number of inpatient main meals left untouched

Answer: information not available

- c. The total cost of providing inpatient main meals

Answer: for 2015/16 £864,114, spend to month 7 of 2016/17 £492,960

- d. The cost of feeding one inpatient per day

Answer: for 2015/16 £4.03

2. Please name the catering companies and food suppliers used by the Trust in 2014/15 and in 2015/16 to date

Answer:

2014/15

Brake Bros

Yearsleys

3663

The good food chain

Tillary Valley

NHS supplies

Punjabi Kitchens

2015/16

Brake Bros

Yearsleys

3663

The good food chain

Tillary Valley

NHS supplies

Punjabi Kitchens

Midlands Chilled Foods

3. Please provide details of what changes, if any, the Trust has made or plans to make to inpatient catering and food procurement contracts with suppliers and/or catering companies in response to rising food commodity costs.

Answer: Catering & Procurement monitor best value and will change suppliers if required.

4. Please state:

a. Whether the Trust currently meets the following Government Buying Standards for food and catering services: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/418072/gbs-food-catering-march2015.pdf

Answer: working towards - all Food Suppliers to the Trust are on the NHS framework.

1. Whether the Trust currently uses or has made plans to use the provisions in the Government Buying Standards that allow an authority to depart from mandated production and/or animal welfare standards to avoid a "significant increase in costs". If so, please set out the date this decision was taken and the details of what was decided.

Answer: not applicable

422/16

Cyber Attacks

- 1) How many cyber-attacks have been conducted against the Trust in the past three years?

Answer: 1

2) Please detail the date of each attack.

Answer: Single ransomware attack via malware, resulting in encrypted documents within a department shared folder being deleted. The files were quickly restored from a backup. No other action was taken.

3) Please detail in each instance what services were disrupted and for how long.

Answer: see above

4) Please detail the estimated cost to the Trust of cyber-attacks in the past three years.

Answer: £0

423/16

Hidradenitis Suppurativa

In your trust, how many patients with a diagnosis of Hidradenitis Suppurativa* have been treated in the last 12 months [latest available] ?

*Hidradenitis Suppurativa has a diagnosis code of L73.2

Of these patients how many have been treated with the following;

Adalimumab

Etanercept

Infliximab

Infliximab Biosimilar

Ustekinumab

Answer:

The Trust does not collect data on clinical diagnosis so we are unable to answer the first section of your question.

However, for question 2, the Trust has one patient being treated with Infliximab.

424/16

Community Neurology Specialist Nurses

- 1) How many Community Neurology Specialist Nurses have been funded since April 2013 – please can the figures be broken down by year?**

Answer: There are two community neurology specialist nurses. These community neurology specialist nurses work in Parkinson's and MS. The Nurses are paid at Band 7 level, agenda for change.

- 2) Who funded and provided the nurses each year?**

Answer: Walsall Healthcare Trust provides the services through commissioning arrangements with Walsall Clinical Commissioning Group.

- 3) Of these nursing positions, how many were solely dedicated to treating Parkinson's Disease patients, broken down by financial year since April 2013?**

Answer: The Trust has one whole time equivalent substantive Clinical Nurse Specialist in Parkinson's.

- 4) And how many of the Community Neurology Specialist Nurses specialise in Parkinson's Disease but treat other neurology patients, broken down by financial year since April 2013?**

Answer: The Clinical Nurse Specialist for Parkinson's just sees Parkinson's patients.

- 5) How many patients have been referred to specialist neurology nurses, broken down by financial year since April 2013?**

Answer: This data refers to MS and Epilepsy CNS Specialists

Financial Year	Appointment	Clinic	Count
Year 2013/14	Follow up	Epilepsy Clinic	721
Year 2013/14	Follow up	MS Clinic	88
Year 2013/14	New	Epilepsy Clinic	124
Year 2014/15	Follow up	Epilepsy Clinic	569
Year 2014/15	Follow up	MS Clinic	34
Year 2014/15	New	Epilepsy Clinic	135
Year 2014/15	New	MS Clinic	8
Year 2014/15	Walk-in New	Epilepsy Clinic	10
Year 2014/15	Walk-in-Follow up	Epilepsy Clinic	7
Year 2014/15	Walk-in-Follow up	MS Clinic	3
Year 2015/16	Follow up	Epilepsy Clinic	339

Year 2015/16	Follow up	MS Clinic	53
Year 2015/16	New	Epilepsy Clinic	42
Year 2015/16	New	MS Clinic	1
Year 2015/16	Walk-in-Follow-up	Epilepsy Clinic	2

6) Of these patients, how many have been referred because of having Parkinson's Disease, broken down by financial year since April 2013?

Answer: The Trust has capacity to receive 120 new Parkinson's referrals each year. The Trust also provides 288 slots for Parkinson's Follow up.

7) What is the average waiting time for neurology patients to see a specialist neurology nurse, broken down by financial year since April 2013?

Answer: This data refers to MS and Epilepsy CNS Specialists

Financial Year	Average wait (days)
Year 2013/14	94
Year 2014/15	186
Year 2015/16	140

- Variation due to vacancies

8) What is the average waiting time for Parkinson's Disease patients to see a specialist neurology nurse, broken down by financial year since April 2013?

Answer: This information cannot currently be confidently provided as some data quality issues have been identified in relation to the data requested.

9) How much money has been spent by the provider(s) on specialist neurology nursing positions, broken down by financial year since April 2013?

2013/14	2014/15	2015/16	2016/17
£148,873	£150,164	£113,303*	£142,651

*Variation due to delay in recruitment.

10) How much money has been spent by the provider(s) on dedicated Parkinson's Disease nursing positions, broken down by financial year since April 2013?

Not applicable.

11) How many times have proposals been rejected to fund new Community Neurology Specialist Nurses, broken down by financial year since April 2013?

There have not been any proposals rejected for new Community Neurology Specialist Nurses.

12) How many times have proposals been rejected to fund a dedicated Parkinson's Disease nurse position, broken down by financial year since April 2013?

Not Applicable.

**425/16
Contracts**

Please see below response.

Provision of Continuing Healthcare Services

Q	Question Detail	PQQ		ITT	
		Successful Suppliers	Unsuccessful Suppliers	Successful Suppliers	Unsuccessful Suppliers
Q1	If applicable, suppliers who applied for inclusion on each framework/contract and were successful & not successful at the PQQ & ITT stages.				
Q2	Contract values of each framework / contract (& any sub lots), year to date?				
Q3	Start date & duration of framework				
Q4	Nature of the service/s provided				
Q5	Is there an extension clause in the framework(s) / contract(s) and, if so, the duration of the extension?				
Q6	Has a decision been made yet on whether the framework(s) / contract(s) are being either extended or renewed?				
Q7	Who is the senior person within the Trust (outside of procurement) responsible for the above services?				
Q8	If no contract / framework is in place confirmation that these services are either conducted in-house or outsourced to a third party provider				

Answer: Please note that your request needs to be redirected to Walsall Clinical Commissioning Group who provide the Continuing Healthcare Service.

Please send your request to:

foi@walsall.nhs.uk

**426/16
Web filtering**

Which Web Filtering Solution do you currently have implemented at the trust?

Answer: Microsoft Threat Management Gateway

Who was this purchased through?

Answer: From MS via software assurance

How many users does your web filter support and which other institutions do you cover?

Answer: 4000

How much is the current contract value and how many years does this cover?

Answer: n/a

When is the Web Filtering contract due to expire?

Answer: April 2020

Who is currently in charge of evaluating and renewing web filtering solutions?

Answer: Director of Informatics, Steve Darkes

**427/16
Medical Instruments**

Please send me responses to:

- **What is your annual volume and spend on repairs for the following Medical Instruments?**

Type	Examples	Annual Repair Volume	Annual Repair Spend (£)
Flexible Endoscopes	<i>Colonoscopes, Bronchoscopes...etc</i>	All inclusive	61,000
Rigid Endoscopes	<i>Arthroscope, Laparoscope...etc</i>	All inclusive	49,137.10
Power Tools	<i>Stryker System 6, Desoutter Orthodrive...etc</i>	Not known	Not known
Surgical Instruments	<i>Scissors, Forceps...etc</i>	Not known	21,873.21

- **What is your annual volume and spend on repairs with 3rd party repair companies (who were not the original manufacturer of the instrument)?**

Type	Examples	Annual Volume sent for 3 rd party	Annual Spend (£) on 3 rd party repair
------	----------	--	--

		repair	
Flexible Endoscopes	<i>Colonoscopes, Bronchoscopes...etc</i>	N/A	N/A
Rigid Endoscopes	<i>Arthroscope, Laparoscope...etc</i>	Not Known	29,137.10
Power Tools	<i>Stryker System 6, Desoutter Orthodrive...etc</i>	Not Known	Not known
Surgical Instruments	<i>Scissors, Forceps...etc</i>	Not Known	21,873.21

- **How many Stryker Power tools do you have in your inventory? 20**
- **How many Flexible Endoscopes do you have in your inventory? 65**
 - o **How many of these scopes were manufactured by the following:**

Manufacturer	Quantity in Inventory
Olympus	60
Pentax	5
Fuginon	0

428/16

VTE Guidelines and Colorectal resections.

I request that a copy of the following documents be provided to me: Trust Guidelines for Venous Thromboembolism (VTE) Prophylaxis in Surgical Patients. I would like you to include all surgical specialities at your trust, and specific guidelines you have for extended VTE prophylaxis in patients undergoing surgical procedures.

Answer: Please see attached – information available upon request.

In addition, I would like to know the approximate number of Colorectal resections performed at your trust in each year.

Answer:

Based on data from Clinical coding, **during the year 01/01/2015-31/12/216** the Trust admitted **88 patients** that had the relevant clinical coding in the primary procedure position.

Clinical coding provided:

- H33.- Excision of rectum
- H10.- Excision of sigmoid colon
- H11.- Other excision of colon
- H05.- Total excision of colon
- H08.- Excision of transverse colon

429/16

Cancer units Environmental Monitoring

- Does your Trust conduct regular environmental monitoring, risk assessment and/or staff surveillance within cancer day units to detect possible chemical contamination from hazardous drugs being administered? E.g. Surface contamination wipe tests.

Answer:

- Environmental monitoring: Currently environmental monitoring is not carried out within our chemotherapy day units.
- Risk assessment: Walsall Healthcare NHS Trust has developed its own Operational Policy for the Chemotherapy Service. In addition, this service works to the previous Pan-Birmingham Cancer

Network (PBCN) guidelines until the new network Expert Advisory Group agrees any new guidelines.

- Staff surveillance: Currently health surveillance is not carried out for staff members working in our chemotherapy day units.
- If so, what assessments/tests are conducted and how often are they carried out?

Answer:

- Risk assessment: COSHH risk assessments have been undertaken which consider the risks from spillages, disposal, handling and storage. These are reviewed annually. The date of next review is September 2017.

430/16

Trust Board Composition

I am making a request under the terms of the Freedom of Information Act 2000. Starting from those in post since 1 January 2009, please supply:

1. The name of each Trust Chief Executive and Director of Finance.
2. For each of them (Trust Chief Executive and Director of Finance) the starting date and the end date of their mandate.

Answer:

Chief Executives

Sue James – September 2003 – August 2010

Michael Scott – Interim

Richard Kirby – 9th May 2011 – to date

Finance Directors

Shahana Khan – 30.07.07 – 01.12.13

Keith Mansfield – Interim

Ian Baines – 05.08.2013 – 7.5.2015

Russell Caldicott – 01.07.2015 – to date

431/16

Phones dialled 123

How many times over the past six years have phones on your network dialled the number 123, known as the speaking/talking clock?

This is calendar years, 2011, 2012, 2013, 2014, 2015, and 2016

Please can the number of calls to this number be displayed per year and how much those calls cost per year.

Answer:

Our PFI agreement is with Skanska Facilities who maintain the telephone system for the Trust. We recommend you contact them 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.

432/16

Appointment reminder service

Response going through approval process.

433/16

NHS improvement Agency Rules

Response going through approval process.

434/16

Cyber Security

1. How much money has the Trust spent on cyber security measures in the following financial years:

- a. 2016-17 (so far)

Answer: £38k incl. Antivirus, antispam filter, MDM, hard disk encryption, removable media encryption, Firewall, two factor authentication

- b. 2015-16

Answer: £9k

- c. 2014-15

Answer: £23k

- d. 2013-14

Answer: unable to access this far back

- e. 2012-13

- i. If data for the current financial year is incomplete or unavailable, please provide the data for the most recent financial years. If these exceed the cost limit of FoI requests, then please provide the data for as many recent years as possible.

Answer: unable to access this far back

2. How many cyber-attacks has the Trust experienced in the following financial years:

- a. 2016-17 (so far)

Answer: 1

- b. 2015-16

Answer: 0

- c. 2014-15

Answer: 0

- d. 2013-14

Answer: 0

- e. 2012-13

Answer: 0

- i. If data for the current financial year is unavailable, please provide the data for the most recent financial years. If these exceed the cost limit of FOI requests, then please provide the data for as many recent years as possible.

- 3. How were each of these cyber threats dealt with? If this request exceeds the FOI cost limit, then please provide as much explanation as possible of how the Trust dealt with the most recent cyber threats.

Answer: Single ransomware attack via malware, resulting in encrypted documents within a department shared folder. The files were quickly restored from a backup. No other action was taken.

- 4. What was your Trust's total spending budget for the following financial years:
 - a. 2016-17
 - b. 2015-16
 - c. 2014-15
 - d. 2013-14
 - e. 2012-13

Answer:

- a. 16/17 £252.6m
- b. 15/16 £246.3m
- c. 14/15 £231.8m
- d. 13/14 £220.9m
- e. 12/13 £211.2m

435/16

Biologics and Homecare

- 1. What is the Trust's annual spend on anti-TNF drugs (most recent year available)?

Answer: £2.7million (2015/2016)

- 2. How many patients has the Trust treated with anti-TNF drugs in the last 12 months?

Answer: 348

- 3. What is the % split of anti-TNF patients by the following channels:

Answer: please refer to the table below:

Channel	% of Patients
Homecare	56%
Outpatient	31%
Inpatient	13%

- 4. How many patients has the Trust treated with the following conditions in last 12 months:

Condition	Number of Patients
Rheumatoid Arthritis	
Crohn's Disease	
Psoriasis	
Other anti-TNF Conditions	

Answer: The Trust does not collect data for each condition

5. Are there any gain share agreements in place between the Trust and CCGs for anti-TNF biosimilars?

If yes, please provide:

Name of CCG	Name of Specific Drug?	Start Date of Agreement	Length of Agreement	Gain Share Split %

Answer: The Trust does not have gain share agreements in place.

436/16

Patient Experience surveys and measurements

Please provide details of the patient experience surveys and measurements in place:

Do you have a monthly target response rate targets set for your The Friends and Family Test?

No.

1. What survey channels do you use to ask The Friends and Family Test?

Survey Channel	Is this channel used? Y/N	Annual Volume	Cost per unit
Text	Yes		
IVR/IVM	Yes		
Agent calls	No		
Online surveys	No		
Paper	Yes		
Kiosk	No		
Other: (please state)	No		

2. How do you promote The Friends and Family Test to patients?

Posters, flyers, social media and staff awareness session to promote the Friends and Family Test.

3. How many patients are surveyed monthly?

The FFT is voluntary and covers all patients attending the Acute, Day case, Emergency, Outpatients, Maternity and Community services.

Adhering NHS England compliance

4. When surveying patients by text, how do you ensure there is no charge to the end user to respond?

The costs for sending and patient replying to texts are prepaid by the Trust.

5. Are you using a dedicated short code for your text messaging patient feedback?

Yes

Supplier details

6. The Friends and Family Test suppliers of the above services:
7. Expected contract length?
8. Contract review date:
9. Details of the implementation costs and on-going support costs:
10. Any other associated costs to The Friends and Family Test?
11. Details of the processes followed to procure The Friends and Family Test?
12. Details of the channels used to publish notification of procurement for The Friends and Family Test?

Answer: the response to these questions is withheld under section 43, commercial interests

Local surveys

13. Does the Trust carry out local surveys?
No
14. What survey channels do you use to carry out local surveys? (please circle all that apply)
N/A

Survey Channel	Is this channel used? Y/N	Volume	Cost per unit
SMS			
IVR/IVM			
Agent calls			
Online surveys			
Paper			
Kiosk			
Other: (please state)			

15. How often does the Trust carry out local surveys? (please circle)
Monthly Quarterly Annually No local surveys
N/A

16. If not, does the Trust intend to in the future?
Planned

17. If Local surveys are outsourced, what supplier(s) is used?
18. Expected contract length?
19. Contract review date?
20. Details of the implementation costs and on-going support costs:
21. Details of any other costs associated to carrying out Local surveys?

Details of the processes followed to procure Local surveys?

Answer: the response to these questions is withheld under section 43, commercial interests

22. Details of the channels used to publish notification of procurement for local surveys?

No local surveys undertaken currently

437/16

Hepatitis C Patients

Please could you supply me the below information?

For Hepatitis C patients:

How many patients in total are under the institution's care, but not under any treatment (i.e. no drugs being given for this virus)?

If possible please split by Genotype, as set out below:

	Genotype							
TOTAL	1A	1B	2	3	4	5	6	Unknown
	11	6	2	23	1			10

For Hepatitis C patients, how many were treated in the month (last month's available data) with interferon containing therapy and interferon free therapy as listed below. Please use the tables to enter by genotype if possible, thank you.

Total Patients Treated in last month

	Genotype						
TOTAL	1A	1B	2	3	4	5	6
	1	4		3	2		

Treatment Regimens in last month by Genotype

	Genotype						
Interferon containing Treatment	1A	1B	2	3	4	5	6
Peg/RBV				1	1		
Victrelis /boceprevir (Peg/RBV)							
Incivo / telaprevir (Peg/RBV)							
Olysio /simeprevir (Peg/RBV)							
Sovaldi / sofosbuvir (Peg/RBV)							
Daklinza / daclatasvir (Peg/RBV)							
Interferon Free Treatment	1A	1B	2	3	4	5	6
Harvoni / sofosbuvir + ledipasvir	1						
Sovaldi / sofosbuvir				1			
Sovaldi/Olysio / sofosbuvir/ simeprevir							
Sovaldi/Daklinza / sofosbuvir / daclatasvir							
Viekirax/ ombitasvir/paritaprevir/ritonavir		2			1		
Viekirax/Exviera ombitasvir/paritaprevir/ritonavir + dasabuvir							

In respect of Acromegaly patients, please can you tell me:

1. The number of patients with acromegaly under your institution's care, and

2. The number of patients with acromegaly, under the institution's care, being treated with somatostatin analogues.

Answer: The Trust sends patients with acromegaly to tertiary centre which is University Hospitals Birmingham. Please contact them for details.

438/16

Dyson products

How many Dyson products has your trust bought in the last five years?

What are these products and models?

A breakdown of how many items of each Dyson product was bought in the last five years, eg how many fans, vacuum cleaners, hand dryers etc.

How much money has been spent on all Dyson products for the last five years for your trust?

Please could I have a breakdown for how much has been spent on each type of product, eg vacuum cleaners, fans, hand dryers etc, for the last five years?

Answer: According to our records the Trust has not purchased any Dyson products over the last 5 years.

There are some Dyson hand dryers on main site but those are installed and looked after as part of the PFI agreement, not by the Trust.

439/16

Local Authority Social Care

Question 1

How many people in all the hospitals within your Trust have died in hospital awaiting the start of a package of local authority social care broken down:

- * As a single overall figure for the 12 months up to the end of September 2016
- * By month for the 12 months up to the end of September 2016

And if available:

- * By ICD coded primary cause of death

Question 2

How many people in all the hospitals within your Trust have died in hospital awaiting the start of a package of continuing healthcare broken down by:

- Those that have been identified as meeting the fast track criteria
- Those that have not been identified as meeting the fast track criteria

Question 3

What is the average time period in your Trust in hours/days from the point at which a fast-track CHC application is made to the care package being provided for the 12 month period to the end of September 2016

What is the average time period in hours/days from the point at which a fast-track CHC application is approved to the care package being provided for the 12 month period to the end of September 2016.

Answer: The Trust does not record this information

440/16

Klebsiella Pneumoniae

- 1. The number of patients who had a blood culture positive for Klebsiella pneumoniae (Group A)**

Answer: 26

- 2. In Group A, the number of patients who had a blood culture positive for Klebsiella pneumoniae, with the organism found to be resistant to meropenem, resistant to ertapenem, OR reported positive for a carbapenemase (Group "CRKPb").**

Answer: 0

- 3. In Group A, the number of patients who had a blood culture positive for Klebsiella pneumoniae, with the organism NEITHER found to be resistant to meropenem, NOR resistant to ertapenem, NOR reported positive for a carbapenemase (Group "CSKPb").**

Answer: There was no resistant organisms to either Meropenem or Ertapenem.

- 4. Within Group CRKPb, the percentage of patients who had died in the period between the specimen date of the first blood culture that became positive for Klebsiella pneumoniae found to be resistant to meropenem, resistant to ertapenem, OR reported positive for a carbapenemase, and 6 days after the specimen date.**

Answer: N/A

- 5. Within Group CRKPb, the percentage of patients who had died in the period between the specimen date of the first blood culture that became positive for Klebsiella pneumoniae found to be resistant to meropenem, resistant to ertapenem, OR reported positive for a carbapenemase, and 30 days after the specimen date.**

Answer: N/A

- 6. Within Group CSKPb, the percentage of patients who had died in the period between the specimen date of the first blood culture that became positive for Klebsiella pneumoniae NEITHER found to be resistant to meropenem, NOR resistant to ertapenem, NOR reported positive for a carbapenemase, and 6 days after the specimen date**

Answer: N/A

- 7. Within Group CSKPb, the percentage of patients who had died in the period between the specimen date of the first blood culture that became positive for Klebsiella pneumoniae NEITHER found to be resistant to meropenem, NOR resistant to ertapenem, NOR reported positive for a carbapenemase, and 30 days after the specimen date."**

Answer: N/A

Please provide answers on the same questions for the 12 months period ending 31 October 2015.

441/16

Midwife Led Units

1. Does the trust run a midwife-led unit for births – either stand-alone or alongside. If so please specify which.

Answer: yes, stand-alone

If not please discount the rest of the questions as they are not relevant

2. How many women started their deliveries at the midwife-led unit in 2015/16?

Answer: 478

3. How many women started their deliveries at the trust's consultant-led maternity unit(s)?

Answer: 4551

4. For women who started their deliveries at midwife-led unit, please state how many stillbirths occurred in 2015/16?

Answer: 0

5. For women who initiated their deliveries at the consultant-led unit(s), how many stillbirths occurred in 2015/16?

Answer: 21

6. Of the deliveries which began in midwife-led units, please state how many serious untoward incidents occurred in 2015/16?

Answer: 1

If possible, please provide a list of the types of SUIs which occurred in question 6.

Answer: maternity incident affecting baby only

7. Of the deliveries which were initiated in consultant led units, please state how many serious untoward incidents occurred in 2015/16?

Answer: 26

If possible, please provide a list of the types of SUIs which occurred in question 8.

Answer: Unexpected admission to NNU, intrauterine death, unexpected child death, VTE meeting SI criteria, unexpected stillbirth, bereavement, Maternal admission to ITU, complication of birth-fractured clavicle, Maternity incident involving baby only, fractured clavicle, Maternal screening-Hep B, Maternity incident involving Mother only, MRSA bacteraemia, Maternity incident involving baby only-detached.

8. For births initiated in midwife-led units, please state how many

- a) Resulted in haemorrhage = **3**
- b) 4th degree tear = **0**

c) Trauma to baby that required extended stay (of a week or more) in hospital = **2**

9. For births initiated in consultant-led unit(s), please state how many

a) Resulted in haemorrhage = **143**

b) 4th degree tear = **4**

c) Trauma to baby that required extended stay (of a week or more) in hospital = **428**

442/16
Payroll Services

I am looking to understand the amount spent by health organisations on payroll services, whether this is completed in-house or outsourced to third parties.

Substantive or Temporary	Type and Frequency of Payroll	In-house or Outsourced	No. of slips processed in 15/16	Average no. of staff on the payroll in 2015/16	Average monthly cost of payroll service provision in 2016/17	Annual cost of payroll service provision 2015/16
Temporary	Bureau Weekly	N/A	0.00	0.00	£0.00	£0.00
	Bureau Fortnightly	N/A	0.00	0.00	£0.00	£0.00
	Bureau Monthly	N/A	0.00	0.00	£0.00	£0.00
	Managed Weekly	In-house	23166.00	820.00	£3,005.00	£43,291.00
	Managed Fortnightly	N/A	0.00	0.00	£0.00	£0.00
	Managed Monthly	N/A	0.00	0.00	£0.00	£0.00
Substantive	Bureau Weekly	N/A	0.00	0.00	£0.00	£0.00
	Bureau Fortnightly	N/A	0.00	0.00	£0.00	£0.00
	Bureau Monthly	N/A	0.00	0.00	£0.00	£0.00
	Managed Weekly	In-house	8320.00	160.00	£869.00	£10,822.00
	Managed Fortnightly	N/A	0.00	0.00	£0.00	£0.00
	Managed Monthly	In-house	51883.00	4337.00	£17,380.00	£216,453.00

443/16
Orthotics

With regards to your orthotics department, would it be possible to know the following information please:

Start/End date of current tender agreement for the provision of orthotics products and or service.

If at all possible, I would also be extremely grateful if you could provide any information relating to contract value and the categories of product/service covered.

Answer:

The current contract commenced on 01.08.12 and is due to expire 31.07.17.

The value of the service is £28,750.80 and the spend on Orthotic equipment is £240K per annum

Categories of products/service

A - Made to measure or ready made special orthopaedic footwear

B - Adaptation of patients own footwear

C – Repairs to footwear

D & DR – Lower limb appliances and repairs

G – Trusses

H & HR – Abdominal and spinal fabric supports, surgical brassieres and repairs

K & KR – Appliances and special splints for the upper limbs and repairs

L & LR – Spinal braces and jackets and repairs

M & MR – Appliances for the head and neck and repairs

O – Elastic hosiery for the legs and arms

Q – Breast Prostheses

444/16

Adverse Events and Serious Incidents

1. How many Adverse Events* have been recorded in NHS maternity departments in 2013, 2014, 2015, 2016 to date (can I have this broken down in separate years, in financial or calendar years, however this information is held)?

1 a) please provide as much information as you can on these events.

2. How many Serious Incidents** have there been in NHS maternity departments in 2013, 2014, 2015, 2016 to date (can I have this broken down in separate years in financial or calendar years, however this information is held)?

2 a) Please provide as much information as you can on these events.

2 b) how many serious incidents specifically involved avoidable or unexpected death for mother or baby during this period?

Answer: Please see the tables below

Question 1

	Clinical Incident 2013	Clinical Incident 2014	Clinical Incident 2015	Clinical Incident 2016	Grand Total
Administration	0	33	93	39	165
Admission	40	23	30	45	138
Antimicrobial	0	0	2	0	2
Appointments	0	0	56	22	78
Bereavement	0	0	1	0	1
Blood/fluid Administration	12	7	11	6	36
Breach In Policy/procedure	104	40	37	32	213
Capacity	0	0	0	5	5
C-Difficile	2	0	1	0	3
Clinical Care/assessment/treatment	41	54	51	58	204
Communication	86	88	83	51	308
Consent	0	2	4	2	8
Cuts & Abrasions	0	2	0	2	4
Death	20	19	17	18	74
Diagnosis	2	1	8	6	17
Discharge	17	8	6	9	40
Environment	0	2	0	1	3
Equipment	93	53	62	71	279
Food Stuff Contamination	0	4	0	0	4
Health Records	97	46	51	67	261
Impact With Stationary Object	0	2	1	1	4
Infection Control	27	20	27	7	81
Investigations	125	150	45	27	347
IT / Patient Information System	0	25	11	8	44
Lorenzo	0	24	0	0	24
Medical Emergencies & Cardiac Arrest	2	1	2	1	6
Medication Error	71	45	58	99	273

Needles And Sharps	2	3	0	0	5
Non-Compliance	7	23	16	25	71
Nutrition	0	0	2	1	3
Operative Procedures	31	9	13	24	77
Patient Fall	5	2	2	2	11
Point Of Care Testing (POCT)	0	0	1	1	2
Pregnancy & Birth (Managed)	3	7	2	5	17
Pregnancy/birth	26	29	14	28	97
Pressure Ulcers	0	0	1	1	2
Radiation (Patients & Public)	1	0	2	1	4
Referrals	10	17	24	9	60
Slips/trips/falls (Staff And Visitors Only)	2	0	0	0	2
Specimen Handling	23	28	13	18	82
Staffing	215	166	307	186	874
Transfer	130	51	92	122	395
Wounds	3	2	2	0	7
Wounds Sustained During WHT Care	0	0	1	11	12
Grand Total	1197	986	1149	1011	4343

Question 2

	2013	2014	2015	2016
Unexpected admission to NICU	5	5	3	1
Intrapartum death	1	0	0	0
Safeguarding Issue	1	0	0	0
Screening Issues	1	0	0	1
Intra-uterine death	5	5	5	1
Ante-natal issues	1	0	0	0
Neo-natal death	1	1	0	1
Maternal admission to ITU	1	2	0	1
Complication of birth	0	1	1	0
VTE related	0	1	1	0
Retained Swab - Never Event	0	1	0	0
Child Death	0	0	1	0
Stillbirth	0	0	1	0
Transfer issues	0	0	1	0
MRSA Bateraemia	0	0	1	0
Maternity incident affecting baby	0	0	0	5
TOTALS	16	16	14	10

Question 2

	Clinical Incident 2013	Clinical Incident 2014	Clinical Incident 2015	Clinical Incident 2016	Grand Total
Administration	0	33	93	39	165
Admission	40	23	30	45	138
Antimicrobial	0	0	2	0	2
Appointments	0	0	56	22	78
Bereavement	0	0	1	0	1
Blood/fluid Administration	12	7	11	6	36
Breach In Policy/procedure	104	40	37	32	213
Capacity	0	0	0	5	5
C-Difficile	2	0	1	0	3
Clinical Care/assessment/treatment	41	54	51	58	204
Communication	86	88	83	51	308
Consent	0	2	4	2	8
Cuts & Abrasions	0	2	0	2	4
Death	20	19	17	18	74
Diagnosis	2	1	8	6	17
Discharge	17	8	6	9	40
Environment	0	2	0	1	3
Equipment	93	53	62	71	279
Food Stuff Contamination	0	4	0	0	4
Health Records	97	46	51	67	261
Impact With Stationary Object	0	2	1	1	4
Infection Control	27	20	27	7	81
Investigations	125	150	45	27	347
IT / Patient Information System	0	25	11	8	44
Lorenzo	0	24	0	0	24
Medical Emergencies & Cardiac	2	1	2	1	6

Arrest					
Medication Error	71	45	58	99	273
Needles And Sharps	2	3	0	0	5
Non-Compliance	7	23	16	25	71
Nutrition	0	0	2	1	3
Operative Procedures	31	9	13	24	77
Patient Fall	5	2	2	2	11
Point Of Care Testing (POCT)	0	0	1	1	2
Pregnancy & Birth (Managed)	3	7	2	5	17
Pregnancy/birth	26	29	14	28	97
Pressure Ulcers	0	0	1	1	2
Radiation (Patients & Public)	1	0	2	1	4
Referrals	10	17	24	9	60
Slips/trips/falls (Staff And Visitors Only)	2	0	0	0	2
Specimen Handling	23	28	13	18	82
Staffing	215	166	307	186	874
Transfer	130	51	92	122	395
Wounds	3	2	2	0	7
Wounds Sustained During WHT Care	0	0	1	11	12
Grand Total	1197	986	1149	1011	4343

445/16

IT Equipment and Services

1 a: How much did your Trust spend in total on IT technologies and IT services during the 2015/2016 fiscal year?

1 b: By comparison, how much did your Trust spend in total on IT technologies and IT services during the 2014/2015 fiscal year?

Answer: Please see below

2 a: Who were the top-five (if applicable) IT product and IT services suppliers with whom the Trust spend the most money during the 2015/2016 fiscal year, and how much was spent with each?

2 b: Who were the top-five (if applicable) IT product and IT services suppliers with whom the Trust spend the most money during the 2014/2015 fiscal year, and how much was spent with each?

Answer: Please see below

3 a: How much did your Trust spend on cloud IT services in the 2015/2016 financial year?

3 b: How much did your Trust spend on cloud IT services in the 2014/2015 financial year?

Answer: £0

4 a: How many PCs (desktops, laptops, tablets) does your Trust currently run?

Answer: Desktops = 3871, Laptops = 681, VDI = 100, Tablets = 181

4 b: Please provide a breakdown of which operating systems these PCs run on - (eg total 151: 100 Windows 8, 50 Windows XP, 1 iOS)

Answer: Windows 7 is the main operating system across all devices.

	Financial Year		Comment
	15/16	14/15	
1 a: How much did your Trust spend in total on IT technologies and IT services during the 2015/2016 fiscal year? 1 b: By comparison, how much did your Trust spend in total on IT technologies and IT services during the 2014/2015 fiscal year?	£1,937,303	£2,319,070	ITS - Maintenance budgets , hardware codes, Other Trust spend on Computer H'ware and Software
2 a: Who were the top-five (if applicable) IT product and IT services suppliers with whom the Trust spend the most money during the 2015/2016 fiscal year, and how much was spent with each? 2 b: Who were the top-five (if applicable) IT product and IT services suppliers with whom the Trust spend the most money during the 2014/2015 fiscal year, and how much was spent with each?	£161,227	£143,485	PACS (GE)
	£91,579	£119,306	Pathology (Clinisys)
	£144,000	£144,000	Nuance
	£83,985	£96,494	CRIS
	£139,225	£139,225	Careplus (System C)

446/16

Childrens Services

1. How many registered children's nurses (Whole Time Equivalent) are employed at your organisation? Please list by clinical area.

Answer: Emergency dept – employed by ED

Paediatrics – 36.2 employed (38.55 WTE in budget: currently recruiting)

2. How many support workers (Whole Time Equivalent, bands 1-4) are working in your children's service? Please list by clinical area.

Answer: Neonatal unit – band 3 - 1.0 WTE & band 2 - 2.8 WTE

Paediatrics – 18.6WTE (Inc. Asthma Support Worker, Play Specialists, Mental Health Supervision Support Workers, Clinical Support Workers) and 3.51

Admin

support

3. How many nurses (Whole Time Equivalent) deliver your community children's nursing service? Please list by clinical area.

Answer: CCN – 9.1WTE Registered Nurses employed - Covering CCN caseload and Hospital at Home service. Additional support from Band 4 body (5 Band 4's)

4. How many clinical specialist children's nurses do you have in your service? Please list their clinical specialisms, e.g. 1x haematology; 2x epilepsy.

Answer: Paediatric epilepsy nurse specialist

Paediatric asthma nurse specialist

Diabetes nurse specialist x 2

5. How many advanced neonatal nurse practitioners do you have in your service?

Answer: ANNPs 4.76 WTE with 1.0 WTE in training.

6. How many advanced paediatric nurse practitioners do you have in your service?

Answer: 1.0 WTE in training

7. Do you have transition (children's to adults' services) nursing roles? If yes, how many? Do any have clinical specialisms? If so, please list their clinical specialisms, e.g. 1x haematology; 2x epilepsy.

Answer: Part of the specialist nurses roles listed above

8. Do you employ a play specialist?

Answer: Yes paediatrics x 2.0 WTE

9. How many inpatient beds are there designated for children and young people? Please provide a number against the following and list by clinical area:

a. Neonates - **Answer: 15**

b. Children's – **Answer: 21 and 6 PAU**

c. Adolescents – **Answer: as part of the paediatric ward**

10. What were the key gaps in knowledge and skills within the children’s nursing workforce identified by your most recent Training Needs Analysis or courses commissioned through Non-Medical Education and Training (NMET)?

Answer:

**Mentorship training for Registered Nurses (SLAIP)
 STORM – Mental Health Risk Assessment training – now rectified
 Physical Assessment Course – for CCN and PAU teams (now rectified)**

447/16

Foreign patients using maternity services

Response going through the approval process.

448/16

Nursing Staff

1. What was your whole time equivalent nursing establishment for each AfC band 5 to 8d, at i) 1 December 2016 ii) 1 December 2015?
2. How many whole time equivalent nursing vacancies did you have, for each AfC band 5 to 8d, at i) 1 December 2016 ii) 1 December 2015?
3. What was your whole time equivalent nursing support staff establishment for each AfC band 1 to 4, at i) 1 December 2016 ii) 1 December 2015?
4. How many whole time equivalent nursing support staff vacancies did you have, for each AfC band 1 to 4, at i) 1 December 2016 ii) 1 December 2015?

Answer: Please see table below

ESR Staff Grp	Banding	Dec-15		Dec-16	
		FTE Actual	FTE Vacancies	FTE Actual	FTE Vacancies
Additional Clinical Services	BAND 1	9.82	0.56	6.52	2.54
	BAND 2	373.31	41.86	394.84	7.42
	BAND 3	157.74	-2.91	186.71	-18.82
	BAND 4	17.8	11.18	14.2	1.08
		558.67	50.69	602.27	-7.78
Nursing and Midwifery Registered	BAND 5	570.17	66.1	530.18	125.8
	BAND 6	373.69	10.13	392.26	6.19
	BAND 7	185.52	14.56	191.7	21.09
	BAND 8	40.15	-1.45	54.42	-1.73
		1169.53	89.34	1168.56	151.35

449/16

Dermatology Services

1. If I were to be referred to your hospital today for a routine dermatology appointment, please indicate the date today and the first available routine new patient appointment (suggested addition).

Answer: Today's date – 23/01/17. First available routine appointment 21/02/17

2. For routine referrals, what is the typical waiting time for a new patient appointment for a patient presenting with mild to moderate plaque psoriasis.

Answer: 7-8 weeks

3. For urgent referrals, what is the typical time for an otherwise fit 80 year old with a four week history of blistering, suggestive of bullous pemphigoid.

Answer: 5-6 weeks

4. If I were to be referred to your hospital today for an urgent dermatology appointment, please indicate the date today and the first available urgent new appointment.

Answer: Today's date – 20/01/17. First Available for an urgent referral 03/02/17

5. In 2015, how many dermatology referrals were inappropriately sent to secondary care or community services for excluded skin condition criteria?

Answer: We are unable to provide data as this information is not collected.

6. In the year 2015/16 how many non-2 week wait dermatology referrals did you receive and how many breached the 18-week target.

Answer: 3668 referrals received. During 2015/2016 the Trust was not reporting its RTT waiting times position due to concerns with the data quality and therefore we are unable to release a breach figure which would be un-validated and potentially inaccurate.

450/16

Bronchial challenge testing

Can you please advise if the trust performs Bronchial challenge testing? If the trust does perform these tests could you also advise

- 1) The number of tests performed in the last 12 months?
- 2) Which products are used to perform the test?
- 3) Contact details for the sites performing the test?

Answer:

We do not perform bronchial challenging testing at the Trust.

451/16

Environmental and waste management requirements - same as 377/16

452/16

Research into external suppliers of Gastroenterology and/or Endoscopy Services

- 1) Has the Trust paid any external supplier or party to deliver Gastroenterology and/or Endoscopy services on behalf of the Trust, which are or have been recorded as the Trust's own NHS activity for the following period?

Answer: See below

PERIOD	YES	NO
01 st June 2016 – 21 st December 2016	X	

- 2). Please breakdown the amount spent with each supplier delivering Gastroenterology/Endoscopy services to your Trust during the following periods:

Answer: See below

		Amount paid (£) to Supplier(s) during below periods					
	Supplier(s) Name	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16
1	Nuffield Health	11934	1692	(2028)	0	0	0
2	Royal Wolverhampton Hospitals NHS Trust	24757	27172	(4227)	18464	0	0

453/16

Facilities for the aseptic preparation of drugs in the hospital pharmacy

Response going through the approval process.

454/16

Network

- Q1. Is your organisation connected via a private wide area network to other organisations (e.g. other trusts within your region or across your Local digital Roadmap / STP footprint)?

Answer: The trust has a secure connection to Walsall WMBC. This includes dedicated site-to-site links, site-to-site VPNs and MPLS links but does not include connectivity which is solely via the national NHS N3 network.

- Q2. Is there an Active directory trust relationship in place between your organisation and other NHS organisations in your local area?

Answer: No

- Q3 - If all organisations with your Sustainability and Transformation Plan , or Local Digital Roadmap community (or Vanguard organisation if you are part of a Vanguard) are not currently connected via a private wide area network, is this planned in the next 2-3 years and what are the anticipated timescales?

Answer: No, connectivity strategy is yet to be detriment, however is expected to use HSCN

- Q4. Please can you release a copy of your Local Digital Roadmap in which your Trust is participating. Please also include the detailed LDR plan that sit behind this for your particular organisation.

Answer: This is a Walsall CCG controlled document; please redirect your question to Walsall CCG.

Q5. Please can you release a copy of the STP that your organisation has signed up to.

Answer: Answer: This is a Walsall CCG controlled document; please redirect your question to Walsall CCG.

**455/16
Deaths**

Response going through the approval process.

**456/16
News Story**

Response going through the approval process.

**457/16
Sickle cell**

1. How many sickle cell and thalassaemia specialist nurses are employed at your trust in the financial years 2013/14, 2014/2015 and 2015/2016?

Answer: The Trust did not employ any sickle cell and thalassaemia specialist nurses during 2013/14, 2014/2015 or 2015/2016.

2. How many sickle cell related deaths have there been in the years 2013/14, 2014/2015 and 2015/2016?

Answer: Upon checking discharges within those periods, there were no deaths for patients diagnosed with Sickle cell

3. What is the age of deceased and cause of death?

Answer: Upon checking discharges within those periods, there were no deaths for patients diagnosed with Sickle cell

**458/16
Adult Hearing Service**

Providers

Questions relate to your adult (aged 18+) hearing aid service. Please answer all questions twice

- **for the financial year 2015/16 and then again**
- **for the financial year 2016/17 to date** - if response to both years is the same, state "as 2015/16" for that question.

1. Regardless of the contract(s) you hold with NHS commissioners.

A: Please **state the age** at which your department accepts direct access audiology adult patients – i.e. adults that GPs refer directly to your department, or that are triaged to your department within your Trust, because they do not need to see ENT and it is thought they will most likely only need audiological support.

Answer: 18

B: Please **explain your local process here.**

Answer: Direct access audiology is available to all adults aged 18 and older without the contra-indications listed at the end of this FoI request. If hearing loss is found or other contraindications become evident when the patient is seen then they are referred onwards as appropriate.

[Note: this might for example be people aged 18, 50, or 55 without longstanding medical contra-indications. This list is provided at the end of this submission for ease of reference. You might therefore state "direct access audiology is available to all adults aged 18 and older without the contra-indications listed at the end of this FoI request".]

2. Please state what proportion (%) of your adult hearing aid service patients are referred via Direct Access Audiology Criteria (listed at the end of this submission for ease of reference)?

Answer: This information is not recorded on our systems.

3. Please state what proportion (%) of your adult hearing aid service patients are referred via ENT to audiology for hearing aids (e.g. assessment, hearing aids and ongoing follow-up/care)?

Answer: This information is not recorded on our systems.

4. If 2 and 3 do not add up to 100% please explain where the rest of your adult hearing aid service patients come from? (e.g. they are existing patients on the database)

Answer: This information is not recorded on our systems.

5. Please define a complex adult hearing aid patients here and explain why they are complex? (i.e. those you do not book/code to your local AQP contract and why)

Answer: Any patient that is not referred via the AQP pathway on the correct AQP referral form as per the AQP contract.

6. Please explain what proportion (%) of all adult (aged 18+) hearing aid work you do is coded within your Trust as AQP adult hearing aid work?

Answer:

2015/2016 98.0

2016/2017 97.72

7. Please explain what proportion (%) of all adult (aged 18+) hearing aid work you do is coded within your Trust as non-AQP adult hearing aid work?

Answer:

2015/2016 2.00

2016/2017 2.28

8. If 6 and 7 do not add up to 100% please explain why here:

Answer: N/A

9. When you provide an adult hearing assessment for ENT, or other purpose, and that adult then needs a hearing aid do you
- See all eligible AQP patients on an AQP pathway
 - Continue the pathway you started using an alternative contract/price mechanism (i.e. not AQP)
 - If you use a different process, please explain this here

Answer: Option B.

10. When you receive a referral from ENT. For example a GP referred somebody with suspect unilateral hearing loss and/or earwax to ENT, but they had nothing medically wrong and the adult needs a hearing aid, and therefore can be seen by an audiologist independently – e.g. without further medical assessment etc. Do you
- See that patient as an AQP patient provided they meet the age criteria in the AQP specification
 - See that patient – even if they are eligible after ENT clearance for an AQP pathway – on a different contract/pricing mechanism to the AQP pathway
 - If you follow a different process, please explain this in detail here

Answer: Option B. The referrals from ENT are not on AQP forms as per AQP contract specifications.

11. Why in submitted reference cost data is c.100% of hearing aid activity assigned to “Hearing Aid, Adult, Other Contract”, i.e. why not code more hearing aids to the AQP contract as would be expected based on the epidemiology of hearing loss and local contracts?

Answer: We are currently reviewing arrangements for recording this information between the contracts team, informatics and the CCG. There are very few referrals through the AQP Contract so this figure is likely to remain very high.

For ease of reference – linked to question 1.

Appendix 1 - Contra-indications which must not be referred into or treated by the Direct Access Adult Hearing Service

S1A1.1 History:

- Persistent pain affecting either ear (defined as earache lasting more than 7 days in the past 90 days before appointment);
- History of discharge other than wax from either ear within the last 90 days
- Sudden loss or sudden deterioration of hearing (sudden=within 7 days, in which case send to A&E or Urgent Care ENT clinic)
- Rapid loss or rapid deterioration of hearing (rapid=90 days or less)
- Fluctuating hearing loss, other than associated with colds
- Unilateral or asymmetrical, or pulsatile or distressing tinnitus lasting more than 5 minutes at a time
- Troublesome, tinnitus which may lead to sleep disturbance or be associated with symptoms of anxiety or depression
- Abnormal auditory perceptions (dysacusis)
- Vertigo (Vertigo is classically described hallucination of movement, but here includes dizziness, swaying or floating sensations that may indicate otological, neurological or medical conditions)
- Normal peripheral hearing but with abnormal difficulty hearing in noisy backgrounds; possibly having problems with sound localization, or difficulty following complex auditory directions.

S1A1.2 Ear examination:

- Complete or partial obstruction of the external auditory canal preventing proper examination of the eardrum and/or proper taking of an aural impression.
- Abnormal appearance of the outer ear and/or the eardrum (e.g., inflammation of the external auditory canal, perforated eardrum, active discharge).

S1A1.3 Audiometry:

- Conductive hearing loss, defined as B1_25 dB or greater air-bone gap present at two or more of the following frequencies: 500, 1000, B1_2000 or 4000 Hz.
- Unilateral or asymmetrical sensorineural hearing loss, defined as a difference between the left and right bone conduction thresholds of B1_20 dB or greater at two or more of the following frequencies: 500, 1000, B1_2000 or 4000 Hz.

Evidence of deterioration of hearing by comparison with an audiogram taken in the last B1_24 months, defined as a deterioration of 15 dB or more in air conduction threshold readings at two or more of the following frequencies: 500, 1000, B1_2000 or 4000 Hz.

References:

British Academy of Audiology Guidelines for Referral to Audiology of Adults with Hearing Difficulty (2009)
BSHAA Protocol and Criteria for Referral for Medical or other Specialist Opinion (2011)

459/16

Non-emergency Patient Transport Services

I am trying to establish some information regarding Non-emergency Patient Transport Services (NEPTS) and the costs to each NHS Trust. Can you therefore help by providing me with the following information:

1. Do you outsource your NEPTS work to private sector?

Answer: Yes

2. If you do outsource, when is your initial contract term due and can you tell me the maximum term granted for these contracts?

Answer:

**NEPTS 01.03.2013 to 28.02.2018 with option to extend to 28.02.2020 (5 to 7 years).
Taxis 01.11.2016 to 31.10.17 with option to extend further 31.10.18 (1 to 2 years).**

3. What is the annual value of your NEPTS contract?

Answer:

**Spend April 2015 to March 2016.
NEPTS £105k
Taxis £50k**

4. Do you have plans to join with any other Trusts as part of your procurement?

Answer: Not currently

460/16

Pregnant Theatre Staff

Pregnant theatre staff in orthopaedic operating rooms: A national review of the guidelines

- Name of Trust	Walsall Healthcare NHS Trust
- Contact email address	Amir.khan@walsallhealthcare.nhs.uk
- Contact phone number	01922 721172
1) Does your occupational health department have any departmental guidelines relating to pregnant staff who work in theatre, in order to protect the health of the mother and baby from radiation and other harmful substances?	<p>Any occupational health guidance would be based on the result of COSHH risk assessments held within that particular department.</p> <p>If respiratory/skin sensitizers are used and COSHH guidance recommends health surveillance, staff will be monitored annually through occupational health and advice provided for each individual case dependent on result or medical situation.</p> <p>Health and Safety Executive Pregnancy regulations would also be applicable and pregnancy risk assessments recommended for management to implement.</p> <p>The Trust H&S Team may also be contacted for further information regarding this matter.</p>
2) If yes to (1), please provide these guidelines or policies in full as a single PDF.	<p>Trust wide Maternity and Family Leave Policy (attached)</p> <p>Trust wide Health and Safety Policy (attached)</p>
3) Does your theatre department have any department-specific guidelines for pregnant staff who work in theatre, in order to protect the health of the mother and baby from radiation and other harmful substances?	Yes
4) If yes to (3), please provide these guidelines or policies in full as a single PDF.	In addition to the Trust wide policies there is a SOP which is attached.
5) If no internal guidelines are available, does your Trust use any external guidelines (from Royal Colleges, etc) relating to pregnant staff who work in theatres?	N/A
6) If yes to (5), please provide these guidelines in full as a single PDF, or web link.	-----

461/16
Cardiology Department

1. Total number of Ambulatory ECG's (aka Holter tests, R-Tests, etc) performed in 2015 and to date in 2016 calendar year.

Answer:

	2015	2016(to end Nov)
24hr ECG	1734	1735
Multiple day	261	294

2. If possible, please indicate how many were for ≤ 24 -hour duration; 24-72 hour duration; ≥ 72 hour duration.

Answer: OPCS coding does not differentiate between 48/72hr/5d recordings

3. Please also indicate what current waiting time is for fitting of device and reporting results.

Answer: Referrals are appointed within 6 weeks, and reported within 1 week of appointment