

FREEDOM OF INFORMATION

Disclosure Log – Quarter 2 (July-Sept 2018)

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172.18
Agency Use

Please can you send me the following information under statutory requirements of the Freedom of Information Act:

Could you please provide the following information relating to agency use within the trust:

1) Which Frameworks do you use for the supply of;

a) Locum Doctors

Answer: HealthTrust Europe

b) Locum Nurses

Answer: Health Trust Europe

2) Do you operate a master vend arrangement or preferred supplier list?

Answer: Preferred supplier list

173.18
Babyline Survey

The survey was completed by a member of our maternity department on 9th July 2018

174.18
Trust Workforce Training Compliance Data 2017/2018

Under the Freedom of Information Act (2000, c.36), may I request the non-personal identifiable data of monthly overall percentage Trust staff statutory and mandatory training compliance for the period of beginning April 2017 to end April 2018 (inclusive), divided by staff groups - i.e.:

- Additional Professional Scientific and Technical Staff;
- Care Support Staff;
- Administrative and Clerical Staff;
- Allied Health Professionals;
- Healthcare Scientists;
- Medical and Dental Staff;
- Nursing and Midwifery Registered Staff.

Answer:

Core Mandatory Training Overall	Overall	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Healthcare Scientists	Medical and Dental	Nursing and Midwifery Registered
Apr-17	79.75%	85.55%	73.82%	86.68%	86.67%	80.92%	87.32%	66.03%	79.19%
May-17	80.43%	87.35%	74.93%	86.85%	88.93%	80.99%	87.88%	65.72%	79.85%
Jun-17	80.32%	87.92%	74.41%	86.15%	89.14%	81.24%	88.01%	66.11%	79.99%
Jul-17	79.35%	87.03%	73.86%	85.84%	86.85%	85.25%	88.86%	62.02%	77.97%
Aug-17	78.55%	87.25%	73.50%	84.15%	87.33%	83.18%	87.02%	58.23%	78.05%
Sep-17	78.77%	88.55%	74.31%	84.09%	88.06%	82.51%	90.03%	58.72%	77.89%
Oct-17	79.46%	86.85%	73.88%	85.24%	88.05%	83.26%	91.13%	62.84%	77.97%
Nov-17	78.73%	84.60%	73.37%	83.70%	86.87%	83.03%	89.41%	61.29%	77.88%
Dec-17	78.58%	85.23%	72.99%	83.23%	85.48%	80.56%	88.84%	61.84%	78.69%
Jan-18	77.38%	84.59%	72.08%	82.75%	85.25%	75.70%	88.26%	60.10%	77.74%
Feb-18	76.84%	81.19%	71.60%	81.54%	85.37%	73.62%	86.89%	58.71%	78.32%
Mar-18	76.05%	82.74%	70.67%	81.10%	85.60%	71.59%	84.04%	60.14%	77.07%
Apr-18	76.64%	83.92%	70.90%	81.60%	85.01%	72.25%	83.09%	61.25%	78.03%

**175.18
Prescriptions/Ankle replacements**

1. How many count of patient prescriptions did your pharmacy department issue last year – please provide this with monthly numbers

Answer:

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
No. of patient prescriptions pharmacy department issued	1509	1452	1749	1358	1735	1686	1439	1540	1643	1773	1724	1495

2. How many Ankle replacements did your Trust perform over the last 36 months – please provide this with monthly numbers.

Answer: Walsall Healthcare Trust does not perform ankle replacements. All cases are referred to the Royal Orthopaedic Hospital, Birmingham or the Queen Elizabeth Hospital Birmingham.

176.18

Financial settlements

Under Freedom of Information Act, please can you provide me details of cases of financial settlements made following claims for discrimination/ equal pay and unfair dismissal from 2015 to today.

Please provide the date of settlement, type of claim (ie racial discrimination), classification of claimant (ie administrator) and payout figure.

Answer: There have not been any financial settlements for made following claims for discrimination/ equal pay and unfair dismissal from 2015 to today.

I am writing to request the following information under the FOI Act:

Please provide a copy of the recognition agreement and / or partnership agreement between the Trust and the Trades Unions recognised by the Trust.

Please see attached. Document available upon request.

177/18

Recognition agreement and / or partnership agreement between the Trust and the Trades Unions recognised by the Trust

I am writing to request the following information under the FOI Act:

Please provide a copy of the recognition agreement and / or partnership agreement between the Trust and the Trades Unions recognised by the Trust.

Document available upon request.

178.18

Maternity closures

1. How many occasions has your maternity unit been closed to new admissions in 2017. Please supply figures for the calendar year rather than financial year.

Answer: 1 – Reported April 23rd 2017

2. For each such closure, please state the duration of and the reason for the closure.

Answer: The closure was in place from 10.00hrs to 16.00hrs on the date above. The reason was due to short notice staff sickness absence.

179/18

Community disability equipment

Unfortunately we are unable to provide the necessary figures for the 2015/16 and 2016/17 due to how equipment was procured and information was captured. Over the last 18 months the service has documented the provision and procurement to be able to determine spend on all aspects of service delivery.

The following information relates to the questions in the FOI request:

The value of community disability equipment (Wheelchairs and accessories) provided by your organisation (Walsall Wheelchair Services) to disabled and terminally ill children in the Walsall area during April 2017 – March 2018:

Answer: £69,924.47

The numbers of individual pieces of equipment (Wheelchairs and accessories) supplied to disabled and terminally ill children in the Walsall area during April 2017 – March 2018:

Answer: 166

The value of community disability equipment (Wheelchairs and accessories) provided by your organisation (Walsall Wheelchair Services) to disabled and terminally ill children in the Walsall area during April 2018 – July 5th 2018:

Answer: £35,409.64

The numbers of individual pieces of equipment (Wheelchairs and accessories) supplied to disabled and terminally ill children in the Walsall area during April 2017 – July 5th 2018:

Answer: 44

180/18

STI's

Under the terms of the Freedom Of Information act I'm requesting information on the subject of STIs.

Please could you give me the number of cases of STIs you've treated as a trust within the last 12 months?

Could I have a breakdown of the following; age, sex, area and type of STI.

Is it possible to have this information narrowed down to each of your NHS sexual health centres?

Please see attached. Document available upon request.

**181.18
Trust's waiting lists**

Please can you provide me with the number of patients who have left the Trust's waiting list in each of the last 4 financial years for the following reasons:

- Number of patients who died while on the waiting list
- Number of patients who no longer needed treatment (e.g. symptoms improved)
- Number of patients who have left to seek private treatment

Please provide the overall total of patients who left the waiting list, for the following years 2013/14 2014/15, 2015/16, 2016/17, 2017/18.

Answer:

**Walsall Healthcare NHS
Trust**

Counts of closed inpatient access plans (excluding those created in error)
showing counts of those closed because the patient intended to go private, patient died or treatment was no longer required

FOI 181/18

Our Ref:7435

Closure Reason	Year 2014/15	Year 2015/16	Year 2016/17	Year 2017/18
Intend to go private	37	19	18	18
Other	11218	17400	21110	21089
Patient Died	404	469	368	405
Treatment no longer required	438	483	580	493
Totals	12097	18371	22076	22005

**182.18
Sterile Services**

Would your organisation be able to provide information or data for the following questions below?

- Period from 1st January 2017 – 31st December 2017, Activity for Sterile Services Department, either broken down monthly or annually, *i.e. how many trays and bagged/supplementary items processed?*

Answer: 106671 per annum.

- Period from 1st January 2017 – 31st December 2017, Total Count of Instruments processed, *i.e. total count of instruments processed in the make-up of trays or bagged/supplementary items broken down into totals either monthly or annually? For example 100 trays processed containing 25 instruments would total 2,500 instruments processed.*

Answer: Our tracking system does not provide this information.

- Current Sterile Service Department Staffing/Personnel Organisation Structure?

Answer: Decontamination Manager, Deputy HSDU Manager, Supervisors, Assistants, Drivers

- Current Sterile Services Job Titles and Pay Banding?

Answer: Decontamination Manager band 8a, HSDU Deputy Manager Band 4 Supervisors Band 3, Assistants/Drivers Band 2

- Current WTE / FTE employed for each job title?

Answer: Decontamination Manager X 1WTE, HSDU Deputy Manager X 1 WTE Supervisors X 3.14, Assistants/Drivers X 15.44

- Current Sterile Services shifts operated and staffing numbers / grades associated with each shift?

**Answer: 07:00 – 15:00 X 5 Staff Band 2, 08:00 – 16:00 x 3 staff Band 2 & 2 x Band 3
12:00 – 20:00 x 5 Band 2 & 2 Band 2**

183/18

Vascular Lead

Please can you send me the following information under the Freedom of Information Act for your Trust?

1. Does the Trust have a vascular and venous lead?

Answer: Yes

2. If so, what is the name of the lead/s?

Answer: Mr Salman Mirza, Clinical Director

3. Please can you provide the email address of the lead/s?

Answer: salman.mirza@walsallhealthcare.nhs.uk

184/18

Prostate cancer treatment

In your trust in the last 12 months – latest that you have available;

Within your trust how many patients with advanced Prostate cancer have been treated in the past 12 months with the following treatments?

Abiraterone (Zytiga)

Answer: 13

Cabazitaxel (Jevtana)

Answer: 5

Docetaxel (Taxotere)

Answer: 24

Enzalutamide (Xtandi)

Answer: 53

Radium-223 (Xofigo)

Answer: 0

How many patients being treated with Abiraterone or Enzalutamide and have been on this treatment for more than 1 year?

Answer: 39

185.18 Lung Cancer Patients

FOI Request re Non-Small Cell Lung Cancer (NSCLC) Patients

Please provide the following information relating to NSCLC¹ patients treated² by your Trust in the 3 months, April 2018 to June 2018 inclusive.

¹ ICD10

If data is not held in a sufficient way within your Trust systems, i.e. if for example you are unable to distinguish between cancer type and/or stage, please indicate accordingly within the tables below.

If unable to provide number of stage IIIB/IV NSCLC patients treated, please indicate the level at which data has been provided:

Total number treated Stage IIIB/IV NSCLC Patients

Patients with NSCLC Stage IIIB/IV
(Stage 3b/4)³

Total number NSCLC patients 26

Other (please specify)

Data not held/accessible

186.18 Urothelial Cell Cancer

FOI Request re Urothelial Cancer Patients

Please indicate the number of metastatic or locally advanced Urothelial¹ cancer patients treated² by your Trust in the 3 months, April 2018 to June 2018 inclusive.

If data is not held in a sufficient way within your Trust systems, i.e. if for example you are unable to distinguish between cancer type and/or stage, please indicate accordingly within the tables below.

	Total number treated (Metastatic/locally advanced Urothelial patients)	If unable to provide number of metastatic/locally advanced Urothelial patients, please indicate the level at which data has been provided:	
Total number of metastatic or locally advanced Urothelial cancer (UCC, transitional carcinoma, TCC) patients treated		Total Urothelial Cancer patients (any stage)	12
		Other (please specify)	
		Data not held/accessible	

Of the metastatic or locally advanced Urothelial cancer patients treated by your Trust in the 3 months, April 2018 to June 2018 inclusive, please indicate the number treated with the following therapies.

Therapy	Total number treated (Metastatic/locally advanced Urothelial patients)	If unable to provide number of metastatic/locally advanced Urothelial patients, please indicate the level at which data has been provided:	
Cisplatin (mono or combination therapy)		Total Urothelial Cancer patients (any stage)	4
		Other (please specify)	

¹ ICD10 C65, C66, C67, C68; TNM staging for metastatic Urothelial Cancer = Any T, any N, M1; TNM staging for locally advanced Urothelial Cancer = Any T, N2-3, M0 or T4b, any N, M0; Please include numbers for:

- any diagnosis of metastatic disease as opposed to patients that present with metastases
- all metastatic sites from a Urothelial primary

² Please indicate the number of patients (excluding clinical trial patients) treated with any active anti-cancer drug treatment.

		Data not held/accessible	
Carboplatin (mono or combination therapy)		Total Urothelial Cancer patients (any stage)	1
		Other (please specify)	
		Data not held/accessible	
Pembrolizumab (Keytruda)		Total Urothelial Cancer patients (any stage)	0
		Other (please specify)	
		Data not held/accessible	
Atezolizumab (Tecentriq)		Total Urothelial Cancer patients (any stage)	0
		Other (please specify)	
		Data not held/accessible	

If your trust does not treat these cancers and you refer your patients to another trust, please state to which trust(s) patients are referred:

187/18
Breast cancer

Under the Freedom of Information Act 2000, I would be grateful if you could provide answers to the following questions

1. Does your Trust routinely provide bisphosphonates to postmenopausal women with primary breast cancer to reduce the risk of their cancer spreading to other parts of the body?

Answer: No

2. If your Trust does routinely provide bisphosphonates to reduce the risk of primary breast cancer spreading to other parts of the body, but is not providing them for all postmenopausal women, how is eligibility defined? For example, women at increased risk of recurrence.

Answer: N/A

3. If your Trust does routinely provide bisphosphonates for postmenopausal women to reduce the risk of primary breast cancer spreading to other parts of the body, which bisphosphonates do you prescribe? For example, zoledronic acid, ibandronic acid, sodium clodronate.

Answer: N/A

4. If your Trust does not routinely provide bisphosphonates for postmenopausal women to reduce the risk of primary breast cancer spreading to other parts of the body, what are your reasons for not doing so?

Answer:

No defined NICE funding stream available at present for routine use

<https://www.nice.org.uk/advice/es15/resources/early-breast-cancer-preventing-recurrence-and-improving-survival-adjuvant-bisphosphonates-pdf-1158117021637>

188.18

Drinking Water

1. Does your trust have a policy regarding drinking water provision for immunosuppressed/immunocompromised patients?

Answer: No

2. If yes, could you please provide me a copy of your policy or guideline that refers to it?

Answer: N/A

189.18

Consultancy Costs

Under the Freedom of Information Act, may I please request the following information for the last five years (2016/17, 2015/16, 2014/15, 2013/14, 2012/13) for each of the following:

1. Level of deficit at year end

Answer: 2012/13	£3,853
2013/14	£565k
2014/15	(£12,861)
2015/16	(£9,790)
2016/17	(£21,392)

2. External consultancy services spend

Answer: . We don't have access to 13/14 due to the information having been archived and a cost involved to retrieve it. So we have gone as far back as 14/15.

3. Breakdown of consultancy spend by all sectors e.g health management consultancy, digital health consultancy, environment consultancy etc.

Answer: We don't have access to 13/14 due to the information having been archived and a cost involved to retrieve it. So we have gone as far back as 14/15.

Supplier	14/15	15/16	16/17	17/18	Main Reason
Hunter Healthcare	£337,620	£454,189	£75,977		Service Transformation Support
Sue Shelton Training		£8,982	£10,959		Emergency Planning Work/Advice
Project Source			£278,991		RTT Validation work
Dr R Crawford			£62,125		HR Consultancy incl Organisational Development
KPMG		£59,917			External review of WHNHST's Financial position
Verita Consultants LLP			£151,777	£52,484	Review of Patient Care and Treatment
Ashridge Executive Education			£103,470	£25,132	Strategic Leadership Training
Utility Wise		£7,000			Savings and CRC removal
Malcolm Thomas		£3,600			Consultant Engineer - Ventilation
D Carnegie Ltd			£77,192		Support for Improvement Director
LIA			£108,000	£25,000	Listening into Action License and support
Kissing it Better	£27,788	£27,788	£13,000		Friends & Family Test provider
Healthcare Communications			£45,340		Friends & Family Test provider
Sandwell & West B'ham Hospitals			£14,931		2 Days Consultant Midwife Support
I Want Great care Ltd	£74,531	£24,000	£27,300		Patient experience service provider
Royal College of Paeds		£25,800	£0		Review of Paediatric Service in Walsall
Obhrai Healthcare Consulting Ltd			£20,908		Management Support to the O&G Team
The Murray Partnership		£2,304			Full Business Case Support for Decant Ward
Bellis-Jones Hill		£7,662			Reference Cost Workbook Population
Adam Townsend				£55,437	Work on Patient Flow
Capita				£35,202	Black Country Back Office Review
PWC				£67,177	
Dudley Group				£8,000	Black Country Back Office Review
Badenoch & Clark				£11,607	
Frontline Consultants Ltd				£17,348	A&E Delivery Board Development Support
KPMG				£1,159,200	FIP2 Support
KPMG				£72,500	Next Steps and case for change document W
BYTES				£6,000	Workforce Profiling
Evolve People Solutions Ltd				£18,400	Consultancy & Programme Mgmt for Interme
GVA		£3,600			Valuation advice of the Trusts assets
Total	£439,939	£624,842	£989,970	£1,553,487	

190.18
Purchasing

Dear FOI team:

Please kindly confirm whether during the 17/18 financial year you have purchased any of the following products and if so please indicate how many units were purchased:

Manufacturer	MPC	Description	NHS Supply Chain Code	Purchased (Yes/No)	Number of Units purchased
Philips Healthcare	1052536	Large Performax SU Intl w/EE Leak - 10 Pack	FAG000		
Philips Healthcare	1080426	Extra Large Performax SU Intl w/EE Leak - Each	FAG1287		
Philips Healthcare	1080424	Extra Large Performax SU Intl w/EE Leak - Box of 5	FAG1288		
Philips Healthcare	1083147	Extra Small Paediatric Performax SU Intl w/EE Leak - Box of 5	FAG1289		
Philips Healthcare	1083148	Extra Extra Small Paediatric Performax SU Intl w/EE Leak - Box of 5	FAG1290		
Philips Healthcare	1080425	Extra Large Performax SU Intl SE - Box of 5	FAG1291		
Philips Healthcare	1083149	Extra Small Paediatric Performax SU Intl SE - Box of 5	FAG1292		
Philips Healthcare	1083150	Extra Extra Small Paediatric Performax SU Intl SE - Box of 5	FAG1304		
Philips Healthcare	1052535	Small Performax w/EE Leak - 10 Pack	FAG626		
Philips Healthcare	1052548	Large Performax w/EE Leak - 10 Pack	FAG627		
Philips Healthcare	1052547	Small Performax w/SE - 10 Pack	FAG628		
Philips Healthcare	1061620	Large Performax w/EE Leak - Each	FDD1518		
Philips Healthcare	1061619	Small Performax w/EE Leak - Each	FDD1519		
Philips Healthcare	1061622	Large Performax w/SE - Each	FDD1520		
Philips Healthcare	1061621	Small Performax w/SE - Each	FDD1521		

Answer:

Code	Sum of Supplied Quantity	Sum of Total demand (£)
FAG1287	14	£1,088.92
FDD1518	215	£16,206.70
FDD1519	60	£4,666.80

191.18
Safeguarding Guidance

Incidents and Discipline

Have you had a reported incident regarding staff not following your safeguarding guidance in the last three years?

Answer: No

If so, how many?

Answer: N/A

How many legal actions have been taken against you due to staff not following safeguarding guidance?

Answer: N/A

Has anyone been disciplined or fired due to staff not following safeguarding guidance in the last three years?

Answer: No

Training

How often do you undertake any education or training around safeguarding guidance?

Answer: safeguarding competency is valid for 3 years- levels 1,2 and 3 ad hoc sessions can be delivered to teams as and when requested

Updating and Dissemination

How often are safeguarding guidance standards updated?

Answer: The safeguarding policy is updated is updated at 2 yearly intervals. If any new guidance is published in the interim period the policy is reviewed to reflect new guidance

When was the last complete review of your safeguarding guidance?

Answer: Currently in the process of review

**192.18
Bullying**

1. In the last three financial years (2015-16, 2016-17, and 2017-18, how many staff members employed working at your trust have reported bullying by another staff member? I would be grateful if you could break down by year.

Answer:

2015-16	2016-17	2017-18
4	2	7

2. How many of these incidents were dropped or withdrawn, and how many were formally investigated? Again, please break down by year.

Answer:

	2015-16	2016-17	2017-18
Number dropped/withdrawn	0	0	0
Number formally investigated	2	0	1
Number dealt with informally	2	2	6

3. For the most recent financial year (2017-18) I would be grateful if you could provide a full breakdown of incidents, including the job of the alleged perpetrator (doctor, nurse, non-medical staff, etc) and what the allegation was based on - as well as the outcome of the allegation.

Answer: There were 7 cases. All fell under Harassment & Bullying and the outcome was Informal Resolution (inc mediation). We are unable to provide the job role due to the low numbers of individuals involved.

**193/18
Medical Devices**

**255/17
Medical Devices**

I'm trying to find out some information on the numbers and types of specific medical devices used across the Trust. Please be so kind as to fill in the below form

Category	Manufacturer & Model	Quantity	Date Purchased	Value
Volumetric Pumps	Alaris GP's	Roughly 250	Roughly 3Yrs old	£1,800.00
Volumetric Pumps	Alaris SE's	Roughly 25	Roughly 3Yrs old	£1,800.00
Volumetric Pumps	Alaris Chemo's	40	Roughly 2 Yrs old	£1,800.00
Syringe Pumps	Alaris GH's	Roughly 370	Roughly 3Yrs old	£1,600.00
Syringe Pumps	T34's	Roughly 55	2-5 Yrs old	£1,600.00
Syringe Pumps	Alaris PK's (Theatre pumps)	12	Roughly 3Yrs old	£1,600.00
TCI Pumps	N/A	N/A	N/A	N/A
PCA Pumps	Alaris PCAM's	25	Roughly 3Yrs old	£1,800.00
Epidural Pumps	CME BodyGuard 545	20	Roughly 3/4 Yrs old	£2,000.00
MRI Compatible Pumps	N/A	N/A	N/A	N/A

Please note:

- Where numerous purchases have been made over the years, please provide the date of the largest/most significant purchase
- If you choose to send an asset register please ensure the document is editable and contains the make, model, quantity and purchase date

Answer: Please see the table complete as requested above.

194.18 Contractors

Under the Freedom of Information act please could I request a full list of all the sub-contractors/suppliers that were involved working on the Walsall Hospitals - Integrated Critical Care Unit under the main contractors Skanska.

These details can be found in the health & safety documents (which is a requirement by law), if you cannot locate the details in house can you please request them direct from the Principle Contractor Skanska as they are covered under F.O.I as the principle contractor working on behalf of a government body and it is therefore deemed that any information they hold in relation to this project is held on your behalf.

This request has been made under advise from the commissioner`s office.

In response to the Freedom of Information Request, please find below confirmation of the subcontractors, consultants and suppliers currently appointed on the ICCU Project.

Consultants

The Design Buro (Architect)
Structural Design Partnership (Structural Engineer)
WSP (Mechanical & Electrical)
Fulcro (BIM)
RSK (BREEAM)
SRL (Acoustics)
IFC (Fire)

Subcontractors

Darfen (Site Hoarding & Gates)
Nuneaton Signs (Signage)
Skanska Cementation (CFA Piling)
Bailey Construction (Groundworks)
Omega Scaffolding (Scaffolding)
UKDD (Diamond Drilling)
Shield Environmental (Asbestos)
William Haley Engineering (Structural Steel)
Cripwell Building Services (Mechanical)
Wingate (Site Temporary Services)
Watruss (General Builderswork)
McKenna Flooring (Flooring & Screeding)
Premier Cleaning (Cleaning)
Midwest Electrical (Mechanical, Electrical & Ventilation)
HPI (Medical Gas)
Static (Fire Alarm)
ADT (Security)
Sauter (BMS)
Draeger (Medical Pendants)
Jim Monks Carpentry (Carpentry)
Intastruct (Internal Partitions & Ceilings)
CMB (IPS Panels & Sanitaryware)
Idverde (Externals)
Optimum (SFS & Insulated Render)
Central Roofing South Wales (Kalzip Cladding & Single Ply Roofing)
Avdon (Windows, Louvres & External Doors)
Caxton (Brickwork)

Suppliers

Hanson (Concrete)
Travis Perkins (Builders Merchants)
Weir Waste (Waste Management)
Greenhams (Office Supplies)
Wernick (Site Office / Welfare)
A Plant (Plant / Tools)
Service Point (Printing)

195.18

Overseas patients

This request has eight questions. In this request, "NHS healthcare treatment" specifically excludes private patients seeking to use paid-for private services offered by the Trust. It includes non-urgent follow-ups to urgent healthcare treatment.

1. Does the Trust impose upfront charges for non-urgent NHS healthcare treatment to overseas visitors, migrants and former UK residents who are ineligible for free healthcare under government guidelines? If not, please explain why, in the context of those guidelines.

Answer: No

If the answer to question 1 is 'no', the Trust need not provide responses to questions 2-8.

2. The number of overseas visitors, migrants and former UK residents who were charged upfront for NHS healthcare treatment by the Trust since October 2017 - please note this includes patients who did not subsequently proceed with the treatment

If the answer to question 2 is 'zero', the Trust need not provide responses to questions 3-8.

3. The total costs charged for the treatments referred to in question 2 (including where the patient did not proceed with the treatment)
4. The number of overseas visitors, migrants and former UK residents who did not proceed with NHS healthcare treatment by the Trust after being quoted an upfront charge (timeframe is since October 2017).

Notes to question 4:

- Sending an invoice to a patient for an upfront charge counts as quoting an upfront charge
- Patients who did not proceed with treatment include those who declined treatment and those who simply did not attend scheduled treatment, as well as any patients who were refused treatment by the Trust

5. Of the number of patients provided in response to question 4, please state how many did not attend scheduled treatment/appointment (rather than cancelling in advance)

Note to question 5:

- If the Trust does not record information in a manner that would enable question 5 to be answered within the section 12 cost limit, please state that the information is 'not held' for this question and process the remainder of this request

If the Trust has not provided information for question 5, or has responded with 'zero', please proceed to question 7.

6. What was the financial loss to the Trust caused by the missed scheduled treatment/appointments referred to in response to question 5?

Note to question 6:

- If the Trust does not record information in a manner that would enable question 6 to be answered within the section 12 cost limit, please state that the information is 'not held' for this question and process the remainder of this request

7. Any data the Trust holds on the reasons for the refusal/inability of the patients referred in response to question 4 to pay the imposed upfront charges (such as preference to return home for treatment, or inability to meet the cost of treatment)

8. Any data the Trust holds on the conditions the patients referred to in response to question 4 wished to be treated for (this may be provided as categories of healthcare, such as ENT and nephrology), or alternatively the treatments that were subject to the imposed charges (these may be grouped into overarching categories for data protection reasons)

196.18

IT Software

Does the Trust use a Job Evaluation System such as CAJE,IJES or Libra?

Answer: No. Human Resources is responsible for the AFC Process. We use our own in house system.

How much does the trust pay per annum for the system?

Answer: No cost. Internal system

Who is responsible for AFC PROCESS?

Answer: Director of Human Resources

If a system is in use when does the contract expire?

Answer: N/A

197.18

Vacancies and Agency Cover

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

This request is additional information relating to my request about staff vacancies on 11 May 2018.

Q1: Bank cover:

How many FTE equivalent posts at your trust were covered by bank staff on Tuesday 3 April 2018 for each of the following groups:

1. All staff (including below groups)
2. Hospital & Community Health Service Doctors
3. Registered nurses

Answer:

1. 21.54 FTE. Our systems do not currently record all information to include admin, clerical and portering colleagues.

2. 132.5 hours. This equates to 16.56 FTE

3. A total of 186.75 hours were booked for Bank cover for Registered Nurse shifts on 03rd April 2018. This equates to 4.98 FTE posts

**198/18
Software**

I wish to make a request under the Freedom of Information Act 2000.

1. What software do you use to manage your information asset register (IAR)?

Answer: We use Microsoft Excel to manage our information asset registers.

2. What is the name of the company who provide the software?

Answer: N/A

3. How much does your organisation pay for the software?

Answer: N/A

**199.18
Tobacco Companies**

I'd like to request all correspondence between Trust staff or board members and:

- Philip Morris International
- British American Tobacco
- Japan Tobacco International
- Imperial Brands (formally Imperial Tobacco)

between 11th July 2017 and 11th July 2018.

Answer: We are not aware of any Trust staff or board members having made contact with any of these companies, in the given period.

200.18

Carbon monoxide poisoning

1. How many cases have attended A&E with suspected carbon monoxide poisoning between 1st July 2014-30th June 2015?
2. How many cases have attended A&E with suspected carbon monoxide poisoning between 1st July 2015-30th June 2016?
3. How many cases have attended A&E with suspected carbon monoxide poisoning between 1st July 2016-30th June 2017?
4. How many cases have attended A&E with suspected carbon monoxide poisoning between 1st July 2017-30th June 2018?
5. How many cases have been treated in A&E with suspected carbon monoxide poisoning between 1st July 2014-30th June 2015?
6. How many cases have been treated in A&E with suspected carbon monoxide poisoning between 1st July 2015-30th June 2016?
7. How many cases have been treated in A&E with suspected carbon monoxide poisoning between 1st July 2016-30th June 2017?
8. How many cases have been treated in A&E with suspected carbon monoxide poisoning between 1st July 2017-30th June 2018?

FOI Request									
1. How many cases have attended A&E with suspected carbon monoxide poisoning between 1st July 2014 - 30th June 2015?									
	Age Group		Number of Cases						
	All cases		6						
	Children aged 0-18		3						
	Adults aged 60+		2						
2. How many cases have attended A&E with suspected carbon monoxide poisoning between 1st July 2015 - 30th June 2016?									
	Age Group		Number of Cases						
	All cases		9						
	Children aged 0-18		3						
	Adults aged 60+		1						

	All cases	18					
	Children aged 0-18	2					
	Adults aged 60+	4					
8. How many cases have been treated in A&E with suspected carbon monoxide poisoning between 1st July 2017 - 30th June 2018?							
	Age Group	Number of Cases					
	All cases	6					
	Children aged 0-18	2					
	Adults aged 60+	0					

201.18

Joint hypermobility

I am currently undertaking a report into the prevalence of joint hypermobility within the general population as part of my International Baccalaureate Diploma, and was curious as to if you had any information on the following from the past 10 years:

- The average age of those receiving treatment for Joint Hypermobility Syndrome.

Answer: 22 years old

- The comparative percentage of males and females receiving treatment for Joint Hypermobility Syndrome

Answer: Males = 17% Females = 83%

- The number of males receiving treatment for joint hypermobility at ages: 8, 9, 10, 11-12, 12-13, 13-14, 15-16, 16-17, and 17-18.

Male	
Age	Number
8	3
9	1
12	3
15	1

Answer:

16	1
18	1

**202.18
Paediatrics**

1. Number of paediatric admissions per year?

Answer: 3823

2. Number of births per year?

Answer: 3603

3. Does your Trust operate separate neonatal and paediatric on-call rotas?

Answer: Hybrid rota with 1 resident and 1 non -resident consultant covering Paediatric and Neonates most of the time

4. Number of consultants on the paediatric on-call rota per year?

Answer: 15 (9 non-resident, 6 resident)

5. Number of consultants on the neonatal on-call rota (if 'yes' to question 3) per year?

Answer: Not specifically a neonatal rota, but 6.5 consultants with Neonatal interest who tend to cover the Neonatal on-call as per hybrid rota arrangement where resident will then cover the paediatric side.

6. Number of paediatric trainee doctors provided by the West Midlands Deanery / Health Education England per year? Please provide a breakdown of trainee level.

Answer: 9 lower (fy2 – ST3) provided by west midlands deanery, 2 lower GP Speciality Trainees provided by HEE, 4 higher (ST4 – ST8) provided by west midlands deanery

7. Is the allocation of trainee doctors to the paediatric speciality a Trust or West Midlands Deanery / Health Education England decision?

Answer: West Midlands Deanery / HEE decision.

8. If a Trust decision, how are trainee doctors allocated to the paediatric speciality? Please provide information as to the criteria used in making trainee allocation decisions. Please include examples of relevant policy, process or procedural documentation.

Answer: N/A

**203.18
APPTG Annual Survey**

Please find attached a Freedom of Information request on behalf of the All-Party Parliamentary Thrombosis Group. I would be grateful if you could please provide a response within the timeframe specified by the Freedom of Information Act 2000.

Answer: Please see attached survey. Survey available upon request.

**204.18
Sex Development**

1. Who provides expert evaluation of gender assignment in newborns with Disorders of Sex Development?

Answer: This is led by Paediatric Endocrinologist based at Birmingham Children's Hospital. Any patient presenting in neonatal period with disorders of sex development is discussed and referred to Paediatric Endocrinologist at BCH.

2. Does the trust use a multidisciplinary team that deals with the evaluation and long-term management and needs of patients with Disorders of Sex Development?

Answer: This is led by Paediatric Endocrinology Team based at Birmingham Children's Hospital.

3. If yes to question 2, can you provide contact details for the team?

Answer: Not applicable

4. What specialties are represented on the multidisciplinary team (e.g. paediatric subspecialists in endocrinology, surgery, and/or urology, psychology/psychiatry, gynaecology, genetics, neonatology, and, if available, social work, nursing, and medical ethics)? Please list them.

Answer: Not applicable

5. When dealing with Disorders of Sex Development, what guidelines, if any, do decision makers follow?

Answer: As advised by Paediatric Endocrinologist at BCH.

6. How many people are referred to this team per year (please give numbers for the last five years)?

Answer: This information is not recorded

205.18

High energy drinks/accidental caffeine overdose from high energy drinks

Under the Freedom of Information Act can you provide me with the following information:

1) The number of under 16s who have have been admitted in each of the past five years, broken down by year for suspected overdose from high energy drinks/accidental caffeine overdose from high energy drinks?

2) Of those can you tell me, by year how many people were admitted by A&E?

Answer: The codes we use to identify poisoning: Psychostimulants with abuse potential. With further codes for accidental overdose. Includes a wide range of things, not just caffeine or energy drinks.

If you can supply a definitive code we will relook for you

206.18

I.T. Fraud

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

Q. What percentage of emails that your organisation receives are fraudulent – i.e. phishing messages, BEC (business email compromise) attacks, CEO Fraud, malware laden, etc.

- Please indicate as a percentage: **Answer: 1.19%**
- Don't Track

Q. What is the most common type of fraudulent email/cyber-attack that your organisation receives?

- CEO fraud – this is when someone sends an email impersonating a senior company executive asking an employee to make payments for goods or services into a fraudulent bank account
- Fraudulent transaction requests – fraudsters send invoices for payment of goods or services as if from a legitimate organisation
- Credential theft – fraudsters send messages trying to get users to divulge their username and password or other sensitive information
- Ransomware
- Other
- Don't Track

Answer: Other

Q. Has your organisation suffered financial loss in the last 12 months as a direct result of a faked email message being received that tricked an employee into sending money via wire transfer

- Yes
- No

Answer: No

If yes, please state how much was lost (if fallen victim more than once, please provide total amount given to scammers): _____

Q. Has your organisation had a device/system infected by ransomware in the last 12 months that was delivered via email:

- Yes – once
- Yes – more than once
- We were infected by ransomware but the source wasn't traced
- Never

Answer: Never

NB: If you have answered yes, please answer the following questions for each separate ransomware infection (if numerous devices were infected at the same time, this counts as one incident)

How long were systems affected:

Did you pay the ransom:

- Yes
- No

If yes, how much was paid: _____

Did the criminals provide the information/program needed to restore systems:

- Yes
- No

Answer: N/A

Q. Do you use the domain-based message authentication, reporting and conformance protocol (DMARC) to block fake emails being spoofed to appear as if they have been sent by your company/organisation:

- Yes
- No
- Don't know

Answer: Yes

Q. Are you aware if your organisation/brand has ever been 'spoofed' and used by scammers to send emails trying to trick people

- Yes – before we started using DMARC
- Yes – after we started using DMARC
- Yes – but not sure if it was before or after using DMARC
- Never
- Don't Track

Answer: Don't Track

If yes, please state how many separate incidents of your organisation/brand being spoofed that you know of:

before we started using DMARC: _____

after we started using DMARC: _____

Q. Do you publicise externally how a member of the public can check an email communication with your organisation to determine if it is fake?

- Yes
- No

Answer: No

If yes, how many reports have you received in the last 6 months of fake/phishing messages:

- _____

- Don't Track

Q. Do you publicise internally how a member of your workforce (including third party suppliers) can check an email communication with your IT/Security team to determine if it is fake?

- Yes

- No

Answer: No

If yes, how many reports have you received in the last 6 months of fake/phishing messages:

- _____ from internal workforce

- _____ from third party suppliers

- _____ from both internal and third party suppliers as don't differentiate between senders

- Don't Track

Q. Do you provide a report button within your email system for end users to report phishing emails?

- Yes

- No

Answer: No

Q. Does your organisation have a SOC (Security Operations Centre) or IT security team?

- Yes

- No

Answer: No

Q. Do you have a secure email gateway?

- Yes
- No
- Don't know

Answer: Yes

207/18

Organisational Chart for the Trust.

Please see link below to access organisational structure:

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

208.18

Staffing

I am writing to you under the Freedom of Information Act 2000 to request the following information regarding the recruitment of nursing and midwifery Staff:

1. How many FTE nurse vacancies do you currently have?

Answer: 172.71 FTE

2. What was your total nursing agency spend for financial year 2017/18 inclusive?

Answer £4,220k

3. Had the Trust recruited nursing and midwifery staff from outside the UK during the 2017/18 financial year

Answer: Yes

4. If yes, why?

Answer: Recruiting to vacant posts that we have struggled to recruit to from within the UK

5. If the Trust has recruited nursing staff from overseas during the 2017/18 financial year:

a. The total number of overseas nurses recruited

Answer: 7

b. A breakdown of overseas nurses recruited by country

Answer: Philippines

c. For the 2017/18 nurses, I would like to know how many are still in post?

Answer: 7

6. If any of the Trust's staff attended recruitment events outside the UK in 2017/18 If so, you request for:

a. Location and duration of event -

Answer: None

b. Number of staff who attended, length of trip and any associated costs incurred for travel accommodation and meals.

Answer: N/A

7. If the Trust has used a recruitment company or partner to conduct this recruitment of nurses outside the UK, or if it was conducted directly by the Trust. If you have used a recruitment agency or partner, please provide:

a. The name of the recruitment company or partner used

Answer: Healthperm & Primary Care

- b. A breakdown of the recruitment fees charged to/paid by your organisation to the company or partner used.

Answer:

Nurse Package	How Much max (£)
c. Please Payment for IELTS or OET Training courses	£220
nurses Payment for IELTS Exam	£240
the Payment for OET Exam	£240
partner Payment for CBT Training	£130
NMC Application Fee	£200
Visa (nurse)	£649
Payment for IELTS UKVI if OET taken (needed for visa)	
Health Surcharge	£385
Flight to UK	£500
Transfer from Airport to Accommodation	we pick up- no cost
2 month accommodation	£700
Pocket money on arrival	£200
Recruiter fee	£ 2,600 or £10% of band 5 salary once all passed

confirm the number of hired for employment by trust through a recruitment company or

Answer: 7

209.18

Allergy Services Survey

1. Is your institution involved with providing services for paediatric allergy?

Yes

No

2. With regards to paediatric allergy referrals (tick one or more as appropriate):

My hospital doesn't accept paediatric allergy referrals
 Allergy referrals are seen in a general paediatric clinic
 Allergy referrals are seen in a paediatric allergy clinic

Children with allergies are seen in Primary care allergy clinics

Children with allergies are seen in adult allergy clinics
 Other (please specify)

If Other: _____

If you have answered Yes to Question 1 we will be sending by email a follow up Freedom of Information Request for further information about your paediatric allergy services, as a questionnaire to be completed on line.

Please could you therefore kindly provide the contact details, with their consent, of the person whom you think it would be most appropriate to provide information about the services you provide for paediatric allergy:

210/18

Agency Nurse spend

INFORMATION REQUESTED:

Each of these questions is asked in relation to the trusts renal department only. Please do not include any figures from any other departments, wards or specialties.

- 1) What was your trusts total spend on agency nursing within renal dialysis units in 2017?
- 2) How many hours of agency nursing time did this equate to?
- 3) How many haemodialysis patients did your trust have in 2017?
- 4) Please confirm your turnover % for all leavers within the renal unit (including end

of fixed-term contracts, dismissals, retirement and transfers)?

- 5) Please confirm your turnover 0/o for resignations and industry transfers only within the renal unit?

Answer: The trust does not have a Renal/Dialysis unit within the organisation

**211.18
Pain**

Q1. Does your trust use a standard pre-designed consent form (or set of consent forms) for any of the spinal cord stimulation (SCS) procedures listed in the table below? Please specify for which of these procedures such a consent form exists.

Q2. If your trust does use standard consent forms, please provide me with digital copies of the relevant forms and make clear what procedures each consent form is used for.

Q3. Please provide digital copies of any patient information leaflets or guidance about SCS that is given to patients by your trust.

Q4. With reference to your trust's coding database, please tell me how many of each of the following SCS procedures were performed by your trust in each of the years 2016 and 2017 – the relevant OPCS 4.x codes are:

OPCS4.2 Code	OPCS4.3 Code	OPCS4.4 Code	OPCS4.5 Code	OPCS4.6 Code	OPCS4.7 Code	OPCS4.8 Code	Description
A48.3	A48.3	A48.3	A48.3	A48.3	A48.3	A48.3	Insertion of neurostimulator adjacent to spinal cord
A48.4	A48.4	A48.4	A48.4	A48.4	A48.4	A48.4	Attention to neurostimulator adjacent to spinal cord NEC
A48.4	A48.5	A48.5	A48.5	A48.5	A48.5	A48.5	Reprogramming of neurostimulator adjacent to spinal cord
A48.4 + Y03.7	A48.6	A48.6	A48.6	A48.6	A48.6	A48.6	Removal of neurostimulator adjacent to spinal cord
A48.3	A48.7	A48.7	A48.7	A48.7	A48.7	A48.7	Insertion of neurostimulator electrodes into the spinal cord

Q5. Which OPCS coding version (or version of whatever other coding system) is used by your trust (e.g., OPCS 4.5)?

Answer: This procedure is not provided within the trust.

212.18 NDA's

Please can you tell me how many non-disclosure agreements the trust has agreed in each year over the past 10 years?

Answer: The trust has had no Non-disclosure agreements in the specified timescale.

Please can you also tell me which department of the trust ex-employees or employees who signed the NDAs were working for?

Answer: N/A

213.18 National Survey of Children with Medical Complexities

Please find below eight questions that we would appreciate your response to.

We are doing a survey of all inpatient paediatric units to look at how the problem varies nationally, and would like to ask you the following **eight** questions as freedom of information request in line with The Freedom of Information Act 2000.

1. What is your paediatric inpatient occupancy, on your units (0-18yrs)?

Answer: From 01/04/2018 – 31/07/2018 – and average of 55.6% at midnight snapshots of the overnight paediatric ward (ward 21)

2. How many of these would fit into the definition above?

Answer: All of the patients on this ward in that time period were in that age range

- 3 How many long stay (>30days) paediatric patients do you have?

Answer: None that were admitted to our paediatric ward. We currently have 1 patient who was admitted onto our neonatal unit

- 4 How many of these patients are medically fit to be discharged?

Answer: All children/young people who are discharged are medically fit to do so. We do not discharge until medically fit unless a young person decides to self-discharge.

- 5 Amongst your long stay paediatric population, are there any non-medical barriers to discharge? If so what are the common reasons e.g. housing, care provider allocation, training or social care support?

Answer: Common reasons include; Placement allocation (Social Care), Mental health patients waiting Tier 4 beds (although this length of time has reduced somewhat), social care support.

- 6 Who coordinates discharge planning for “CMiC” patients and how are they set up to do this e.g. specialist paediatric discharge nurse, CNS, adult discharge teams, support workers?

Answer: We are unsure what CMiC is. If you clarify we will answer.

7. Do you have any links with charities when doing this work e.g. charity funded nursing positions, collaboration with charity workers?

Answer: Yes: WellChild Discharge Liaison Nurse – charity funded post.

8. Do you have specific paperwork for long stay “CMiC” patients e.g. hospital passports, patient held records, advanced care plans?

Answer We are unsure what CMiC is. If you clarify we will answer.

We use ACP’s as per the West Midlands Paediatric Palliative Care Network. We also have an integrated community service and our Children’s Community Nurses are based on the acute ward – all children long term/complex nursing needs are under their care and this team is available 7 days a week.

214.18 Equipment

This is a request under the Freedom Of Information Act.

Can you please provide me in an **EXCEL file (please make sure that your response will actually be in an EXCEL file not in PDF or WORD)** with the following information?

- 1) How many crutches, walking frames and walking sticks were purchased by your trust in the financial year 2017/18, 2016/17 and 2015/16 (please break the figure down by financial year)?
- 2) What was the total spend in the above years on a) crutches b) walking frames c) walking sticks (please break the figure down by financial year)?
- 3) How many have been given to patients and have not been returned in each financial year (please break the figure down by financial year)?

Below is a description of the column headers.

Column

B shows the item description/name of product

C gives the total of products purchased in that year

D gives the value of the number of products purchased that year as a total (eg cost x C)

E gives the total count of that item scrapped that year

F give the total count of that item issued that year

G gives the total count of that item returned to the service for that year

H gives the total count of that item returned to stock to reissue to patients for that year.

ItemDesc	Supply Delivery Quantity	Supply Delivery Value	Scrap Quantity	Issue Quantity	Return Quantity	Refurbished Quantity
					From Patients	Back in to stock
Comfy Crutches	0	£0.00	-2	0	0	0
JENX 4 WHEELED WALKER	0	£0.00	0	0	0	0
NIMBO POSTURE WALKER	0	£0.00	0	0	0	0
FOUR WHEELED WALKER - TAL	0	£0.00	0	0	1	0
KAYE WALKER	2	£2,326.00	0	3	0	1
HOSPITAL WALKING FRAME	0	£0.00	-1	0	0	0
PAEDIATRIC WALKING FRAME	0	£0.00	0	0	0	0
GUTTER FRAME - WIDE	0	£0.00	0	0	0	0
HOSPITAL WALKING FRAME -	0	£0.00	0	0	0	0
FOUR WHEELED WALKER	0	£0.00	-13	22	36	23
TOPRO WALKER	0	£0.00	-1	0	0	0
FOLDING WALKER	0	£0.00	0	0	0	0
3 WHEELED WALKER - TALL	0	£0.00	0	0	0	0
Narrow walking frame - medium	10	£220.00	-2	9	2	0
LIFT WALKER FRAME	0	£0.00	0	0	0	0
TOPRO TROJA FOREARM WALKER	0	£0.00	-1	0	1	0

PERMANENT USER CUMFY CRUTCH	0	£0.00	0	0	0	0
PATIENT WALKER	0	£0.00	0	0	0	0
CANADIAN CRUTCHES	0	£0.00	0	0	0	0
ROLLATOR WITH FISCHER HANDLES	1	£35.00	-1	1	0	0
BARIATRIC PLUS WALKING FRAME	1	£86.00	0	1	1	0
KAYE WALKER W4L	1	£833.00	0	1	0	0
QUAD STICK XS BASE	6	£132.00	0	3	2	2
FISCHER STICK - TALL LH	0	£0.00	0	0	0	0
FISCHER STICK - TALL - RH	0	£0.00	0	0	0	0
BARIATRIC WALKING STICK	30	£670.80	-7	24	1	0
HEAVY DUTY WALKING FRAME	0	£0.00	-3	11	6	11
TRIPOD	0	£0.00	-5	7	6	0
ATLAS WALKER	4	£495.00	-12	25	25	19
ELBOW CRUTCHES ADULT PAIR	730	£5,402.00	-132	841	252	92
ELBOW CRUTCHES EXTRA LONG	0	£0.00	-1	33	3	0
3 WHEELED WALKER	0	£0.00	-12	32	46	20
WALKING FRAME SMALL 26"-29"	80	£1,131.20	-30	115	52	49
WALKING FRAME MEDIUM 30" - 33"	843	£11,920.02	-550	1873	1300	1071
WALKING FRAME LARGE 34" - 37"	150	£2,121.00	-72	286	153	134
ROLLATOR WHEELS	671	£1,912.35	-354	1861	888	831
GUTTER FRAME	8	£595.04	-7	40	39	37
WALKING STICK 28" - 38"	1108	£3,933.40	-315	1455	443	511
WALKING STICK - WHITE	0	£0.00	0	4	2	0
ELBOW CRUTCHES COMFY GRIP	90	£960.30	-7	84	6	4
ELBOW CRUTCHES BARIATRIC	0	£0.00	0	2	1	0
GUTTER CRUTCH	0	£0.00	0	11	2	0
QUAD STICK LARGE BASE	0	£0.00	-7	35	16	31
QUAD STICK SMALL BASE	42	£441.42	-5	63	24	42
BARIATRIC CRUTCH WITH COM	0	£0.00	0	0	0	0
FISCHER STICK LEFT	200	£964.00	-15	111	19	0
FISCHER STICK RIGHT	240	£1,156.80	-19	151	21	0
AXILLARY CRUTCHES - MED	0	£0.00	0	0	0	1
AXILLARY CRUTCHES - LAR	0	£0.00	0	1	1	0
HEAVY DUTY WALKING	0	£0.00	0	1	0	0

FRAME WHEEL						
TALL OFFSET WALKING CANE	0	£0.00	0	0	0	0
WALKING STICK 33" - 43"	25	£0.00	0	17	0	0
NARROW WALKING FRAME - LARGE	10	£215.00	0	1	0	0

215.18

Patients of no fixed abode

Under the Freedom of Information Act I wish to request the following information.

1. The number of patients presenting at your A&E/urgent care centres whose address is recorded as no fixed abode or any other similar indicator the trust uses to categorise those who do not have a fixed address/are homeless.
2. The number of patients admitted into your hospital/s whose address is recorded as above.
3. Please provide these figures for each financial year from 2010/11 to the 2017-18.

Answer:

Counts of inpatient admissions and A&E attendances with either a no fixed abode pseudopostcode (zz99 3vz) or an address that appeared to be NFA / no fixed abode

For period 01/04/2010 - 31/03/2018

Year Financial	Admissions	A&E Arrivals
Year 2010/11	7	156
Year 2011/12	14	169
Year 2012/13	22	167
Year 2013/14	23	247
Year 2014/15	24	145
Year 2015/16	24	217
Year 2016/17	17	170
Year 2017/18	27	211

216.18

Agency locum spend

I am writing to you as I am eager to get some information on your agency locum/locum spend.

If you could please give me the following information as soon as possible I would be extremely grateful:

How much did the trust spend on agency locums last year? Broken down into SHO, Middle Grade and Consultants

If I could please have this information on the following specialities: A&E, Acute Medicine, General Medicine, Radiology and Paediatrics I would be appreciative.

Answer:

Grade	Specialty	1718
Agency Consultants	Elderly Care	£83854.82
Agency Consultants	Emergency and Acute Care	£35833.64
Agency Consultants	Gastro Care Group	£255172.03
Agency Consultants	Long Term Conditions	£77512.97
Agency Consultants	Acute Medicine (Capacity)	£57695.56
Agency Other Career Grades	Elderly Care	£79015.88
Agency Other Career Grades	Emergency and Acute Care	£834923.43
Agency Other Career Grades	Long Term Conditions	£13763.11
Agency Other Career Grades	Paediatrics	£13500.59

217.18
Radiology

Please see attached spreadsheet. File available upon request

218.18
Ophthalmology

Intravitreal injections for eyes

1. Does your Ophthalmology department provide an intravitreal eye injection service?

Answer: The trust does not provide Intravitreal eye injections. All other questions are therefore Non applicable.

2. During 2017/18 financial year what is your total numbers of injections administered?
3. If patient is indicated for treatment in both eyes do you deliver injections bilaterally at one appointment?
4. Does your Ophthalmology department provide a one stop service for follow up patient? (i.e. patient has diagnostics, clinician review and an injection if indicated at one appointment)
5. Does your Ophthalmology department provide a one stop service for a new appointment? (i.e. patient has diagnostics, clinician review and an injection if indicated at their first appointment- 1st loading dose)
6. Who injects the patients eyes and how many sessions do they deliver on a weekly basis (session is equivalent to 4 hours):
 - a. Consultant Ophthalmologists?
 - b. Trust Grade or Specialty Doctors (non deanery trainees)?
 - c. Junior (deanery) trainee doctors?

- d. Nurses?
 - e. Opticians?
 - f. Orthoptists?
 - g. Other (please specify)?
7. How does your pharmacy department provide the intravitreal injection drugs:
- a. Specific for each patient i.e. have a patient label attached?
 - b. In batches, not labelled specific for patients?
8. Do you have an automated system that supplies the drug or is used to restrict access to the drug at the point of injection?
9. If you do have automation who is your provider of the automation system?
10. During 2017-2018 financial year have you had any financial losses associated with the loss of these drugs through fridge failures? If so please quantify estimated cost.
11. During 2017-2018 financial year have you had any financial losses associated with the loss of these drugs through inability to internally reconcile? If so please quantify cost.
12. During 2017-2018 financial year have you had any financial losses associated with the loss of these drugs through inability to reconcile with commissioners? If so please quantify cost.
13. Do you use blueteq to get prior approval from the commissioners before administering the drug?

14. How are you paid for the injection activity?

a. Do you have a locally agreed tariff with commissions that includes the cost of the drug? If so please specify separately the income for one attendance including market forces factor for new 1st injection appointment and follow up appointment.

b. Do you have a locally agreed tariff with commissions that excludes the cost of the drug for follow up appointments?

i. For diagnostic (usually Ocular Computerised Tomography) and clinician review? (Please specify income for one attendance including market forces factor)

ii. For diagnostic (usually Ocular Computerised Tomography), clinician review and injection delivered at the same appointment? (Please specify income for one attendance including market forces factor)

iii. For diagnostic (usually Ocular Computerised Tomography), clinician review and injection delivered bilaterally at the same appointment? (Please specify income for one attendance including market forces factor)

15. How many patients do you have on your waiting list for "follow up" injections that are past their due date?

Virtual OCT

1. Does your Ophthalmology department provide a "virtual" Optical Coherence Tomography (OCT) clinic for patients. i.e. patient attends for dilation and OCT, with a review carried out by a medic who does not see the patient?

2. If you do and the patient needs to be seen by a medic are they seen on the same day (one stop) or brought back on a subsequent appointment (different day)?

a. If seen on the same day do you achieve the standard OCT tariff or an enhanced locally agreed tariff.

b. If locally agreed tariff please can you provide the tariff for new (1st) appointments and follow appointments.

3. What patient pathways do you provide a Virtual OCT for? e.g. R1M1 diabetics, stable AMD (please list as many as are available)

**219.18
A&E Attendance**

Could we please have A&E attendance data from January 2018 until present - patients who are registered to our GP practice M91008 the information to include time of attendance and clinical complaint. The data can be anonymised no patient identifiable information required.

Answer: Please see attached spreadsheet. File available upon request

**220.18
FASD**

Request for Information

In light of the above information I would like to ask you to provide:

- 1) Copies of any policies that the Trust has on the prevention of FASD, and on the diagnosis and post-diagnostic care pathway for patients with an FASD. Also your policy on the training of Trust personnel to manage patients with FASD.

Answer: Please see attached

- b. **b)** Also your policy on the training of Trust personnel to manage patients with FASD.

Answer: Within Paediatrics this is covered within the RCPCH curriculum attached, so all from ST1 level up should have competence in recognising environmental factors which may affect pre-natal development, e.g. alcohol and drugs. There is no specific further training which is undertaken within the Trust.

- 2) Any information you hold on services your Trust provided for FASD for
 - a. prevention education following the 2016 Chief Medical Officers' guidelines that the safest course is not to drink while pregnant or attempting to become pregnant;

Answer: At antenatal contacts, midwives discuss safe alcohol intake and women are offered information regarding no drinking alcohol in pregnancy. Health in Pregnancy Support Workers asked women if they drink alcohol and promote no drinking during pregnancy at 12 weeks and 20 weeks).

- b. diagnosis for both children and adults;

Answer: When we have suspicions of FASD in children, they are referred to a clinical geneticist

- c. post-diagnostic care in the financial years beginning 2013, 2014, 2015, 2016, 2017 and 2018.

Answer: When we have suspicions of FASD children are referred to a clinical geneticist and post diagnostic care is dependent on finding and presenting symptoms.

- 3) Information on the number of Doctors in your Trust who currently provide diagnostic and/or post-diagnostic services for FASD? Please provide their names and posts. Whether your Trust employs specifically trained professionals, including but not limited to nurses, psychologists, occupational therapists and speech and language therapists, to provide specialised services for patients on the FASD spectrum? If so, in what specialties, and how many? Please provide their names and posts.

Answer: All Paediatric doctors level ST1 and above should have competence around this as it is included within RCPCH curriculum. Any of the consultant team will be able to send to a clinical geneticist and make diagnosis and commence treatment from this. The Trust does not employ specifically FAS trained professionals to provide services for these patients, however some staff have experience of dealing with this group of patients and they are signposted to the most appropriate person within each service with the appropriate expertise.

- 4) Information on training provided to personnel in your Trust on FASD, or provided by others and accessed by your personnel.

Answer: Within Paediatrics this is covered within the RCPCH curriculum attached, so all from ST1 level up should have competence in recognising environmental factors which may affect pre-natal development, e.g. alcohol and drugs. There is no specific further training which is undertaken within the Trust.

- 5) Information you hold on whether your Trust sends patients for FASD diagnosis to the National FASD Clinic in Surrey (<https://www.fasdclinic.com/>)? Did you refer any patients to the National FASD Clinic in 2013, 2014, 2015, 2016 and 2017, and in 2018, and if so, how many in each year?

Answer: No patients have been sent to the FASD clinic in Surrey

- 6) What was your budget for services for FASD in each financial year since that starting in 2013 and including the current financial year?

Answer: No specific budget attached to FASD as this is included and wrapped up within the normal services provided by the Trust

- 7) Please provide copies of any agreed plans you have to expand the budget or services in coming years.

Answer: N/A

Documents available upon request

221.18

I.T. Equipment

1. How does your Trust dispose of old IT equipment such as desktop computers, laptops, peripherals, tablets etc.?

Answer: We have a robust disposal process in place that requires all assets to be returned to IT Services to be disposed of in line with the Trust's IM&T Security policy.

Do you recycle old IT equipment such as desktop computers, laptops, peripherals, tablets etc?

Answer: Any Trust owned IT asset that is marked for disposal but contains useable parts is broken down and reused when possible prior to removal from site. Only equipment or parts deemed uneconomical to repair or beyond serviceable use is disposed of.

2. What is the volume of old IT equipment such as desktop computers, laptops, peripherals, tablets etc. disposed of or recycled in the last year? (if exact number unknown, an estimate would be acceptable)

Answer:

Item	Quantity
PC	311
Laptop	32
Printer	130
Tablet	1
Fax machine	14
Monitors	187
Peripherals	31
Network Equipment	95

3. What is the Trust spend in the last year on disposal/recycling of old IT equipment such as computers, peripherals, tablets etc.?

Answer: £0 – the contract is cost neutral.

4. Which company does the Trust use to recycle old IT equipment such as desktop computers, laptops, peripherals, tablets etc.?

Answer: Concept Management Ltd

5. Is there a contract in place with this company

Answer: Yes

6. What is included in the contract (such as collection)

Answer: Collection, disposal, recycling of all IT equipment

Full paperwork provided - full build asset register, collection report, waste transfer note, duty of care note and certificate of destruction.

Data destruction with onsite hard drive shredding

7. When is the contract end date?

Answer: 30/01/2019

8. What standards/certifications/requirements/assurances does the Trust ensure before selecting a company to recycle its old IT equipment?

Answer: Evidence to be provided by any prospective company of:

ISO 9001 – Quality Administration Systems

ISO 14001 – Environmental Management Systems

ISO 27001 – Information Security Management Systems

Crown Commercial Services Framework

ICO Registration

IG Toolkit Accreditation

EU GDPR Foundation Course

EU GDPR Practitioner

Waste Broker and Carrier Licence and Hazardous Waste Broker and Carrier

Professional Indemnity Insurance

Commercial Combined Insurance

Employer Liability Insurance

CESG Data Erasure Approved Standard

9. Please provide the name and contact details for the person in your organisation responsible for old IT equipment disposal/recycling?

Answer:

Mark Taylor

Associate Director of IT Services

mark.taylor@WalsallHealthcare.nhs.uk

222.18

Year 1 Doctors rota's

Please could you provide a sample of a typical rota for Foundation Year 1 doctors in the following departments within each of your hospitals;

Foundation Year 1 - Geriatrics
Foundation Year 1 - Cardiology
Foundation Year 1 - Respiratory Medicine
Foundation Year 1 - Orthopaedic Surgery
Foundation Year 1 - Vascular Surgery
Foundation Year 1 - Paediatrics
Foundation Year 1 - Acute Medicine
Foundation Year 1 - Gastroenterology

I appreciate that it would be highly time consuming to provide multiple rotas within each of these areas; my requirement would be fulfilled by a single example of a recent (last 3 months) rota you deem as representative for each area. Please feel free to reach out if you require further information!

- **Answer: Fy1s in Geriatrics, Cardiology, Respiratory medicine, Acute Medicine and Gastroenterology participate in a general medicine FY1 on-call rota –template attached.**
- **Those in all surgical specialties including T&O, ENT and Urology participate on the General Surgery FY1 on-call rota – template attached**
-
- **Our Paediatric FY1 works 9am-5pm Monday to Friday only**

Files available upon request

223.18

Long term stress

Under the Freedom of Information Act 2000, I would like to request data on the number of NHS staff on long-term stress leave during the last year for which figures are available, as well as the total number of days they were on stress leave for, both broken down by staff category, if possible to include without incurring unreasonable cost or time effort for you.

Answer:

Please find below, covering the 12 months to 31 August 2018;

Staff Group	No. Colleagues Absent Due to Long-Term Stress/Anxiety Related Illness	FTE Days Lost	Absence Estimated Cost*
Add Prof Scientific and Technic	5	408.80	£35,818.98
Additional Clinical Services	67	4268.72	£229,625.59
Administrative and Clerical	47	2846.19	£200,070.27
Allied Health Professionals	13	1237.20	£110,227.84
Estates and Ancillary	31	1646.84	£76,278.52
Healthcare Scientists	4	346.67	£37,114.44
Medical and Dental	4	320.00	£50,538.60
Nursing and Midwifery Registered	81	4753.57	£494,648.14
Students	1	33.00	
Grand Total	253	15860.99	£1,234,322.38

*Estimated cost reflects Electronic Staff Record calculations based upon the salary recorded against colleagues who are absent.

**224.18
Drug disposal**

Please can you respond to the following under the Freedom of Information Act.

Please can you provide me information on the quantity of prescription medications, drugs and any other dispensed medical substances ("Drugs") disposed of during the summer heat wave (from the start of June 2018 until the most recent possible date when the search is made).

Answer: The Trust does not hold this information

If you have a register of Drugs being disposed of including dates of the disposal, type and name of Drug, quantities involved, and value of each batch to be disposed of, please provide me with such a register for the given period.

Answer: The Trust does not hold this information

Otherwise, please provide information as to the overall quantity and value of Drugs to be disposed, and provide as much of a breakdown into the fields given previously as is possible.

Answer: The Trust does not hold this information

Please can you tell me whether (i) all, (ii) some, or (iii) which of the hospitals or medical centres that come under the Trust, have the appropriate facilities to refrigerate Drugs.

Answer: All areas that keep medicines requiring refrigeration have facilities to refrigerate

225.18

Population/Staff numbers

1. An estimate of the population the Trust's remit covers.

Answer: The trust does not hold this information and would refer you to the historical censuses for the Walsall area.

2. The number of staff currently employed by the Trust.

Answer: 4315 (as at 31/07/2018)

3. The number of staff paid on the Agenda for Change (AfC) scale.

Answer: 3937 (as at 31/07/2018)

4. A breakdown of the number of staff employed on each band of the AfC scale from band 1 through to band 9.

Answer:

Banding	Headcount
Band 1	281
Band 2	961
Band 3	337
Band 4	282
Band 5	760
Band 6	742
Band 7	388
Band 8 - Range A	134
Band 8 - Range B	32
Band 8 - Range C	15
Band 8 - Range D	5
Grand Total	3937

5. The number and/ or percentage of staff employed by the Trust who work in a non-clinical capacity, i.e. those who do not work directly with patients in an acute setting or in the community. This includes members of any healthcare profession (e.g. nursing and medical) in managerial roles with no direct patient clinical contact.

Answer: 1417 (as at 31/07/2018)

6. The number and/ or percentage of staff employed by the Trust who work in a clinical capacity, i.e. those who work directly with patients in an acute setting or in the community.

Answer: 2908 (as at 31 July 2018)

7. Estimates of the Trust's budget and expenditure for the financial year 2017/18. No breakdown of the budget or expenditure is required.

Answer: Annual Plan expenditure £260,158, actual outturn £266,948 (before impairments and transfers)

226.18
PAL & Complaints

Please can please request the following information,

1. Please send a structure chart of your patient experience team (including PALS and complaints) detailing WTE and band

Answer: Please see attached

2. Please send job descriptions and person specifications for the posts detailed in question 1.

Answer: Please see attached

3. Total number of PALS enquiries/concerns per month

Answer: Average of 305 per month

4. Total number of formal complaints per month

Answer: Average of 25 per month

Documents available upon request

227.18
Patient Administration system

1. Which Patient Administration System (PAS) does the organisation use (e.g. Cerner, All Scripts, Medway, Lorenzo)?

Answer: Lorenzo

2. Is this the system used by A&E staff to record patient admissions?

Answer: Yes

3. Are there other systems used by A&E for recording patient admissions? If so, please state:

Answer: No all A&E attendances are recorded on Lorenzo only

a. System name

Answer: N/A

4. Who manages the PAS System in the Trust / Board?

Answer: Clinical systems support team manage the application which includes configuration and testing.

5. Do you have a Cost Reduction Manager? If so, please state:

Answer:

a. **Full name: Daren Fradgley**

b. **Job title Director Of Strategy & Transformation, Chief Executive Directorate**

6. Do you capture consent for injury cost recovery (ICR) in your PAS system?

Answer: No

7. Can you export data from the PAS system as a CSV or other file format?

Answer: Yes the extracts we receive are in a CSV file format

228.18

Aluminium Composite Material cladding

Please can you tell me if any of your buildings are clad in Aluminium Composite Material, and if so how many.

If any buildings have ACM please can you tell me whether the trust will be removing the cladding and if you have estimated how much this will cost.

Answer:

To confirm that to the best of our knowledge we found no aluminium composite materials in the estate.

229.18

Alcohol Care Teams

1. How many alcohol care teams has your Trust had in operation during each financial year from 2012/13 to 2017/18 inclusive? For each year please detail how many Full Time Equivalent (FTE) staff members were in each team and what was the composition of each team?

Answer: The Trust has had 1 FTE drugs and alcohol liaison nurse in place since 2015.

2. How many of your hospitals currently operate a 24/7 alcohol care team service with three or more FTE staff members per team? How many of your hospitals currently operate a 24/7 alcohol care team service with less than three FTE staff members per team?

Answer: We do not operate a 24/7 service, the service is 9am – 5pm Monday – Friday.

3. How many FTE alcohol liaison nurses has your Trust hired during each financial year from 2010/11 to 2017/18 inclusive? For each year, if possible, please detail whether those FTE alcohol liaison nurses were based in an alcohol care team.

Answer: Walsall Healthcare do not directly employ the alcohol liaison nurse, Walsall CCG commission a 1 FTE drug and alcohol liaison nurse service through 'The Beacon' who provide this service to the Trust since 2015, prior to this it was a service provided by Dudley and Walsall Mental Health Trust

230.18

Pharmacy management structure

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

1. Copy of pharmacy management structure

Answer: The pharmacy management team is:

- **Director of Pharmacy**
 - **Deputy Director of Pharmacy & Clinical Services Manager**
 - **Pharmacy Operations Manager**
 - **Pharmacy Performance Manager**

2. Total WTE of pharmacists and pharmacy technicians

Answer: Pharmacists = 28.13wte, technicians = 28.05wte

3. Chief Pharmacist/Director of Pharmacy name

Answer: Gary Fletcher

4. Copy of Job Description for Chief Pharmacist / Director of Pharmacy

Answer; Job description available upon request

231.18

Care tests for bacterial and viral infections

Under the Freedom of Information Act, please could you provide answers to the following?

1. Do you routinely carry out point of care tests for bacterial and viral infections?

Answer: We currently do not carry out Care tests.

2. In what scenarios do you use point of care testing?

Answer: Non-Applicable

3. What is the average length of time taken for results of point of care tests for bacterial and viral infections to be delivered?

Answer: Non-Applicable

4. Which bacterial or viral infections do you test for specifically? a) MRSA, b) C.diff, c) E.coli, d) CPE, e) any others?

Answer: Non-Applicable

232.18

Infection Prevention

Under the Freedom of Information Act, please could you provide answers to the following:

1. As a trust, what protocols do you have in place for managing patients to prevent infection in the patient pathway?

Answer: The trust has all policies in place in line with The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance

2. Do you have a policy for routine testing for bacterial infections a) in all patients b) in high risk patients only?

Answer:

Routine MRSA testing on admission all patients

High risk

Screening for all patients with history of VRE, CPE, MDR organisms

CPE screening if patients have been in another hospital in UK or abroad

Full screens for all organisms if patient admitted unwell with history of foreign travel

3. Do you have a policy for routine testing for viral infections a) in all patients b) in high risk patients only?

Answer: High risk

4. Is isolation the protocol for high risk patients? If not, please can you confirm what protocols are in place.

Answer: Yes protocol is for isolation for high risk or suspected risk

233.18

Maternity Unit Closures

I write under the terms of the Freedom of Information Act 2000 to request the following information on maternity unit closures.

1. How many hospital beds have been set aside across your Trust for private patients in each year from 2010/11 to 2017/18 inclusive? Please include beds set aside solely for private use and temporarily for private use.
2. How many dedicated Private Patient Units have you had across your Trust in each year from 2010/11 to 2017/18 inclusive? Please provide details where possible around the activity within the units.

3. How much has your Trust invested in Private Patient Units in each year from 2010/11 to 2017/18 inclusive? Please provide details where possible concerning what the Trust spent money on.
4. On how many occasions have patients been transferred into NHS care from Private Patient Units in each year from 2010/11 to 2017/18 inclusive?

Answer: The trust does not have any dedicated private units

234.18

Costs for private patients

I write under the terms of the Freedom of Information Act 2000 to request the following information.

1. What were the total outgoings of the Trust for the treatment and care of private patients in each year from 2010/11 to 2017/18 inclusive?

Answer: This information is not recorded.

2. What was the number of Finished Consultant Episodes of private patients in your Trust during each year from 2010/11 to 2017/18 inclusive?

Answer:

YearFinancial	FinishedConsultantEpisodes
Year 2010/11	24
Year 2011/12	23
Year 2012/13	3
Year 2013/14	1
Year 2014/15	3
Year 2015/16	12
Year 2016/17	16
Year 2017/18	3

3. What was the Trust's total income from payments from private patients during each year from 2010/11 to 2017/18 inclusive?

Answer:

2010/11	£51,151.00
2011/12	£14,312.00
2012/13	£22,179.00
2013/14	£13713.70
2014/15	£11,070.05
2015/16	£14,201.00
2016/17	£18,959.48
2017/18	£4,885.00

235.18

A&E admissions

I would like to submit the following question under the Freedom of Information Act.

How many admissions were there to A and E for heat stroke in June 2017?

- A. Aged 0-5
- B. Aged 5-10
- C. Aged 10-16

How many admissions were there to A and E for heat stroke in June 2018?

- A. Aged 0-5
- B. Aged 5-10
- C. Aged 10-16

D.

How many admissions were there to A and E for sunburn in June 2017?

- A. Aged 0-5
- B. Aged 5-10
- C. Aged 10-16
- D.

How many admissions were there to A and E for sunburn in June 2018?

- A. Aged 0-5
- B. Aged 5-10
- C. Aged 10-16

Answer: This information has not been captured at this point. All Clinical Condition coding for June is completed as per secondary user services (SUS) submission in August.

236.18
Maternity unit closures

I write under the terms of the Freedom of Information Act 2000 to request the following information concerning maternity unit closures.

1. On how many occasions has your maternity unit been closed to new admissions in 2010 through to 2018 (Year to Date) inclusive. Please supply figures for each calendar year.
2. For each such closure, please state the duration of and the reason for the closure.
3. For each closure, please state which maternity unit at which NHS Trust the mother consequently travelled to. If recorded, please state the distance the mother travelled because your maternity unit was closed to new admissions.

237.18
Sanitary Products

I write under the terms of the Freedom of Information Act 2000 to request the following information.

1. Does your Trust have a policy on providing sanitary products during menstruation, for free, to inpatients in hospitals/clinics?

Answer: No

2. If yes, can you please provide me with copies of this policy and any relevant documentation relating to how it this policy is implemented

Answer: N/A

3. Can you provide details of what happens if a patient runs short of sanitary products during a hospital stay? Is there a process by which the hospital/clinic in question will provide these products – if yes, please provide full details of what the process is.

Answer: The trust does not have a policy/process in place. We use a common sense approach to ensure all female patients would be helped when and if the need arose.

238.18
I.T. Systems

1. How many computers in total do you have across your entire Trust?

Answer: 4779

2. How many of your computers are currently running Windows XP or Windows 7 software?

Answer; Windows XP - 10, Windows 7 – 4218

3. How many of your computers are currently running Windows 10 software?

Answer: Windows 10 – 209

4. On how many occasions in calendar years 2015, 2016, 2017 and 2018 (Year to Date) have computers across your Trust crashed and required rebooting. Please provide a best estimate if precise data is not collated.

Answer: This information is not recorded

- On how many occasions in calendar years 2015, 2016, 2017 and 2018 (Year to Date) has your IT Department been contacted because of any computer problems across your Trust? Please provide a best estimate if precise data is not collated.

Answer: Service desk field circa 30000 calls per year relating to IT issues

- For each of the calendar years 2015, 2016, 2017 and 2018 (Year to Date) what is the longest time a computer was broken/remained unfixed and therefore was not used by staff anywhere across your Trust?

Answer: This information is not recorded

- Please list any incidents of patients coming to harm, because of a fault related to an IT system failure

Answer: The trust is not aware of any.

239.18

A&E waiting times

I write under the terms of the Freedom of Information Act 2000 to request the following information.

- What is the longest period of time a single patient waited in A&E to be seen, treated, and admitted/discharged during calendar years 2015, 2016, 2017 and 2018 (Year to Date)? Please provide any details concerning why the patient waited this length of time and what their ailment/s were?
- What are the top 10 longest periods of time a single patient waited to start consultant-led treatment from referral for non-urgent conditions during calendar years 2015, 2016, 2017 and 2018 (Year to Date)? Please provide any details concerning why the patient waited this length of time and what their ailment/s were.

Walsall Healthcare NHS Trust					
Longest wait for treatment times for patients attending A&E in 2015,2016,2017 and 2018					
YearCalendar	WaitForTreatment (Mins)	Hours	BreachReasonTx	PresentingComplaintTx	ChiefComplaintTx
Year 2015	548	9.1	Deviation from ED protocol	fall shoulder and knee injury	NULL

Year 2016	740	12.3	Waiting for medical review	vomitting & high temp	NULL
Year 2017	645	10.8	Deviation from ED protocol	neck pain, vomiting, photophobia	Neck pain
Year 2018	534	8.9	Deviation from ED protocol	head pain/faint	Headache

**240.18
Agency Staff**

Could you please provide me with the following information?

- What was your Trusts total spend on Cath Lab Nursing Agency staff (Cath Lab Staff Nurse) from 09/04/2018 to date?

Answer: The Cath Lab does not use Agency Staff

- How many Cath Lab Nursing Agency staff (Cath Lab Staff Nurse) did you use at your Trust from 09/04/2018 to date?

Answer: As above

- How many Cath Lab Nursing Agency staff (Cath Lab Staff Nurse) do you currently utilise at your Trust?

Answer: As above

- What were your Trusts total spend on Interventional Radiology Nursing Agency staff (Radiology Staff Nurse) from 09/04/2018 to date?

Answer: Radiology do not use Agency staff

- How many Interventional Radiology Nursing Agency staff (Radiology Staff Nurse) did you use at your Trust from 09/04/2018 to date?

Answer: As above

- How many Interventional Radiology Nursing Agency staff (Radiology Staff Nurse) do you currently utilise at your Trust?

Answer: As above

**241.18
Rotas**

Under the Freedom of Information Act I wish to request the following information.

- The number of occasions – with dates – on which any member of staff within the trust self-referred to NHS Improvement, Health Education England or any other agency/regulator due to making late changes to rotas or providing rotas late. (See below for the guidelines for rota design***) Please provide these figures for 2016, 2017 and 2018 to date.

Answer: This information is not recorded.

- The total number of beds – or bed spaces – in the trust currently unused. Please categorise with reasons if possible: IE staffing levels not sufficient/wards unfit.

Answer; Our Bed Spreadsheets data source is currently under review so are not able to provide this information.

**242.18
Contracts**

Under the Freedom of Information act I wish to request the following information:

- Please provide a list of all contracts the trust has bid for under current tendering processes for the following financial years: 2017-18, 2016-17, 2015-16, 2014-15, 2013-14 and 2012-13. Please provide the stated value of the contract, the nature of the contract and whether the bid was successful or not.

Answer: Please see attached spreadsheet

- Please provide details of all occasions where external consultancy has been used to support the development of a contract bid or used during any stage of the process. Please break this information down by the name of the consultancy used, the cost of using the firm and the outcome of the bid.

Answer: Please see attached spreadsheet. We have listed the consultancy suppliers in column G. Information on the contract they assisted on is withheld under Section 43 (Commercial Interests) as this would detail the cost agreed with the supplier.

Year	Bids	Value (circa)	Won/Lost	Consultancy	Total value of external supp
2012/2014	Information not known				
2014/15	TOPS	£600-£700Kpa	Lost	No	
	Non-obstetrics AQP	activity dependent	Won	No.	
	Anti coagulation AQP	activity dependent	Won	No	
	Healthy Child Programme	£2m pa	Won	No	
2015/16	HSDU	Withdrawn	Lost	No	
	Community Based Services (children)	£10K	Won		
	Adult Weight Management	£66K	Won	No	
	Sexual Health	£4.5m	Won	Yes	
	Falls	£318K pa	Won	No	
	Smoking in Schools	£7K	Won	No	
	Healthy Child	£4.2m			
2016/17	Early Years 0-5 Health Visiting £12m (3 years)	£12m	Won	Yes	
	Objective Structured Clinical Examinations (OSCEs) – assessment of overseas nurses	activity dependent	Lost	No	
	Mortuary	£120kpa	Won	No	

	Urgent Care Centre	£5m pa	Lost	Yes
	Audiology AQP	activity dependent	Won	No
2017/18	Minor Surgery AQP	activity dependent	Won	No
	Early Years Healthy Eating	£13.5Kpa	Lost	No
	MSK Triage	£56Kpa	Won	No
2018/19	None			

243.18

Individual Funding

I write under the terms of the Freedom of Information Act 2000 to request the following information.

1. Which procedures in 2013/14 were always subject to individual funding requests?
2. Which procedures as of 1 April 2018 are always subject to individual funding requests?
3. How many individual funding requests has the CCG received in each financial year going back to 2013. How many of these has it denied? Please detail what the procedures were.

Answer: We have no record of procedures being subject to individual funding requests during the given period.

244.18

Children on adult wards

I write under the terms of the Freedom of Information Act 2000 to request the following information.

1. On how many occasions has a child (under the age of 18) been treated on an adult ward during each calendar year from 2010 to 2018 (Year to Date) inclusive. Please detail how long the child remained on the adult ward, what treatment they received and why they were treated on an adult ward (e.g. staffing shortages).
2. On how many occasions has an adult been treated on a children's ward during each calendar year from 2010 to 2018 (Year to Date) inclusive. Please detail how long the adult remained on the children's ward, what treatment they received and why they were treated on a children's ward (e.g. staffing shortages).

Answer: Children up to age 16 are seen on a Children's Ward, there is no circumstances under which they would be treated on another ward. All paediatric beds are ring fenced so there will no occasions where an adult will be on a children's ward. The 16-18 age groups. There may be some patients seen on the children's ward and some on the adult ward depending on the connotations specified in the policy. Policy available upon request

245.18

Vending machines

1. How many vending machines do you have in operation across your Trust? Please provide data for each financial year from 2010 to 2018 (Year to Date) inclusive.

Answer: From 2010 to 2014 we have maintained 14 machines.

2. Please provide any details around the content of the vending machines as of 1 April 2018.

Answer: Tea, Coffee, Hot Chocolate, Sugar free cold drinks, crisps (including lower cal options), chocolate, sweets (including sugar free options), biscuits, fruit & nut snacks (healthy range)

3. Please outline whether pieces of fruit are available for purchase within the vending machine

Answer: Fruit is not available

4. Please outline the opening hours of your staff canteens and please detail which staff canteens are open 24/7

Answer:

Costa

Monday – Friday 7.30 – 19.30

Saturday – Sunday 12.00 – 19.30

Restaurant

Monday – Friday 8.00 – 11.00 Breakfast

11.30 – 2.30 Dinner

Saturday – Sunday Closed

Only vending machines are available 24/7

246.18
Abortion Statistics

1. Do you provide termination of pregnancy services within your trust?

Answer: The Trust does not provide a termination service for unplanned pregnancies.

2. If yes, please confirm how many abortions were undertaken in the previous financial year?

Answer: N/A

3. Please confirm the breakdown of abortions at different gestational ages last year, as per below?

Gestation weeks	3-9 weeks	10-12 weeks	13+ weeks
No. of abortions			

Answer: N/A

247.18
Locum & Bank staff

1. On how many occasions was a i) locum employed to ensure medical rotas were filled-

Answer: This information is not recorded. Only hold the number not the reason

2. And Bank staff to ensure nursing rotas were filled for children's services during each calendar year from 2010 to 2018 (Year to Date) inclusive?

Answer: This information is not recorded. Only hold the number not the reason

3. On how many occasions has your paediatric inpatient unit (if you have one) temporarily suspended new admissions during each calendar year from 2010 to 2018 (Year to Date). Please detail the reasons why the unit temporarily did not accept new admissions, for example because staffing shortages.

Answer: This information is not collected but the department has closed on a very infrequent basis, <5 times per year. It has not closed at all in 2017/2018.

4. If your Trust allows parents/guardians to sleep next to their child, if their child is receiving treatment, do you charge the parent/guardian for a bed in these situations? If so what is the charge per night?

Answer: Both parents can be resident and there is no charge for this.

5. Does your Trust hire a Full Time Equivalent (FTE) play specialist and does it run a play specialist service?

Answer: The paediatric department has 2 full time play specialists, 2.0 WTE

248.18

A&E Mental health visits

By 'treated/seen', requester means when the patient has been treated in entirety and discharged, so the measure of time from arrival to departure (which has a target of 4 hours).

1. For each individual calendar year in the period 2014 through to 2018 (Year to Date) inclusive, please breakdown how many children aged 15 and under attending the hospital's A&E department for mental health related issues, were treated/seen by a doctor within four hours, and how many waited longer than four hours to be treated. If possible, please give a breakdown of how long those waiting four+ hours were waiting, e.g. six, seven hours etc.
2. For each individual calendar year in the period 2014 through to 2018 (Year to Date) inclusive please breakdown how many children aged 16 and 17, attending the hospital's A&E department for mental health related issues, were treated/seen by a doctor within four hours, and how many waited longer than four hours to be treated. If possible, please give a breakdown of how long those waiting four+ hours were waiting, e.g. six, seven hours etc.
3. For each individual calendar year in the period 2014 through to 2018 (Year to Date) inclusive, please breakdown how many adults aged 18 and over, attending the hospital's A&E department for mental health related issues, were treated/seen by a doctor within four hours, and how many waited longer than four hours to be treated. If possible, please give a breakdown of how long those waiting four+ hours were waiting, e.g. six, seven hours etc.
4. For each individual calendar year in the period 2014 through to 2018 (Year to Date) inclusive, please detail the longest period of time an individual with a diagnosed mental health condition spent in A&E.

Answer: Please see attached spreadsheet. File available upon request.

249.18

ICT Expenditure

I have tried to find this information in your organisation's published data, but was unable to find the level detail I require.

I fully expect that you may not be able to provide all the information I am looking for. If this is the case, please provide me with **as much information as you can within the template.** For example: you may be able to sub-totals for some categories, or provide information for only for certain years.

Within the response, please include:

- Expenditure from all parts of your organisation (centralised IT and departmental IT);
- As well as your own organisation, expenditure for any subsidiary organisations that fall within the scope

of your accounts; and,
- Both revenue (or operating) expenditure and capital expenditure.

If you could input the answers in this template and return to me by email as an attachment, this would be much appreciated. Please return the information in the template **as an Excel (.xlsx) file** - not in another format (e.g. PDF).

Answer: Attachment available upon request

250.18 Under 18 foreign conceptions/Births

Please could you provide me with the following data:

1. -How many under18yrs conceptions your trust holds data on, who presented between 01.04.2017 -31.03.2018 where the mother identified as:

Romanian
Hungarian
Albanian
Roma/Gypsy

Answer = 3 (Patients aged <18yrs at the time of Booking)

2. -How many under18yrs births your trust holds data on, who presented between 01.04.2017 - 31.03.2018 where the mother identified as:

Romanian
Hungarian
Albanian
Roma/Gypsy

Answer = 1 (Patients aged <18yrs at the time of Delivery)

Please note that if a patient is “Roma/Gypsy” it is not captured on the Badger Maternity System.

251.18 Wheelchair Services

A) Please list the wheelchair services provided by the trust, including:

- i) The provider

Answer: Walsall Healthcare Trust NHS

- ii) The geographical area covered

Answer: Walsall Metropolitan Borough

iii) Brief description of the provision covered

Answer: The service supports clients with postural and mobility needs who have a long term condition that impacts on their ability to mobilise.

The service assesses for the provision of wheelchairs that enable clients to manage their mobility, posture and pressure needs from the age of 36 months onwards (children under 36 months may be considered if the user has severe and permanent physical disability, which necessitates specific/specialist postural support).

All referrals into the service are screened by the service clinicians, prioritised on need and offered an assessment in the most appropriate environment.

Clients are assessed in a variety of environments so that the most appropriate equipment can be provided.

The service does provide powered wheelchairs which are primarily for indoor use. The NHS has set criteria and assessment processes for the provision of powered chairs, which is a length process.

The service does not provide scooters and or any temporary loan equipment. The service is no longer able to provide power packs.

The service also provides a free repair service for all wheelchair equipment provided. This is managed by Ross Care.

iv) The need level met (i.e. low, end of life, hospital discharge, etc)

Answer: The service support all areas of need, low, medium, high, special need, end of life and discharge.

B) For each instance where the answer to 'A i' is anything other than the trust itself:

i) The date when the related contract began

ii) The annual cost of the contract to the CCG

iii) The annual cost of the service at the last point it was provided directly by the trust

iv) The date when the current contract will expire

Answer: N/A

C) For each instance where the answer to 'A i' is the trust

i) The annual cost to the CCG of the service for each of the following financial years: 2015/16, 2016/17, 2017/18 and 2018/19 –

Answer:

2015/16 = £935,289

2016/17 = £952,281

2017/18 = £951,776

2018/19 = £951,781 (to be finalised)

D) The following information about wheelchair service use

i) The current total longest open episode of care for(a) adults and (b) children in weeks

Answer:

A) 45 weeks

B) 16 weeks

ii) The average waiting time in weeks for the following financial years: 2015/16, 2016/17, 2017/18 and 2018/19 (up until the date on which this request is received)

Answer: The current computer system hasn't the capability to formulate these figures.

252.18

Junior Doctors

Under the Freedom of Information Act I would like to request copies of some information known to the trust.

Please disclose:

a) How many junior doctors are employed by the trust on the new junior doctor contract terms and conditions?-

Answer: 145

b) What was the total number of exception reports since August 2016?-

Answer: 128

c) Of the total in b) above please state which fell into the following categories:

- A breach of the average 48 hr week –

Answer: Over 90% (overall)

- A breach of the maximum 72 hr week-

Answer: < 5 reports in 2016

d) Please indicate the total number of outcomes in the following categories:

- Compensation to the doctor and a work schedule review

Answer: Work schedule review in Obstetrics and Gynaecology undertaken and Acute Medical Unit.

- Overtime payment to the doctor

Answer: see f) for total payment

- Time off in lieu or toil

Answer: over 85% (either during week day when surplus doctors or as annual leave)

- No further action

Answer: < 5 %

- e) What was the total money paid to the Guardian and spent on education and training?-

Answer: £21500. Met with juniors on how to spend fines levied end of 2017/2018. Agreed to spend on oncall hub/centre to refine calls received at night and reduce work load. Discussed at BMA Local Negotiating Committee & Junior Doctor Forum. Working with Juniors, looking at training

- f) What was the total number of fines levied by the Guardian?- What was the total value of the fines levied by the Guardian?

Answer: £9000 (13 Doctors total 260 hours)

Report available upon request.

253.18

Cardiac MRI scans

I would like to know

- 1) How many stress perfusion Cardiac MRI scans were performed in the trust in the financial year 2011-12?
- 2) How many stress perfusion Cardiac MRI scans were performed in the trust in the financial year 2012-13?
- 3) How many stress perfusion Cardiac MRI scans were performed in the trust in the financial year 2013-14?
- 4) How many stress perfusion Cardiac MRI scans were performed in the trust in the financial year 2014-15?
- 5) How many stress perfusion Cardiac MRI scans were performed in the trust in the financial year 2015-16?
- 6) How many stress perfusion Cardiac MRI scans were performed in the trust in the financial year 2016-17?

Answer: Following on from a discussion with the Clinical coding dept we require more information to begin looking for the relevant activity. Can you provide a specific ICD10 code we can check against?

254.18 ICT Contracts

This is a request for information that relates to the organisation's contracts around ICT contract(s) for Server Hardware Maintenance, Server Virtualisation Licenses and Maintenance and Storage Area Network (SAN) Maintenance/Support, which may include:

- Server Hardware Maintenance- contracts relating to the support and maintenance of the organisation's physical servers.
- Virtualisation Maintenance/Support/ Licensing (VMware, Solaris, Unix, Linux, Windows Server)
- Storage Area Network Maintenance/Support (EMC, NetApp etc)

For each of the type of contract described above, please can you provide me with the following data. If there is more than one contract please split the information for each separate supplier this includes annual spend

1. **Contract Title:** Please provide me with the contract title.
2. **Type of Contracts (ABOVE):** Please can you provide me with one or more contract types the contract relate to: Server Hardware, Virtualisation, SAN (Storage Area Network)
3. **Existing/Current Supplier:** Please provide me with the supplier name for each contract.
4. **Brand:** Please state the brand of hardware or software
5. **Operating System / Software (Platform):** (Windows, Linux, Unix, Vsphere, AIX, Solaris etc.) Please state the operating system used by the organisation.
6. **Annual Average Spend:** Please provide me with the most recent annual spend for this contract?
7. **Contract Duration:** (Please can you also include notes if the contract includes any contract Extension periods.)
8. **Contract Expiry Date:** Please can you provide me with the date of when the contract expires.
9. **Contract Review Date:** (An approximate date of when the organisation is planning to review this particular contract.)
10. **Purchase of Servers:** Could you please provide me with the month and year in which most/bulk of servers where purchased.
11. **Number of Physical Server:** Please can you provide me with the number of physical servers.
12. **Number of Virtual Servers:** Please can you provide me with the number of Virtual servers' servers.

13. **Brief Contract Description:** I require a brief description of the service provided under this contract. Please do not just put maintenance I need at least a sentence.

14. **Contract Owner:** (The person from within the organisation that is responsible for reviewing and renewing this particular contract. Please include their full name, job title, direct contact number and direct email address.)

If this service is part of a managed contract please can you send me the contract information for this managed service including Hardware Brand, Number of Users, Operating System, and contact details of the internal contact responsible for this contract

Answer: Please see attached spreadsheet. File available upon request.

255.18

Support of the Trust's or CCG's Integration Engine (TIE)

We require information related to the Support of the Trust's or CCG's Integration Engine (TIE)

1. Can you confirm that your Trust uses the Rhapsody Integration Engine for integration and sharing of information between clinical systems EG: PAS ADT / Demographic messages to Radiology System / LIMS within the Hospital. Please state the specific IE used and the version number.

Answer: Orion Health Rhapsody version 5.5.3

2. Are you planning an upgrade or replacement of the IE in the next 12 months?

Answer: Yes we will be upgrading to version 6.0

3. Please provide an email address for the main IT point of contact that is in charge of overseeing and managing the Integration and Interfacing team(s)?

Answer: mark.taylor@walsallhealthcare.nhs.uk

4. How many licenses do you hold for your Integration Engine, and of what type?

Answer: Full enterprise licenses

5. Do you pay for support and maintenance of your integration engine as separate items?

Answer: No, we pay an overall annual contract with Orion Health

6. Do you currently have an annual 24/7-365 Rhapsody environment and bespoke interface (monitoring) support contract with a third party supplier?

Answer: Yes. We have a 24/7 support team internally but also have a 24/7 agreement under the annual contract

7. (If yes to 6), How much do you currently pay for your annual 24/7 Rhapsody environment and bespoke interface support ?

8.

Answer: We pay an overall annual contract with Orion Health. We are unable to break the costs down for Rhapsody environment and bespoke interface support

9. (If yes to 6), When will the 24/7 support contract be renewed next?

Answer: The overall contract with Orion health is reviewed every March

10. (If No to 6), Is your Rhapsody environment and bespoke interface support provided in-house? Does this cover OOH support?

Question: Yes, Yes with option for escalation to Orion health if we cannot resolve any issues internally

11. What is the procurement route for the above services should they be external to the Trust e.g via tender?

Answer: Tender

256.18
Brexit

Under the Freedom of Information Act can you please provide me with the following information:

Any documents, reports or risk assessments produced by the Trust's board or management executive since June 2016 relating to Brexit risk, or contingency planning in the event of Brexit.

Answer: We have checked back through Trust Board papers and Exec Team meetings, no items in relation to Brexit have been found.

258.18
Myocardial Scans

- 1) How many Myocardial perfusion scans were performed in the trust in the financial year 2011-12?

Answer: 1253

- 2) How many Myocardial perfusion scans were performed in the trust in the financial year 2012-13?

Answer: 1447

- 3) How many Myocardial perfusion scans were performed in the trust in the financial year 2013-14?

Answer: 1516

- 4) How many Myocardial perfusion scans were performed in the trust in the financial year 2014-15?

Answer: 1539

- 5) How many Myocardial perfusion scans were performed in the trust in the financial year 2015-16?

Answer: 1322

6) How many Myocardial perfusion scans were performed in the trust in the financial year 2016-17?

Answer: 1374

257.18

Doctor details

Please could you provide the names, email addresses, and phone numbers of the following members of staff for each medical, surgical and anaesthetics department within each of your hospitals that employs junior doctors.

- Rota coordinators
- Clinical Leads/Clinical Directors
- Department secretaries
- College tutors

Answer: Please see attached word document. Staff details below Director Level are withheld under Section 40 (Personal Information).

In addition, please could you provide the number of members of staff at each grade listed below working in each of these departments?

- Consultant doctors
- Senior Registrars
- Registrars
- FY2 Doctors
- FY1 Doctors

Answer: Please see attached spreadsheet. All directors can be contacted via the hospital number 01922 721172

Both attachments available upon request

259.18

Stress Echocardiograms

I would like to know

1) How many Stress echocardiograms (Dobutamine or exercise) were performed in the trust in the financial year 2011-12?

- 2) How many Stress echocardiograms (Dobutamine or exercise) were performed in the trust in the financial year 2012-13?
- 3) How many Stress echocardiograms (Dobutamine or exercise) were performed in the trust in the financial year 2013-14?
- 4) How many Stress echocardiograms (Dobutamine or exercise) were performed in the trust in the financial year 2014-15?
- 5) How many Stress echocardiograms (Dobutamine or exercise) were performed in the trust in the financial year 2015-16?
- 6) How many Stress echocardiograms (Dobutamine or exercise) were performed in the trust in the financial year 2016-17?

Answer: The cardiology test code for DSE tests, Saline bubble study test and contrast echo tests are all 12. It would be very difficult to extract which test is DSE as this cardiology code covers 3 different tests.

260.18 Agency Staff

Would it be possible to answer the following questions:

- 1) What has been the agency cost of staff nurses from January 2017 till December 2017

Answer: £3,991k (ALL nurse & midwifery staffing including RN & CSW)

- 2) What has been the bank cost of staff nurses from January 2017 till December 2017

Answer: £5,067k (ALL nurse & midwifery staffing including RN & CSW)

261.18 IT Infrastructure

I would like to submit freedom-of-information request **Reference 37** regarding IT Infrastructure, Hardware and Software.

Please provide details of the IT Systems, Suppliers and Software used at the Trust in the table below to include:

Supplier Name – vendor name responsible for supplying and supporting the software. If there is no procured system in use please state the software used, e.g. Excel or state “Internal” if the system has been developed within the trust.

Software/ Product Name – please provide the name of the software package as referred to by the supplier, e.g. EMIS, Lorenzo etc.

Software Version – please provide the version number of the software package as referred to by the supplier

Database – please provide details of the database & database version used by the software

Hosting – please provide details of where the software is hosted, e.g. is it hosted on-site at the Trust, at a 3rd party data centre or on the cloud. Please also state if the software is hosted on dedicated, shared or cloud-based hardware.

End Date – please provide the end date/renewal date of the current supplier’s contract for this software.

Answer: Please see attached. Available upon request

**262.18
Brexit**

Please consider this request under the FOI Act for information generated in the last 12 months on the following topics:

1. Any planning by the trust for a no-deal Brexit.
2. Any planning by the trust for other Brexit scenarios.
3. Any impact assessments carried out by the trusts of different Brexit scenarios

**263.18
CAMHS Services**

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

- 1) How many children received treatment from your local CAMHS in the financial years:
 - a. 2014/15
 - b. 2015/16
 - c. 2016/17
 - d. 2017/18

- 2) Please can you breakdown the figures given in answer to Q1a-d by (i) the type of mental health issue that was being treated, and (ii) the ethnicity of the child?

Answer: We don’t have any CAMHS services. It is run by the Mental Health Trust to whom we refer for assessment.

Answer: We have checked back through Trust Board papers and Exec Team meetings, no items in relation to Brexit have been found.

**264.18
Agency Staff costs**

Based on your last complete financial year, can you please advise:

- 1) Total number of permanent clinical jobs filled through recruitment agencies?

Answer: 0

- 2) Total spend on permanent fees paid to agencies for clinical roles?

Answer: 0

- 3) The list of agencies used for permanent recruitment for clinical roles?

Answer: No set list.

**265.18
Trust Secretary details**

Can you please complete the attached spreadsheet with details of your Trust Secretary/Company Secretary? This request is made under the Freedom of Information Act

Answer: Please see attached spreadsheet. Available upon request.

**266.18
Employee information**

General CCG Info

- Estimated catchment population for the CCG (for 2017)

Date range; 2017 January - December 2017 (inclusive)

- Segmented monthly for all data if possible

Employee information

- Number of each healthcare type* per department**
- For each healthcare type in each department
 - **Appointments*****;
 - Number of New Appointments, Follow Up Appointments and Telephone appointments (as three separate numbers if possible)
 - Average (contracted) number of hours worked per month per employee type
 - Number of scheduled appointments per month
 - Average appointment time**** (**if scheduled or recorded**) for each health care type in each department for each type of appointment
 - Or department recommended
 - Average salary of each employee type in each department

File available upon request.

267.18

Drug treatment

In Your Trust,

1. How many patients treated in the past 3 months [latest 3 months available] with:

-Omalizumab [Xolair]

Answer: 1

-Mepolizumab [Nucala]

Answer: 0

-Reslizumab [Cinqaero]

Answer: 0

-Benralizumab [Fasenra]

Answer: 0

268.18

List of suppliers

I am trying to understand the number of suppliers the NHS purchases from so please can you send me a list of all suppliers you purchase goods or services from and the annual value you bought from them in your last financial year. Many thanks

Answer: Please see attached spreadsheet. File available upon request

269.18

Urology/Continence Nurses

Under the Freedom of Information Act, please could you provide the following information for all the Trusts you cover:

1. How many specialist urology/continence nurses were there within your Trust in each of the last five financial years?

Answer:

Continence nurses 18-19 - 6 wte

17-18 - 4.2 wte

16-17 - 4.2 wte

15-16 -4.2 wte

14-15 - 4.2 wte

2. How many hours of staff training were allocated in the last financial year, under the remit of continence care, to catheterisation?

Answer: Catheter training 17-18 – 15 hours

3. Do you have a named continence lead within your Trust? If so, what is their name?

Answer: Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is Karen Dunderdale –Director of Nursing

4. Are catheter passports used within your Trust?

Answer; Yes since 2015

a. If no, can you provide a reason as to why?

b. If yes, has the number of passports given to patients increased over the last 5 years?

Answer: Yes

5. If a catheter passport is used within your Trust does it contain a urine colour chart?

Answer; Yes

6. Do you have a urine colour chart on every toilet door within each hospital?

Answer: No

7. Do you test patients presenting with urinary bladder complications with a bladder ultrasound scanner?

Answer: Yes in community we have bladder scanners for specialist nurses and District nurse staff and it forms part of our assessment. Bladder scanners are also used in the main hospital

270.18

Coronary CT angiography scans

1) How many Coronary CT angiography scans were performed in the trust in the financial year 2011-12?

Answer: 0

2) How many Coronary CT angiography scans were performed in the trust in the financial year 2012-13?

Answer: 0

- 3) How many Coronary CT angiography scans were performed in the trust in the financial year 2013-14?

Answer: 0

- 4) How many Coronary CT angiography scans were performed in the trust in the financial year 2014-15?

Answer: 12

- 5) How many Coronary CT angiography scans were performed in the trust in the financial year 2015-16?

Answer: 42

271.18

Exercise Treadmill ECG tests

I would like to know

- 1) How many Exercise Treadmill ECG tests were performed in the trust in the financial year 2011-12?

Answer: Total 979

- 2) How many Exercise Treadmill ECG tests were performed in the trust in the financial year 2012-13?

Answer: Total 601

- 3) How many Exercise Treadmill ECG tests were performed in the trust in the financial year 2013-14?

Answer: Total 454

- 4) How many Exercise Treadmill ECG tests were performed in the trust in the financial year 2014-15?

Answer: Total 365

- 5) How many Exercise Treadmill ECG tests were performed in the trust in the financial year 2015-16?

Answer: Total 380

6) How many Exercise Treadmill ECG tests were performed in the trust in the financial year 2016-17?

Answer: Total 326

272.18

Mobile & fixed telephony

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

The attached spreadsheet shows a number of questions regarding your mobile and fixed line telephony. Hopefully the questions are self explanatory, note there are comments in several cells to further clarify the required information.

Please provide the information in spreadsheet format (preferably Excel, Google Sheets or software compatible with either program).

Answer: Please see attached spreadsheet. Staff details below Director level are withheld under Section 40 (Personal Information). I have given the director in charge of telephony's details on the spreadsheet. Sheet available upon request

I am currently researching the current state and plans of IT departments within NHS Trusts, so as to explore the capability for enabling major change to meet the strategy set out within the Five Year Forward view.

I would be very grateful if you are able to provide the information requested below, as it relates to your Trust. I am aware of the demands on NHS time and I am very appreciative of you taking the time to provide the information requested.

Answer: Please see attached document. Sheet available upon request

273.18

I.T.

I am currently researching the current state and plans of IT departments within NHS Trusts, so as to explore the capability for enabling major change to meet the strategy set out within the Five Year Forward view.

I would be very grateful if you are able to provide the information requested below, as it relates to your Trust. I am aware of the demands on NHS time and I am very appreciative of you taking the time to provide the information requested.

Answer:

1. How many staff and contractors are employed within the IT department for each salary band (please enter the number of people relevant to each band in the table below)?

Answer:

Band	1	2	3	4	5	6	7	8a	8b	8c	8d	9
Permanent Employees			4	3	17	3	3	2		2		

Contractors	0	0	0	0	0	0	0	0	0	0	0	0
--------------------	---	---	---	---	---	---	---	---	---	---	---	---

2. Please state how many employees and contractors the Trust has within the IT department with both training as well as practical project experience in the following skill sets:

Answer:

	Artificial Intelligence & Robotics	Cyber Security	Internet of Things	Digital Customer Experience	Mobile Application Development	Systems Integration	Change Management
Employees	0	2	0	0	0	0	11
Contractors	N/A	N/A	N/A	N/A	N/A	N/A	N/A

3. How many applications does the Trust run in total (please put an 'X' in the most relevant box)?

Answer:

0 - 50	51 - 100	101 - 300	301 - 500	501 - 700	700+
		X			

4. Please provide the following information regarding the Trust IT systems:

Answer:

	Year of Last Refresh	Provider	Contract End Date	Managed in-house or by provider?
Fixed telephony	2016	Splicecom	N/A	In House
Mobile telephony	2017	EE	????	In House
Paging system	Unknown	Multitone	2019	Provider
LAN	2011	Cisco	2019	Provider
WiFi	2011	Aruba	2019	Provider
Desktops & laptops	2017	Dell	N/A	In House
Storage	2016	NetApp	2019	Provider

5. Please provide information relating to the Trusts' storage requirements:

Answer:

Size of data stored on-premise	Size of data stored in offsite private data centres	Size of data held in cloud environments
147TB	N/A	N/A

6. Please provide the following information regarding the Trusts' budget for IT:

Answer:

		2017/18		2018/19	2019/20	2020/21
		Budget	Actual	Budget	Budget	Budget
Operating Budget	Personnel	3,223k	3,003k	3,136k	n/a	n/a
	Infrastructure & software	2,394k	1,656k	2,345k	n/a	n/a
	Consultancy	36k	15k	36k	n/a	n/a
Capex Budget	All capex	400k	384k	200k	400k	400k

7. Is the Trust in the process of planning or executing a merger or acquisition? Please mark with an 'X', the box below that most appropriately describes your current situation:

Answer:

No plans	Early stage dialogue with other Trusts	Agreed in principle with date set	Contracts signed and awaiting go-live	Merger or acquisition has occurred within with the last 24 months
X				

8. If a merger is being planned, or has occurred, please state the names of the Trusts involved and the target date for merger or acquisition, or the date it occurred? If not applicable, please progress to question 8.

Answer:

	Please provide information:
Names of trusts	N/A
Date of planed merger or acquisition, or date occurred	

9. Is the Trust in the process of planning any of the following projects; please provide a brief description of relevant contextual information in the appropriate boxes below; please mark cells that are not relevant with an 'NA':

Answer:

	Strategy creation and requirements documentation	Procurement	Implementation planing (post contract award)	Go-live & implementation	Post go-live
Electronic patient record	Under review	NA	NA	NA	NA
Digitisation of care pathways	Ongoing, sustainability reviews underway	NA	NA	NA	NA
Other major transformations	Business cases being produced for EDM and patient flow	NA	NA	NA	NA
IT outsource	NA	NA	NA	NA	NA
Shared IT service	NA	NA	NA	NA	NA

10. Please provide a copy of the Trusts' IT strategy for the next 1-3 years

Answer: The trusts current IT strategy is on the internet site, a new Digital Strategy is being produced.

274.18
Burns & Scalds

Information Request 1

Number of individuals who were scalded as a result of injuries caused by central heating radiators and associated pipework for 2017.

Information Request 2

Number of individuals who were scalded as a consequence of bath/sink immersion for 2017.

Information Request 3

Number of individuals who were scalded as a result of tap splash/spill for 2017.

Information Request 4

Number of individuals who were scalded from showers for 2017.

Information Request 5

Number of individuals who were admitted into hospital following burns/scalds received from the above.

Answer: The trust is unable to diagnose the level of detail you require for this request.

275.18
Occupational Therapists

- 1) How many individuals employed by your trust have each of the following recorded as their job role in each person's Electronic Staff Record:

Answer:

- a) **Occupational Therapist - 46**
- b) **Occupational Therapist Consultant - 0**
- c) **Occupational Therapist manager - 1**
- d) **Occupational Therapy Specialist Practitioner - 0**

276.18

Aborted MRI scans

I am writing to you under the Freedom of Information Act 2000 to request the following information:

a) How many MRI scans were aborted for reasons related to the patient being too large or heavy to use the scanner for each of the last three financial years (April 1 2015 - March 31 2016, April 1 2016 - March 31 2017, April 1 2017 - March 31 2018) and between April 2018 and the current date if recorded.

Answer:

April 2015/March 2016	25
April 2016/March 2017	14
April 2017/March 2018	29

b) i) Has your you trust purchased extra-large scanners (if information held) ? (The hole size of standard scanner measures 68cm (26in) and some hospitals put a 25-stone (158kg) limit on patients using them.)

Answer: We haven't purchased MRI scanners with additional size and weight capacity.

ii) How much money was spent purchasing these extra-large scanners (if information held)?

Answer: N/A

277.18

Pathology

1. Does the Pathology Laboratory in your organisation use Demand Management to manage Pathology requests?

Answer: Blood Sciences- Yes, Microbiology- Yes

2. If the Pathology Laboratory **does not** make use of Demand Management, why not?

Answer: N/A

3. If the Pathology Laboratory **does** make use of Demand Management, what methods do you use?

EG. Is it carried out at time of request, using a function of electronic requesting software or are unnecessary requests screened out once the sample reaches the laboratory?

Answer:

Blood Sciences-

We use strategies utilising:

Order communications systems (e.g. Anglia ICE) including time of request questions/test information

Approved minimum re-test intervals / block of duplicate tests in LIMS

Workload reviews/audit

Removal of obsolete tests

Vetting of send away tests

Reflex testing dependent on first line test results/clinical details or at clinical validation when test indicated (to avoid doing all tests)

Education for hospital & GPs, and clinical liaison for clinical pathways/protocols

Microbiology-

Consultant review of selected specimens with automatic rules to triage repeat requests on certain specimen types. Demand management discussions between clinical and scientific staff take place at departmental senior staff meetings.

4. Which Pathology disciplines use demand management the most?

Answer: Blood Sciences and Microbiology departments

5. What tests is demand management most frequently used for?

Answer:

Blood Sciences:

Examples of tests considered more recently are:

CRP, NT-proBNP, HbA1c/glucose, Lipid profiles, , vitamin D, GGT, urea, test vetting (e.g. of tumour markers), duplicate same day testing.

As we work with Black Country lab partners, we hope to take on more strategies of best practice across the patch too.

Microbiology:

Virology/molecular, C difficile & stool samples

6. How many samples / requests did the Pathology Laboratory in your organisation process last year ([April 17-March 18](#))?

Answer: Blood Sciences: 4,764,254 requests

7. How many samples / requests were not tested due to being screened out by using demand management techniques? How is this measured?

Answer:

Blood sciences This information is not recorded

Microbiology

There is no data to measure this. Many samples are screened out by ICE before the request is saved to the system. Education about inappropriate tests is also given to requestors but again the effectiveness of this education cannot be measured..

8. Does your organisation promote demand management to clinical staff who request pathology tests? How is it promoted?

Answer:

Blood Sciences:

Main promotion to clinical staff by:

Emails to clinical users regarding testing

Teaching sessions/symposia for GPs

Regular hospital Grand Round talks including about DM for tests

Test vetting: tests and strategies are discussed to reduce inappropriate requests

Publication of results of DM interventions

Microbiology:

This is included in general education to other Health Care workers at various forums e.g. the Grand Round, tutorials to junior doctors etc

278.18

Breast Cancer

By a diagnosis of secondary breast cancer, we mean breast cancer that has spread to other parts of the body such as the bones, lungs, liver or brain. Secondary breast cancer is also referred to as 'metastatic' or 'advanced' or 'stage 4' breast cancer.

Holistic Needs Assessments (HNAs)

1) Do patients with secondary breast cancer have a Holistic Needs Assessment (HNA), used to plan their care, conducted at the point of diagnosis (of their secondary breast cancer) and/or as their treatment changes?

- Yes, at the point of diagnosis only

Answer: Yes

- Yes, at the point of diagnosis and as their treatment changes
- No
- Other/unsure (please provide further information if possible)

Answer; Yes. If their needs change

2) If **yes**, do the HNAs cover the following areas?

- Emotional concerns and needs

Answer: Yes

- Physical concerns and needs

Answer: Yes

- Information needs

Answer: Yes

- Consideration of palliative care needs

Answer: Yes

Access to a Clinical Nurse Specialist

- 3) How many people with secondary breast cancer are currently under the care of your Trust?

Answer: The trust does not record this information

- 4) Do all patients with secondary breast cancer under the care of your Trust have access to a Clinical Nurse Specialist (CNS) with the appropriate skills, knowledge and experience of secondary breast cancer?

Answer: Yes

- 5) If **yes**, do these nurses:

- a) provide care to secondary breast cancer patients only?

Answer: No

- b) provide care to both primary and secondary breast cancer patients?

Answer: Yes

- 6) If **yes**, please provide the number of CNS posts that fall under each of these categories (as applicable):

- a) CNSs that provide care to secondary breast cancer patients only

Answer: None

- b) CNSs that provide care to both primary and secondary breast cancer patients

Answer: [Staff details below Director level are withheld under Section 40 \(Personal Information\). We can confirm that the Director responsible for this department is Karen Dunderdale, Director of Nursing, email address; karen.dunderdale@walsallhealthcare.nhs.uk and telephone number is 01922 721172.](#)

- 7) If there are CNS posts within your Trust ***that provide care to both primary and secondary breast cancer patients***, please tell us if they:

- a) work in a combined role (where the care of both primary and secondary breast cancer patients is part of their formal job description)

Answer Yes

- b) work across both areas but their formal job description only covers primary breast cancer patients

Answer: No. Not outlined in job description

Information and referrals

- 8) At diagnosis and/or during the time they are under the care of your Trust, are patients with secondary breast cancer provided with the following information and/or referred to the following services?

- local and national secondary breast cancer support services

Answer: Yes

- specialist services for financial and employment advice

Answer: Yes

- information on talking to those closest to them about the impact of living with secondary breast cancer

Answer: Yes

- information about support available for family members

Answer: No verbal only

- local palliative and supportive care services, including referral for symptom control when needed

Answer: Yes

- support and information on planning end-of-life care

Answer: Yes. Palliative CNS/ Breast Cancer Care Resource Pack

Treatment Summaries

- 9) Do patients with secondary breast cancer receive a Treatment Summary* at the end of each significant phase of treatment?

Answer: No

Access to Health and Wellbeing Events

10) Does your Trust offer a Health and Wellbeing event* suitable for patients with secondary breast cancer?

Answer: Yes

By suitable, we mean that it is adapted to be relevant to the needs of those living with secondary breast cancer. For example:

- focuses on living with cancer, rather than adapting after finishing treatment
- may be more than one session, rather than a single event
- may include discussions on specific topics such as palliative care

Answer: Living with Ongoing Treatment Group –Psychology and CNS Led

*(*A Health and Wellbeing event is defined as a group education and support event which helps people to manage their physical and psychological health after a cancer diagnosis. An example of this is Breast Cancer Care's 'Living with Secondary Breast Cancer' service)*

279.18

FY1 Doctors

Dear Walsall Healthcare NHS Trust,

Please can you provide a full copy of the most recent version of the Induction Pack for FY1 doctors within each of the hospitals within your trust?

Answer:.. Pack available upon request

280.18

GMC fitness to practise proceedings against trust doctors

1. Please advise to the trust's knowledge, for each of the calendar years from 2013 to 2018 year to date:

How many complaints have been made against trust doctors to the GMC?

Answer: 2013 =6 2014 = 9 2015 = 5 2016 =5 2017 = 1 2018 =9

How many of these complaints resulted in investigations?

Answer: 35

2. How many of these GMC investigations resulted in:

- advice Answer: 1

- warnings Answer: 1

- undertakings Answer: 1

- referral to a Fitness To Practice Panel? Answer: 1

3. How many trust doctors' cases referred to GMC (MPTS) Fitness To Practice panels resulted in:

- warnings Answer: 0

- undertakings Answer: 0

- conditions Answer 0

- suspension Answer: 0

- erasure Answer: 1

281.18

Tongue tied babies

1 - How many babies (i.e) below the age of 1) were diagnosed with issues of ankylossia (tongue-tie) in each financial year since 2013/14.

Answer:

Year Financial	Discharges
Year 2013/14	93
Year 2014/15	86
Year 2015/16	162
Year 2016/17	124
Year 2017/18	106

These figures are indicative of the number of patients where we can pick up the diagnosis code as an inpatient. We are unable to reflect the number of patients diagnosed with this

condition as an outpatient as our electronic system does not pick up diagnosis code in an outpatient setting, and due to the time constraints we would be unable to go through every ENT and paediatric contact to check for diagnosis.

2 - Of the babies diagnosed with issues of ankylossia (tongue-tie) in 2017 how many had a surgical procedure carried out by NHS surgeons to resolve these specific issues, and how long did they wait (on average, in calendar days) for the procedure following diagnosis?

Answer: 230 frenotomy procedures were carried out across inpatient and outpatient settings in 2017. These were not all carried out by NHS surgeons, as our service provides a nurse led tongue tie service where the nurse is able to carry out simple frenotomy procedures in an outpatient setting. On average these patients waited 33 days.

3 - In 2017, what was the mean age of babies with such issues when the ankylossia (tongue-tie) procedure was performed?

Answer: The mean age of babies that a frenotomy procedure was carried out on was 104 days (to the nearest day)

282.18

Radiotherapy Staff

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

Could you please provide me with the following information?

- What was your Trusts total spend on Radiotherapy Agency staff from 09/04/2018 to date?
- How many Radiotherapy staff did you use at your Trust from 09/04/2018 to date?
- How many Radiotherapy do you currently utilise at your Trust?
- What were your Trusts total spend on Radiotherapy Physics/Dosimetry Agency staff from 09/04/2018 to date?
- How many Radiotherapy Physics/Dosimetry did you use at your Trust from 09/04/2018 to date?
- How many Radiotherapy Physics/Dosimetry do you currently utilise at your Trust?

Answer: In relation to all your questions. The trust does not utilise Agency Radiotherapy staff

283.18

Overall Financial Spend

Under the terms of Freedom of Information Act I would like to request information regarding the organisation's overall financial spend for FY 2016-17, FY 2017-18 and projected spend for FY 2018-19.

Herewith I have attached a form (excel spreadsheet) which will allow you easy entry of responses.

Answer:

Instructions:
 - Please note that figures should be entered in cells highlighted in orange
 - Enter 0 where the trust has no spend for that category

Definitions:
Capital expenditure: All capital expenditure represent either an asset or liability and are shown in the balance sheet. These typically include expenses for fixed assets such as land, building, plant and machinery or making improvements to fixed assets.
Revenue expenditure: These type of expenditure have to be deducted from the income earned by the organisation. These are typically expenditures incurred for meeting day to day expenses of carrying on a business e.g., salaries, rent, rates, taxes, stationery etc.

Please provide actual and projected budget levels (split between revenue and capital expenditure) for each financial year of 2016-17, 2017-18 and 2018-19 for below mentioned table:

Total spend figures		Actual spend FY 2016-17 (£)		Actual spend FY 2017-18 (£)		Projected spend FY 2018-19 (£)	
		Revenue	Capital	Revenue	Capital	Revenue	Capital
A	Total organisational income	244763		243987		250260	
B	Total organisational spend	278892	4919	268206	10137	260872	12231
C	Deficit/ surplus of organisation (A - B)	-34129		-24219		-10612	

Error alert if Deficit/surplus does not match with income minus spend=====>

Please provide below mentioned information:

A	Number of IM&T staff (includes total IM&T staff FTE equivalent, interim IM&T staff and IM&T contractors) employed by organisation during 2017-18	79.34
B	Number of hardware units purchased by organisation during 2017-18	337
C	Number of communications-related units purchased by organisation during 2017-18	1140

Comment:

284.18 Collaboration with immigration enforcement

This request refers to a time period of the second quarter of 2018, or the months April, May and June of 2018.

Please work downward through the following requests until the limits are reached:

1. Documents describing procedures for collaboration with immigration enforcement, specifically including policy concerning to but not limited to the following:
 - a. Responses to requests for patient information by immigration enforcement. If this is covered by general policy concerning information shared with law enforcement, please provide this in addition.
 - b. Information routinely shared with immigration enforcement (as differentiated from information shared with the home office in general for the purposes of charging for secondary care). For example, this might include a policy of reporting suspicious patients or patients who do not have uk citizenship or indefinite leave to remain. If this is covered by general policy concerning information shared with law enforcement, please provide this in addition.
 - c. Policy surrounding the presence of immigration enforcement officers on hospital grounds. If this is covered by general policy covering the presence of law enforcement officers, please provide this in addition.

The number of incidences of patient information being shared with immigration enforcement, and the number that occurred within the time period specified above. If the cost of a time-unlimited search is likely to exceed the limits imposed by the act, please limit it to incidents since 2016, and if that is likely to exceed the cost limits, solely provide the incidents in the time period above. Please also provide, if known(both for the period specified above and in total):

- a. The number of these incidents in which the patient was in primary care.

- b. The number of incidents where this information resulted in an arrest.
 - c. The number of incidents where this information resulted in a deportation.
 - d. The number of incidents where this information resulted in proceedings to deport, but where the deportation has not been completed. (or, if numbers of deportations are not known, total numbers of proceedings initiated)
 - e. The number of known incidents involving the presence of immigration enforcement officers on hospital grounds for the purposes of immigration enforcement(so excluding, for example, officers receiving medical treatment).
1. Any and all written communication with immigration enforcement, and any notes, transcripts, minutes or summaries of meetings or conversations with immigration enforcement offices, redacted as appropriate.

It is worth noting that this request differentiates between the home office in general and immigration enforcement(a law enforcement command within the home office), and does not relate to interactions your trust has with the home office relating to, for example, charging for secondary care, unless immigration enforcement becomes subsequently involved.

Please feel free to redact information as necessary to protect pii. If you have concerns about small numbers of patients or incidents becoming personally identifiable, please provide these numbers of the form "0 incidents", "more than 0 but less than 3 incidents", and provide the number of incidents where there are more than 3.

Please note that immigration enforcement nor healthcare is generally a national security issue, and unless there are specific risks to national security relating to a specific incident that means documents cannot be disclosed under section 24, we will appeal refusals to provide documentation to the information commissioner's office and through the courts if nessecary.

Answer: The trust has not had any instances of collaboration with immigration enforcement within the specified period

285.18 Deaths of Children

For each year (2017, 2016, 2015, 2014, 2013), please provide statistical information relating to children and young people (aged 24 and under) who have died receiving in-patient psychiatric care at the time of their death in any hospital, unit or private setting under the management or control of Walsall Healthcare NHS Trust. Please provide data on;

1. The number of children who have died whilst receiving in-patient psychiatric care at the time of their death.
2. A breakdown of age, gender and ethnicity.
3. A breakdown of the cause of death where known.
4. For each year, please provide the patient status, i.e. whether the child was detained or non detained at the time of their death
5. The location of the death i.e. the hospital, NHS Trust, unit name or private provider.

Answer: The trust has no in-patient psychiatric services. A Child or young person presented to the trust would be signposted to ICAMHS. No deaths have been recorded.

286.18

Workforce Spend

1. Please state the organisation's total expenditure on **agency** (non-contract) staff for 17/18
 - a. TOTAL **Answer: £7,503k**
 - b. Nursing & HCAs **Answer: £4,220k**
 - c. AHPs **Answer: £599k**
 - d. Admin & Clerical **Answer: £190k**
 - e. Estates & Facilities **Answer: £0**
 - f. Scientific **Answer: £150k**
 - g. Other **Answer: £2,344k**

2. Please state the organisation's total expenditure on **internal bank staff** for 17/18
 - a. TOTAL **Answer: £13,327k**
 - b. Nursing & HCAs **Answer: £5,525k**
 - c. AHPs **Answer: £4k**
 - d. Admin & Clerical **Answer: £1,083k**
 - e. Estates & Facilities **Answer: £0**
 - f. Scientific **Answer: £299k**
 - g. Other **Answer: £6,416k**

3. Does the organisation utilise any temporary staffing apps (*ie. locums nest, locumtap, Rightstaff, Allocate etc*) If so, please state which apps are used split by the below staffing groups:
 - a. Nursing & HCAs **Answer: Smart Kronos Rosterpro**
 - b. AHPs **Answer: Allocate Bank Management System**
 - c. Admin & Clerical **Answer: Allocate Bank Management System**
 - d. Estates & Facilities **Answer: No specific system**
 - e. Scientific **Answer: No Specific system**
 - f. Other **Answer: Medical Staffing use Tempre and Allocate**

287.18

Medicines to treat patients with psoriasis

Questions

1. How many patients with plaque psoriasis in your Trust are currently being treated with unlicensed Fumaderm?

Answer: Two

2. How many patients with plaque psoriasis in your trust are currently being treated with Skilarence?

Answer: None

3. Is the Trust starting patients with plaque psoriasis on Skilarence?
 - a. If yes to Q3, how many patients in the last 6 months?

Answer: Not yet, but able to and considering it for suitable patients

4. Is the Trust starting patients with psoriasis on unlicensed Fumaderm?
a. If yes to Q4, how many patients in the last 6 months?

Answer: No longer, new ones will use Skilarence

5. Does the Trust intend to review all patients with plaque psoriasis taking unlicensed Fumaderm in order to move them to a licensed formulation where appropriate?

Answer: Yes

6. Please describe the process in place to achieve Q5 and the anticipated completion date.

Answer: One if our junior doctors are doing a project on this for us.

7. If the Trust does not intend to initiate Skilarence or review all patients with plaque psoriasis taking unlicensed Fumaderm, please provide an explanation why the Trust intends to continue with its current practice.

Answer: N/A

288.18 IT Spend

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

The information that I require relates to the IT spend for FY 2016-17, FY 2017-18 and projected spend for FY 2018-19.

Please provide the information in the attached form (excel spreadsheet) which allows for easy entry of responses.

Answer: Please see attached. File available upon request

289.18 Local adult sepsis protocol

- Information requested: A copy of your current or most recent local adult sepsis protocol (i.e. guidance for staff for identification and management of suspected sepsis in adults), with publication dates and expiry dates where available. If such a document does not exist, a response to indicate that this is the case.

Answer: Please see attached document. Page 2 shows the Red flag triggers for Sepsis. The Transfer of Care Policy is currently under review. Document available upon request

290.18

Bounty representatives being given access to hospital wards

I am writing to you to ask for information regarding Bounty representatives being given access to hospital wards.

In the 12 months to date (23.08.18) please confirm the following:

- 1) Whether the Trust currently is, or has been in the past 12 months, engaged in a contract or written agreement with Bounty UK Limited. If the Trust is currently engaged in a contract please attach a copy of it, making necessary redactions in order to comply with the Act. Please provide the date that the contract began and/ or ended. Please provide an overview of the terms of payment. (i.e. per mother visited / per photo pack purchased).

Answer:

The Trust has a written contract with Bounty. The Trust receives payments from Bounty and this is outlined in the agreement that we hold with this organisation. Exemption 43 has been applied as matters relating to pricing and payment structure are confidential and are commercially sensitive.

The contract length between Bounty falls is in-line with standard NHS terms and conditions.

- 2) Please confirm how much money has been paid to the Trust by Bounty UK Limited in the past 12 months and how many new mothers are recorded as having been approached by Bounty representatives (if held).

Answer: The Trust receives payments from Bounty and this is outlined in the agreement that we hold with this organisation. Exemption 43 has been applied as matters relating to pricing and payment structure are confidential and commercially sensitive. We do not keep records of the numbers of new mothers who are approached by Bounty.

- 3) Please provide details of the policies the Trust has in place with regards to protecting new mothers (i.e are representatives allowed on any ward at any time, or do they have restricted access? Are mothers given the option to opt out of being visited?)

Answer: The Bounty representatives enquire with the midwifery staff if there are any women that they should not visit.

- 4) Please confirm the number of complaints made to the Trust by new parents. If not time prohibitive, please provide details of the complaints.

Answer: The Trust has not received any complaints relating to the provision of Bounty services during the last 12 months

**291.18
Acromegaly**

1. Does your trust treat patients for Acromegaly

Answer: No

2. Could you please provide me with the following numbers of patients treated in the last 12 months [latest 12 months possible] with the following drugs ;

- Ocreotide**
- Lanreotide**
- Pasireotide**
- Pegvisomant**

Answer: No patients treated with the listed drugs in the last 12 months

**292.18
Strokes**

Please could you answer the following questions?

1)How much money has your trust spent on stroke prevention awareness over the following time periods:

Answer:

1st August 2017 to July 31st 2018 £5,219

1st August 2016 to July 31st 2017 £5,337

1st August 2015 to July 31st 2016 £4,100

2)How many stroke diagnoses were there in your trust over the following time periods:

Answer:

1st August 2017 to July 31st 2018 350

1st August 2016 to July 31st 2017 450

1st August 2015 to July 31st 2016 435

3)How many deaths resulted from strokes in your trust over the following time periods:

Answer:

1st August 2017 to July 31st 2018 61

1st August 2016 to July 31st 2017 71

1st August 2015 to July 31st 2016 63

4) How many deaths from strokes were judged to have been preventable in the following time periods?

Answer: We do not collate this information. I am not aware of this occurrence arising in stroke services.

293.18**Data security spending & training**

Under the Freedom of Information Act, I would like to ask for information on data security spending & training pertaining to Walsall Healthcare NHS Trust, on behalf of Redscan Ltd.

Please could you complete the table below to provide the following information:

Answer:

NHS trust name	City/town	The total number of full-time and part-time employees employed by your trust (as of 1st August 2018 or latest figures available)	The total number of full-time and part-time employees employed by your trust with professional data security / cybersecurity qualifications (as of 1st August 2018 or latest figures available)	The total number of full-time and part-time employees employed by your trust who have completed security training over the last 12 months (prior to 1st August 2018 or latest figures available)	How much money (in pounds sterling) has been spent on data security training during the last 12 months (prior to 1st August 2018 or latest figures available) this may include GDPR-related training
Walsall Healthcare NHS Trust	Walsall	Full Time 2344 Part Time 1981	This information is not recorded for the whole trust. 3 members of staff have qualifications for their job role	Data security and Information Governance training for NHS staff is provided via e-Learning developed by NHS Digital. The requirement is that 95% of staff have completed this training which takes place annually.	The training is completed via e-learning at no cost to the organisation as it is a national course accessed via ESR.

294.18**Rota/Rostering systems**

Under the provision of the Freedom of Information Act 2000 please can you answer the following questions relating to the rota/rostering system(s) you currently use:

1. Name of Softwares

Answer: Smart Kronos - RPC

2. Description of their uses (including the staffing groups or departments they are used for)

Answer: Rostering and bank system for nursing only at present

3. Who signed the contract (job title)

Answer: Director of Nursing

4. What is the maximum sign off value of this person's position?

Answer: Signed in 2007. Values are now different. No record of original limit.

5. What was the value of the contract?

Answer: Current contract value £35232

6. What is the contract term?

Answer: Annual renewal

7. When was it signed?

Answer: Current contract to 30 September 2019

8. What is the notice period?

Answer: 30 days written notice prior to the renewal start date.

9. Was it bought through a framework? If so, please state which one

Answer: No

295.18

Trust staff or contractors improperly using messaging platforms

For each of the last five years (2014 to 2018 inclusive), please tell me:

- How many staff or contractors at your trust have been investigated for doing so.

Answer: No staff or contractors have been investigated.

- How many staff or contractors were sanctioned / disciplined for doing so. For each sanction, please say what it was: for example, if it was a monetary fine, please give the value; if it was a suspension, please give the duration.

Answer: N/A

- For each incident of a staff member or contractor being investigated and / or sanctioned, please say: 1) what messaging platform was involved; 2) that individual's broad role at the trust, for example doctor (junior or consultant), nurse, management.

Answer: N/A

- For each incident of a staff member or contractor being investigated and / or sanctioned, please say whether the patient or patients concerned were informed that a possible misuse of their data had taken place

Answer: N/A

- Does your trust have explicit rules against such use? If so, please point to them.

Answer: In the Trust's Social Media Policy

296.18

Locum/Agency Doctors

Please provide the answers to the following FOI request.

1. Please could you provide me a breakdown of the locum agency doctor spend for the last financial year? Please break this down in to specialty and grades

Answer: Please see attached.

2. Please could you provide me a breakdown of the permanent doctor vacancies across the trust?

Answer: Please see attached

3. Please could you confirm how many agency locums are currently in post on long term agency contracts? (I.e. more than 6 months)

Answer: 4

4. Please could you provide how much the trust have paid to agencies for introductory fees since the last financial year?

Answer: Nil

5. Please provide details of any overseas recruitment campaigns that the trust have taken part in for the recruitment of doctors?

1. Answer: 2 campaigns for MTI Doctors totalling 26 appointed (12 commenced 2017) We are awaiting start dates for 14 Doctors (aiming for December/January)

Attachments available upon request

297.18

Forearm fractures in adults and children

I am interested in your trust guidelines regarding the treatment of forearm fractures in adults and children, and I have created surveys on this topic.

Please could the completed surveys be returned to this email address.

Also, I would be grateful if you could send to this email address your trust guidelines for distal radius fracture / paediatric forearm fracture, if you do indeed have one.

Answer: Please attached. Questionnaires available upon request.

298.18

Private patients (Children)

- 1) Number of private patient enquiries received monthly for the financial years 13/14, 14/15, 15/16, 16/17 and 17/18 for children aged 0-16

Answer: This information is not recorded on our systems.

- 2) How many of these enquiries are converted into patient appointments monthly for the financial years 13/14, 14/15, 15/16, 16/17 and 17/18 for children aged 0-16

Answer: N/A

- 3) Volume of private patients treated as outpatient / inpatient monthly for the financial years 13/14, 14/15, 15/16, 16/17 and 17/18 for children aged 0-16 by speciality

Answer:

Financial year	Speciality	No of Inpatients/day case	No of outpatients	Total
13/14	TRAUMA AND ORTHOPAEDICS	1	0	1
14/15	GENERAL SURGERY	2	0	3
	PAEDIATRICS	0	1	
15/16	GENERAL SURGERY	4	0	8
	PAEDIATRICS	2	1	
	AHP	0	1	
16/17	GENERAL SURGERY	12	1	15
	GENERAL MEDICINE	1	0	
	ENT	1	0	
17/18	DERMATOLOGY	0	1	1
TOTAL		23	5	28

4) Are you a member of PHIN?

Answer: No

299.18 District Nurses

I am making a request for some information held by your trust

- Do you employ district nurses?

Answer; Yes

- If yes, please could you send me the number of full time equivalent district nurses employed by your trust in each of the following years: 2014, 2015, 2016, 2017, 2018.

Answer:

13/14 – 116.48

14/15 – 122.58

15/16 – 121.29
16/17 – 133.68
17/18 – 136.64.

- Are you the main provider of adult community services in your area?

Answer: Yes

300.18
Immunotherapy

I would like to know a few pieces of information regarding immunotherapy at Walsall Healthcare. Can you please tell me:

- How long immunotherapy has been used as a cancer treatment at Walsall Healthcare NHS Trust?

Answer: September 2016

- How many patients have undergone/are undergoing immunotherapy since it started as a treatment?

Answer: 52

- How many patients have died while undergoing immunotherapy within one month of starting treatment?

Answer: 1

301.18
Overseas Patients Not Eligible for Free UK Healthcare

- (a) In relation to 2017/18 how many Overseas Patients Not Eligible for Free UK Healthcare were treated in the maternity department of your Trust?

Answer: 2

- (b) How many of these patients (Overseas Patients Not Eligible for Free UK Healthcare who were treated in the maternity department of your Trust during 2017/18) have received an invoice from the Trust for the value of the care they received.

Answer: 2

- (c) If the answer to (a) is greater than the answer to (b) could you please state why not all these patients were sent an invoice for their care.

Answer: N/A

- (d) In relation to the patients who received a bill, what is the total value of all those invoices?

Answer: £1,118.00

(e) How many of the invoices sent to patients in (b) have not been paid and what is the total value of these as yet unpaid bills?

Answer: £926.00

(f) In relation to these unpaid bills what is the single biggest outstanding amount?

Answer: £480.00

(g) What is the total amount of invoices for care of any description at your hospital that were written off in the 2017/18 financial year, but which were incurred at anytime in the past.

Answer: N/A

303.18

Sign Language Contract

Please can you let me know the date that your British Sign Language Interpreting contract expires?

Answer: 31/10/2018

308.18

Cancelled operations

Under the Freedom of Information Act, I would like to request the total number of operations cancelled for non-clinical reasons, broken down by the cause of the cancellation, for example due to lack of beds, operating theatre capacity, staffing issues, and equipment failures.

Please provide this information for each of the past five financial years (i.e. years running from April to March - 2013/14, 2014/15, 2015/16, 2016/17, 2017/18).

In the total number of operations, broken down by cancellation reason, please include:

- Elective operations cancelled at the last minute. For the purposes of this request, last minute means on the day the patient was due to arrive, after the patient has arrived in hospital or on the day of the operation or surgery.
- Cancelled urgent operations.

If the data is collected by the trust, please also provide a separate total for each year for all operations cancelled for non-clinical reasons, regardless of how soon before the scheduled operation time the cancellation occurred.

Answer: The trust has not cancelled any operations defined as 'Urgent'. The trust does not actively record cancellations that are not defined as 'last minute' so that data is not available.

	ReasonDescription	Year End financial				
		31/03/2014	31/03/2015	31/03/2016	31/03/2017	31/03/2018
Last minute cancellations for non-clinical reasons as reported on QMCO	Admin error	14	13	15	1	2
	Anaesthetist unavailable		2		1	1
	Critical care bed not available	27	15	15	7	8
	Emergencies/ Trauma	1	3	6		12
	Equipment failure/unavailable	16	9	18	10	11
	List Overrun	58	25	30	35	34
	Surgeon unavailable	9	7	6	18	10
	Theatre staff unavailable		1		2	3
	Ward bed not available	79	65	42	101	48
	Total	204	140	132	175	129
Cancelled Urgent operations		0	0	0	0	
Cancellations for non-clinical reasons not last minute	N/A					

**304.18
Babies born under your trust were born to drug dependent mothers**

I am writing to you under the Freedom of Information Act 2000 to request the following information from you:

+ For each year between 2009 and up-to the end of 2017, how many babies born under your trust were born to drug dependent mothers and once born, were transferred to a drug treatment programme to wean them off their addiction?

Please provide the information in the form an Excel Documents

Answer:

I am writing to you under the Freedom of Information Act 2000 to request the following information from you:			
+ For each year between 2009 and up-to the end of 2017, how many babies born under your trust were born to drug dependent mothers and once born, were transferred to a drug treatment programme to wean them off their addiction?			
Please provide the information in the form an Excel Documents			
	Year	Number of babies born to drug dependant mothers (1)	Number of babies transferred to a weaning programme
	2009	None	None

		Recorded	Recorded
	2010	1-5	1-5
	2011	13	5
	2012	11	5
	2013	9	1-5
	2014	10	6
	2015	9	1-5
	2016	11	1-5
	2017	16	1-5
NB	Source of information: (1) Babies recorded as Neonatal Abstinence Syndrome (2) Of those babies identified, those that were recorded as requiring treatment with Oramorph for symptoms of withdrawal Both from Badgernet Neonatal System		
	If the figures are below 5. We put a number range to protect possible identity		

answer Please see attached.

305.18
Doctors Messes

Trust Name

Answer: Walsall Healthcare NHS Trust – Manor Hospital

Do you have any Doctors' messes within your trust?

Answer: Yes

If yes, Please provide the names of the relevant hospitals and the number of messes they have

Answer: 1. Walsall Healthcare NHS Trust – Manor Hospital

Does your trust provide rest facilities (dedicated bedrooms with bed) for your doctors?

Yes

No

Rest facilities are available but there are no dedicated bedrooms for doctors

Other

Answer: Yes. – 6 on call rooms for on call Consultants/Registrars

306.18
Mortuaries

Please can you tell me how many pathologists the trust has employed in each year for the last 6 years?

Also, for each year over the past 6 years please can you provide me with:

- the date a body arrived at the mortuary
- the date a post mortem was started on this body
- the date release papers were signed to allow this body to be removed from the mortuary following the completion of the post mortem

Please can you tell me how many pathologists the trust has employed in each year for the last 6 years?

2018 5

2017 5

2016 6

2015 5

2014 4

2013 5

Also, for each year over the past 6 years please can you provide me with:

- the date a body arrived at the mortuary

2012- 21/06/2012

2013- 28/10/2013

2014- 27/02/2014

2015- 10/07/2015

2016- 08/12/2016

2017- 07/08/2017

- the date a post mortem was started on this body

2012- 22/06/2012

2013- 29/10/2013

2014- 28/02/2014

2015- 13/07/2015

2016- 09/12/2016

2017- 10/08/2017

- the date release papers were signed to allow this body to be removed from the mortuary following the completion of the post mortem

Answer: This is held and issued by the Coroner and we do not record or hold any information on when it was signed. For further information please contact Black Country Coroner 0121 569 7200.

307.18 Smoking

We are collating information from online organisational policies and, if possible, I was hoping to clarify a few details with you about WALSALL HEALTHCARE NHS TRUST policy. In particular, we are interested in the following:

- Is smoking and / or vaping allowed inside any buildings?

Answer: NO

- Is smoking and / or vaping allowed directly outside any buildings (including details of exclusion zones)?

Answer: We try to get patients and visitors to use smoking shelters.

- Is smoking and / or vaping allowed in any other outside spaces?

Answer: Yes smoking shelters within the hospital grounds

- Are there designated spaces for smoking and / or vaping?

Answer: Yes smoking shelters for smokers.

- Is there one policy for smoking and vaping or are there separate policies?

Answer: This Policy is under review in line with NHS 5 Year plan for all NHS Estates to be smoke free by 2019/20 and NHS guidance on vaping

- Is there any variation in these policies across different sites?

Answer: Yes All Walsall Community Sites operate a smoke free policy in building and grounds.

308.18 Cancelled operations

Under the Freedom of Information Act, I would like to request the total number of operations cancelled for non-clinical reasons, broken down by the cause of the cancellation, for example due to lack of beds, operating theatre capacity, staffing issues, and equipment failures.

Please provide this information for each of the past five financial years (i.e. years running from April to March - 2013/14, 2014/15, 2015/16, 2016/17, 2017/18).

In the total number of operations, broken down by cancellation reason, please include:

- Elective operations cancelled at the last minute. For the purposes of this request, last minute means on the day the patient was due to arrive, after the patient has arrived in hospital or on the day of the operation or surgery.
- Cancelled urgent operations.

If the data is collected by the trust, please also provide a separate total for each year for all operations cancelled for non-clinical reasons, regardless of how soon before the scheduled operation time the cancellation occurred.

Answer: The trust has not cancelled any operations defined as 'Urgent'. The trust does not actively record cancellations that are not defined as 'last minute' so that data is not available.

		Year End financial				
	ReasonDescription	31/03/ 2014	31/03/ 2015	31/03/ 2016	31/03/ 2017	31/03/ 2018
Last minute cancellations for non-clinical reasons as reported on QMCO	Admin error	14	13	15	1	2
	Anaesthetist unavailable		2		1	1
	Critical care bed not available	27	15	15	7	8
	Emergencies/ Trauma	1	3	6		12
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	Surgeon unavailable	9	7	6	18	10
	Theatre staff unavailable		1		2	3
	Ward bed not available	79	65	42	101	48
	Total		204	140	132	175
Cancelled Urgent operations		0	0	0	0	0
Cancellations for non-clinical reasons not last minute	N/A					

309.18 Bullying

Dear FOI team and HR leads,

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

Please provide answers to the questions in the attached questionnaire

Answer: Attachment available upon request

**310.18
Wheelchairs**

I am requesting the following information under the Freedom of Information Act. I have been asked by a local CCG to direct by request to the Trust.

If the providers of NHS Wheelchair Services are different for adults and children, please provide information for both.

1. The name of the current provider of NHS Wheelchair Services in the Trust area; when they started providing this service in the Trust area; and when their current contract runs until

Answer: Walsall Healthcare NHS Trust. The contract for this service is carried forward as part of the overall contract between Walsall CCG and WHT each year

2. The name of the previous provider of NHS Wheelchair Services in the Trust area

Answer: WHT as part of the Walsall Primary Care Trust Community Services in 2012.

3. The current eligibility criteria for receiving NHS-funded wheelchairs via NHS Wheelchair Services in the Trust area

Answer: Please see attached.

4. A list of all changes to the eligibility criteria for receiving NHS-funded wheelchairs via NHS Wheelchair Services in the Trust area, where those changes were implemented after April 1st 2015; please state not just the new criteria in each case, but also the old criteria that was altered by the change (e.g. 'inability to walk 20m unaided' replacing 'inability to walk 40m unaided')

Answer: No substantive changes to the policy that required public consultation since April 2015

5. For each change listed in response to question 4, please provide details of any public consultation that was carried out on the change; whether any measures to publicise the consultation were undertaken beyond posting it online; and what responses were received to any such consultation

Answer: N/A

6. A list of any changes to the eligibility criteria for receiving NHS-funded wheelchairs via NHS Wheelchair Services in the Trust area that are currently being considered, proposed or consulted on.

Answer: Implementation of personal budgets

File available upon request

311.18

System Spend

Under the terms of Freedom of Information Act I would like to request information regarding the organisation's spend on systems and it's sub-systems for FY 2015-16, FY 2016-17, FY 2017-18 and projected spend for FY 2018-19.

Herewith I have attached a form (excel spreadsheet) which will allow you easy entry of responses.

Answer: Please see attached spreadsheet (Available upon request)

313.18

Staffing

I am writing to you under the Freedom of Information Act 2000 to request the following information regarding Staffing:

1. What framework agreement/s do you use for the supply of Allied Health Professionals (AHP) and Medical Locums? E.g. HTE , CCS

Answer: AHP – Health Trust Europe only

Medical Locums - – Health Trust Europe only

2. Does your organisation use a Direct Engagement scheme?

Answer: AHP = No

Medical Locums =Yes

3. If so, who provides it?

Answer: Liaison

4. When did you start using Direct Engagement?

Answer: May 2016

5. What has been your total agency staffing spend since you started using the scheme? If this cannot be easily calculated, what has been the total agency staffing spend in the last financial year?

Answer: 2017/18 spend £8,721k (all medical temp staffing)

6. How much has been paid to the third party direct engagement facilitator so far?

Answer: We have applied Exemption 43. This information is commercially sensitive as stipulated in the contract.

314.18

Over £25k Transactions

To Whom it May Concern,

I'm making a request under the Freedom of Information Act (2000) for information on all transactions over £25,000 from November 2017 to August 2018 for Walsall Healthcare NHS Trust. Please provide:

- the date of transaction
 - the value of transaction
 - the recipient
 - category of the transaction
- (As a minimum)

Answer: Please see attached files. Files available upon request

308.18

3rd Party hosting

Data Protection/FOI Officer,

I wish to submit a request to the organisation around their hosting contract(s) with 3rd party providers.

The type of contract I wish to see is below:

1. Dedicated hosting- Managed environment
2. Co-Location- hosting allows a business to still own their own server equipment; however, instead of storing it in their own data centre, they instead are able to store it in rented space in a colocation hosting centre.

3. Cloud Hosting- [Cloud hosting services](#) provide hosting for websites on virtual servers, which pull their computing resource from extensive underlying networks of physical web servers.

Not all of these will be applicable to the organisation.

For the different types of hosting services, can you provide me with the following information:

1. Type of hosting – Dedicated, Co-Location, Cloud Hosting, Other?
2. Who is the supplier of the contract? If possible can you also provide me with the name of vendor, if applicable?
3. What is the annual contract value for each contract?
4. What type of cloud environment?
 - Private Cloud**- a distinct and secure cloud based environment in which only the specified client can operate.
 - Public Cloud** - where cloud services are provided in a virtualised environment, constructed using pooled shared physical resources, and accessible over a public network such as the internet.
 - Hybrid**- integrated cloud service utilising both private and public clouds to perform distinct functions within the same organisation.
5. What is the original start date of the contract agreement? If there are more than one contract please provide me with the start date for each contract.
6. What is the actual expiry date of the contract agreement? If there are more than one contract please provide me with the expiry date for each contract.
7. When will the organisation plan to review this contract? If there are more than one contract please provide me with the review date for each contract.
8. What is the contract period in years? Please include whether the agreement has any extension periods?
9. What services are provided under the contract? Please do not put hosting, information such as web hosting, file storage, hosted application. The more information the better,
10. Can you please provide me with the contract officer responsible for this contract? Complete contact details if possible name, title, contact email and number.

Answer: The trust has not entered in to any third party hosting contracts.

315.18

Viscosupplementation

Under the Freedom of Information Act 2000, I would like you to provide answers to the questions below.

If your trust covers more than one hospital please could you provide the following information for each of the hospitals covered under your trust broken down hospital by hospital.

Viscosupplementation

- 1) Does your organisation use/perform Viscosupplementation injections?

Answer: No

- 2) How much has your organisation spent in the financial year 2017/18 on Viscosupplementation on each product out of the following list: Arthrum H, Cingal, Durolane, Euflexxa, Fermathron,

Orthovisc, Ostenil, Ostenil Plus, RenehaVis, Suplasyn, Synocrom, Synocrom Mini, Synolis, Monovisc, Synopsis, Synvisc (Hylan G-F20), Synvisc ONE (Hylan G-F20)

Answer: N/A

- 3) Which brand(s) Viscosupplementation have been used in the financial year 2017/18 out of the following list: Arthrum H, Cingal, Durolane, Euflexxa, Fermathron, Orthovisc, Ostenil, Ostenil Plus, RenehaVis, Suplasyn, Synocrom, Synocrom Mini, Synolis, Monovisc, Synopsis, Synvisc (Hylan G-F20), Synvisc ONE (Hylan G-F20)

Answer: N/A

- 4) Which brand(s) Viscosupplementation do you have listed on the hospital formulary out of the following list: Arthrum H, Cingal, Durolane, Euflexxa, Fermathron, Orthovisc, Ostenil, Ostenil Plus, RenehaVis, Suplasyn, Synocrom, Synocrom Mini, Synolis, Monovisc, Synopsis, Synvisc (Hylan G-F20), Synvisc ONE (Hylan G-F20)

Answer: N/A

- 5) Which departments in your hospital use Viscosupplementation?

Answer: N/A

- 6) What is your current pathway for knee osteoarthritis patients

Answer: We only have a Knee Hip surgery pathway. Knee osteoarthritis pathway can be located on NICE guidelines which is what all consultants would follow.

- 7) Do you have a community MSK service, if yes who is that contracted to?

Answer: Walsall CCG on a block contract.

- 8) What is the current waiting list for Total Knee Replacement in your organisation for the financial year 2018/19

Answer: 6-8 weeks

- 9) How many TKR were carried out in your organisation in the financial year 2017/18

Answer: 171

- 10) Did your organisation incur any fines for breach of the Total Knee Replacement waiting list in 2017/18

Answer: The trust does not hold this information and do not receive fines in a way that can be used to answer this question.

316.18

Doctors Facilities

Please could you provide the following departmental information for each of the hospitals within your trust? If you are unable to provide a full set of answers within the assigned labour-time-limit for FOI requests, please provide as much as you are able to provide using the time available.

Parking

1. Is parking available for doctors?

Answer: Yes

2. How much does a permit cost, and where can it be purchased from? Car Parking Department –

Answer: Standing Order - £25

3. Is free parking available near the hospital, and how easy is it to get?

Answer: Yes

4. Is secure bike storage available? Is it indoors/outdoors?

Answer: Indoors & Outdoors

Mess

1. Is there a doctors' mess room within the hospital?

Answer: Yes

2. Where is it located?

Answer: In main hospital

3. Are there facilities for cooking in the mess? –

Answer: Microwave

Public transport

1. What public transport options are available to get to the hospital?

Answer: Train or bus

Food and drink

1. What options are available for food within the hospital?

Answer: SPAR, Café and restaurant

2. What are these establishments' opening hours?

Answer: 7am – 10pm

3. What options for food are available out-of-hours?

Answer: Only snacks in vending machines

Accommodation

1. Is accommodation available for junior doctors? Where is it located?

Answer: Yes

2. What is the cost of a single room for a junior doctor per month?

Answer: See below

£500.00 Deposit (cash in advance).

A single room in a 3 bedded apartment = £447.00

A single room in a 4 bedded apartment =£389.00

Rents are all inclusive of all utility bills and service charges. All apartments have been pre-wired for BT; Sky and Sky Plus. The tenant(s) will be responsible for connection. The television licence will be the tenant's responsibility. Car parking is available on a limited basis at an additional fee which is currently set at £5.00 per week, which equates to £21.67 per month over the year.

Council Tax - this is payable by the tenants and is rated by Walsall Council. Occupiers should make their own enquiries to Walsall Council. Discounts are available for single occupancy or if this is not your main dwelling. It should be noted that students do not pay council tax

Library

1. Is there a library in the hospital?

Answer: Yes

2. If so, where?

Answer: In hospital 3rd Floor

3. How can doctors get access?

Answer: Swipe access

IT Systems

1. Is free WiFi available to doctors, and if so, what is the code?

Answer: Yes – code on employment

2. What IT systems does the Trust use for blood results, prescriptions, and EHR?

Answer: Bloods and other diagnostics: Sunquest ICE a.k.a Order Comms

Prescriptions: Ascribe

EHR: Orion Fusion

On-call rooms

1. Are on-call rooms available for junior doctors for out-of-hours shifts?

Answer: Yes

2. Where in the hospital are they located?

Answer: ITU corridor in main hospital

317.18

Hepatitis C

Does your trust treat Hepatitis C? [Yes/No] Answer: Yes

If YES, please could you supply the following information, for patients with hepatitis C, for the latest month

available. Please use the tables to enter by genotype if possible thank you.

Treatment Regimens in last month by Genotype:

Treatment numbers

Total Patients

Interferon containing

Treatment

Victrelis (Peg/RBV) Victrelis / boceprevir 0

Incivo (Peg/RBV) Incivo / telaprevir 0

Olysio (Peg/RBV) Olysio / simeprevir 0

Sovaldi (Peg/RBV) Sovaldi / sofosbuvir 0

Daklinza (Peg/RBV) Daklinza / daclatasvir 0

Treatment numbers

Interferon Free Treatment

Harvoni sofosbuvir +

ledipasvir

6

Sovaldi sofosbuvir 0

Sovaldi/Olysio sofosbuvir /

simeprevir

0

Sovaldi/Daklinza sofosbuvir /

daclatasvir

0

Viekirax ombitasvir /

paritaprevir /

ritonavir

0

Viekirax/Exviera ombitasvir /

paritaprevir /

ritonavir + dasabuvir

0

Epclusa sofosbuvir /

velpatasvir

23

Zepatier elbasvir / grazoprevir 11

Maviret glecaprevir /

pibrentasvir

8

Vosevi sofosbuvir /

velpatasvir /

voxilaprevir

0

If your systems do not support the ability to split by treatment, please supply total treated by the genotype split.

Similarly, if you are unable to split by genotype, please just split by treatment type.

319.18

Diagnostics and Biomarkers

Part of the website will show patients which diagnostic tests (and therefore biomarkers) are used/available at each hospital. I have attached a list of the available tests and biomarkers for haematological cancers, but it would be incredibly helpful if you could let me know which are available and at which hospital throughout Walsall Healthcare NHS Trust.

Answer: Spreadsheet available upon request.

320.18

Digital Maturity Assessment - Sept 17

Please provide all of results of the Digital Maturity Assessment (hereafter DMA) for your trust, which you should be able to access through the DMA portal. Each measure is represented as a score out of 100. Where possible, please also include this figures for the last (2016) digital maturity assessment.

This will include, but may not be not limited to:

- The overall digital “readiness” of the trust
- The overall digital “capability” of the trust
- The overall digital “infrastructure” of the trust
- Records, Assessment, & Plans
- Orders & results management
- Transfer of care
- Medicines Optimisation
- Decision Support
- Remote & Assistive Care
- Asset & Resource Optmisation
- Business & Clinical Intelligence
- Standards
- Enabling Infrastructure

Answer:

Section

Care Setting Theme

2017 Score 2016 Score

Asset & Resource Optimisation	general	Capabilities	46	45
Business & Clinical Intelligence	general	Capabilities	75	
Decision Support	general	Capabilities	70	65
Enabling Infrastructure	general	Enabling Infrastructure	78	68
Governance	general	Readiness	83	75
Information Governance	general	Readiness	71	71
Leadership	general	Readiness	78	55
Medicines Optimisation	general	Capabilities	30	
Orders & Results Management	general	Capabilities	93	87
Records, Assessments & Plans	general	Capabilities	68	66
Remote & Assistive Care	general	Capabilities	50	50
Resourcing	general	Readiness	80	75
Standards	general	Capabilities	62	23
Strategic Alignment	general	Readiness	81	69
Transfers Of Care	general	Capabilities	86	86

321.18 NHS Injury Cost Recovery Scheme (ICRS)

Under the Freedom of Information Act I'm wondering if you could tell me how much income you recovered under the NHS Injury Cost Recovery Scheme (ICRS) for the 2016/17 and 2017/18 financial years.

Answer:

Financial Year – 2016/17 - £618,705.95

Financial Year – 2017/18 - £613,433.77

322.18 Mortuary Fees

I am writing on behalf of the Mortuary service at the Royal Oldham Hospital.

We are looking into how we can improve and streamline our service here.

As a result of this, we wondered if you could spare us a little time to answer a few questions;

- Do you have a set fee which is charged to funeral directors if they do not collect a deceased patient when their paperwork is complete?

Answer: Yes.

- If so, do you give a time frame e.g. 24 Hours from the completion of paperwork to collection of the deceased patient.

Answer: 2 day grace period

- If you do have a set charge, what is this fee per day?

Answer: £50 per day

323.18 Brexit

I am writing to you to request, under the Freedom of Information act, the following things. First, any documents produced by your organisation outlining planning or preparations for the upcoming exit of the United Kingdom from the European Union. Second any advice or notices to stakeholders given by your trust in relation to the upcoming exit from the EU. Finally, a list of any payments made to external organisations or companies for services in relation to your preparation for the exit of the United Kingdom from the European Union since 23 June 2016, including, if possible, the name of the organisation or company and a description of the services requested.

Answer: We have checked back through Trust Board papers and Exec Team meetings, no items or costs in relation to Brexit have been found.

324.18 Hip & Knee surgery

> I would to gather some information from FOI team regarding following questions Please .

>

> 1) What is your average length of stay for patients with Hip Replacement?

Answer: 4 days

>

> 2) what is length of stay for Knee replacement.

Answer: 4 days

>

> 3) what sort of medicines or analgesia used for post operative pain management.

Answer: Codeine Phosphate, Paracetamol, Oromorph, Ibuprofen for 5 day max

>

> 4) which medications does the patients go home with for pain management.

Answer: Codeine Phosphate, Paracetamol, Oromorph, Ibuprofen for 5 day max

>

> 5) Does all knee and hip replacements gets assessed by physiotherapists and occupational therapists.

Answer: No, depends on individual needs, case by case

>

> 6) What are the most common equipments supplied to patients following knee replacement .

Answer: Toilet frames, kitchen trolley, perching stool

> 7) what are the most common post operative complications?

Answer: Pain, Decreased range of movement following knee replacement, Scar tenderness,

>
> 8) what sort of items used in prevention of VTE.

Answer: Thromboembolic stockings, Low Molecular Weight Heparin, Intermittant Compression device, Passive exercise,

**325.18
Bone Grafts**

Under the Freedom of Information Act, please could you answer the following questions:

1. Does your organisation use commercially available Bone Grafts such as Synthetic Bone Grafts or Demineralised Bone Matrix (DBM's) for Orthopaedic Spine, Trauma or Orthopaedic Surgery?

Answer: No

2. If so, how much did your organisation spend on bone grafts for the period of 01/01/2017 to 31/12/2017?

Answer: N/A

3. If your organisation used commercially available Bone Graft between the period 01/01/2017 to 31/12/2017, which brand(s) bone graft did you use?

To make your research easier, I have listed all commonly used commercially available Bone Grafts that you can cross reference:

- Actifuse ABX
- Bio4
- Beta-bsm
- Cerament
- Chronos
- Conduit
- DBM
- DBX
- Equivabone
- FiberStack
- Genex
- Grafton
- Healos
- Hydroset
- i-factor
- Infuse

- NovaBone
- Mastergraft
- Pro-Osteon
- StaGraft
- Vitoss
- YGamma-bsm

Answer: N/A

4. How many units of each brand of commercially available Bone Graft did you use?

Answer: N/A

**326.18
Public Health Funerals**

I am writing to enquire about Public Health Funerals

Under the FOI act 2000 could you provide:

From 1/1/2018 to date

- Name of deceased
- DOB and DOD
- Address
- If Kin have been found
- If the deceased left any estate

Answer:

NAME	YEAR OF BIRTH	YEAR OF DEATH	Next of Kin	COMMENTS	Deceased's Address
Frederick James Taylor	29/05/1937	2016	Y	Estranged from family, family attending funeral. Applied to Scottish Widows for refund 23/05/16	Old Vicarage Nursing Home , 160 High St. Burntwood WS7 3XG
Leonard Baggott	21/10/1928	2016	N	Funeral Costs available from Walsall Council - see James Dalton	AshGrange Nursing Home, 80 Valley Road, Bloxwich

Arthur Povey	11/03/1938	2016	N	Had a step daughter: Has a social worker:	drake Court Residential Home, Drake Close, Bloxwich
Jacqueline Flood	12/12/1952	2016	Y	Brother-in -law was married to deceased sisiter. He has a son	4 Moxley Court, Sutton Road WS10 8SU
Kenneth Lloyd	19/03/1951	15/05/2016	N	Civic Centre have appointeeship	Fernwood Court Care Centre, 300-310 Wolverhampton Rd West, Walsall WS2 0DS
George Robert Collin	10/01/1938	11/05/2016	N	Death Registered by neighbour	32 Butts St Walsall
Melvyn Jones	06/03/1958	14/05/2016	N		5 Pool Ave, Norton Canes, Cannock
Michael Trevis Martin	1958	17/04/2016	Y	Death registered by sister	46 Coppice Lane, Willenhall WV12 5RP
Nasser Saberi	13/06/1941	30/06/2016	Y?	NOK lives in Iran/Iraq?	Nehamiah Court, Bath St Walsall
Constance Collett	29/06/1927	28/08/2016	N	Neighbour holds house keys Deceased has cousin	4 Arnwood Close, Walsall WS2 0DZ
Norman Smith	16/08/1948	02/07/2016	Y	Estranged sister	22c Wilbraham Court Walsall
Nigel Frederick Beebee	05/05/1966	01/08/2016	Y	Estranged brothers. Entire family attended funeral	83 Fisher Road, Mossley Est. Bloxwich, Walsall
Frederick Doyle	09/06/1933	21/08/2016	N		Brownhills Nursing Home, 29-31 Hednesford Rd. Brownhills

Ian Alexander	24/08/1947	30/07/2016	N	Inquest under S/Staffs Cors.	Lakeview Care Home Stafford Rd, Bloxwich
John Neville Littleford	25/12/1931	22/09/2016	N	Divorced years ago. May have a daughter somewhere	Flat 45, Oakwood Lodge, Chaucer Ave. Willenhall
Theresa Wellings	30/07/1969	04/11/2016	Y	2 children aged 18 + 16 left at home. JV advised daughter to get help & support at home. JV contacted WHG housing officer to support daughter	19 Deans Road, Coalpool WS3 1RB
Ronald Charles Hodgkins	20/05/1925	24/10/1925	Y	Wife is an inpatient with dementia? Social worker to refer to NCO for Property & Affairs deputyship.	33c Leigh Court, Mellish Rd, Walsall
Colin Sanderson	15/04/1943	20/12/2016	Y	Has a sister who lives in Australia.	Ash Grange Care Home, 80 Valley Rd. Bloxwich
Kathleen Coley	17/06/1937	21/12/2016	N	Property owned by pathways to care	35 Avenue Road, Darlaston WS10 8AR
Mr Francis Jones	13/11/1938	29/12/2016	N	Bank Details received	Arboretum Home, Forest Lane, Walsall
Mr Vladivar Jakovelev	26/05/1949	16/02/2017	N	arranged via Russian Orthodox Priest	42 Bridge Street Walsall WS1 1HR
Mr James Flaherty	29/07/1942	31/01/2017	Distant Relative	Social worker:	Flat 51 Brookes House, Paddock Walsall WS1 2

327.18

Staff and Agency information request 17/18 FY

1. Staff Numbers - Average headcount of permanent and non-permanent staff over the entire 2017/18 financial year or just the headcount as at Saturday, March 31st 2018). Can you please split this into the major staff groups used by the trust? (E.g. Medical, Nursing, Admin, AHP etc.)

Answer:

ESR Staff Group – As at 31/12/2018	Headcount
Add Prof Scientific and Technic	138
Additional Clinical Services	781
Administrative and Clerical	952
Allied Health Professionals	249
Estates and Ancillary	387
Healthcare Scientists	100
Medical and Dental	383
Nursing and Midwifery Registered	1343
Students	28
	4361

2. Staff Cost – Total staff cost during the 2017/18 financial year split into permanent and non-permanent staff.

Answer:

	17/18 Expenditure
Permanent (Substantive)	£152.95m
Non-Permanent (Bank/Agency/Locum)	£20.83m

3. Agency Hours – Hours worked by agency staff in the 2017/18 financial year split by staff groups (E.g. Medical, Nursing, Admin, etc.) and speciality/grade (E.g. Consultants, GP, ICU Nurse, Acute Nurse, Occupational therapists, Pharmacists, Health Care Assistants, etc.) depending on how you report this within your trust.

Answer:

Agency Usage*	17/18 Hours Worked
----------------------	---------------------------

Qualified nursing, midwifery and health visiting staff	26,000.16
Support to clinical staff	4,628.86
Medical and dental	17,468.70

Based upon NHSI Submissions of FTE Agency Usage, reverse engineered based upon;

- 1 Medical & Dental FTE = 40 Hours
- 1 Non - Medical & Dental FTE = 37.5 Hours

4. Agency Spend – Total amount spent on agency staff in the 2017/18 financial year split into the Trusts' staff groups (E.g. Medical, Nursing, Admin, etc.) and speciality/grade (E.g. Consultants, GP, ICU Nurse, Acute Nurse, Occupational therapists, Pharmacists, Health Care Assistants, etc.) depending on how you report this within your trust.

Answer:

ESR Staff Group – 17/18 Expenditure	£ Million
Additional Clinical Services	1.05
Administrative and Clerical	0.19
Estates and Ancillary	0.04
Medical and Dental	2.31
Nursing and Midwifery	3.92
Grand Total	7.50

328.18 Patient Aids

-How many “daily living aids” (eg walking sticks, and crutches) were issued to patients by the hospital (A & E, Fracture clinic or similar department) in the last financial year.

Answer: 2017-20018 - 33,329

-How many “daily living aids” (eg walking sticks, and crutches) were picked up or recycled by the hospital (or a company working for the hospital) in the last financial year.

Answer: 2017-2018 - 18,819

-How much did the hospital spend on “daily living aids” (eg walking sticks, and crutches) in the last financial year.

Answer: £839,887

Please note: We can only give figures as a whole service, cannot split into Health (both acute and community) only or Social Care only, this includes the breakdown of finance spend as all

products are purchased through a single pooled budget. Also the total products issued and collected are all items issued by ICES.

**329.18
Sepsis**

I would like to request the following information under the freedom of information act.

Can you please tell provide me with the information for the following years 2016-17, 2017-18 and 2018-19 (up to the date this request was received), in monthly breakdowns:

1a. Of all patients recorded in the Sepsis CQUIN figures by the Trust, showing the number presenting with simple sepsis/ severe sepsis, Red Flag Sepsis or septic -shock, (depending on the protocols in place at the time) that received intravenous antibiotics within the hour, please state the number where death was a recorded outcome;

1b. Of all patients recorded in the Sepsis CQUIN figures by the Trust, showing the number presenting with simple sepsis/severe sepsis, Red Flag Sepsis or septic shock, (depending on the protocols in place at the time) that did not receive intravenous antibiotics within the hour, please state the number where death was a recorded outcome;

2a. Of all patients recorded in the Sepsis CQUIN figures by the Trust for 2016-17 and 2015-16, showing the number presenting with simple sepsis/severe sepsis, Red Flag Sepsis or septic shock, (depending on the protocols in place at the time) that received intravenous antibiotics within the hour, please give the number of cases that were subsequently investigated as part of the hospital's internal clinical risk reporting process;

2b. Of all patients recorded in the Sepsis CQUIN figures by the Trust for 2016-17 and 2015-16, showing the number presenting with simple sepsis/ severe sepsis, Red Flag Sepsis or septic shock, (depending on the protocols in place at the time) that did not receive intravenous antibiotics within the hour, please give the number of cases that were subsequently investigated as part of the hospital's internal clinical risk reporting process;

3. Of questions 2a and 2b, please identify the number of investigations that related to a death outcome and the number that related to a harm outcome.

Answer: This information is not recorded

330.18

Weekly/Monthly Collection Data sent to NHSI

Dear {NHS Organisation},

Re: Weekly/Monthly Collection Data sent to NHSI

I am writing to request information under the Freedom of Information Act 2000. I would be interested in any information held by your organisation regarding my request. I understand that I do not have to specify particular files or documents and it is the departments responsibility to provide the information I require. If you need further clarification please contact me via email, and ideally within 48 hours as per the relevant guidance. I would like to request the following information:

From March 2017 until July 2018 inclusive:

1) Please disclose your weekly collection sheets of data sent to NHS Improvement relating to temporary staffing. The full sheet is sought but to aid you in locating the correct information these include number of vacancies, agency fill rate, number of workers on more than £120 per hour, and since October 2017, this also includes the same data for bank staff. Please disclose both the Agency and Bank information.

Answer: Number of vacancies is not recorded via this data collection.

Agency fill rate is not recorded via this data collection. Total shifts requested and the total number of shifts filled by bank is recorded, however, a fill rate for agency is not collected and submitted. Which is automatically generated on the collection website at the time of inputting data.

Number of workers paid over £120 per hour:

Temporary Staffing 23 workers, Medical Staffing: 244 workers

2) Do you send this via NHS Improvement's Data Collection site or by email? If by email to which email address is it sent?

Answer: Submitted directly to the NHS Improvement reporting website.

3) Do you use a Direct Engagement Company, if so please confirm the name of the company used, who handled the negotiation.

Answer: Temporary Staffing: No Medical Staffing: Liaison

4) What is your Trust's individual agency expenditure ceiling from NHS Improvement.

Answer: 2018/2019 £6478

5) any emails/discussion by medical staffing or the appropriate board members regarding whether this ceiling is unachievable.

Answer: No emails or discussions have taken place.

For the avoidance of doubt, if you have switched to monthly data collection at any point please treat references to 'weekly' in the request as 'monthly' from that point onwards.

331.18 Orthopaedics

1. Who are your current contracted Hip/Knee prosthesis suppliers?

Answer: Stryker, JRI and Zimmer Biomed

2. What are the current contract dates including any extensions possible for your Hip/Knee prosthesis procurement?

Answer: 11/08/2017 – 10/08/2021

3. What is your chosen route for Hip/Knee prosthesis purchase?

Answer:

- **Primary Hips (Cemented/Uncemented) – Stryker**
- **Primary Hips (Uncemented) – JRI**

- **Primary Knee – Stryker**
- **Partial Knee Cases – Zimmer Biomet**

4. What is the contract value (£)/agreement (market share %) for hip replacements with your current providers?

Answer:

- **Hip Stryker - 16.96% £721,057.88**
- **Hip JRI - 29.94% £1,272,455.09**

5. What is the contract value (£)/agreement (market share %) for knee replacements with your current providers?

Answer:

- **Knee Stryker – 52.49% £2,231,037.93**
- **Knee Zimmer Biomet – 0.59% £25,449.10**
-

332.18

A & E with Suicidal intent

I would like to request under the freedom of information act the following information:

How many Accident and Emergency admissions have been recorded as intentional self harm (x84) as the chief complaint between 1st August 2017- 31st July 2018?

How many Accident and Emergency admissions have been recorded with suicidal intent (R458) as the chief complaint between 1st August 2017- 31st July 2018?

Answer:

Counts of A&E attendances recorded as deliberate self harm in the patient group field between 01/08/2017 and 31/07/2018

Month	Count
2017 (08) Aug	77
2017 (09) Sep	67
2017 (10) Oct	71
2017 (11) Nov	54
2017 (12) Dec	61
2018 (01) Jan	76
2018 (02) Feb	49
2018 (03) Mar	52

2018 (04) Apr	68
2018 (05) May	83
2018 (06) Jun	65
2018 (07) Jul	51

Counts of A&E attendances with a chief complaint of Suicidal/Suicidal Thoughts between 01/11/2017 and 31/07/2018

Month	Count
2017 (11) Nov	31
2017 (12) Dec	52
2018 (01) Jan	62
2018 (02) Feb	50
2018 (03) Mar	49
2018 (04) Apr	58
2018 (05) May	79
2018 (06) Jun	61
2018 (07) Jul	71

**333.18
Transformation**

Under the Freedom of information act Please could I request the following information?

- Does your Trust currently have a Transformation plan in place, if yes what time frame are you looking to implement this?

Answer: No

- Can I have a copy of your Transformation plan?

Answer: N/A

- Is the Trust planning a merger with a neighbouring Trust within the next 24 months

Answer: No

**334.18
Systems**

Under the freedom of information act please could I request the following information.

The name of the System, the name of the supplier, the start and end date of your current contract for the following systems:

1. laboratory information management system (LIMS)
2. Patient Administration Systems (PAS)
3. Electronic Patient Record (EPR)
4. Picture archiving and communication system (PACS)
5. Radiological information system (RIS)
6. Order Communications System (OCS)
7. The system used within your Pathology department.

Please could you tell me if any of the above systems will be going out to tender within the next 6 months?

Answer:

Name	Supplier	Start date	End Date	Tender 6 months?
1. Winpath	Clynisys Ltd	01.07.12	30.06.12	No
2. Lorenzo	DXC	Mar 2014	Mar 2020	Yes (in next 6-9 months)
3. Fusion	Orion Health	01.04.18	31.03.19	Yes, as part of above
4. PACS	GE Healthcare	22.06.13	30.06.19	No
5. RIS	Healthcare Software Systems	18.05.13	17.05.19	No
6. As 1. above				
7 As 1. above				

**335.18
Car Parking**

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

How much money did the trust raise from car parking charges in each of the last two financial years - 2016/17

Answer:

**2016/17 £1,298,526 (351,519 – staff and £947,006 – visitors).
2017/18 £1,341,292. (£408,268k – staff and £933,024 –visitors).**

How much money was raised from parking fines in each of the last two financial years - 2016/17 and 2017/18? Include a breakdown of staff and visitor/patient fines if possible –

Answer: Circa £3k – no breakdown available and we are not ticketing at present.

Have you increased the cost of parking in your car parks during the last financial year - between 2016/17 and 2017/18? Please give a breakdown of how much parking has increased by.

Answer:

Tariff	Current Charge	New Charge	Variance
up to 1 hour	£2.00	£2.80	£0.80
up to 2 hours	£3.00	£3.80	£0.80
up to 3 hours	£4.00	£4.30	£0.30
up to 5 hours	£6.00	£4.80	-£1.20
up to 24 hours	£6.00	£5.30	-£0.70

Do you charge for disabled parking?

Answer: Yes

336.18

Babies born to Mothers with Blood group O Positive

I am asking if you have specific protocol regarding babies born to mothers with blood group O positive.

Our current protocol is to do cord blood tests for those babies including : cbc , bilirubin level , blood group and cbc .

I hope you can provide me with your protocol if present to compare it with our policy.

Answer: We do not do any routine investigations following births when the mother has been identified in the antenatal period as Group O positive. Only if O Negative blood group

337.18

Translator Costs/Details

Regarding your usage of interpretation services, I would like to make the following requests under the Freedom of Information Act:

1) From 1st January 2017 – 31st December 2017 how much did your Trust spend of interpreting services?

Answer: £241,213 (including staff costs)

2) Do you service interpreting requirements in-house or do you outsource to a third party company?

Answer: We have a small amount of in-house provision for South Asian Languages, but predominantly work is outsourced to a third party

3) If you use a third party to service interpreting requirement

a. What is the name of the organisation you outsource to?

Answer: Word360

b. is the interpreting services provision contracted under a OJUE/Framework or is the service provided off contract?

Answer: Yes it is provided under a contract framework

c. if contracted what OJUE/Framework contract is the Trust accessing and when does the contract expire?

Answer: Word360. Expiry date is 31/10/2018

d. please provide both dates if telephone and face to face interpreting are contracted separately

Answer: They are the same

4) Who is the senior responsible officer for interpreting services at the Trust?

Answer: Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is Karen Dunderdale, Director of Nursing, email address; karen.dunderdale@walsallhealthcare.nhs.uk and telephone number is 01922 721172.

338.18

Bounty Packs

I would like to make a Freedom of Information Request;

Q1) Please provide the name of your Trust

Answer: Walsall Healthcare NHS Trust

Q2) Do you have a contract with Bounty, whose representatives hand out 'Bounty Packs' to new mothers on maternity wards?

Answer: Yes

Q3) If you answered YES to Question 2, how much money did your trust receive from Bounty in the financial years;

a) 2015/16

b) 2016/17

c) 2017/18

Answer: The Trust receives payments from Bounty and this is outlined in the agreement that we hold with this organisation. Exemption 43 has been applied as matters relating to pricing and payment structure are confidential and commercially sensitive

Q4) Please explain how the payment from Bounty is calculated (ie a pre-agreed figure, or a set payment per child born in your care)

Answer: The Trust receives payments from Bounty and this is outlined in the agreement that we hold with this organisation. Exemption 43 has been applied as matters relating to pricing and payment structure are confidential and commercially sensitive

Q5) How many babies were born in your care during the financial years;

a) 2015/16 Answer: 4876

b) 2016/17 Answer: 4173

c) 2017/18 Answer: 3607

340.18

Records management

This request concerns records management expenditure at your healthcare authority.

1) Please state the

a) Number of fax machines purchased

b) Total spend on fax machines

By your authority in each of the following financial years

- i) 2013/14 **Answer: This information was not recorded**
- ii) 2014/15 **Answer: 9 machines @ £2952**
- iii) 2015/16 **Answer: 10 Machines @ £6273**
- iv) 2016/17 **Answer: 19 Machines @ £2532**
- v) 2017/18 **Answer: 0 Machines @ £35.70**
- vi) 2018/19 to 19.09.18 **Answer: 0 Machines @ £418**

2) Please state the amount spent by your records department on transferring paper records in each of the following financial years

- i) 2013/14 **Answer: £625,126**
- ii) 2014/15 **Answer: £654,910**
- iii) 2015/16 **Answer: £708,927**
- iv) 2016/17 **Answer: £955,611**
- v) 2017/18 **Answer: £1,106,351**
- vi) 2018/19 to 19.09.18 **Answer: £439,312 (up to August)**

3) Please state the amount spent by your records department on couriers to transfer physical records in each of the following financial years.

- i) 2013/14
- ii) 2014/15
- iii) 2015/16
- iv) 2016/17
- v) 2017/18
- vi) 2018/19 to 19.09.18

Answer: We are unable to provide a breakdown of the amounts spent. However the amount spent is included in Question 2

4) Please state the amount spent by your records department on taxis or private hire vehicles to transfer physical records in each of the following financial years.

- i) 2013/14 **Answer: £142.68**
- ii) 2014/15 **Answer: £331.54**
- iii) 2015/16 **Answer: £129.59**
- iv) 2016/17 **Answer: £51.90**
- v) 2017/18 **Answer: £42.72**
- vi) 2018/19 to 19.09.18 **Answer: Nil**

Answer: The use of taxi's to transport patient records has been phased out over the last 3 years due the risk. A taxi is only now used in an emergency.

341.18 Namebadges

I had a general query regarding the new name badges; what is the reason behind it when we're in so much debt already?

1. What is the reason behind it when we're in so much debt already?

Answer:

- **The new badges are being introduced for a number of key strategic reasons which are explained below. Whilst the Trust appreciates that this comes at an expense, we also have to stay current with the expectations of the organisation.**
- **To assist people with visual limitations, in line with other Trusts, this is part of national move to ensure that we respond appropriately to members of the public with disabilities.**
- **The Trust has recently refreshed the organisational values after 7 years. During this refresh, the old logos were required to be removed from the name badges and replaced with the new values. Again, this will be assessed by our regulations such as the CQC when looking at organisational culture.**

As you can see, the combination of the two points above presented us with the need and the opportunity to refresh the badges once.

2. Also I would like to know the cost of this change.

Answer: Total cost £8100 (Inc. VAT)

Question on the Update service - for employers/trusts in England and Wales only								
Question 3	Yes	No						
Do you ask staff to use the update service								
Supplementary to question 3	Yes, in full	Yes, partially (please state the amount)	No					
If you answered 'yes' do you reimburse staff for this payment								

343.18

Out of hour payments in Pathology

I am the Pathology Manager at Gloucestershire Hospitals NHS Foundation Trust. We are currently reviewing Out of Hours payments for Pathology staff and we want to ensure that any new system is fair, equitable and consistent – therefore it would be very useful to know what other organisations are doing in this regard. Therefore, please could you do your best top answer the enclosed questions?

Answer:

Freedom of Information Questions – Pathology Out of Hours Payments

Gloucestershire Hospitals NHS Foundation Trust is conducting a review of Out of Hours payments for laboratory staff. We would like to establish how our payments compare with other organisations.

1. Does the Pathology Department in the Trust offer a 24/7 service?

Answer: Yes

2. If so, in which pathology disciplines (e.g. Haematology, Blood Transfusion, Chemical Pathology, Cytology, Histology, Microbiology)?

Answer: Blood sciences

3. Does the Trust pay any enhancements (over and above Agenda for Changes terms and conditions) for out of hours working (5.30pm – 8.00am) in Pathology?

Answer: No

4. If so, in which pathology disciplines?

Answer: N/A

5. How are those enhancements structured (please specify by discipline and by grade of staff if there are differences between disciplines and grades)?
- For working shifts?
 - For On-Call?
 - For covering gaps in rotas at short notice?
 - Any other circumstances (please specify)?

Answer; N/A

6. What is the remuneration for working out of hours in the relevant pathology disciplines (please specify by discipline if there are differences between disciplines)?
- For working shifts?
 - For On-Call?
 - For covering gaps in rotas at short notice?
 - Any other circumstances (please specify)?

Answer: Standard Agenda for change rates are paid.

344.18

Lip augmentation

Please could you send me figures of how many lip augmentation procedures were carried out by your trust over the last five years via email?

Would it also be possible to have those figures broken down by each year, by cost, and by the reason for the procedure please?

Answer: The trust does not perform this procedure.

345.18

Payment to Suppliers

Please can you provide files relating to disclosure of payments to suppliers in CSV or XLS format for the periods November 2017 – to present as these do not appear to be published on the web site.

Answer: Please see attached spreadsheets. Files available upon requ

346.18
Estates and Facilities

Under The Freedom of Information (FOI) Act 2000 I would like to request some specific information about the structure, qualifications and management of your Estates and Facilities.

I attach for ease of completion a spreadsheet detailing the required questions and example answers. I would appreciate a completed spreadsheet, along with the relevant organograms and policies

Answer:

Notes	Answer	Additional comments
Please select answer from list	Walsall Healthcare NHS Trust	
e.g. under the Chief Financial Officer, Medical Director or Director of Communication	Director of Strategy	
Please attach an organogram(s) inclusive of Estates, Facilities and Capital projects. Please detail AfC pay bands as well as job titles	Under review	
Please select answer from list	No	
Please select answer from list	Yes	
Please select answer from list	Yes - out of date	
Please select answer from list	Outsourced	
e.g. Director of Estates and Facilities, 8d	Divisional Director of Estates	
Please select from list	5 years plus	
Please select from list	Internal promotion - permanent appointment	
e.g. Head of Facilities, 8b, Estates	Promoted internally	

Please select answer from list	Desirable	
Please select answer from list	No	
Please select answer from list and provide detail of discipline e.g. Facilities Management or Planning and Development etc. as additional comments	Other...	
Please list e.g. Head of Estates and Facilities, Head of Capital Projects, Facilities Manager and Property Manager	Capital Projects/Estates Manager/EBME Manager	
Please list e.g. Capital Projects Manager, Accommodation Manager	Head of PFI	
Please list e.g. Head of Estates and Facilities, MRICS - Facilities Management Property Manager - MRICS - Commercial Property Practice	Under review	
Please select from list	No - no financial support provided	
Please select from list and attach policy	Yes	
Please select from list and attach policy	Yes - fully supportive	
Please describe/attach relevant supporting documentation	No	
Please select from list	1 to 10	
Please select from list	1 to 10	
Please provide area owned and also area not delivering services	Under review	

Please select from list	No	
Please select from list	No	
Please select from list	No	
Please select from list	No	
Please select from list	No	
Please select from list	No	
Please select from list	No	
Please select from list	Yes - all documented	
Please select from list	Yes	
Please provide current figure	16 million (ICU & Maternity)	
Please provide current figure	500k	
Please select from list	Managed by both estates and clinical in part	

347.18 Compliments

To carry out our research on compliments, we are making a Freedom of Information request about the number of compliments your trust receives, and, how you handle them.

FOI Request:

- 1) How many compliments did your trust receive in 2017?

Answer: 771

- 2) Do you have a procedure for handling compliments?

Answer: We receive compliments from various sources. We have them direct from patients via telephone, email or face to face or staff sending through compliment cards, letters and emails. We log them on our 'Safeguard' database, the details, and departments

and if they are for a specific staff member we link it to their names. We then share this with the colleague and the management team, and we acknowledge the patient / family if they have come via email or letter.

3) Do you respond to the authors?

Answer: We acknowledge any compliment we receive in writing or via email, thanking them for their kind words and discuss that we will share it with the individuals and their managers to share with the teams.

4) Do you pass the compliments onto to the complimentees?

Answer: If a specific staff member has been complimented we do share this with them.

5) Do management see copies of compliments?

Answer: We send compliments to the area/team managers for their information and also to share with their teams. We also each month send a list of all compliments received to each division which has which department they were for and a brief summary of the compliment and this is sent to all the senior managers.

6) Do you analyse the content of compliments?

Answer: As point 5.

348.18

Joint working arrangements

By joint working I mean situations in which the NHS and private sector companies work together (for instance, by providing expertise, staff, and other resources) on the development or implementation of specific projects.

This is in line with definitions used by NHS England and the Department of Health. What distinguishes joint working other relationships (such as procurement, sponsorships, grants or donations) is that joint working describes a collaborative relationship in which the creation of responsibility for projects is shared.

A document issued by NHS England, the DH, and the ABPI provides the following definition: "Joint working describes situations where, for the benefit of patients, NHS and industry organisations pool skills, experience and/or resources for the joint development and implementation of patient centred projects and share a commitment to successful delivery." (<https://www.networks.nhs.uk/nhs-networks/joint-working-nhs-pharmaceutical/documents/joint%20working%20toolkit%20dh.abpi.pdf> p. 4).

Answer: As a trust we don't have any Private joint working arrangements. We only have mandatory NHS working arrangements. In relation to the clarification you provided, as above.

349.18

VTE Cost Audit

Please find attached a Freedom of Information request on behalf of the All-Party Parliamentary Thrombosis Group. I would be grateful if you could please provide a response within the timeframe specified by the Freedom of Information Act 2000. This request is to all Trusts within the FOI team's remit.

Answer: Questionnaire available upon request

350.18

Smoking

I am requesting the following information under the FOI Act 2000.

(1) What is your Trust's policy regarding smoking on hospital grounds? Please specify. For example:

- Is smoking banned throughout the site?

Answer: NO

Is smoking banned in the car park?

Answer: Yes

Is smoking banned in private vehicles while on site?

Answer: Yes

- Is smoking permitted anywhere on site?

Answer: Yes

Are there smoking shelters (eg in the car park, in the grounds)?

Answer: In the grounds

Are there designated smoking areas (eg in the car park, in the grounds)?

Answer: In the grounds

(2) On what date did the Trust adopt its current policy on smoking?

Answer: Last Review March 2017

(3) Does the Trust have any plans to change its smoking policy? If so, please specify what those changes will be. For example, do you intend to Remove existing smoking shelters and extend non-smoking areas, if agreed or Permit designated smoking areas or install designated smoking shelters

Answer: Policy is under review in line with NHS 5 Year plan for all NHS Estates sites to be smoke free by 2019/20 no decisions have been made as yet

(4) If the answer to Q3 is 'YES' please specify the date on which the Trust plans to implement the changes.

Answer: Under review decision not yet made

(5) What is the Trust's policy regarding vaping in
(a) hospital buildings including wards, and
(b) hospital grounds?

Answer: Vaping is only allowed on external Hospital grounds

(6) Does the Trust have any plans to change its vaping policy? Please specify how it will change and when the Smoke free policy consideration

Answer: Vaping with be reviewed in conjunction with the National Fire Chiefs Council guidance. E- Cigarette's use in smoke free NHS setting

(7) How are the Trust's smoking policies enforced? For example: signage, public address systems, use of CCTV cameras/wardens to monitor the site etc.

Answer: Signage Security Patrols

(8) How many recorded complaints has the Trust received from members of the public (including patients) about patients, visitors or staff smoking on hospital grounds since 1st January 2018?

Answer: No formal complaints only 2 x informal concerns.

351.18

Headaches and Chronic Migraines.

I am writing to you today to request information regarding the treatment of Headaches and Chronic Migraines.

1.) Does your trust run a headache clinic?

Answer: YES – Once a week

2.) Does your trust run a migraine clinic?

Answer: NO

3.) Does your trust run a botulinum A [botox] clinics (regardless of any indication or department)?

Answer: YES

4.) In the past 6 months how many patients have been treated for chronic migraine? –

Answer: We are unable to identify chronic migraine. We can only identify all specified migraine types as they haven't got their own codes. Using code G43.8 and over the last 6 months patients treated for that is 3

5.) Could you please provide me with the following numbers of patients treated in the last 6 months, with the following drugs for Chronic Migraine. If none, please state None. –

- | | |
|-------------------------------|-------------------------------|
| · Botox | Answer: None |
| · Dysport | Answer: None |
| · Xeomin | Answer: None |
| · Topiramate / anticonvulsant | Answer: None |
| · Beta-blocker | Answer: 1 (Bisoprolol) |
| · Calcium channel blocker | Answer: None |
| · Anti-serotonergic | Answer: None |
| · Tricyclic anti-depressant | Answer: None |

352.18

Hospital discharge checklists

Request for information on hospital discharge checklists

I am writing on behalf of British Red Cross as part of a patient flow research project we are undertaking across the UK.

We are looking to update a dataset created by [HealthWatch in 2015](#) relating to hospital discharge checklists.

Under the Freedom of Information Act 2000 please provide the data to fill out the four questions in the attached document.

If you are the FOI officer for more than one acute hospital trust, please fill out separate forms for each acute hospital trust.

Under the Act I understand that we are entitled to a response within 20 working days of your receipt of this request. I therefore expect responses by a **deadline of October 26th, 2018.**

Answer: Please see attached sheet. Sheet available upon request.

353.18
e-learning

FOI questions:

1. Is your organisation currently using an e-learning / online learning management system?

Answer: Yes

2. If yes, who provides the system and who supplies the system?

Answer: ESR – Current supplied by IBM

3. When does the current contract come to an end?

Answer: N/A – Nationwide NHS System