

FREEDOM OF INFORMATION

Disclosure Log – Quarter 2 (July--September 2019)

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316.19	September	Head of Communications
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332.19	September	Onsite Paging
333.19	September	ICT Service Desk (or IT Service Management)
334.19	September	Transport dispatch system
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336.19	September	System hardware
337.19	September	Cataract Procedures

169.19

Appointments and / or consultations that are held in private settings

Dear Freedom of Information Officer

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

Would you please be able to provide the following information regarding appointments and / or consultations that are held in private settings (i.e. not settings where there is the potential for a breach of other patient's confidentiality (e.g. group therapy sessions or bays in accident and emergency departments)):

- 1) Does your Trust allow patients and / or their nominated representatives to make audio recordings of their appointments and / or consultations with a member of staff when they ask the staff member if it is acceptable to do so?
- 2) Could you please provide the name(s) of the policy / policies and a copy of the specific section of the policy / policies that is used to inform staff of the policy /

policies when a patient and / or their nominated representatives requests to audio record their appointment / consultation?

- 3) Does your Trust allow patients and / or their nominated representatives to make video recordings of their appointments and / or consultations with a member of staff when they ask the staff member if it is acceptable to do
- 4) Could you please provide the name(s) of the policy / policies and a copy of the specific section of the policy / policies that is used to inform staff of the policy / policies when a patient and / or their nominated representatives requests to video record their appointment / consultation
- 5) Does your Trust allow patients and / or their nominated representatives to make audio recordings of their appointments and / or consultations with a member of staff without informing the member of staff about it (i.e. a covert recording)?
- 6) Could you please provide the name(s) of the policy / policies and a copy of the specific section of the policy / policies that is used to inform staff of the policy / policies if they discover a patient and / or their nominated representatives has audio recorded their appointment / consultation covertly?
- 7) Does your Trust allow patients and / or their nominated representatives to make video recordings of their appointments and / or consultations with a member of staff without informing the member of staff about it (i.e. a covert recording)
- 8) Could you please provide the name(s) of the policy / policies and a copy of the specific section of the policy / policies that is used to inform staff of the policy / policies if they discover a patient and / or their nominated representatives has video recorded their appointment / consultation covertly?
- 9) Should your Trust's policies not allow patients and / or their nominated to make audio and / or video recordings (having informed the member of staff and / or covertly) of their appointments and / or consultations could you please provide a copy of your Trust's policies regarding what procedures should be followed by both members of the Trust's staff and the patient and / or their nominated representatives where there may be a specific need for the patient and / or their nominated representatives to audio and / or video record their appointments and / or consultations (e.g. medical issues such as dementia, the patient
- 10) having nobody available to act as an advocate for them or any other need identified by the patient and / or their nominated representatives)

11) Could you please provide a copy of the impact assessment undertaken of the policy / policies cited in response to question 9?

12) Should your Trust's policies not allow patients and / or their nominated representatives to make audio and / or video recordings (having informed the member of staff and / or covertly) of their appointments and / or consultations could you please provide a copy of the information that staff can give to the patient and / or their nominated representatives explaining why it is not allowed?

13) Should your Trust's policies state that it is for the staff member to decide whether they are prepared to allow appointments and / or consultations to be audio and / or video recorded by the patient and / or their nominated representatives could you please provide the name(s) of the policy / policies and a copy of the specific section of the policy / policies that states what procedures should be followed by both members of the Trust's staff and the patient and / or their nominated representatives when the member of staff states they are not prepared to be audio and / or video recorded but the patient and / or their nominated representatives are insistent on doing

14) Should your Trust have no policy regarding the situations as detailed in questions 1, 3, 5, 7, 9 or 12 could you please detail what procedures should be followed by both members of the Trust's staff and the patient and / or their nominated representatives should any of the situations detailed occur?

Answer: Our policy is currently under review and will be available in the near future. We have therefore been unable to answer the other questions.

170.19
Overseas visitors

1. Please tell me how much is owed to the trust by overseas visitor patients (this is for all years, not just 2019).

2.

Answer: £289,532.34

3. Please tell me the largest amount owed to date by one patient.

4.

Answer: £45,435.00

3. If possible, please tell me which year, they were treated in, which department and their country of nationality.

Answer: 2015 / 16 Nigerian, Paediatrics

4. Please tell me how many overseas visitor managers and overseas visitor officers are currently employed by the trust.

Answer: We do not have an established post that deals solely with Overseas Visitors. Processing them is incorporated within our daily business as usual.

5. Please tell me whether the trust contracts any debt collection firms to collect the money from overseas patients who owe money to the trust.

Answer: Yes

6. If possible, please provide the names of these firms.

Answer: CCI Management

7. If possible, please state how much the trust paid to these debt collection firms in 2018/19.

Answer: £1,851.18

8. Please state how much was collected by the trust from overseas visitors in a) 2018/19 and b) 2017/19

Answer:

2017/18 = £15,949.76

2018/19 = £57,936.92

171.19

Hospital food provided in your trust

I would like to request a breakdown of the following in relation to hospital food provided in your trust.

In accordance with the Freedom of Information Act (2000) please may you supply me with information relating to the following three questions:

1. What is the average cost per day in pound sterling allocated to feed an inpatient with non-exceptional dietary requirements staying in each of your hospitals for the last 5 years. For 'year' please use calendar year up to 2019. For 'hospitals' please include sites where patients stay overnight on a ward and please ignore any sites that are self catering.

Answer:

14/15/ £9.00

15/16 - £9.27

16/17 - £9.52

17/18 – £9.48

18/19 - £12.33

2. Please list the hospital and care sites in your trust and state whether the catering service is outsourced and if outsourced please give the name of the company or companies this is currently outsourced to and the date of the outsourcing to this company,

Answer: One site.

The provision of ready prepared patient meals is outsourced to Tillery Valley Foods.

Answer: The contract concluded 28.02.19 but has been extended pending outcome of a resourcing exercise through NHS Supply Chain Framework.

3. How many cases of listeriosis have been traced back to sandwiches that were given to inpatients in your trust in the last three years?

Answer: Zero

172.19

No Fixed abode

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

- 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 during financial year 2018/19.

Answer: 186 patients

- The number of patients admitted to the hospital 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 during financial year 2018/19.

Answer: 24 patients

173.19

Directors details

Good morning,

Under the freedom of information act please could I request the following information

The name and email address of the person within your Trust that hold hold the following job titles / responsibility:

1. Quality Director (The person with overall responsibility for an acute trust's CQC inspections)

**Answer: Dr Karen Dunderdale, Director of Nursing,
Karen.dunderdale@walsallhealthcare.nhs.uk**

2. Patient Safety Director (The person with overall responsibility for patient safety within the trust)

**Answer: Ms Jenna Davies, Director of Governance
jenna.davies@walsallhealthcare.nhs.uk**

3. The person with overall responsibility for Improving Patient Outcomes

**Answer: Dr Karen Dunderdale, Director of Nursing,
Karen.dunderdale@walsallhealthcare.nhs.uk**

Dr Matthew Lewis, Medical Director,
matthew.lewis@walsallhealthcare.nhs.uk

174.19
Temporary Staffing

Agency Spend and Supply:

Question 1:

a. Do you have a master vendor or neutral vendor arrangement in place, for the below staff groups to source agency staff? If so, please state which arrangement is in place?

- Administration and Estates Staff (NMNC)
- Medical & Dental
- Nursing and Midwifery
- Allied Health Professionals / Healthcare Science

Answer: No

b. Please state the name of the appointed supplier for the above arrangement

Answer: N/A

Question 2:

1. Please state the organisations total expenditure on agency (non-contract) staff for the financial year 18/19 (April 2018 - March 2019). Split by the following staffing groups:

- Administration and Estates Staff (NMNC) Answer: **£311k**
- Medical & Dental – Answer: **£2,998k**
- Nursing and Midwifery Answer: **£4,462k**
- Allied Health Professionals / Healthcare Science – Answer: **£974k**

Direct Engagement:

Question 3:

1. Does the organisation use a third party to provide a Direct Engagement/Outsourced Employment Solution?

Answer: Yes

2. Please state the name of the Direct Engagement/Outsourced Employment supplier (e.g. 247 Time/Allocate, PlusUs, Retinue, Liaison)

Answer: Liaison

3. Please state all staffing groups that are managed via your direct engagement provider

Answer: Medical & Dental, Nursing & Healthcare assistants (HCAs), HealthCare Science, Scientific, Therapeutic and Technical Staff. Inclusive of AHP's.

4. Please state the start date of the contract with the DE supplier

Answer: 01/06/2015

5. Please state the end date of the contract with the DE supplier

Answer: 31/01/2020

6. Did the organisation procure these services via a framework? If so, please provide the full name of the framework

Answer: Yes. Health Trust Europe

7. Can you please provide your temporary / flexible staffing leads name and contact information

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

Medical Bank Supplier:

Question 4:

1. Please state the name of the technology provider used to manage the supply of your medical bank staff, inclusive of any outsourced or managed arrangements (i.e. NHSP, Patchwork, Allocate, Liaison, PlusUs, Locum's Nest etc., please state if in-house)

Answer: Liaison

2. Please state the start date of the contract with the bank supplier

Answer: 01/06/2015

3. Please state the end date of the contract with the bank supplier

Answer: 31/01/2020

4. Did the organisation procure these services via a framework? If so, please provide the full name of the framework

Answer: Yes. Health Trust Europe

5. Can you please provide the relevant Trust contacts email address, responsible for managing the relationship with your bank supplier, or alternatively responsible for managing this process in house.

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

**175.19
Hospital Parking**

1. Please state the current fee for parking at the trust for one hour. (If there is no specific fee for one hour, please state the lowest possible time and cost) –

Answer: £2.80

2. Please state the fee for parking for one hour in 2018

Answer: £2.80

3. Please tell me whether the hospital provides free parking for any of the following groups a) cancer patients b) disabled patients c) other patients who are frequent visitors to the trust d) the relatives of patients who are frequent visitors –

Answer: Cancer & Neo-Natal

4. Please tell me if the hospital provides reduced parking for any of the following groups a) cancer patients b) disabled patients c) patients who are frequent visitors d) the relatives of patients who are frequent visitors

Answer: Yes

5. If yes to question 4, please provide details. –

Answer: Concessionary passes.

6. Please state how much the trust collected in parking charges and fines in a) 2018/19 and b) 2017/18

Answer: 2017/18 £1,343,272

Answer: 2018/19 £1,514,675

6. Does the trust hire any private firms to issue parking fines or clamp vehicles?

Answer: Yes

7. If yes to question 7, please provide the names of these firms

Answer: APCOA Parking

176.19

Chaplaincy questionnaire

Please see the answers to your questions. We had difficulty putting the data in to you sheet.

1. Total number of inpatient episodes by recorded religion/belief (April 2018- March 2019)

Answer: Please see attached. Available upon request.

2. Total number of referrals for chaplaincy support by recorded religion/belief (April 2018 - March 2019)

Answer: This information is not recorded

3. Titles of courses provided by members of the chaplaincy team for NHS staff/volunteers/external groups or organisations (April 2018 - March 2019)

Answer:

Staff:

Student Nurse induction programme - 'Spirituality and the Chaplaincy-Spiritual Care Team'

Maternity Bereavement Study Days - 'The Role of the Chaplaincy – Spiritual Care Team'

Staff/Ward groups – 'The Role of the Chaplaincy – Spiritual Care Team'

Volunteers:

**We support the Birmingham/Black Country Chaplains' Collaborative Volunteer training programme for chaplaincy volunteering (6 weeks course).
Bi-monthly supervision/training sessions for chaplaincy volunteers**

**External:
Various talks on chaplaincy/spiritual care to local church/diocesan and faith groups**

4. Number of recorded visits by members of the Chaplaincy Team by religion/ belief (April 2018 - March 2019)

Answer:

Church of England (please note that we work ecumenically) - 3753

Roman Catholic - 819

Hindu – 523

Muslim - 434

Sikh - 633

N.B. Each chaplain visits those of other faiths/beliefs/non-religious as well from their own faith tradition.

5. Number of hospital funerals funded by the Trust and conducted by a member of the Chaplaincy Team by recorded religion/belief of the deceased (April 2018 - March 2019)

Answer:

Christian 53 (these will not all be for Christian families as occasionally we are asked to take the funeral of someone from a different tradition or for a non-religious service)

Roman Catholic 2

Muslim 5

Sikh 3

Please complete the table below for your current Chaplaincy Team:

Answer:

Employed members of the team:

Church of England (these are ecumenical posts but currently staffed by C of E priests) 96.5 hours per week

Roman Catholic 12.25 hours per week

Hindu 3.5 hours per week

Muslim 8.75 hours per week

Sikh 5 hours per week

Volunteers (including Honorary Chaplains, even if they receive an honorarium) working in the Chaplaincy Team

Answer:

Volunteers work the following approximate hours per week

Christian - 21

Roman Catholic – 9.3

Jewish – 0.3
Muslim – 2.5
Sikh – 0.4

**We also have additional Bank chaplains who are called in and paid on an ‘on request’ basis for emergencies:
I C of E, 2 Sikh, 1 Muslim and 1 Humanist.**

177.19

Decontamination and sterilization process of surgical trays/instruments

- How many surgical admissions occur each year?

Answer:

Financial year	Surgical Division Admissions
Year 2012/13	24158
Year 2013/14	25654
Year 2014/15	25568
Year 2015/16	24438
Year 2016/17	23902
Year 2017/18	23893

- What is the average number of trays per operation?

Answer: 3

- What machines are required to reprocess surgical trays? How many

Answer: We have Steris washer disinfectors 15 DIN. We have 3.

- How many operations are canceled each year due to inadequate decontamination/sterilization?

Answer: This information is not recorded

- How many hospital-acquired infections occur each year due to inadequate decontamination/sterilization?

Answer: This information is not recorded

- How much does inadequate decontamination/sterilization cost each year?

Answer: This information is not recorded

178.19 Communications

Good evening,

Please could you provide me with the following information under the Freedom of Information Act?

The communications data I am requesting is as follows:

1. The job title of the most senior person in the Communications Department?

Answer Head of communications

2. Number of whole time equivalent members of staff are there in the Communications Department?

Answer: 6 WTE

3. Total pay budget for the Communications Department?

Answer: £253,532

4. Total non-pay budget for the Communications Department?

Answer: £39,779

5. Average open rates for staff email bulletins

Answer: 31%

6. Total annual attendance figures at internal staff briefings in 2018/19 (specifically briefings that were organised by the Communications Department)

Answer: 1500 approx

7. Which of the following does the Communications Department report to the Board on a regular basis (yes or no answer):
- Media coverage **Yes**
 - Social media activity **Yes**
 - Website activity **Yes**
 - Intranet activity **Yes**
 - Internal email open rates **Yes**
 - Attendance at staff briefings **Yes**
 - Video views **Yes**
 - Internal campaign performance **No**

Please could you also let me know:

8. The % hand hygiene compliance at the trust in 2018/19

Answer: Overall compliance was 73%

9. The staff turnover rate at the trust in 2018/19

Answer: 11.58% (Turnover % (Normalised) - Rolling 12 Months to 31 March 2019)*

***Turnover figures are 'normalised' through the exclusion of Rotational Doctors, Students, TUPE Transfers and End of Fixed Term Temp contract.**

179.19 Temporary Staffing

Please may you see the below.

1. (a) Who is the head of procurement at your trust responsible for approving Nursing agency usage? (b) Secondly, who is the temporary / flexible staffing lead responsible for the management of this service.

Answer: Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is Russell Caldicott, Finance Director , email address;

russell.caldicott@walsallhealthcare.nhs.uk and telephone number is 01922 721172.

2. Please can you provide the contact information in relation to both question 1 (a) and (b)

Answer: See above

3. Please can you outline your Off-Framework agency spend for each of the following staff groups between April 2019 - June 2019: (a) RGN's (b) RCN's (c) RN's and (d) HealthCare Assistants (e) RMN (f) Specialist RN (ITU)

Answer: f) – Specialist RN (ITU) - £937 (1 shift as per Q6)

4. Following the same breakdown of staff groups in Question 3, how many Off-framework shifts have been unfilled between April 2019 - June 2019

Answer: There was 1 Nursing agency shift booked with an Off-Framework agency during April to June 2019.

5. Since the start of January 2019 - present, please provide the current charge rates from your Off Framework, Nursing providers, providing a clear breakdown between the workers pay rate and agency commission

Answer: The only Off-Framework Nursing agency we have setup to supply is Thornbury Nursing and there charge rates are:

Thornbury RN	Mon to Fri 8am to 2pm - £53.95	Mon to Thurs 2pm to 8pm - £67.45	Fri 2pm to Mon 8am - £71.45
			BH £125.04

Thornbury Specialist RN for ITU, HDU, CCU, A&E, Theatres, Recovery, Midwives, Paeds	Mon to Fri 8am to 2pm - 65.45	Mon to Thurs 2pm to 8pm - 81.45	Fri 2pm to Mon 8am - 87.45
			BH 153.04

6. Based on the above information, who are your current Nursing Off-Framework agencies and how many shifts have been booked for each month from January 2019 - June 2019

**Answer: The only Off-Framework Nursing agency we have setup to supply is Thornbury Nursing.
 January 2019 – 0 shifts
 February 2019 – 6 shifts
 March 2019 – 0 shifts
 April 2019 – 0 shifts
 May 2019 – 0 shifts
 June 2019 – 1 shift**

**180.19
 Kawasaki Disease**

Request for Information:

Kawasaki Disease affects a growing number of children and young people in the UK. It is the leading cause of acquired heart disease in children. No national records exist of patient numbers and this FOI seeks to establish essential data for this patient population.

For your Trust, please provide, per calendar year for the period January 2016 to December 2018 inclusive, the following information for each admission of Kawasaki Disease - ICD10 diagnosis (primary or secondary) of M303 Mucocutaneous lymph node syndrome:

- Year of each admission
- Month of each admission
- Patient gender
- Patient ethnicity
- Age of patient at diagnosis
- First four items of patient postcode (partial postcode which is non-identifiable)

For your ease, the information can be inserted into the excel spreadsheet template attached, or the below table:

Answer: We are unable to give the exact age of children under 5 We have therefore provided an age range.

Year Calendar	Month	Gender	Ethnic	Age (at Admission)	Postcode	First admission for this Kawasaki Disease diagnosis? (Yes/No)
Year 2016	2016 (01) Jan	Male	White - British	1-5	WS1	N/A
Year 2016	2016 (05) May	Male	White - British	1-5	WS1	N/A
Year 2016	2016 (06) Jun	Male	White - British	1-5	WS1	N/A

Year 2016	2016 (06) Jun	Male	White - British	8	WS10	N/A
Year 2016	2016 (12) Dec	Female	Asian or Asian British - Pakistani	1-5	WS10	N/A
Year 2017	2017 (01) Jan	Female	White - British	9	B44	N/A
Year 2017	2017 (12) Dec	Male	Not Known	1-5	WS10	N/A
Year 2018	2018 (03) Mar	Male	White - British	1-5	WS3	N/A
Year 2018	2018 (04) Apr	Male	Not Known	1-5	WS10	N/A
Year 2018	2018 (04) Apr	Male	White - British	1-5	WS2	N/A
Year 2018	2018 (12) Dec	Female	Not Stated	13	WS3	N/A
Year 2018	2018 (12) Dec	Male	Asian or Asian British - Bangladeshi	6	WS2	N/A

Note: First admission for this Kawasaki Disease diagnosis? (Yes/No) –

This item is marked as N/A (Not Applicable) as the data for the return is only looking at those InPatient admissions with a matching ICD10 code in any of the first four diagnosis positions. It does NOT provide data on any other admissions for those patients.

**181.19
Staff information Radiology/imaging department**

Hello,

RE: Freedom of information – staff information

Please could you include full name, role and email address of the all staff members working in radiology/imaging department.

As per the FOI Act, the underlying assumption is that information can be released unless the public interest in withholding can be shown to be greater than the public interest in release.

Additionally, the lawful basis for processing personal data falls under Article 6(1)(e) of GDPR (public task) - processing is necessary for the performance of a task carried out in the public interest.

Answer: Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is Daren Fradgley, Director of Strategy & improvement, email address; daren.fradgley@walsallhealthcare.nhs.uk

182.19 Drones

I'm making the following request under the Freedom of Information Act 2000.

Has the trust taken advice on drones or considering implementing any measures to combat the threat posed by drones?

Answer: No

If so, can I have details of what advice has been given and who from, and what measures are being explored? Would they, for example, include protecting hospitals from a possible threat?

Answer: N/A

183.19 SAR's staffing

I am writing to you to make a request under the Freedom of Information Act 2000 to request the following information from your Trust regarding Subject Access Requests (SARS):

- How many staff members are employed at your trust?

Answer: 4116 (3594 FTE) substantive colleagues

- Can you provide us with the name of the department, job titles, pay band and job descriptions for the staff members that process SARS.

Answer: Health Records Department; Health Records Clerks; Band 2; JD Attached

- How many staff members are currently employed to process SARS?

Answer: 3.27 WTE's This includes 1.0 WTE temporary member of staff not included in our establishment

- Have you had to employ more staff members since the introduction of the GDPR on 25/05/18? If yes how many?

Answer: We have not employed more members of staff but have introduced an additional 0.40 WTE from within current establishment to support processing SAR's.

- Do you employ staff to redact records? If yes how many are employed, what is their pay band? Please provide a copy of the job description.

Answer: No

- How many SAR requests did you process per month between 01/04/2017 and 31/03/2018, and how many of those breached the 40 day time limit?

Answer: See attached

- How many SAR requests did you process per month between 01/04/2018 and 24/05/2018, and how many of those breached the 40 day time limit?

Answer: See attached

How many SAR requests did you process per month between 25/05/2018 and 31/03/2019, and how many of those breached the 30 day time limit?

Answer: See attached

Have you seen an increase in the number of patient applications for copies of medical records? If yes what %?

Answer: Yes - 30% Increase from April 2017 to 31st March 2019

184.19 CAMHS

I am currently helping conduct research on CAMHS and transitioning and is wondering if I could request some information from your NHS Trust? Please find the questions below:

1. Do you provide CAMHS (Child and adolescent mental health service)?
2. If you do offer CAMHS, what is the age threshold for people receiving OCD treatment within CAMHS?
3. In addition, what measures do you have in place for transitioning from CAMHS to Adult Mental Health Services with regard to OCD?

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

185.19 Care Packages

1. Which agencies are on your approved supplier list (or PSL) to provide complex care packages or nursing care packages within the community?

Answer: Walsall CCG would hold this information

2. Which agencies are on your approved supplier list (or PSL) to provide domiciliary care within the community?

Answer: Care XY, Sevacare, Caring Care, Serenity Care and Advance Care

3. How many service users currently have a care package in place?

Answer: We can only answer for Intermediate Care Services- Social Care would know full number.

ICS number is 123 today

4. How many complex care packages have been given to this list of approved agencies in the past 3 months

Adult complex care packages:

Paediatric complex care packages:

Mental Health or Elderly complex care packages

Answer: The trust does not hold this information

5. How many general nursing care packages have been given to this list of approved agencies in the past 3 months?

Answer: The trust does not hold this information

6. Have any care packages been given to agencies that are not on this list? If so, how many packages were given and to which agencies?

Answer: Approx 30 to Bluebird Care

7. Which agencies are on your approved supplier list (or PSL) to provide 'secondary supply' – i.e. if a care package requires a nurse for a single shift, and the primary supplier is unable to cover, is there a list of suppliers that are approved to provide this service?

Answer:Walsall CCG would hold this information.

8. How many shifts have been filled by this list of approved agencies in the past 30 days:

Answer: The trust does not hold this information

9. How many shifts have been covered by agencies that are not on this approved list in the past 30 days:

Answer: As above

10. What is the total spend for care packages for each of the following departments over the past 30 days:

Adult complex care packages:

Paediatric complex care packages:

Mental Health or Elderly complex care package:

Answer: Social care hold this information

11. Are there any service users that currently have a 'joint provider' i.e. two or more separate agencies managing the package for a single service user?

Answer: The Trust does not hold this information

12. Who is the person responsible for allocating new providers to the approved supplier agency list? Please provide contact details below:

Full name:

Work Telephone Number:

Work E-mail Address:

Answer: The responsible person does not work for Walsall Health Care Trust.

186.19 Procurement System

1. What procurement system do you use? And is this also where you publish tenders?

Answer: Two systems are used. Integra II is the main ordering system. Intend eProcurement system is also used to manage tenders. Intend automatically publishes notices into TED

2. Do you publish tenders anywhere else, if so where?

a) For example, your website, Contracts Finder etc

Answer: As above

3. How much do you pay per annum for your procurement software?

Answer: Intend costs the Trust £5,784 per annum

4. What are the contract start and end dates with the provider and when will the next tender become available?

Answer: Contract ends March 2020

5. How long have you used this software for in total?

Answer: 5+ years

6. What are the purchasing rules of your organisation?

Answer:

- a. **Purchases above £10k formal quotations should be sought**
- b. **Purchases above £50k should be subject to formal tendering.**

187.19

Translation services

Under FOI legislation, I would like to ask you to kindly provide me with the below information for the NHS trust.

Please can you provide financial information relating to the

· total cost of interpreting services in the last 2 years and the number of requests made

Answer:

2017/2018	6629	£191,656.01
2018/2019	6211	£164,455,05

- total cost of translation services in the last 2 years and the number of requests made

Answer: Nil

- total cost of BSL interpreting in the last 2 years and the number of requests made

Answer:

2017/2018	305
2018/2019	366

I would also be grateful if you could provide us with information that includes:

- Hourly cost of face to face interpreting services

Answer: Exception 43 is applied due to a confidentiality clause in the contract.

- Cost per minute of telephone interpreting services

Answer: Exception 43 is applied due to a confidentiality clause in the contract.

- Breakdown of the top 10 most popular languages

Answer: : Punjab, Bengali, Polish, Urdu, Romanian, Slovak, Czech, Gujarati, Hungarian, Kurdish - Sorani

How many video interpreting sessions were made last year for all languages, including British Sign Language?

Answer: Nil

Can you please provide details of your current provider(s) (company name, date contract was awarded)?

Answer: Word 360

When are your current language service contracts with your incumbent(s) due to end?

Answer: 2021

Please can you provide the name, job title, email address and contact number for the person(s) responsible

- for awarding any contracts relating to these services
- For managing the day to day running of the services

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.

188.19

Racist incidents

Under the Freedom of Information Act 2000, Please tell me:

1.) How many **racist** a.) verbal b.) physical incidents have been **reported by NHS employees** involving patients or visitors in each of the following years: 2013, 2014, 2015, 2016, 2017, 2018 and 2019?

Answer: Please see below

2.) How many **racist** a.) verbal b.) physical incidents have been **reported by NHS employees** involving fellow NHS employees in each of the following years: 2013, 2014, 2015, 2016, 2017, 2018 and 2019?

Answer: Please see below

As you know, under the act you are required to provide a response within 20 days. Please send your response to this email address only.

If you do not provide the information requested, you must explain the legal basis for the information being withheld. If you decline part of the request due to information being sensitive, the request being too vague, or reasonable cost being exceeded, you must still provide the part you can fulfil.

Do not hesitate to contact either of us if you need any further clarification.

Answer:

The Trust does not specifically capture racially motivated violence and aggression incidents using bespoke focus codes. For the purposes of this request, I have supplied data where there is an indication of racially motivated intention (verbal and/or physical) documented as part of the incident narrative.

	2013	2014	2015	2016	2017	2018	2019
Question 1.							
Patients (verbal)	3	5	5	6	4	1	0
Patients (physical)	1	3	2	4	1	3	1

Visitors (verbal)	0	2	3	1	3	2	0
Visitors (physical)	0	1	1	0	0	0	0
TOTAL (Question 1)	4	11	11	11	8	6	1
Question 2.							
Staff (verbal)	0	1	0	3	1	3	0
Staff (physical)	0	0	0	0	0	0	0
TOTAL (Question 2)	0	1	0	3	1	3	0

189.19

Pessary Management

We are writing to you and colleagues in Primary, Secondary and Tertiary care, with a freedom of information request to obtain the following data:

1)- How many new pessaries are inserted in your Trust/ CCG/ Practice in the last year?

Answer: 200 as Outpatients , 10 as Admitted patients

2)- How many pessaries are changed in your Trust/ CCG/ Practice in the last year?

Answer: 502 as Outpatients , 10 as Admitted patients

3)- What are the training requirements for a pessary practitioner in your Trust/ CCG/Practice?

Please share any related competency or training documents

Answer:

Medical staff are mainly the ones that fit pessaries, however, there are some registered nurses that have also been trained by medical staff.

These nurses have completed a clinical examination module as part of their degree and physical examination course and are already performing internal examinations.

Lead for Gynaecology Governance has trained the nursing staff by observation

We do not have any relevant competency or training documents to share

4)- Who provides pessary care in your Trust/ CCG/ Practice?

Answer: Medical staff and registered nurses

**190.19
Postage**

Under freedom of information, I was wondering if you could provide information on the following:

- how much do the Trust pay on postage overall?

Answer: £385,073

- what volumes of post do the Trust post?

Answer: 803,237

- what class is post sent out e.g. 1st class, 2nd and special delivery and can you breakdown the costs spent on each of these and volumes?

Answer: This information is unavailable.

- is postage done in house or do you use an external company? If external what volumes are the external company posting?

Answer: The Trust have for the last few Months been undergoing the implementation of a programme to outsource postage via an external company. This programme is still underway so final volumes are unclear at the moment.

**191.19
Agency nurse staffing 2018 19**

Please could you advise the number of hours or shifts filled from 01th April 2018 – 31st March 2019 with qualified nursing staff within the Trust with agency staff.

Answer: We are unable to re-run the reports for the whole financial year in order to show the data in the format requested. However we presently record the agency shift booking data in the method as attached so I have trimmed the data in order to show only that applicable.

The data shown includes all agency shifts booked per week, by day/night/Saturday/Sunday/Bnak Holiday. This is then split by the total number of shifts booked, the number of shifts which breach the most recent NHSI price cap, and also the number of shifts which were booked with an off-framework agency.

192.19

Domestic Abuse

1. Do you have a domestic abuse policy or something equivalent that applies to employees experiencing domestic abuse? If so, please provide a copy of the applicable policy.

Answer: The Trust has a Violence and Aggression policy which is currently under review.

2. Do you have other policy/policies which provide for support for employees experiencing domestic abuse (for example, as part of a leave policy)? If so, please provide a copy/copies of the relevant policy/policies.

Answer: The Trust has an Occupational Health Team who would be able to provide support to employees.

3. Please inform us when each of the policies caught by the above questions ('the relevant policies') were first created and, if applicable, subsequently reviewed and updated?

Answer: The Violence and Aggression Policy. It was first created in 2011, it was updated in 2011, 2015 and 2016 & is currently under review.

4. Do you have a dedicated point of contact staff member who is trained to provide information and support to employees experiencing domestic abuse? When was that role created and first made active?

Answer: There is no designated member of staff. However, the Occupational Health Team refer the employee onto specialist teams.

5. How are HR staff and managers made aware of the existence of the relevant policies?

Answer: Promoted within organisation – liaising with relevant department

6. How are general staff made aware of the existence of the relevant policies?

7.

Answer: Staff are made aware by managers, occupational health and Human Resources referring them to the intranet where all the policies are stored.

193.19

Maternity

I have five freedom of information requests.

1 i) Please could you supply the dosage table for intravenous oxytocin infusion (It might be called Syntocinon.) from your Trust's Induction of Labour (or Augmentation of Labour) policy? If it was recently updated, please supply the previous one, also. Thank you.

Answer:

- Administration of IV oxytocin.
- Ensure correct and safe administration of drug:-
- Ensure woman has intravenous access.
- Make up Oxytocin solution as per Syntocinon protocol below:-
- Dilute 10 IU of Syntocinon in 500mls of 0.9% Normal Saline
- Get Obstetrician to prescribe Syntocinon before administering it to the woman.
- Use a variable speed electronic infusion pump to infuse the dose of Oxytocin.
- Start the Oxytocin infusion and follow the Syntocinon regime below. Document the rate in the intrapartum record and/or on the partogram.

Time after Starting (mins)	Volume Infused (mls / hour)
0	3
30	6
60	12
90	24
120	36
150	48
180	60

ii) If named in the document, please give the make and model of infusion pump used on your labour ward. (If more than one is in use, please list them all.) Thank you

Answer: Baxter 9002MED01-g

2) Please supply your month-by-month postpartum haemorrhage (PPH) statistics for last year, or, an average rate per month that includes all PPHs (i.e. over 500ml, over 1000ml and over 1500ml), whichever is easier. Thank you.

Answer: PPH > 1500ml

Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19
3	9	7	11	11	7	8	8	6	11	14	6

3) How many units of blood or blood products were transfused to maternity patients during 2018?

Answer: See below

4) What was the cost to your maternity service of blood and substitute blood products transfused during 2018?

Answer: See below

5) What was the total cost of transfusion services to your maternity unit, including unused products that had been ordered, in 2018?

Answer:

Blood product	Unit Cost	No of units transfused (Question 3)	No of units issued	Cost of Transfused Units (Question 4)	Cost of Issued units (Question 5)
Red Cell	£133.44	162	656	£21,617.28	£87,536.64
Platelets	£240.56	5	6	£1,202.80	£1,443.36
FFP	£31.40	16	18	£502.40	£565.20
Cryo	£177.55	4	4	£710.20	£710.20
Octoplas	£63.75	2	2	£127.50	£127.50
Total		189	686	£24,160.18	£90,382.90

194.19

Suppliers – Benchmarking

Would you be able to kindly provide me with the following information?

Please mark an 'X' against each benchmarking tool you currently pay for in your trust/ if the benchmarking tool you pay for is not listed play write the benchmarking tool name in the 'Other' box.

Benchmarking Provider	Please mark an 'X' for all tools currently paid for
Dr. Foster	
CHKS	
Methods Analytics	
HED	
CRAB	
NHS Benchmarking	X
Other	

2. Please mark an 'X' for the total amount you spend each year on each benchmarking tool you have access tool

Spend (£)	Please mark an 'X' for all tools currently paid for
£0 - £25,000	X
£25,000 - £45,000	
£45,000 - £70,000	
£70,000 - £95,000	
£95,000 +	

3. When does the current license expire?

Answer: June 2020

4. Who is the main contact?

Answer: NHS Benchmarking Service

195.19 Waste

I would like to expand and enquire for Clinical waste:

Is this agreement part of a PFI scheme?

Answer: No

Is this agreement part of the West Midland (Purchasing) Consortium's recent decision to award Stericycle the waste contract across many trusts or is this a sole decision?

Answer: West Midlands Waste Consortium

How many members of the West Midland (Purchasing) Consortium agreed to have Stericycle handle their waste?

Answer: All members

How frequently do they collect the waste?

Answer: 7 days per week

How many tonnes of waste did the trust produce 2018 & 2017?

Answer:

- **2017: No data available**
- **2018: 530 Mt**

2. I would like to expand and enquire for Domestic waste:

Is this agreement either a decision made by the Black Country partnership, West Midland (Purchasing) Consortium or a sole decision?

Answer: Sole decision prior to 2019, now a part of Black Country Partnership

How long does this current agreement last & what is the process involved in appointing a new company once the contract expires/ due to expire?

Answer: Expired, rolling contract. Invited applicants who are already on the framework. Asked to present their offer

How many tonnes of waste did the trust produce 2018 & 2017?

Answer:

- **2017: No data available**
- **2018: 584 Mt**

196.19 ICT/IT Strategy

This is a Freedom of Information request to see some documents regarding the organisation's ICT Department.

Regarding these documents, please provide the most recent version of the document.

I'd like to see the following documents:

1. ICT/IT Strategy - The ICT/IT department's strategy or plans; highlights their current and future objectives

Answer: New version being worked on by new Heads of Service

2. ICT Org Chart - A visual document that represents the structure of the ICT/IT department; please include name and job titles. If names can't be provided, a job title only chart is still of use.

Answer: Service renamed to Digital Technology Service. Please see attached.

3. ICT Annual or Business Plan - A sort of action plan, based on the ICT/IT strategy for the year or near-future.

Answer: No plan currently in place

4. ICT Capital Programme/budget - A document that shows the financial budget on current and future ICT/IT projects.

Answer:

Digital Technology Capital Budget Summary for 19/20						
			Q1	Q2	Q3	Q4
EPR Capital Budget						
Prog Dir/Mgr	200		50	50	50	50
Data Migration	100		0	25	50	25
Interface Costs	100		0	50	50	0
Server Infrastructure Costs	400		50	275	75	0
Devices/Kiosks	450		50	140	165	95
HW/Infrastructure for EPR Solution	311		0	120	191	0
IM&T Hardware and Software	240		0	140	100	0
Total Capital Budget for 2019/20	1801					

**197.19
Down Syndrome**

To whom it may concern, please find my questions requested under the Freedom of Information Act. Thank you.

- 1 Do you have a care pathway for expectant women who receive a screen positive result for Down syndrome? If so, please provide a copy/link.

Answer: Increased risk results are received via nhs.net screening account which is accessed at regular periods throughout the day by screening midwife.

Please see the attached documents - the checklist is commenced as soon as we receive the woman's result from clinical chemistry via nhs.net.

The woman's details are entered into the following screening documents:-

Increased Risk Register.

Increased Risk electronic Database (Antenatal screening Drive)

Screening Diary.

Audit form register (outcome of pregnancy details).

Fetal medicine consultants are informed by email of the woman's results.

Change from midwifery led care to consultant care if woman declines pre- natal diagnosis/NIPT screen.

Neonatal alert completed

Referral to bereavement midwife if appropriate.

2 When a pregnant woman receives a screen positive result for Down syndrome is she referred for counselling? If so, to whom and when?

Answer: Screening discussion/counselling session takes place within three working days of receipt of result.

The screening midwife will hold the discussion-to give/explain results/counselling session.

Contact telephone numbers/names for screening team given to woman at initial discussion.

(If cannot contact the woman by telephone-community midwife is requested to make a house call and ask her to contact screening

extension number.)

3 What training do the staff providing counselling have appertaining to a) providing counselling & b) knowledge of Down syndrome?

Answer: In house training is initially received from Screening Co-ordinator:-

Contacting woman, inviting for discussion, contents of discussion, and follow up continuing care throughout pregnancy.

Study day –Professional training is provided by ARC (Antenatal Results and Choices)

'Communication skills and delivering difficult news:

The implications of antenatal screening and diagnosis'.

UK NSC antenatal and Newborn Screening e-learning module.

Down Syndrome Association resources.

**198.19
Listeria**

Please provide the following information. I make this request under the Freedom of Information Act.

- 1) A copy of any correspondence sent and received by the trust about listeria from hospital sandwiches since 1 January 2016.

Answer: None available

- 2) A copy of any reports prepared by the trust about listeria and hospital sandwiches from 1 January 2016.

Answer: No reports available.

- 3) The number of patients found or suspected to have contracted listeria from hospital sandwiches in each calendar year from 1 January 2016, including the current calendar year.

Answer: 0

- 4) Any correspondence with The Good Food Chain about listeria since 1 January 2016.

Answer: Please see attached. Available upon request.

**199.19
No Fixed Abode**

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

1. Please provide (the number of long-stay* occurrences of patients with No Fixed Abode recorded by the hospital trust in 2018/19.
2. As well as the total numbers above, for 2018/19, please also provide the total length of stay (current at time of record, if ongoing) of each long-stay occurrence of a patient with No Fixed abode.

*Long stay is defined by the NHS as 21 days or over.

Answer: In 2018/19. The Trust had only 1 patient with “no fixed abode” who stayed over 21 days. The patient stayed a total of 46 days.

**200.19
Brexit**

To whom it may concern,

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

1. The number of healthcare professionals from EU27 nations who have stopped working for your NHS Trust in the past year

Answer: 21 leavers from the trust with a Nationality from the EU-27 from 1st July 2018 to 30TH June 2019.

2. Any risk assessments formulated in the last 3 months relating to a predicted increase in staffing vacancies as a result of Brexit, or particularly a no-deal Brexit.

Answer: Please see attached. Available upon request.

3. Any planning documents formulated in the last 3 months which outline the expected response to increasing staffing vacancies as a result of Brexit, or particularly a no-deal Brexit.

Answer: Please see attached. Available upon request.

**201.19
Cancelled operations**

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

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 three financial years (2016/17, 2017/18, 2018/19). 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.

For ease, please use the table below for responses.

Answer:

Reason for Cancellation	2016/17	2017/18	2018/19
Lack of beds (Ward Bed Not available –Critical care bed not available)	105	55	17
Operating theatre capacity / list over-ran	37	35	38
Staffing issues			
Equipment failures	10	13	24
Emergency case took priority	0	11	4
Adverse weather			
Booking / admin error	1	3	9
Case note unavailable (Recorded in Admin error)			

Other reasons	23	13	18
TOTAL	176	130	110

202.19

Overseas Patients

I am requesting the following information under the Freedom of Information Act:

1. Whether the Trust has a Memorandum of Understanding with the Home Office regarding the Immigration Enforcement Checking and Advisory Service (IECAS) helpline. If so, please provide a copy of that MoU

Answer: No the Trust does not have such Memorandum of Understanding.

2. For each financial year since 2017/18 and including 2019/20, the number of patients whose information and/or data was shared with the Home Office without the patient's knowledge or permission, and the basis for this information sharing. Please state the categories of information that were disclosed (e.g. country of origin).

Answer: The Trust does not collect/hold this information.

3. Staff training slides (or Word documents, pdfs) used in any training/guidance sessions, related to patient charging, delivered by Overseas Visitor Managers to Trust staff since July 2017.

Answer: No training slides. Follow the Overseas visitors policy

4. Copies of the training material used to train Overseas Visitor Managers in relation to identifying patients ineligible for free NHS care

Answer: As above

5. Any checklist, guidance, policies or procedures currently used by Overseas Visitor Managers to identify patients who may be ineligible for free NHS care under the overseas patient charging rules

Answer: Please find attached a copy of our overseas visitors policy, we also refer to the guidance on implementing the overseas visitor charging regulations.

6. Does the Trust record the ethnicity or nationality of patients who are asked to provide evidence/proof of their eligibility for free NHS care? If so, please provide this data for 2017/18, 2018/19 and 2019/20 (year to date)

Answer: This information is not recorded

7. Please list the circumstances under which, under current Trust/DHSC policy, the Trust shares the home address of past or current patients with the Home Office

Answer: We do not share this information.

8. Have any Trust staff faced disciplinary procedures for not cooperating with the identification or charging of patients ineligible for free NHS care since October 2017?

Answer: No

203.19

Payments we have made that are over £25,000

Dear Sir or Madam,

Thank you for publishing your spend data here: <https://www.walsallhealthcare.nhs.uk/about-us/how-we-are-run/our-expenditure/> . However, I notice that you haven't published any spending data since March 2019.

I'd like to make a request under the Freedom of Information act for all transactions over £25,000 from April 2019 to at most a month in arrears from the date at which you publish in response to this request.

Please provide the data in a machine readable format (preferably csv). As a minimum, please make sure to include the date, value and recipient of each transaction. Please also provide details on the procurement category of each transaction if you have it.

Your team may also be interested in the guidance on producing spending data:

<https://www.gov.uk/government/publications/guidance-for-publishing-spend-over-25000>.

This letter makes it clear that this guidance applies to the NHS:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216668/dh_119742.pdf.

For the avoidance of doubt, I am making this request under the Freedom of Information Act. I await your response within 20 working days.

Answer: The information is now available on the link below:

<https://www.walsallhealthcare.nhs.uk/about-us/how-we-are-run/our-expenditure/>

204.19

Haemochromatosis

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

- a. For the period 1st January 2018 to 31st December 2018 (or the most recent 12 month period available), the number of patients diagnosed with genetic haemochromatosis under your care.

Answer: The trust does not code Outpatients and there is not a specific clinic for this condition therefore we cannot provide a response to this request.

- b. For the period 1st January 2018 to 31st December 2018 (or the most recent 12 month period available), the average time in days from first referral from primary care to the patient's first appointment within your trust.

Answer: As above

- c. A copy of the protocol and/or patient pathway applicable to the care of people with genetic haemochromatosis.

Answer: The Policy is currently under review and will be available in the near future

- d. The date that your protocol/patient pathway for genetic haemochromatosis was last reviewed or revised.

Answer: As above

- e. A copy of your clinical protocol(s) for therapeutic venesection.

Answer: As above

- f. The date that your protocol(s) for therapeutic venesection were last reviewed or revised.

Answer: As above

205.19 NHS charges for expat Brits

Dear Sir/Madam,

Can you please tell me for the years 2016-17, 2017-18 and 2018-19

1) How many British citizens have been denied non-emergency medical treatment by your trust due to their having resident status in a non-EEA country?

2) How many British citizens have been charged for non-emergency medical treatment by your trust due to their having resident status in a non-EEA country? Please state how many of these were a) under 13, b) 13-18 years old or c) retirement age 64+

3) What was the total amount charged in each of the three financial years to British citizens with resident status in a non-EEA country?

4) For the year 2018-19, please tell me the five biggest invoices sent to British citizens with resident status in a non-EEA country, and the service provided which incurred that cost - e.g. £10,000 - coronary bypass.

Answer: The Trust does not question or record if patients they are invoicing are British citizens. Chargeability is based upon residency not citizenship.

206.19

Infected Blood Inquiry Corr and Steps

Dear Walsall Healthcare NHS Trust,

This is a Freedom of Information request. I am requesting the following:

a) Copies of all correspondence to/from the Infected Blood Inquiry during the period 1st January 2019 to 17th July 2019.

b) Have you received any notice or instruction regarding the retention and/or request of documents relevant to the Infected Blood Inquiry?

c) If a request for documentation and/or its retention has been received from the Infected Blood Inquiry, please supply a copy of any such notices or requests and copies of any replies to such a request and internal correspondence relating to such.

Answer: Please see attached. Available upon request.

207.19

EPR System

Please could you answer the following questions under the freedom of information act:

- What is the name of the trust's existing EPR?

Answer: Lorenzo

- The name of the supplier

Answer: DXC

- When is contract end date?

Answer: March 2020

- Is the trust planning to go out to procurement within the next 6 months for a new EPR solution?

Answer: No

- If the trust is planning to go out to procurement, which framework does it plan to use?

Answer: N/A

- Does the trust's existing EPR contain an integrated order communications and results reporting solution?

Answer: No

- If the trust is planning to go out to procurement within the next 6 months for a new EPR solution, will it include an integrated order communications and results reporting solution?

Answer: N/A

- Has the trust implemented a patient portal solution that enables patients to access and see their results?

Answer: No

- If so, which solution and who is the supplier?

Answer: N/A

- If not, does the trust plan to procure a patient portal solution that enables patients to access and see their results?

Answer: No

- The name and email address of the Trust CIO / Director of IT

Answer: The post is currently vacant

208.19

Order Communications system

Under the freedom of information please could I request the following information regarding the Trusts Order Communication System and results reporting solution:

- What is the name of your Order Communications system?

Answer: ICE

- The name of the supplier

Answer: CliniSys

- What is the solution's contract end date?

Answer: N/A

- Is the trust planning to go out to procurement within the next 6 months for a new order communications and results reporting solution?

Answer: N/A

- If the trust is planning to go out to procurement, which framework does it plan to use?

Answer: N/A

- Which of the following clinical departments within the trust currently use an order communications and results reporting solution?

Endocrinology
Ophthalmology
Audiology
Urology
Dermatology
Oncology
Pulmonology

- Which of these departments' systems are currently integrated with the order communications and results reporting solution?

Answer: None

- Does the trust extend their order communications and results reporting services to GP Practices?

Answer: Pathology do, directly into the EMIS environment

209.19

Clinical Systems

Please could I request the following under the freedom of information act:

- The name of the main Clinical system used in the Pathology dept?

Answer: Clinisys

- The name, job title and email address of the person responsible within the department for this system?

Answer: Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is Daren Fradgley, Director of Strategy & improvement, email address; daren.fradgley@walsallhealthcare.nhs.uk

- The name of the main Clinical system used in the Radiology dept?

Answer: HSS - CRIS

- The name, job title and email address of the person responsible within the department for this system?

Answer: Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is Daren Fradgley, Director of Strategy & improvement, email address; daren.fradgley@walsallhealthcare.nhs.uk

- The name of the main Clinical system used in the Endoscopy dept?

Answer: Endosoft

- The name, job title and email address of the person responsible within the department for this system?

Answer: Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is Daren Fradgley, Director of Strategy & improvement, email address; daren.fradgley@walsallhealthcare.nhs.uk

- The name of the main Clinical system used in the Cardiology dept?

Answer: GE - Cardio-PACS

- The name, job title and email address of the person responsible within the department for this system?

Answer: Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is Daren Fradgley, Director of Strategy & improvement, email address; daren.fradgley@walsallhealthcare.nhs.uk

210.19 Procurement plans

Hi,

We are currently researching the NICE Guidelines and its impact on procurement, and access to the market.

We are looking specifically at diagnostics - NICE Guidance - DG34 - tumour profiling for breast cancer, as a recent example. We would like to understand any procurement plans you have in place as a result of this? Including dates, procurement route (open, restricted), regime (whether light touch regime, standard OJEU), likely weightings (quality vs price), or via NHS Supply Chain or other framework provider?

Answer: All activity relating to this is completed by Sandwell and West Birmingham NHS Trust on behalf of the West midlands cancer Alliance.

211.19

Pressure Devices

1)Current medical equipment contracts – pressure area care

- a) I would like to know what pressure area care devices are used in your trust. Please include details regarding pressure relieving mattresses and other pressure redistribution devices e.g. pressure relieving cushions, foot protectors, pads etc.*
- b) For each of these devices, how many of each device are used in your trust per year?
- c) For each of these devices, please detail which company these devices are acquired/bought from and the type of contract this company is operating under
- d) Please detail when did each of these contracts start? (If no formal contract, then please detail when purchasing from the company began)
- e) How long is each contract for?
- f) What is the expenditure on each of these contracts per year? (If no formal contract, then please detail how much is spent on each type of device from each company per year)
- g) For each of these devices, please detail how they were acquired (e.g. acquired through the NHS supply chain or acquired through direct negotiation with companies?)
- h) What is the overall expenditure on pressure area care devices in your region per year?
- i) Does your trust have a preference for a company offering all pressure area care devices providing all of the components of 1a) (e.g. pressure relieving mattress, pressure relieving cushions etc.) or do you instead opt for a collection of different companies each providing one (or more) of the aforementioned devices in 1a) (e.g. separate pressure relieving cushions, pressure relieving mattresses etc.

I would like all the information from 1a to 1g in the form of a table (excel if convenient)

An example of the table with one device is below:

Pressure area care device	Number used in trust per year	Company device acquired from	Type of contract company is operating under	Date contract began	Length of contract	Expenditure on these devices per year	Method of acquisition
Heelift® Suspensio	10	V-M ORTHOTIC	?	01/01/2001	20 years	£1m	Direct negotiating with

n Boot		S					company
--------	--	---	--	--	--	--	---------

If, after this, there is still time left as per the FOI Act then please answer the questions of this next section (Section 2):

2) Procurement methods

- a) Which procurement method do you use (e.g. restricted/single source/open tendering/ any quality provider etc.) to identify which supplier will deliver pressure area care devices
- b) Please detail the procurement method procedure once a pressure area care device contract has ended (e.g. do you typically offer contracts with the same supplier or do you reopen the tendering process to all potential suppliers/specific suppliers)
- c) How often do you invite suppliers to tender for pressure area care devices?
- d) Please detail the number of providers which tendered for a pressure area care device contract each time you invited providers to tender for contracts.
- e) Detail the criteria by which you assess a supplier that is tendering for a pressure area care device contract and please rank these criteria in terms of the weighting given to each component.

*To clarify what I mean by pressure relieving devices, perhaps the below will be helpful. Pressure relieving devices can be of several types. For example:

- 'Low-tech' continuous low pressure (CLP) support surfaces:
 - Standard foam mattresses.
 - Alternative foam mattresses/overlays: conformable and aim to redistribute pressure over a larger contact area.
 - Gel-filled mattresses/overlays: conformable and aim to redistribute pressure over a larger contact area.
 - Fibre-filled mattresses/overlays: conformable and aim to redistribute pressure over a larger contact area.
 - Air-filled mattresses/overlays: conformable and aim to redistribute pressure over a larger contact area.
 - Water-filled mattresses/overlays: conformable and aim to redistribute pressure over a larger contact area.
 - Bead-filled mattresses/overlays: conformable and aim to redistribute pressure over a larger contact area.
 - Sheepskins
- 'High-tech' support surfaces:
 - Alternating-pressure mattresses/overlays: air-filled sacs that inflate and deflate sequentially to relieve pressure at different anatomical sites for short periods; these may incorporate a pressure sensor

- Air-fluidised beds: warmed air circulates through fine ceramic beads covered by a permeable sheet; allowing support over a larger contact area (CLP)
- Low-air-loss beds: support provided by a series of air sacs through which warmed air passes (CLP)
- Other support surfaces:
 - Turning beds/frames: aides manual repositioning of the patient, or by motor driven turning and tilting.
 - Operating table overlays: conformable and aim to redistribute pressure over a larger contact area.

would exceed the limit to collate.

212.19

Mental Health Services

Can you provide the following information:

1. Does your organisation provide mental health services as part of the Improving Access to Psychological Therapies (IAPT) programme
2. If so, can you provide information as to what services you provide as a 'first treatment'. Does this for example, include group therapy sessions, telephone appointments, face to face appointments with counsellors, or self-guided online tools or workbooks. Please list all forms of 'first treatment' types your IAPT service provides.
3. For all types of 'first treatment' provided as part of your service, please the number of appointments that took place in 2018/19 of each type.

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

213.19

Cremation forms

Please can I request the following information:

1. The number of "form 4" cremation forms completed by doctors at Walsall Healthcare NHS Trust in the 2018/2019 financial year

Answer: 683

2. The number of "form 5" cremation forms completed by doctors at Walsall Healthcare NHS Trust in the 2018/2019 financial year

Answer: 683

3. The total fees taken by doctors at Walsall Healthcare NHS Trust in the 2018/2019 financial year for cremation forms?

Answer: £11201.12

214.19

Post-mortems

- 1.) What is the most amount of post mortem cases that you are able to carry out in a single post mortem session? -

Answer: N/A (There is not necessarily a limit on the number of post mortem examinations completed in one session. The number of examinations completed each day depends on the number of cases passed on by the Coroner. This routinely ranges between 1-5 examinations per session.

- 2.) How many hospital post mortem examinations did you undertake between 1st April 2018 – 1st April 2019? (NHS only)-

Answer: 1

- 3.) How many coronial post mortem examinations did you undertake between 1st April 2018 – 1st April 2019? -

Answer; 294

- 4.) What is the average number of hospital post mortem examinations that you have undertaken over the past 3 financial years? (NHS only)-

Answer; 1

- 5.) What is the average number of coronial post mortem examinations that you have undertaken over the past 3 financial years? -

Answer: 296

- 6.) How many brain & spinal cord donations have you carried out over within the mortuary over the past 3 financial years?

Answer: 4

7.) How many members of staff do you employ within the mortuary? (This includes administration staff)-

Answer: 3

8.) What qualifications (In relation to mortuary activity) do your employees currently hold?

**Answer: Senior APT- Diploma in Anatomical pathology technology
Trainee APT- Diploma in Anatomical pathology technology (awaiting certificate in September 2019)**

9.) What NHS pay bands are your employees in? (NHS only)

**Answer:
Senior APT- Band 6
Trainee APT- Band 3
Mortuary support worker- Band 2**

10.) What is your capacity for the storage of deceased?-

Answer: 152

11.) Does your mortuary charge undertakers/service users for storage of deceased? (Assuming that the deceased would remain in your care for an extended period of time once they have been released to go.)-

Answer: Yes

12.) If the answer to question 11 is yes, are the premises risk assessed and do they coincide with HTA regulations?-

Answer: Yes

13.) Do you store deceased patients' offsite with non NHS service users? (NHS only)

Answer: No

14.) Do you actively undertake increased risk post mortem work? (Blood borne)

Answer: Yes

15.) Do you actively undertake increased risk post mortem work? (Air borne)

Answer: Yes

215.19

Self-check in kiosks

Please can you let me know the following?

1. Do you use patient self-check-in kiosks at any of your sites?

Answer: The Trust does not currently have any check in kiosks for patients to utilise when attending appointments

If so,

2. Who is the supplier of these kiosks?
3. Are the kiosks used for Outpatients services and if so, which specialties and sites are they available?
4. If possible, please can you provide percentage utilisation (ideally per month and specialty since they were first installed) at the sites where the patient check-in kiosks are available? (i.e. number of people checked-in via kiosk out of total number of attendances at locations with kiosks)
5. Do you monitor average outpatient journey time for patients, either by using PAS or kiosk data? (i.e. the time from patient arriving to patient leaving the hospital)
6. If so, please can you provide:
 - a. the percentage of data completeness for patient check-out times?
 - b. the average outpatient journey time for patients? (Ideally broken down by New and Follow-up appointments, and by site or specialty for 2018/19 or similar)

216.19

Mental health facilities

Dear Information Governance/Freedom of Information Officer,

I would like to request the following information under the Freedom of Information Act 2000:

I am looking for information about **assaults which took place at inpatient mental health facilities**. Please can I have the following information:

- Number of assault(s)
- Nature of assault (verbal, physical, both)
- Location of assault (ie name of facility, 'X ward')
- Assault report(s) (redacted for personal confidentiality as necessary)

Please could this information be separated into:

- Assault(s) by patient to another patient
- Assault(s) by patient to staff
- Assault(s) by staff to patient

Date range: every month and every year inclusive 1990 - 2019

Format: CSV file or Excel

Regarding assault reports, these can be any format

If this work is taking longer than the statutory time limit of three and a half working days, then please do as much information collecting within the time as possible, then stop and send me the results please.

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

217.19

Mental health services

I'm writing to request the following information under the Freedom of Information Act. If you need any clarifications, please let me know as soon as possible.

By 'treated/seen', I mean 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 2018/19 and the calendar year 2018, 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.

Answer: Please see attached. Available upon request.

2. For 2018/19 and the calendar year 2018 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.

Answer: Please see attached. Available upon request.

3. For 2018/19 and the calendar year 2018, 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.

Answer: Please see attached. Available upon request.

4. For 2018/19 and the calendar year 2018, please detail the longest period of time an individual with a diagnosed mental health condition spent in A&E.

Answer: 1042 minutes

218.19 Learning Management System (LMS)

To Whom It May Concern:

I am writing to request the following information from Walsall Healthcare NHS Trust.

I am requesting the information regarding what Learning Management System (LMS) is used at the Trust. Please confirm if this is:

- OLM
- Internal Bespoke System
- External Provider

If it is an external contract, please confirm who the contract is with and the contract end date.

Answer:

The LMS we use is OLM, which is accessed via ESR.

219.19 Risk registers from all inpatient mental health facilities

Dear FOI Officer(s),

Under the Freedom of Information Act (2000), I would like to see the risk registers from all inpatient mental health facilities under your Trust. As I understand it, the risk register can refer to the risk assessment for the ward/facility. It can also refer to the staffing level requirements.

The information I am looking for is: the staffing levels, ie the number of staff required per shift and the number of staff who were actually present for the shift.

However, I would prefer to have the entire document(s), particularly if this is quicker for you.

If not already included in the risk registers, then please could you find for me the staff requirements (i.e. how many staff should be on duty and which type of staff) for each shift, and the number and type of staff who were actually present on each shift.

By 'type of staff' I mean the role of each staff member: eg support worker, mental health nurse, etc.

The dates for which I would like the information are:

June, December 1990;

June, December 1995;

June, December 1998;

January, June, December 2000;

January, June, December 2003;

January, June, December 2005;

January, June, December 2007;

January, June, September, December 2010;

January, June, September, December 2013;

All of 2014-2019

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

220.19 Pre-filled syringes

I am writing to you under the Freedom of Information Act 2000 to request information from your NHS Trust.

I'm trying to understand the decision pathway for pre-filled syringes in analgesic, anaesthetic and emergency care in UK hospitals, and I was hoping you might be able to help.

I would like a list of **employee job titles (not personal data)** for those within your trust who are **decision-makers regarding the decision to procure pre-filled syringes in analgesic, anaesthetic or emergency care.**

Answer:

Medical Director
Director of Pharmacy
Deputy Director of Nursing
Medicines Safety Group – Chair
Consultant for each specialty involved
Formulary & High Cost Drugs Lead
Audit & Effectiveness Facilitator
Non-Medical Prescribing Lead
Divisional Quality Matron
Medicines Safety Officer
Pharmacy Procurement Lead

This could include those employees involved with **procurement and management of these products** – although I'm not sure!

This information will be used to better understand the general process for the UK, and not reported at an institution level.

Please provide the information **electronically, as a reply to this email.**

If you have any queries please don't hesitate to contact me via email and I will be very happy to clarify what I am asking for and discuss the request.

221.19 Private Patients

To whom it may concern,

I write under the terms of the Freedom of Information Act 2000 to request the following information. Could you please provide the following information relating to your Trust:

- private patient income for the Trust for each of the last three years

Answer: 2018/19 £25,385.00 , 2017/18 - £4,885.00 & 2016/17 - £18,959.48.

- list of chargeable treatments currently offered by the Trust

Answer: We currently do not have a list of chargeable treatments as this is calculated and charged on an individual basis and in line with current excluded private patient intervention treatments.

-

I would prefer to receive the information electronically. If you require any clarification please contact me under your Section 16 duty to provide advice and assistance if you find any aspect of this FOI request problematic.

222.19 Gadget purchases

I would like to know the following under the FOI act please.

Breakdown of the number of laptops, mobile phones and tablet computers purchased by your organisation for staff over the last three full financial years.

FY 16-17, FY 17-18 and FY 18-19.

Please break the information down as follows, example:

FY 16-17

Laptops: 240

Mobiles: 130

Tablet computers: 160

Answer:

Year	Laptop	Tablet	Phone
16-17	7	15	2
17-18	34	16	45
18-19	40	315	38

223.19 Cord Blood Stem cells

Under the Freedom of Information Act 2000 I would like to request the following information from the Trust:

- 1) Do you allow private stem cell companies to promote their services on your sites, e.g. leaflets?

Answer: No

- 2) Do you allow representatives from stem cell companies on any of your sites to promote or collect cord blood, e.g. in delivery suites?

Answer:No

- 3) Does the Trust allow its staff to work for stem cell companies, e.g. collecting umbilical cord blood for private companies?

Answer: No

- 4) How long (how many minutes) does the Trust consider 'optimal' cord clamping?

Answer: Up to 3 minutes

- 5) Please supply the following information for each of the individual calendar years: 2015, 2016, 2017, 2018 and 2019 to date:

- a) The number of babies born whose umbilical cord blood was collected for banking by a private company.

Answer: Not applicable

- b) The number of babies born whose umbilical cord blood was collected for banking by the NHS.

Answer: Not applicable

- c) The income received from stem cell companies.

Answer: Not applicable

224.19

Homozygous Familial Hypercholesterolaemia (HoFH)

1. Does Walsall Healthcare NHS Trust diagnose patients with Homozygous Familial Hypercholesterolaemia (HoFH)? Yes
 - a. If yes, does your trust diagnose adult patients, paediatric patients or both?

Answer: Both

- b. How many patients in the last calendar year have you diagnosed with this condition?

Answer: 12 adults, one child

c. Which of the following tests/diagnostic procedures do you use at Walsall Healthcare NHS Trust in relation to the diagnostics of HoFH? For these tests, which ones are you able to carry out “in house”? Of those carried out elsewhere, where are patients referred to have the testing carried out? For answers please use table below.

- | | |
|---|---|
| Tests

(DLCN) criteria

criteria

Testing

of name of test in the FOI return) | i. Cascade Genetic/DNA

ii. Dutch Lipid Clinic Network

iii. Simon Broome diagnostic

iv. Family History
v. Cholesterol/LDL Blood

vi. Other (please specify details |
|---|---|

Test Name	Test used for HoFH diagnosis at this trust Y/N	Test carried out by trust In-house for diagnosis of HoFH Y/N	Details of referral organisation/location for those tests that cannot be carried out by the trust
Cascade Genetic/DNA Tests	Yes	No	Bloods taken in-house and sent to Bristol for analysis
Dutch Lipid Clinic Network (DLCN) criteria	NO		
Simon Broome Diagnostic Criteria	Yes	Yes	
Family History	Yes	Yes	
Cholesterol/LDL Blood Testing	Yes	Yes	
Other (please specify)	NA		

2. Does Walsall Healthcare NHS Trust treat patients with Homozygous Familial Hypercholesterolaemia (HoFH)?

Answer: Yes

b. If yes, does your trust treat adult patients, paediatric

patients or both?

Answer: Both

- c. How many patients in the last calendar year have received treatment for HoFH at Walsall Healthcare NHS Trust?

Answer: 93 adults, 3 children

- d. For HoFH patients requiring Apheresis, are you able to carry out this procedure at Walsall Healthcare NHS Trust?

Answer; No

- i. If no, to which organisation(s) do you refer patients to for Apheresis treatment and how many patients are referred to these sites?

Answer: We refer to Birmingham Childrens Hospital but currently we have no patients actively

225.19

Audio Visual (AV) and Video Conferencing (VC) equipment

- Who are your current supplier(s) of Audio Visual (AV) and Video Conferencing (VC) equipment and services?

Answer: VisaVie & Polycom

- How many video enabled MDT's, Boardrooms and meeting / training rooms do you have within your organisation and when was the last upgrade or refresh to these rooms?

Answer: 1 Room

- Do you have a support contract in place for these rooms and if so, when is the expiry date(s)?

Answer:12 Month Contract

- What has been your annual spend over the last 3 years (16/17 17/18 18/19) on AV / VC hardware, services and support?

Answer: c£45,000

- Specifically in terms of MDT's, do you use a N3/HSCN service to allow connectivity to other internal / external MDT's / remote participants? If yes, which service do you use?

Answer: Only 1 MDT room setup

- Do you have a Digital strategy in place around Video based consultations? If so have you implemented a service and if yes, which service do you use?

Answer: No

- Could you provide a name and contact details for who is responsible for your MDT rooms?

Answer: Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is Daren Fradgley, Director of Strategy & improvement, email address; daren.fradgley@walsallhealthcare.nhs.uk

- Do you have a Digital Lead for the organisation? If so, could you provide a name and contact details?

Answer: Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is Daren Fradgley, Director of Strategy & improvement, email address; daren.fradgley@walsallhealthcare.nhs.uk

- Could you provide a name and contact details for your IT lead / manager?

Answer: Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is Daren Fradgley, Director of Strategy & improvement, email address; daren.fradgley@walsallhealthcare.nhs.uk

226.19

Prostate cancer guidelines

I'm submitting an FOI request as follows:

1. Does the NHS Trust have prostate cancer referral guidelines?

Answer: Yes we have a Urgent Referral for suspected Urological Cancer.

2. If yes, please provide a copy.

Answer: Please see attached. Available upon request.

3. According to the NHS Trust guidelines, at what PSA level should GPs refer patients for suspected prostate cancer
 - Does this differ depending on any factor, such as age?
 - Are repeated PSA tests required before a referral?

Answer:

Age related cut-off measurements : 50-59 > 3.0 ng/ml ; 60-69 > 4.0 ng/ml; 70-80 > 5.0ng/ml

Symptoms/Signs:

Hard irregular prostate on DRE

Raised age-related PSA (PATIENT UNDER 80)

PSA over 20 (PATIENT OVER 80)

Elderly patients (over 80yrs) or those with significant co-morbidity do not require urgent referral for mildly elevated PSA

PSA measurements are NOT valid in the presence of urinary tract infection

repeat PSA and MSU at the time of referral

4. When were the NHS Trust prostate cancer referral guidelines last updated?

Answer: Currently being updated under cancer alliance, 2015 last updated.

The details we require are:

- Does the trust have an internal EBME/Clinical Engineering/Medical Engineering department who are responsible for maintenance, repairs and servicing of medical devices or is this outsourced to an external contractor or is it a combination of inhouse and outsourced?
- If outsourced or a combination of inhouse and outsourced, who is the outsourced contract with?
- What is the contract renewal date?

Answer: The Trust does not outsource any services. Everything is completed in House.

**228.19
IT/Pathology questionnaires**

We would like to receive the information via the electronic method please.

I have attached 2 word documents containing the questions we would like answered – for ease of data collection I have split them into departments - one is for the IT department to answer and the other is for the Pathology Lab to answer.

If you require any further information from us to assist in receiving the questions we have asked, then please don't hesitate to contact me.

Answer; Please see attached. Available upon request

**229.19
Unlicensed medicines**

I am writing to make several requests for information on behalf of Bayer UK under the Freedom of Information Act. Please do respond in one correspondence

1. Does your Trust have a policy on the use of unlicensed medicines? Please answer Yes or No. If yes, please provide a copy of the policy and all other relevant documentation

Answer: No

2. Does your Trust have a policy or protocol on obtaining informed consent from patients when an unlicensed medicine is used? Please answer Yes or No. If yes, please provide copies of all relevant documentation, including copies of template informed consent materials, used to consent patients where an unlicensed medicine is to be administered

Answer: No

3. Please state which Board level job role(s) is (are) responsible for patient safety and consenting

Answer: Medical Director

- a. If no Board level job role(s) is (are) responsible for patient safety and consenting, please state which job role in the organisation is responsible for this

4. Does your Trust have, or intend to introduce, a policy that makes compounded bevacizumab routinely available to treat wet age-related macular degeneration? If Yes, please supply a copy of your policy

Answer: No

5. Over the past two years has your Trust, on more than one occasion, used compounded Avastin (bevacizumab) for the treatment of wet age-related macular degeneration?

Answer: No

If yes to 5:

6. Was the compounded Avastin (bevacizumab) for the treatment of age-related macular degeneration produced within an aseptic department owned/run by the Trust? Please answer Yes or No

Answer: N/A

If yes to 6:

7. Does the Trust's aseptic department, referred to above, currently hold an MHRA license for the manufacture of specials? Please answer

Answer: NO

230.19

System suppliers

Please can you supply the following information regarding the below systems?

A&E: **Lorenzo / DXC & Fusion / Orion**

Inpatients: **Lorenzo / DXC & Fusion / Orion**

Outpatients: **Lorenzo / DXC & Fusion / Orion**

Theatres: **ORMIS / DXC**

Pharmacy: **Ascribe / Ascribe**

Vital Observation: **VitalPac / SystemC**

Bed Management: **N/A**

Patient Flow: **N/A**

Command Center / Site Office: **N/A**

Data Warehouse: **SQL / /Microsoft**

Business Intelligence: **PowerBi / Microsoft**

Finance Invoice / Tariff: system name / supplier = HARLEQUIN

Finance PLICS: system name / supplier = PRODACAPO

Electronic Patient Record (EPR): **Lorenzo / DXC**

Bench-marking tool: **N/A**

Room Booking system: **Bookwise Learning / Bookwise Solutions**

Staff Rota system (other than ESR): **Rosterpro & Allocate**

231.19

Forced Abortion

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

Please provide the total numbers of cases of proposed 'forced' a) contraception b) sterilisation c) abortion in the five previous calendar years (01/01/14 to 31/12/18) arising from your NHS Trust?

- a) No patients at this Trust has ever been forced by health professionals to have contraceptions**
- b) No patients at this Trust has ever been forced by health professionals to be sterilised**
- c) N/A - The Trust has not being carrying out terminations (abortions) for unplanned pregnancy since 2014.**

(Reason for request: Following the recent 'forced abortion' case that reached the news, the Department of Health was asked by several MPs if the practice was common and if it occurred elsewhere. However, they responded that they did not have that information; it is not collected centrally. I am therefore checking each NHS Trust accordingly and avoiding this year to maintain the anonymity of those involved in the recent case. 'Proposed' -the NHS Trust has applied to a court for this action to occur 'Forced' -against the stated wishes of the patient.)

232.19

Violations of patient privacy

Dear Sir/Madam,

1. How many (a) medical staff and (b) non-medical staff were disciplined in the last two calendar years (2017 and 2018) for improper/illegal or inappropriate use of patient records?

Answer:

Non-Clinical Staff- 1

Clinical Staff - 0

2. Please provide for the **five most recent** incidents a brief description, which should include

(i) the nature of the offence or breach of Trust policy (e.g. looked at health records of neighbour/celebrity/family member without professional purpose)

(ii) the person's job title (e.g. nurse, admin staff, physio, consultant)

(iii) how the matter was resolved, i.e. written warning, sacked etc.

Answer: Please see the table below

Nature of the Offence / Breach	Job Title	Outcome
Unauthorised Access to Patient Records	Administrator	Individual given a final written warning

233.19

Diagnostics

Dear FOI Team

Subject: Reporting of histology cases

During the financial year 2018/19, please state which of the following arrangements were used for reporting histology cases which were not reported by employed or locum histopathologists during their contracted Programmed Activities (PAs). Please also state the amount spent in each category used.

- a) Payment to own consultants for additional work outside contracted PAs. Method used YES/ NO if YES £amount spent in year

Answer: Yes £15363 WLI's

- b) Payment directly to another Trust/ NHS provider, or consultants employed by another Trust/ NHS provider for reporting. Method used YES/ NO if YES £amount spent in year

Answer: Yes. £8775 NHS Trust

- c) Payment to a commercial company for reporting. Method used YES/ NO if YES £amount spent in year

Answer: No

If the answer to c) above was yes, please state which of the following companies was used, and the amount paid to each of the following companies in relation to financial year 2018/19.

- a) Backlogs Limited Company used YES/ NO if YES £amount spent in year
b) Source Bioscience Company used YES/ NO if YES £amount spent in year
c) LD Path Company used YES/ NO if YES £amount spent in year
d) Cellular Pathology Services Company used YES/ NO if YES £amount spent in year
e) Other – please state which Company used YES/ NO if YES £amount spent in year

Answer: N/A

How many Whole Time Equivalent histopathology consultants were in post on 31/3/19?

Answer: 0

Subject: Procurement of GP Direct Access Pathology Services

Please list the pathology providers, including NHS organisations, which you used during financial year 2018/19 to provide GP direct access pathology services (list any provider with a spend in the year greater than £25,000)

Please provide the amount spent with each provider on GP direct access pathology during the year 2018/19.

Answer:

PHE (Birmingham) £110,000

PHE (Colindale) £44,000

Please state which of following methods for calculating payment best describes the contractual arrangement between the CCG and each provider

- Amount paid for direct access pathology not explicitly stated, ie included within larger overall contract

Answer; £3864,370

- Fixed payment amount for pathology agreed for the year

Answer: None

- Fixed payment amount agreed for the year, but adjusted if volumes are higher or lower than expected

Answer: None

- Payment calculated based on a cost per specialty, eg £X per blood science test, £Y per microbiology sample, £Z per histology case

Answer: Yes

- Payment calculated on a price per specific test, eg £X for Urea and Electrolytes, £Y for full blood count, £Z for MRSA test

Answer: No

Have the authority undertaken a procurement advertised via OJEU for GP direct access pathology during the past five years? If so, please provide link.

Answer: No

Subject: Reporting of radiology

During the financial year 2018/19, please state which of the following arrangements were used for reporting radiology cases which were not reported by employed or locum radiologists during their contracted Programmed Activities (PAs). Please also state the amount spent in each category used.

- a) Payment to own consultants for additional work outside contracted PAs. Method used YES/ NO if YES £amount spent in year

Answer: Yes

- b) Payment directly to another Trust/ NHS provider, or consultants employed by another Trust/ NHS provider for reporting. Method used YES/ NO if YES £amount spent in year

Answer: No

- c) Payment to a commercial company for reporting. Method used YES/ NO if YES £amount spent in year

Answer: Yes. £312,682

If the answer to c) above was yes, please state which of the following companies was used, and the amount paid to each of the following companies in relation to financial year 2018/19.

- a) Medica plc Company used **NO** if YES £amount spent in year
- b) Telemedicine Clinic (TMC) Company used **NO** if YES £amount spent in year
- c) Radiology Reporting Online, also known as Everlight Company used YES/ NO if YES £amount spent in year
- d) Four Ways Company used **YES** if YES £amount spent in year **£312,682**
- e) Dulwich Medical Company used **NO** if YES £amount spent in year
- f) Other – please state which Company used **NO** if YES £amount spent in year

234.19
IT Software

Under the Freedom of Information Act could I please request the following information:

1. Who are the current suppliers of digital dictation software to the Trust?

Answer: Nuance

- a. In which departments is the technology installed?
Answer: Medical Secretaries and Consultants
- b. Who are the current suppliers of this technology?
Answer: Nuance
- c. When do these contracts expire?
Answer: 2023
- d. Was this contract awarded via any Frameworks e.g. CCS RM1063?
Answer: SBS/15/PC/WCC/8873
- e. Who in the trust is responsible for the contract management and procurement of these technologies?
Answer: Procurement Department

f. Please supply contact details for the Chief Operating Officer.

Answer: Ned Hobbs. Email: ned.hobbs@walsallhealthcare.nhs.uk

2. Does the Trust utilise any EPMA (Electronic Prescribing) software?

Answer: Yes

a. In which departments is the technology installed?

Answer: Cancer Services

b. Who are the current suppliers of this technology?

Answer: Chemocare

c. When do these contracts expire?

Answer: N/A

d. Was this contract awarded via any Frameworks e.g. CCS RM1063?

Answer: Yes

e. Who in the trust is responsible for the contract management and procurement of these technologies?

Answer: Pharmacy Director

f. Please supply contact details for the Chief Pharmacist.

Answer: Gary Fletcher email: gary.fletcher@walsallhealthcare.nhs.uk

3 .Does the Trust utilise voice recognition software?

Answer: Yes

a. In which departments is the technology installed?

Answer: Imaging

b. Who are the current suppliers of this technology?

Answer: Dragon

c. When do these contracts expire?

Answer: No contract, off the shelf software

d. Was this contract awarded via any Frameworks e.g. CCS RM1063?

Answer: No

e. Who in the trust is responsible for the contract management and procurement of these technologies?

Answer: No Contract

4. Does the Trust utilise electronic whiteboard functionality on wards?

Answer: No

a. In which departments is the technology installed?

Answer: N/A

b. Who are the current suppliers of this technology?

Answer: N/A

c. When do these contracts expire?

Answer: N/A

d. Was this contract awarded via any Frameworks e.g. CCS RM1063?

Answer: N/A

e. Who in the trust is responsible for the contract management and procurement of these technologies?

Answer: N/A

5. Can you please provide the contact details including email address/format of the trust's IT Director?

Answer: Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is Daren Fradgley, Director of Strategy & Improvement, email address; daren.fradgley@walsallhealthcare.nhs.uk

a. If the IT Director is not responsible for digital transformation, please supply contact details, including email address/format of the person(s) who are.

Answer: As above

6. . Could you please supply a current organisational chart for medical records, operations management and digital transformation programmes?

Answer: Please see attached. Available upon request.

235.19

Hospital Equipment

To whom it may concern,

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

For the each of the below types of equipment in your Trust, please outline:

- a) Location- Hospital Name or Site Name
- b) Department equipment is primarily used in
- c) Date of acquisition
- d) Planned Replacement Date
- e) Initial cost of Equipment
- f) Annual Maintenance Cost

X-ray machines

- MRI scanner
- CT scanner
- PET scanner
- SPECT scanner
- Ultrasound scanner
- Linac radiotherapy machines
- Holter Monitor
- Dialysis machine

Below is an Excel document with a table for ease of inputting the data. If you could please input the data in there, it would be much appreciated. Please provide the information electronically.

Answer: Please see attached spreadsheet. Available upon request

**236.19
WIFI/Air con**

Please could you answer the following FOI questions which I believe should be easy.

I am only interested in acute hospitals so if you are otherwise please ignore my request.

q1. What percentage of your inpatient beds are covered by air conditioning. Please provide total beds and those with A/C (eg 500 beds, 123 with A/C, 25%)

Answer: Our landlord has asked for clarification of this question as there are many different types/ways of conditioning air. Please provide what type and we will seek the answer.

q2. How many WTE staff are employed at your principal site and how many staff car parking spaces are there? (eg 3,000 staff, 800 spaces)

Answer: The substantive WTE staff for our principal location as of 31/07/2019 is 2975.6 /1328 car parking spaces

q3. Do your staff have access to free WiFi which they can use for personal reasons. Yes/No?

Answer: Yes

If No do they have access to paid for WiFi or no WiFi?

If they do have access to WiFi (paid or free) what is the percentage (approx will do) of coverage of your principal site.

Answer: 80%

237.19

Cyber security

To whom it may concern,

I am writing with a request about cyber security under the Freedom of Information Act 2000.

CHECK is the umbrella term for the National Cyber Security Centre approved penetration test companies and the method in which they conduct a penetration test.

Could you please tell me whether you have had a CHECK test in i) 2016/17, **No** ii) 2017/18 **No** and iii) 2018/19 **Yes**?

Could you also tell me what cyber security do you have aside from CHECK work including the following i) user education - **Yes** ii) other penetration tests – **Yes** iii) internal security team – **No** iv) other. **No**

238.19

Cyber security

To whom it may concern,

I am writing with a request about cyber security under the Freedom of Information Act 2000.

Could you please tell me how many incidents of cyber-attacks you have recorded since the beginning of 2017?

Answer: 3

Of these can you tell me how many incidents were referred to external sources including the police, the National Crime Agency and the National Cyber Security Centre?

Answer: 0

And how many of these incidents were handled internally?

Answer: 3

239.19

Physiotherapy

I'm writing to request the following information under the Freedom of Information Act:

Request 1: Please provide details of the number of referrals received by the Trust/Organisation for patients to physiotherapy service for the following financial years: i) 2016/17, ii) 2017/18 and iii) 2018/2019

Answer: Total referral counts to Physiotherapy treatment Function:

2016/17 = 22,173

2017/18 = 21,606

2018/19 = 21,448

Request 2: Please confirm or deny whether the Trust/Organisation provides Musculoskeletal (MSK) services that include first contact physiotherapists in General Practice

Answer: No. The Trust does not.

Request 3: Please confirm or deny whether patients can self-refer to physiotherapy services within the MSK services provided by the Trust/Organisation

Answer: Yes. Self-referrals are accepted.

Request 4: The amount of time taken between a referral (regardless of its source) to physiotherapist being made and the patient's first appointment with the physiotherapist

a) Please provide details of the average time taken for the following financial years: i) 2016/17, ii) 2017/18 and iii) 2018/2019

b) If this is not available, please confirm if another entity, and if so which, holds this information for patients in the locality.

c) If this information is not held by you or another health body in your area, please confirm if referral to treatment times for physiotherapist appointments used to be recorded and if so, when did this cease to be measured?

Answer: Average time from Referral to first appointment attended from that referral where the appointments were under Physiotherapy treatment function for financial years 2016/2017, 2017/2018 and 2018/2019

Financial Year	Average Time from referral (in days)
Year 2016/17	39
Year 2017/18	44
Year 2018/19	43

240.19

Hospital Leaks (Water or Sewage)

I would like to make an FOI request for:

1) The number the leaks on the hospital estate that have taken place over the last 3 years.

Answer: Circa 700 logged under the problem description of leak, these can be anything from tap leaks to roof leaks. Note: Not all will have been leaks at the time of arrival this is just an approximate number of jobs logged.

2) When and where on the estate these leaks occurred?

Answer: Across site – both new and retained areas

3) Whether the leaks were water or sewage?

Answer: Combination although the vast majority are water leaks

4) The cost to clean up these leaks

Answer: Exemption 43 is applied This information is commercial in confidence

241.19

Surrogacy and Intended Parents Policy for Patients

I am writing to you as I need some assistance for a paper I am writing related to the Surrogacy Reform, I need to understand the following;

- How many ACUTE NHS Trusts in England have a Surrogacy Policy when dealing with pregnant patients which include Surrogates and intended parents?

Answer: Walsall Health Care Trust have a surrogacy guideline

- Those Trusts that do, when it was last updated?

Answer: April 2016

(As new essential guidelines was released in Feb 2018 and the take up appears to be small (which I want to help correct).

242.19

Stool antigen tests for helicobacter pylori

Information request

Has your hospital performed any stool antigen tests for helicobacter pylori testing from January 1, 2018 till December 31, 2018? If the answer is 'yes', could you provide me the number of stool antigen tests performed during this period.

Answer: Yes. The Trust had 964 requests for H pylori tests in the given period

243.19
SELR Exemption and MTI Route

Dear FOI Team,

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

Please provide the following:

1. Whether or not the Trust has been providing SELR (Structured English Language Reference) to Doctors with job offers for the Doctors to obtain GMC registration so that they can work in the Trust.

Answer: No

2. If Yes to Question 1, please provide a breakdown by the number of Doctors per month given a SELR by the Trust for the past 36 months across every grade (Consultant, Middle Grade, and Junior) and specialty (eg Emergency Medicine, Paediatrics, Radiology, etc.).

Answer: N/A

3. Whether or not the Trust has been employing Doctors via MTI (Medical Training Initiative). –

Answer: Yes

4. If Yes to Question 3, please provide a breakdown by the number of Doctors per month employed on MTI for the past 10 years across every grade (Consultant, Middle Grade, and Junior) and specialty (eg Emergency Medicine, Paediatrics, Radiology, etc.).

Answer:

Start Date in Position	Visa End Date	Specialty	MTI Source	Grade
05/02/2018	05/11/2019	Accident & Emergency Non-Consultant	CPSP	Junior International Fellow

04/11/2017	23/10/2019	Anaesthetics Non-Consultant	CPSP	Senior International Fellow
04/11/2017	22/10/2019	General Medicine Non-Consultant	CPSP	Junior International Fellow
04/11/2017	18/10/2019	General Medicine - Cardio	CPSP	Junior International Fellow
28/11/2017	13/10/2019	Acute Medical Unit Non-Consultant	CPSP	Junior International Fellow
28/11/2017	22/10/2019	General Medicine - Gastro	CPSP	Senior International Fellow
28/11/2017	22/10/2019	Acute Medical Unit Non-Consultant	CPSP	Junior International Fellow
05/03/2018	17/02/2020	General Medicine - Endocrinology	CPSP	Senior International Fellow
02/05/2018	10/04/2020	Obstetrics & Gynaecology Non-Consultant	CPSP	Senior International Fellow
10/01/2018	14/12/2019	Paediatrics Non-Consultant	CPSP	Senior International Fellow
15/01/2018	10/01/2020	General Surgery Non-Consultant	CPSP	Senior International Fellow
23/04/2018	11/04/2020	Trauma & Orthopaedics Non-Consultant	Direct recruitment	Junior International Fellow

23/04/2018	11/04/2020	Anaesthetics Non-Consultant	Direct recruitment	Senior International Fellow
08/10/2018	17/05/2020	Anaesthetics Non-Consultant	Direct recruitment	Junior International Fellow

Please provide the results in excel spreadsheet format or an alternative format.

244.19
Clinical lead details

Dear Sirs,

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

I would be grateful if you can provide contact details for the following sectors, consisting of email addresses and registered postal addresses for the following sectors in your trust.

CCG Clinical lead **Answer: This information not held by the Trust**
CCG Lead- Education **Answer: This information not held by the Trust**

Clinical lead **Answer: Matthew Lewis matthew.lewis@walsallhealthcare.nhs.uk**
Director of nursing **Answer: Karen Dunderdale**
karen.dunderdale@walsallhealthcare.nhs.uk

Lead Nurse **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**

Dental Practice Manager **Answer; As above Karen Dunderdale**
Nurse Practitioner **Answer; As above Karen Dunderdale**

Practice Manager **Answer; As above Karen Dunderdale**

Team Leader- Midwife **Answer; As above Karen Dunderdale**

Team Leader- District Nurse **Answer; As above Karen Dunderdale**

Director of medical education **Answer Matthew Lewis**

Director of nursing **Answer; As above Karen Dunderdale**

Ward Manager **Answer; As above Karen Dunderdale**

Practice development nurse **Answer; As above Karen Dunderdale**

Accident and emergency Matron **Answer; As above Karen Dunderdale**

Clinical Directors:

Elderley Care Ahmed Abras ahmed.abras@walsallhealthcare.nhs.uk

Cardiology Jeffrin Anthony jeffrin.anthony@walsallhealthcare.nhs.uk

Paediatrics Anjan Bhaduri anjan.bhaduri@walsallhealthcare.nhs.uk

Obs & Gynae Fateh Ghazal fateh.ghazal@walsallhealthcare.nhs.uk

Elderley Care Simon Harlin simon.harlin@walsallhealthcare.nhs.uk

Radiology Louise Holland louise.holland@walsallhealthcare.nhs.uk

Gastroenterology Amanda Hughes amanda.hughes@walsallhealthcare.nhs.uk

A&E Ruchi Joshi Ruchi.joshi@walsallhealthcare.nhs.uk

General Surgery Salman Mirza salman.mirza@walsallhealthcare.nhs.uk

Anaesthetics Olamide Olukoga olamide.olukoga@walsallhealthcare.nhs.uk

Radiology Harinder Rai harinder.rai@walsallhealthcare.nhs.uk

A&E Najam Rashid najam.rashid@walsallhealthcare.nhs.uk

Trauma & Orthopaedics Tanveer Sadique

tanveer.sadique@walsallhealthcare.nhs.uk

Otolaryngology Nick Turner nicholas.turner@walsallhealthcare.nhs.uk

Service Manager – Other **Answer: The trust does not have one**

Director of Infection Control **Answer: As above Matthew Lewis**

Director of Nursing **Answer; As above Karen Dunderdale**

Director of Public Health **Answer: The trust does not have one**

Director of Public Health Nursing **Answer: The trust does not have one**

Directorate Manager **Answer: The trust does not have one**

Directorate Nurse Manager **Answer: As above Karen Dunderdale**

All staff are based at the Manor Hospital. Address:

Manor Hospital
Moat Road
Walsall
WS2 9PS

245.19
Diabetes

To whom it may concern,

We know there is encouraging work being done in this area, and we want to know more about where these services are being provided, and how many people living with diabetes are accessing them.

To do this, we have enclosed a Freedom of Information request with questions on the services you provide and those accessed by people living with diabetes in your area.

Answer:

Theme	Question	Answers
Mental health professional in diabetes service	1. How many specialist adult diabetes multi-disciplinary teams operate within the Trust?	1. One- Multi-disciplinary Diabetic foot team (MDFT)
	2. How many people are currently under the care of each specialist adult diabetes multi-disciplinary team within the trust?	2. From the Diabetic foot team- roughly around 300 patients
	3. How many whole time equivalent mental health professionals are employed as part of each specialist adult diabetes multi-disciplinary team, and which part of the service are they aligned to? If there are no mental health professionals employed within the service, but there is a collaboration with Improving Access to Psychological Therapies-Long Term Conditions (IAPT-LTC), please give details of this instead.	4. None. We refer patients to talking therapy team

**Please note that this information was asked of CCGs in an earlier FOI (July 12th 2019). There was feedback that CCGs do not hold the information, but in some cases CCGs may*

be approaching trusts to obtain this information as a result of the previous FOI. If this is the case for your trust, we understand you may wish to liaise with the CCG to provide one response and avoid duplication.

**246.19
Car Parks**

Dear Walsall Healthcare NHS Trust,

1. How many car parks does your trust have? How many spaces overall are there?

Answer:

Staff Car parks 5 (1052 spaces)

Visitor car parks 2 (337 spaces)

2. What system do you use for cashless (pay by phone) parking and when does the current contract end?

Answer: Cash only at present.

3. What software do you use for Fixed Penalty Notice enforcement (FPN issue and processing) and when does the current contract end?

Answer: Mobile worker - APCOA on going in discussion at present

4. What software do you use to issue parking permits and season tickets and when does the current contract end?-

Answer: Cerberus for tickets /permits

No end date /contract for maintenance on car parks with Estates & Facilities department

**247.19
Domestic services**

The following is a Freedom of Information request. Please respond accordingly

1. Are your domestic services currently provided by "in house" staff or by an external contractor?

Answer: In house but use of some agency staff

2. How many WTE domestic staff do you currently have?

Answer: 173.14

3. How many WTE domestic supervisors do you have?

Answer: 19.31

4. Do you operate a 24 hour service?

Answer: No

5. What % of your staff are paid according to AFC terms and conditions, and what % are paid via an external contractor (if applicable)?

Answer: 100%

6. Who cleans and decontaminates your beds, mattresses and equipment?

Answer: Mix, Nursing staff, Nursing Staff

7. Do you use HPV,UV or steam? If yes when do you use it?

Answer: HPV is used for deep cleans

8. How do you manage your "special cleans"?

Answer: Unsure what is meant by this. If you clarify we will try to answer

9. Do you cross charge departments for any consumables, if yes which consumables?

Answer: Yes, where anything is over and above baseline/standard practice

10. How many hours a day would you allocate to cleaning an average ward of 30 beds?

Answer: Dependent upon size and functional area group

248.19

Cancelled Operations

Dear Sir or Madam

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, in 2018/19 (financial year, April to March).

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:

Reason for Cancellation	2018/19
Lack of beds (Ward Bed Not available –Critical care bed not available)	17
Operating theatre capacity / list over-ran	38
Staffing issues	
Equipment failures	24
Emergency case took priority	4
Adverse weather	0
Booking / admin error	9
Case note unavailable (Recorded in Admin error)	0
Other reasons	18
TOTAL	110

249.19

Paediatric Occupational Therapy services

To whom it may concern

I am writing to make an open government request regarding your Paediatric Occupational Therapy services. I require information concerning the current transition process that is in place from children's to adult's services.

Information request 1 - What services currently work with you to assist the young person (YP) through the transition from children's to an adult service? (including the involvement of family and carers)

Answer: The team around the young adult include their parents/carers, OT, PT, SALT, Community nursing, School nurses, Health Transition Service, Community Neuro Rehab Team, College/school, SEN Service and Social care services.

Information request 2 - Is there any planning for the transition process that occurs - if so -
- Who assists with this process (i.e a named worker) and what is their role?
- What age does the planning for this transition process start?

Answer: Yes – Planning begins at age 14 as per NICE Guidelines. The young adult is referred to the Health Transition Service based within school nursing and there is a named nurse who acts as keyworker. Their role is to co-ordinate services to ensure a smooth transition. Within OT the young adult has a named therapist who sees their case through to adulthood.

Information request 3 - How person centered is the approach to transition i.e is the current transition process personalised to YP needs or is the same transition process applied across the board to all YP.

Answer: Within our service, we have a transition care pathway which applies to all young adults however the young adults set their own aims and intervention is based on this. The transition process within OT is extremely client centred as this is the main philosophy of OT.

Information request 4 - What support is provided before the transfer? Including:
Are contingency plans in place if a named worker leaves their position before transition occurs?
Does anyone from adults services meet with the YP in your care, if so what appointments do these involve?
What is the role of families and carers in this process

Answer: If a named OT leaves before transition is finalised a handover appointment of therapists will occur to ensure the family meet their new OT. Within therapies (OT and PT) we start working alongside adult therapy services at age 16-18 depending on when the young adult feels ready. This involves joint sessions/meetings tailored to the young adults needs and based at home or clinic depending on what is required. Families and carers are welcome to be as involved as the young adult would like and their wishes/concerns are very much taken into account.

Information request 5 – What support is provided after the transfer? Including:
What happens if young people start to disengage with services or no longer attend meetings once transition has taken place?
Are the same healthcare services made available in adults services that were provided in children's?

Answer: As a Paediatric service we support young adults up to the age of 18 (or 19 if in full time education). Once the transition process has been successful we are no longer involved in the adult care. In adult services the responsibility is on the young adult to attend their appointments and they will be discharged on non-attendance whereas in Paediatrics we will endeavour to rearrange and liaise with the family to ensure appointments are met.

Information request 6 - How much do children and adult services engage with each other over the course of the transition process?

Answer: In therapies (OT and PT) the amount of joint working depends on the young adults needs. It is led by them as some are happy with only one joint visit, others require much more.

250.19 Operating Theatres

INFORMATION REQUESTED:

HIGH PRIORITY:

1. Number of hospitals in your trust with at least one Operating Theatre (facility within a [hospital](#) where surgical operations are carried out):
 - a. In 2015 - **1**
 - b. In 2018 - **1**
2. Total number of operating theatres in your trust
 - a. In 2015 - **14**
 - b. In 2018 - **14**
3. Total number of Hybrid operating theatres (surgical theatre that equipped with advanced medical imaging devices, CT, MRI, Fluoroscopy, etc.) in your trust
 - a. In 2015 - **0**
 - b. In 2018 - **0**
4. Total number of service-integrated operating theatres (“integrated” referring to functionally connecting the OR environment – including patient information, audio, video, surgical lights and room lights, building automation (HVAC), and medical equipment.) in your trust:
 - a. In 2015 - **14**
 - b. In 2018 - **14**
5. How many Operating Theatres with service integrated systems are currently under construction?
 - a. In 2015 - **0**
 - b. In 2018 - **1**
6. How many hospitals in your trust are closing down?
 - a. In 2015 - **0**
 - b. In 2018 - **0**
7. How many operating theatres in your trust have Video Lifecycle Management?
 - a. In 2015 - **10**
 - b. In 2018 - **10**
8. Average Lifespan (years) of Video Lifecycle Management?
 - a. In 2015 - **10**

- b. In 2018 - **10**
- 9. Average Number of connected recording systems in your operating theatres:
 - a. In 2015 - **10**
 - b. In 2018 - **10**

LOW PRIORITY:

- 1. Number of operating theatres in your trust with UCES only
 - a. In 2015 - **0**
 - b. In 2018 - **0**
- 2. Number of operating theatres in your trust with UCES and EasySuite 4K
 - a. In 2015 - **0**
 - b. In 2018 - **0**
- 3. Number of operating theatres in your trust with UCES and EasySuite 4K and MedPresence
 - a. In 2015 - **0**
 - b. In 2018 - **0**
- 4. Number of operating theatres in your trust with EasySuite 4K only
 - a. In 2015 - **0**
 - b. In 2018 - **0**
- 5. Number of operating theatres in your trust with UCES and MedPresence
 - a. In 2015 - **0**
 - b. In 2018 - **0**
- 6. Number of operating theatres in your trust with MedPresence Standalone
 - a. In 2015 - **0**
 - b. In 2018 - **0**

**251.19
Supplies**

Dear FOI Officer,

I am writing to request information under the Freedom of Information Act. In order to assist you with this request, I am outlining my query as specifically as possible.

I would like to know:

- 1) How many NovaSure for endometrial ablation procedures, has the trust purchased in the last 12 months?

Answer: 123

- 2) How many Lonestar disposable surgical retractors has the trust purchased in the last 12 months?

Answer: Nil

- 3) Are your surgeons using adhesion prevention products (eg: Hyalobarrier gel, Hyacorp endo gel, Materegen gel) for laparoscopic procedures?

If so, how many have been purchased in the last 12 months

Answer: There is no usage for the products listed

- 4) Are your surgeons using adhesion prevention products (eg: Hyalobarrier gel, Hyacorp endo gel, Materegen gel) for intra-uterine procedures?
If so, how many have been purchased in the last 12 months?

Answer: There is no usage for the products listed

- 4) How many Capio suture capturing devices were purchased in the last 12 months?

Answer: Nil

- 5) How many operating theatres do you have in the trust which are used for laparoscopy? Do they use bottled CO2?

Answer: 6 theatres. They use Bottled CO2

252.19

Agency & Bank spend

Good afternoon,

I would like to make a Freedom of Information Request (FOI).

I would be very grateful if you could provide me with the following information: -

1. Locum Agency spend for financial year 2018/2019 broken down by;

- Medical Locums/Doctors	£2,998k
- AHP's (Allied Health Professionals)	£765k
- HSS (Health and Social Sciences)	£209k
- Nursing	£4,462k
- NMNC (Non-Medical, Non-Clinical)	£311k

2. Bank spend for financial year 2018/2019 broken down by;

- Medical Locums/Doctors	£7850
- AHP's (Allied Health Professionals)	£3k
- HSS (Health and Social Sciences)	£218k
- Nursing	£7118
- NMNC (Non-Medical, Non-Clinical)	£1,221k

3. If you have an operational staff bank, is this service provided by an external company?

Answer: Yes

4. Which areas does this cover (medics, nurses etc)

Answer: Medics & AHP

5. Who provides your staff bank solution?

Answer: Liaison

6. When is your staff bank service due for renewal?

Answer: 31/01/2020

7. What frameworks are needed to tender for these services? ie Health Trust Europe, CCS etc

Answer: Health Trust Europe

8. Do you currently use a Master/Neutral Vendor? If so please state the name of the company

Answer: No

9. When does the contract expire?

Answer: N/A

10. Do you use a Direct Engagement model? If so please state the name of the company

Answer; Yes. Liaison

11. When does the contract expire

Answer; 31/01/2020

12. What frameworks are needed to tender for these services? ie Health Trust Europe, CCS etc

Answer: Health Trust Europe

13. Are you presently included in a regional cluster or STP? If so, please state the name.

Answer: West Midlands Cluster for Medical and Dental locums

**253.19
E-Rostering**

Dear Walsall Healthcare NHS Trust,

Under the provision of the Freedom of Information Act 2000 please can you answer the following questions:

1. Do you use Allocate for your rostering of one or more staff groups?

Answer: Yes

- 1a. If yes, what is the length and value of the contracts and for which staff groups?

Answer: All Junior levels of medical and dental staff for the whole of their contract lengths. MedicOnduty value of contract is £12,361.51 for a 3 year contract.

2. Do you use Allocate Job Planning of one or more staff groups?

Answer: Yes

- 2a. If yes, what is the length and value of the contracts and for which staff groups?

Answer: The original contract was for 3 years (renewed in May 2019 for a further 3 years). Consultant and SAS doctors and Clinical Managers. Value of e-job Plan Contract was £41,235.75 for 3 years.

3. Do you use Allocate Medic Appraisal for one or more staff groups?

Answer: Yes.

- 3a. If yes, what is the length and value of the contracts and for which staff groups?

Answer: The original contract was for 3 years (renewed in May 2019 for a further 3 years). All doctors connected to the Trust as a Designated Body (260). £16,400 was the value of the Contract for 3 years.

4. Who was the person who signed off for each of the above contracts and are they still employed by the trust?

Answer: Mr Amir Khan signed in May 2017. Mr Khan is still employed as a Consultant in Surgery, but is no longer Medical Director (Since October 2018).

254.19 Brexit

I would like to make a Freedom of Information request regarding how your NHS Trust rates its preparedness for No Deal Brexit on October 31st 2019.

What are the traffic light ratings (green/ orange/ red), or rating system of your preference, for your current preparedness for a No Deal Brexit for the following areas, previously identified by NHS Providers as key considerations for NHS Trusts:

- Supply of medicines and devices

- Other supplies of goods and services
- Workforce
- Research and development
- Funding and macroeconomic impacts
- Regulation (eg. around UK-wide arrangements to replace the functions of EU agencies)
- Public health (eg. in relation to early warning systems for medicines safety)
- Drugs pipeline (eg. slower approvals for the UK market compared to the EU)”

Answer: Please see attached. Available upon request.

255.19

Organisation chart for Estates

Dear Walsall Healthcare NHS Trust,

Please may you provide a organisation chart for the estates, facilities & capital projects teams from a director level through to officer level. Please provide full names and contact details (phone numbers & email addresses)

Answer: Please see below. Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is Ned Hobbs Chief Operating Officer, email address; ned.hobbs@walsallhealthcare.nhs.uk and telephone number is 01922 721172.

256.19

Overseas Patients

I'm writing under the Freedom of Information Act to request the following information. I've put my questions in order of importance so if the request takes you over the cost limit, please could you give me what information is possible prioritised in that order?

If you think there are going to be any problems with giving any of the below information, please do get in touch to advise and I'll re-jig the request accordingly:

- 1) Between 23 October 2017 and 23 April 2019, how many ID checks did your trust carry out under the NHS (Charges to Overseas Visitors) (Amendment) Regulations 2017?

Answer: This information is not recorded

- 2) How many patients were found to be chargeable?

Answer: 44

3) Please provide an anonymised list of what treatments the charges made were for.

Answer:

16 WKS PREGNANT - PV BLEEDING AND ABDOMINAL PAIN

ACUTE TONSILITIS

ALCOHOL WITHDRAWAL

BELLS PALSY (ENT OUTPATIENT APPOINTMENT)

CELLULITIS (BACTERIAL SKIN INFECTION) LEFT WRIST

CEREBELLAR STROKE

CHEST PAIN

COLORECTAL CANCER

COUGHING OF BLOOD, CHEST PAIN

CT URINARY TRACT, FRACTURE LEFT PROXIMAL HUMERUS

DECOMPENSATED ALCOHOLIC LIVER DISEASE

DELIVERY EPISODE

DIABETES

DIVERTICULAR (COLON) DISEASE

ELECTIVE C-SECTION

FRACTURE - LEFT FOREARM

FRACTURE RIGHT HAND INJURY

GASTROINTESTINAL INFECTIONS, RENAL DISORDERS

HEART FAILURE

HEAVY MENSES

HYPERGLYCAEMIA

HYPERGLYCAEMIA WITH METABOLIC ACIDOSIS

INCOMPLETE MISCARRIAGE

LEFT KNEE INJURY

LOWER LEG/FOOT INJURY
MULTIORGAN FAILURE (KIDNEY, PANCREAS, HEART)
NASAL INJURY
NORMAL DELIVERY
OBSTRUCTION TO GASTRIC BALLOON
OPEN INGUINAL HERNIA REPAIR
PNEUMONIA
PNEUMONIA, DIABETES
PULMONARY FIBROSIS
RESPIRATORY TRACK DISORDER
RIGHT HIP REPLACEMENT
SEVERE PNEUMONIA
SICKLE CELL CRISIS, MALARIA
SPINAL PROCEDURES (DEGENERATIVE CANAL STENOSIS,
NEUROGENIC CLAUDICATION)
THREATENED MISCARRIAGE
THUMB INJURY
VIRAL INDUCED WHEEZE

- 4) Please give a total amount charged to overseas visitors in that time period.

Answer: £169,202.04

- 5) How many staff do you employ as part of your overseas visitors team, specifically to enforce the regulations? If no-one holds this as their only role, please provide this in terms of staff hours.

Answer: We do not have an established post that deals solely with Overseas Visitors. Processing them is incorporated within our daily business as usual.

- 6) What is the annual cost of these staff?

Answer: As above

7) If possible, please provide a breakdown of chargeable patients':

a. country of origin

Answer:

ALBANIA	1
BANGLADESH	1
EGYPT	1
FRANCE	1
GEORGIA	1
HUNGARY	2
INDIA	10
KENYA	1
MOROCCO	1
NIGERIA	4
PAKISTAN	5
PHILIPPINES	1
POLAND	3
ROMANIA	8
TRINIDAD	1
UNKNOWN	1
USA	2

b. gender - **24 Female & 20 Male**

c. category of medical urgency – **N/A**

8) Did any patients have bills issued that were later revoked because they were found to be for a treatment that should not have been charged for? If so:

a. How many? **4**

b. What for? **1] EU residents presenting appropriate documentation after invoice had been raised, and 2] Confirmation of inappropriate charge by Senior management**

**257.19
Agency & Bank Spend**

Dear Sirs

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

Please can you advise on total spent on bank & agency by the Trust in the period 17/18 and 18 /19 by staff group in the below table?

Staff Type	2017-2018		2018-2019		Outsourced Bank?	Outsourced Bank Provider Name (if applicable)	Bank Contract Expiry Date
	Agency	Bank	Agency	Bank			
Admin & Clerical	£190k	£1,083k	£311k	1,221k	No	N/A	
Nursing & Midwifery	£4,258	£5,526	£4,462	£7,118	No	N/A	

	k	k	k	k			
Allied Health Professionals/Healthcare Scientists	£749k	£303k	£974k	£218k	No	N/A	
Medical & Dental	£2,306k	£6,415k	£2,998k	£7,850k	Yes	Liaison (TempRE)	31/01/2020

Additionally, please can you also advise on whether the Trust uses Direct Engagement for Medical & Dental, if so who the provider is and when the contract is due to expire?

Answer: Yes, Liaison. 31/01/2020

258.19 IT Spend

Good morning,

Under the Freedom of Information Act I require a response to the following two questions relating to your Trust;

Over the last 5 years what % of revenue (capital and revenue) was spent on ICT?

Of this what % was spent on cyber security?

Answer:

	2018/19 £'000	2017/18 £'000	2016/17 £'000	2015/16 £'000	2014/15 £'000
TURNOVER	£253,034,000	£243,963,000	£244,742,000	£243,525,000	£239,491,000
CAPITAL IT SPEND	£468,771	£1,017,130	£757,103	£280,188	£1,449,878
SPEND ON CYBER SECURITY	£0	£0	£0	£0	£0
TOTAL SPEND	£468,771	£1,017,130	£757,103	£280,188	£1,449,878
% CAPITAL IT SPEND TO REVENUE	0.19%	0.42%	0.31%	0.12%	0.61%
% SPEND ON CYBER SECURITY TO REVENUE	0.00%	0.00%	0.00%	0.00%	0.00%

**259.19
Smoking services**

I would like to please request information under the Freedom of Information Act, about the provision of in-house stop smoking services within the Trust.

I am interested in finding out the following:

- a. Do you provide an in-house stop smoking service for patients?

Answer: The Trust does not have a “Stop Smoking Service” It is currently under review and we will have one next year.

- b. Are all in-patients who smoke able to be referred into this service?

Answer: As above

**260.19
Discharge Summaries**

Please could you provide answers to each separate question covering the following time periods:

The first covering the time period **1st January 2015 – 31st December 2015;**

The second covering the time period **1st January 2016 – 31st December 2016;**

The third covering the time period **1st January 2017 – 31st December 2017;**

and the fourth covering the time period **1st January 2018 – 31st December 2018.**

1. For each time period, how many discharge summaries were sent to GP practices **after** 24 hours of a discharge of a patient? i.e how many discharge summaries were delayed in sending to GPs? This counts for outpatient, inpatient, day case and A&E care.

Answer: Please see below. Please note that the Trust has an agreement in place with our CCG that the discharge summaries will be sent out within 48 hours.

Calendar Year	EDS not complete within 24 hr
Year 2015	4263
Year 2016	5803
Year 2017	6042

Year 2018	7940
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Also, if you are able to answer within the confines of the FOI limitations, please answer the following:

2. For each time period, how many discharge summaries included planned and requested actions for GPs?

Answer: The Trust does not collect this data

3. How many consultant to consultant (C2C) referrals were made in each time period?

Answer: The Trust does not collect this data

261.19

Medical Equipment

I am requesting the following information under the Freedom of Information Act 2000 relating to medical equipment in NHS Acute hospital trusts.

Question 1:

Please provide a most recent extract of your Fixed Asset Register for medical equipment (e.g. MRI scanner, ultrasounds, electron microscope, amino acid analyser, blood warmer, gastroscopy, hemofiltration machine) across your trust.

Please clearly state, the date the extract refers to. We anticipate the extract of your Fixed Asset Register to include,

- ▶ Unique identifier ('ID')
- ▶ Asset name ('Name')
- ▶ Department
- ▶ Location
- ▶ Year of purchase, if available
- ▶ Net book value ('NBV') in £

Answer: Please see attached. Available upon request.

Question 2:

Please provide detailed information on all Managed Equipment Services ('MES') across your trust for medical equipment with a Net book value above £50k. In your answer, please include the annual charge, contract length, and number of individual assets covered under the agreement.

Answer: Please see attached. Available upon request.

262.19

Data Centre

Data Manager/Officer,

Further to original Data Centre request below contracts are expired. Please provide the current status.

CC Engineering Ltd

Comparex

Please acknowledge this request as soon as the request has been accepted.

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. Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is Daren Fradgley, Director of Strategy & Improvement, email address; daren.fradgley@walsallhealthcare.nhs.uk

**263.19
Vaginal mesh surgeries**

Dear Freedom of Information Team,

I am writing to request information related to vaginal mesh surgery statistics held by Walsall Healthcare NHS Trust under the above-mentioned Act.

If possible, I would like you to provide me with the following information:

- The number of surgeries performed using vaginal mesh to treat pelvic organ prolapse or urinary incontinence for the last available fiscal year and previous years (up to 10 years in the past)

Answer:

Financial Year	Procedures
Year 2009/10	30
Year 2010/11	28
Year	20

2011/12	
Year 2012/13	10
Year 2013/14	14
Year 2014/15	10
Year 2015/16	2
Year 2016/17	2
Year 2017/18	1
Year 2018/19	0

- The total number of pelvic organ prolapse surgeries that were performed on women and men (separate statistics) between 01 April 2018 and 01 April 2019

Answer: 156 (Male 18 Female 138)

- The total number of patients who were recommended pelvic floor muscle training as treatment for their pelvic organ prolapse between 01 April 2018 and 01 April 2019

Answer: This information is not recorded on our system

In terms of pelvic organs, I refer to the pelvic organs such as the bladder, uterus, vagina, bowel, and rectum.

264.19

Data held on training for overseas visitor managers and like staff

I write to request data held by the trust related to what training and materials on exclusions to charging and safeguarding are given to those non-clinical staff members who apply charging policy or engage in charging patients in your trust.

Charging, as referred to here, should be understood in alignment with *National Health Service (Charges to Overseas Visitors) Regulations 2015*.

Non-clinical staff members who apply charging policy or engage in charging patients in your trust should be understood as including overseas visitor managers or any other non-clinical staff tasked with fulfilling a role of this type or kind.

In particular, I request:

1) Any pamphlets, brochures, handbooks, online materials (which can be sent to me as a PDF) or similar content that inform staff about exclusions and safeguarding;

Answer:

Overseas Visitors Policy (attached). Available upon request

How to Identify Overseas Visitors Training Slides (attached). Available upon request

We also refer to the National Health Service (Charges to Overseas Visitors) Regulations 2015 for further guidance.

2) Details of any kind of training offered to these staff on applying exclusions and safeguarding, and whether such training is compulsory; and

Answer: How to Identify Overseas Visitors Training Slides (attached). Available upon request

3) where available, the number, or percentage of, non-clinical staff designated to be involved in charging who have completed any training offered.

Answer: Two staff although managing overseas visitors is not their main role.

If anything about this request is unclear, I would delight in clarifying or refining it. Many thanks for your assistance.

265.19 Green Space

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.

I would be grateful if you could send me

1. *The total of trust owned green space(s) available in 2019 in m2.*

Answer:16,546

2. *The total of trust owned green space(s) available in 2009 in m2.*

**Answer: Work started on the new hospital in 2008 and opened in 2010.
Therefore no details of Green space during that period.**

3. *What was the trusts total greenhouse gas emissions output (CO2e) in 2018/19, and the percentage change against 2008/9.*

Answer:

Approximately 13,000

Information regarding percentage change. As question 2

266.19

Delayed transfers of care (DTOC)

Dear Walsall Healthcare NHS Trust,

Could the authority state how they use agencies and/or software to expedite the discharge of DTOC patients?

Answer: Excluding social workers procured through an agency route, the only agency involved is an external body that is running a pilot on Trusted Assessor which is due to finish in March 2020

How much did they spend with agencies to arrange placements with care homes or home care for DTOC patients in each of the last three financial years?

Answer: The Trust does not hold the figures. The Trusted Assessor pilot was funded via Walsall Council

Do they use Capacity Tracker or any other software of services to identify care homes or home care packages? Please state which software or services are used.

Answer: N/A

267.19

Heads of department details

Please could you assist me with the following information:

The **name, job title** and **email** of the head of department for the following services:

Endocrinology
Ophthalmology
Audiology
Urology
Dermatology
Oncology
Pulmonology

Answer: Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is Ned Hobbs, Chief Operating officer, email address; ned.hobbs@walsallhealthcare.nhs.uk

268.19

Health Records Digitisation

Dear Fol Team,

We would be grateful if you could clarify your Trusts current position in relation to Health Records digitisation by answering the following questions – we are however aware of a previous FOI submitted in 2013/14. If there has been no change since the previous response, please confirm no change has occurred. If changes have occurred, please review and respond to the below.

1. Has your Trust digitised its active Health Records by scanning them to an Electronic Document Management (EDM) System?

Answer: No

If **Yes**, please proceed to **Question 2**.

If **No**, please proceed to **Question 3**.

Question 2)

2.1) When did the Trust procure the system?

2.2) When did the system go-live within the Trust?

2.3) If the projects roll-out has completed, when did the Trust reach a Business as Usual (BAU) state?

2.4) Which EDM vendor has the Trust contracted with?

2.5) Which scanning provider delivered the scanning contract? If this was delivered by an internal Trust scanning bureau or the Trust transitioned to internal scanning, please provide detail.

2.6) At the point of scanning records, was the vendor or internal bureau accredited to BS10008?

2.7) Which of the following statements best represents the scanning approach undertaken:

- a. All physical Health Records have been scanned to the EDM system.
- b. Only records required for upcoming attendances (On-demand) were scanned, all other records remained as paper and were destroyed in-line with their retention profile.
- c. A mixture of On-demand scanning and scanning notes which had been historically active recently, leaving inactive notes as paper.
- d. No historic notes were scanned, instead only new records are digitised. The entire Health Records library is retained until each records retention profile is met.

2.8) What, if any, benefits has the system provided and over what timeframe? Please define each benefit as Cash Releasing (CR), Non-Cash Releasing (NCR), Qualitative (Q) or Societal (S).

2.9) Is the Trust still capturing new information by scanning or have electronic forms been implemented? (eForms)

2.10) If eForms are in use, are these created within the EDM system or another application(s) such as an EPR / eObs or both?

2.11) If the Trust is still scanning new content into the EDM, are the forms themselves barcoded (bForms) or are separate barcoded sheets used (Classification / Index / Separator Sheets)?

2.12) Who is responsible for the EDM System and any scanning activities?

Question 3)

3.1) Is the Trust currently considering options for implementing an EDM and/or scanning activities for Health Records.

Answer: No

3.2) Has the Trust prepared a Business Case to consider the benefits and costs of implementing an EDM solution?

Answer: No

3.2) Is the Trust waiting for opportunities for central funding support before committing to approving any business case?

Answer: Yes

269.19

APPTG Annual FOI Survey - VTE management and care

Dear Freedom of Information Officer,

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:

FREEDOM OF INFORMATION REQUEST

FOI request into Trust Venous Thromboembolism (VTE) prevention and management practices

Name: Matthew Lewis

Position: Medical Director

Acute Trust: Walsall Healthcare Trust

Email: matthew.lewis@walsallhealthcare.nhs.uk

Please note that additional paper or electronic copies are available on request from the All-Party Parliamentary Thrombosis Group secretariat

Please return your completed response to the All-Party Parliamentary Thrombosis Group secretariat:

Matthew Humphreys
All-Party Parliamentary Thrombosis Group Secretariat
c/o Four Public Affairs
20 St Thomas Street
London
SE1 9BF
Email : Matthew.humphreys@fourcommunications.com
Telephone: 020 3697 4353

Under the Freedom of Information Act 2000, the All-Party Parliamentary Thrombosis Group writes to request the following information:

Venous thromboembolism (VTE) is a collective term referring to deep vein thrombosis (DVT) and pulmonary embolism (PE). VTE is defined by the following ICD-10 codes: I80.0-I80.3, I80.8-I80.9, I82.9, O22.2 – O22.3, O87.0 – O87.1, I26.0, and I26.9.

QUESTION ONE – VTE RISK ASSESSMENT AND DIAGNOSIS

a) Are in-patients who are considered to be at risk of VTE in your Trust routinely checked for **both** proximal and distal DVT? (*Tick one box*)

Yes	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

Answer: We follow national guidance for in-patients who are considered to be at risk of VTE in the Trust.

b) For in-patients diagnosed with VTE in your Trust between 1 April 2018 and 31 March 2019, what was the average time from first clinical suspicion of VTE to diagnosis?

This data is not collected

c) For in-patients diagnosed with VTE in your Trust between 1 April 2018 and 31 March 2019, what was the average time from diagnosis to first treatment?

This data is not collected

QUESTION TWO – ROOT CAUSE ANALYSIS OF HOSPITAL-ASSOCIATED THROMBOSIS

According to Service Condition 22 of the NHS Standard Contract 2017/19, the provider must:

“Perform Root Cause Analysis of all confirmed cases of pulmonary embolism and deep vein thrombosis acquired by Service Users while in hospital (both arising during a current hospital stay and where there is a history of hospital admission within the last 3 months, but not in respect of Service Users admitted to hospital with a confirmed venous thromboembolism but no history of an admission to hospital within the previous 3 months)...”

The provider must report the results of those Root Cause Analyses to the co-ordinating commissioner on a monthly basis.

a) How many cases of hospital-associated thrombosis (HAT) were recorded in your Trust in each of the following quarters?

These cases were reported as potential HATS based on HAT criteria. The cases following clinical review are then either confirmed as HAT or not

Quarter	Total recorded number of HAT
2018 Q2 (Apr – Jun)	10
2018 Q3 (Jul – Sep)	9

2018 Q4 (Oct – Dec)	13
2019 Q1 (Jan – Mar)	8

b) How many Root Cause Analyses of confirmed cases of HAT were performed in each of the following quarters?

An RCA will only be done for those incidents that are deemed serious. Other reviews will take place but not as a RCA as described in the incident reporting policy

Quarter	Number of Root Cause Analyses performed
2018 Q2 (Apr – Jun)	1
2018 Q3 (Jul – Sep)	0
2018 Q4 (Oct – Dec)	0
2019 Q1 (Jan – Mar)	0

c) According to the Root Cause Analyses of confirmed HAT in your Trust between 1 April 2018 and 31 March 2019, in how many cases:

Did patients have distal DVT?	Information not available
Did patients have proximal DVT?	Information not available
Were patients receiving thromboprophylaxis prior to the episode of HAT?	1
Did HAT occur in surgical patients?	1
Did HAT occur in general medicine patients?	
Did HAT occur in cancer patients?	

QUESTION THREE – ADMISSION TO HOSPITAL FOR VTE

- a) How many patients were admitted to your Trust for VTE which occurred outside of a secondary care setting between 1 April 2018 and 31 March 2019?

154

- b) Of these patients, how many:

Had a previous inpatient stay in your Trust up to 90 days prior to their admission?	77
Were care home residents?	1
Were female?	83
Were male?	71

- c) Of the patients admitted to your Trust for VTE occurring between 1 April 2018 and 31 March 2019 who had a previous inpatient stay in your Trust up to 90 days prior to their admission, how many had their VTE risk status recorded in their discharge summary?

This data is not currently recorded on the electronic discharge summary

- d) Please describe how your Trust displays a patient's VTE risk status in its discharge summaries.

This data is not currently recorded on the electronic discharge summary

QUESTION FOUR – PHARMACOLOGICAL VTE PROPHYLAXIS

- a) How many VTE patients who were eligible received pharmacological VTE prophylaxis between 1 April 2018 and 31 March 2019?

This data is not currently recorded

- b) How many of VTE patients who were eligible received pharmacological VTE prophylaxis within 14 hours of admission between 1 April 2018 and 31 March 2019?

This data is not currently recorded

QUESTION FIVE – VTE AND CANCER

- a) How many patients has your Trust treated for cancer (of all types) in each of the past three years?

2016	6353
2017	7570
2018	10042

- b) Of the patients treated for cancer, how many also had a diagnosis of venous thromboembolism (VTE) {VTE is defined by the following ICD 10 codes: I80.0-I80.3, I80.8-I80.9, I82.9, O22.2 – O22.3, O87.0 – O87.1, I26.0, and I26.9} in each of the past three years?

2016	7
2017	29
2018	23

- c) Of the patients treated for cancer who also had a diagnosis of VTE in each of the past three years, how many:

	2016	2017	2018
Were receiving chemotherapy?	0	16	7
Had metastatic disease?			
Had localised disease?			
Were treated for brain cancer?			
Were treated for lung cancer?			
Were treated for uterine cancer?			
Were treated for bladder cancer?			
Were treated for pancreatic cancer?			
Were treated for stomach cancer?			
Were treated for kidney cancer?			

d) In how many patient deaths within your Trust was cancer (of any type) listed as the **primary** cause of death in each of the past three years:

2016	We do not hold cause of death
2017	
2018	

e) Of the patients who died within your Trust, in how many was VTE **as well** as cancer listed as a cause of death in each of the past three years:

2016	We do not hold cause of death
2017	
2018	

f) Of the patients who died in your Trust who had both VTE **and** cancer listed as a cause of death, how many:

Answer: We do not hold cause of death

	2016	2017	2018
Were receiving chemotherapy?			
Were treated for brain cancer?			
Were treated for lung cancer?			
Were treated for uterine cancer?			
Were treated for bladder cancer?			
Were treated for pancreatic cancer?			
Were treated for stomach cancer?			
Were treated for kidney cancer?			

g) Are ambulatory cancer patients who are receiving chemotherapy in your Trust routinely risk assessed for their risk of developing CAT/VTE?

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

h) Are ambulatory cancer patients who are receiving chemotherapy AND deemed at high risk of developing CAT/VTE offered pharmacological thromboprophylaxis with? Please tick/cross all those appropriate.

Low-molecular-weight heparin (LMWH)	
Direct Oral AntiCoagulants (DOAC)	
Aspirin	
Warfarin	
Other	
None	<p>Not currently Nor at cancer centres Birmingham or Wolverhampton</p> <ul style="list-style-type: none"> • Would be contraindicated for some patients receiving certain SACT drugs. • Platelet counts are a critical measurement during SACT and could be affected

	<ul style="list-style-type: none"> • Feasibility of incorporating patient selection, monitoring and cost into clinical practice under further consideration • Not currently in National Guidelines to do so • Not in local Policy that reflects current NICE guidelines to do so <p>.6 Interventions for people with cancer</p> <p>1.6.1 Do not offer VTE prophylaxis to people with cancer who are receiving cancer-modifying treatments such as radiotherapy, chemotherapy or immunotherapy and who are mobile, except as outlined in recommendations 1.6.2 and 1.6.3, unless they are also at increased risk of VTE because of something other than the cancer. [2018]</p>
--	--

QUESTION SIX – PATIENT INFORMATION

The NICE Quality Standard on VTE Prevention stipulates that patients/carers should be offered verbal and written information on VTE prevention as part of the admission as well as the discharge processes.

a) What steps does your Trust take to ensure patients are adequately informed about VTE prevention? (Tick each box that applies)

Distribution of own patient information leaflet	<input checked="" type="checkbox"/>
Distribution of patient information leaflet produced by an external organisation If yes, please specify which organisation(s): EIDO	<input checked="" type="checkbox"/>
Documented patient discussion with healthcare professional	<input type="checkbox"/>
Information provided in other format (please specify)	<input type="checkbox"/>

--	--

b) If your Trust provides written information on VTE prevention, does it provide information in languages other than English? (Tick each box that applies)

<p>Yes</p> <p>If yes, please specify which language</p> <p>The trust uses a commissioned patient information library EIDO. A leaflet relating to reducing the risk of a blood clot is provided in English and Easy Read versions. All the documents in the library have been amended to include a section in the top 5 languages, Polish, Punjabi, Romanian, Urdu, Bengali, advising patient to contact our patient advisory and liaison services for translation services using best practice guidance. PALS provide translation services for all patient information leaflets in any language by request.</p>	<input checked="" type="checkbox"/>
<p>No</p>	<input type="checkbox"/>

QUESTION SEVEN – COST OF VTE IN YOUR AREA

a) Does your Trust have an estimate of the cost of VTE to the NHS locally (including cost of treatment, hospital bed days and litigation costs) for 2018/19? (Please tick one box)

Yes	<input type="checkbox"/>
No	<input checked="" type="checkbox"/>

If 'Yes', please specify the estimated cost:

--

b) Please indicate the cost-estimate for the following areas of VTE management and care, as well as the corresponding number of VTE hospitalisations/ re-admissions/ treatments that occurred between 1 April 2018 and 31 March 2016.

VTE management and care	Cost-estimate	Corresponding patient numbers
VTE hospitalisations	N/A	
VTE re-admissions	N/A	
VTE treatments (medical and mechanical thromboprophylaxis)	N/A	
VTE litigation/negligence costs	N/A	

END

THANK YOU FOR YOUR RESPONSE

270.19

Intravenous voriconazole injection

I am writing to you under the Freedom of Information legislation to request the following information from Walsall Healthcare NHS Trust for the period 1st April 2018 to 31st March 2019:

1. The total number of **individual doses** of intravenous voriconazole administered to patients in the above organisation during the above period.

Answer: 15

- a) Please note, this request **does not** relate to the number of dose units of voriconazole injection used (as one dose may use more than one vial).
 - b) Please note, this request **does not** relate to the number of patients given intravenous voriconazole (as one patient will usually receive multiple doses).
 - c) I appreciate that this information will probably only be available if the above organisation uses an electronic prescribing and medicines administration system.
 - d) If this information is only available for part(s) of the above organisation, please provide this partial information and state to which parts of the organisation it applies (see also point 2a below)
2. The **total** number of **dose units** of voriconazole intravenous injection supplied for use within the above organisation during the above period.

Answer: 30

- a) If for request 1 you are only able to provide information for part of your organisation (see point 1d), please **also** state the number of dose units of voriconazole injection supplied for use within these same areas.

- b) Please **exclude** voriconazole injection supplied by the above organisation for use within a different organisation.
3. In the above organisation, is the NHS Injectable Medicines Guide (commonly known as “Medusa” - <http://medusa.wales.nhs.uk/>) used at ward level by staff preparing intravenous medicines for administration to patients?

Answer: Yes – Throughout Organisation (Including Community)

- a) If the NHS Injectable Medicines Guide is only used in this way in parts of the above organisation, please state these areas.

271.19

Disciplinary cases under MHPS

Based on the NHS England National Report to Ministers on the Responsible Officer Regulations and Medical Revalidation 2017/18, more than 99% of NHS sector employers in England provide a report to their board detailing the number and type of concerns (under MHPS) and their outcome (see Figure 23 on page 46 in Section 3 of the linked report).

<https://www.england.nhs.uk/wp-content/uploads/2018/10/report-to-ministers-responsible-officer-regulations-revalidation-1718.pdf>. My request relates to data that should be included in your Trust’s report to your board for the year 2017/18.

The request

Please provide the following information about the disciplinary cases under MHPS in your organisation for the financial year 2017/18:

1. The number of permanent and locum doctors employed by the Trust (Headcount).

Answer: Permanent doctors are 364, Locum doctors are 29

2. The number of concerns raised under MHPS by type of concern (the following is a suggested categorisation of the types of concern). Please allocate the cases to the most relevant type of concern.

Answer: Please see the table below.

Type of concern	No. of concerns raised	No. of formal investigations
-----------------	------------------------	------------------------------

Doctor's health	0	0
Clinical competence	1	1
Conduct	0	0
Professional performance	1	1
Criminality	0	0

3. The outcome of formal investigations. Please provide the data on the outcome of formal investigations according to the following table:

Answer:

Type of concern	No further action	Advice or warning	Referral to the GMC	Suspension	Dismissal	Resignation within 6 months of concern raised
Doctor's health	X	X	X	X	X	X
Clinical competence	X	1	X	X	X	X
Conduct	X	X	X	X	X	X
Professional performance	X	1	X	X	X	X
Criminality	X	X	X	X	X	X

4. If the information requested in 2. and 3. is set out in the report referred to in the second paragraph of the Background above, please just send me a copy of that report instead.

Answer: Please see the above data.

5. Please send me your Trust's Disciplinary policy for dealing with concerns raised about doctors, the staff code of conduct, and the number of staff formally trained to handle concerns under MHPS.

Answer: The Trust's Disciplinary policy is currently under review. The Trust has 3 Trained Case Managers & 21 Trained Case investigators who can handle concerns under MHPS.

272.19

Never Events, NATSSIPS & LOCSSIPS

I am writing to you under the Freedom of Information Act 2000 to request the information in the attached excel spreadsheet

Please provide the information in the excel spreadsheet attached

Answer: Please see attached spreadsheet. Available upon request.

273.19

Thornbury Nursing Services

To whom it may concern,

Please supply answers to the following FOI questions

- 1) How many agency nursing shifts have your Trust used Thornbury nursing services for between 1st July 2019 and 31st July 2019?

Answer: One shift was booked during this period.

- 2) How many agency nursing shifts have your Trust used Thornbury nursing services for between the dates of 1/8/2019 and 18/8/2019?

Answer: Three shifts were booked during this period.

- 3) Please provide a breakdown of the amount of shifts per ward or department where Thornbury were used in July 2019 and 1/8/19- 18/8/19/.

Answer:

25.07.19 Night shift ICU

24.08.19 Late shift ICU

24.08.19 Night shift ICU

24.08.19 Night shift Ward 20B

- 4) Please provide a breakdown for July 2019 of the amount of shifts filled at your Trust by other off contract nursing providers (ie non-framework). Please break this down in the same format (ie by ward or department) as question 3.

Answer: The Trust only uses Thornbury Nursing Services as an off framework supplier

274.19**Admissions from Independent Hospitals**

I would like to submit a freedom of information request for the following information:

1. Please provide the number of emergency admissions to your trust from independent sector hospitals for the past 3 years (2016/17 to 2018/19 inclusive).

Answer:

Admission method	Year 2016/17	Year 2017/18	Year 2018/19	Grand Total
Elective	10	2	8	20
Non Elective	21	17	8	46
Grand Total	31	19	16	66

2. Please provide the number of elective admissions to your trust from independent sector hospitals over the same period

Answer: Please see above

3. If possible, please indicate provide an estimate of the cost of treatment for elective and emergency admissions from independent sector hospitals over the same period

Admission Method	Year 2016/17	Year 2017/18	Year 2018/19	Total
Elective	£24,766	£482	£12,505	£37,753
NonElective	£55,480	£43,187	£30,353	£129,020

Total	£80,246	£43,669	£42,858	£166,773
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Answer:

278.19

Payments we have made that are over £25,000.

Dear Sir/Madam,

I am looking for some assistance with your organisation's Spend/Transparency data, available on the following weblink:

<https://www.walsallhealthcare.nhs.uk/about-us/how-we-are-run/our-expenditure/>

There appears to be no file available for the month of July 2019. Could you advise when the file will be made available to view online? Would it be possible for you to email me a copy of the July 2019 file?

Answer: The file is now available on the link above.

275.19

Urology department MRI use for Prostate Cancer Diagnosis

1. Do you routinely conduct prostate MRI (bpMRI/mpMRI) scans before first prostate biopsy as part of the initial diagnostic process? (please tick all that apply):

- a. Yes, using T2-weighted, diffusion-weighted (multi-b ADC and high/long b) and dynamic contrast enhanced (DCE) sequences ... **X**
- b. Yes, using T2-weighted, diffusion-weighted (multi-b ADC and high/long b) sequences but not DCE
- c. No but we refer to another provider (please provide details)
- d. No (please provide details)

2. If yes, to 1a: What percentage of men with suspected prostate cancer receive mpMRI before biopsy as part of the initial diagnostic process?

Answer: 80%

3. If yes, to 1b: What percentage of men with suspected prostate cancer receive bpMRI before biopsy as part of the initial diagnostic process?

Answer: N/A

4. What are your eligibility criteria/exclusion criteria for prostate MRI? (please tick all that apply):

- a. Age (please provide details) **Answer: Not performed >85**
- b. Symptoms (please provide details) **Answer: claustrophobia**
- c. Life expectancy (please provide details)
- d. Contra-indications (please provide details) **Answer: Hip replacement**
- e. Other (please provide details)

5. Are you using results from the prostate MRI before biopsy to rule some men out of biopsy as part of the initial diagnostic process? (yes/no)

Answer; No

6. Do you biopsy all PI-RADS or LIKERT 3 scores?

- a. Yes **Answer: X**
- b. No
- c. Dependent on patient histology

7. What threshold do you mostly use for ruling men out of biopsy? ...

Answer: No threshold used

- a. PI-RADs 3 and above
- b. LIKERT 3 and above
- c. PI-RADs 4 and above
- d. LIKERT 4 and above
- e. Varies depending on age (Please provide detail)
- f. Varies depending on other factors (Please provide detail)

8. What percentage of men do you estimate are ruled out of biopsy? ...

Answer: 0%

9. Have there been any changes to your prostate MRI capacity in the last year? (please choose all that apply):

- a. An additional or new MRI scanner
- b. Increased MRI scanner slots for prostate
- c. Agreement to use Dynamic Contrast Enhancement
- d. No longer using Dynamic Contrast Enhancement
- e. A scanner/magnet upgrade
- f. other (free text)**Answer: No change**

10. Has the number of radiologists at your trust/health board who report prostate MRI scans changed in the last year?

- a. Increased
- b. Decreased
- c. Stayed the same**Answer: X**

11. How many radiologists at your trust/health board report at least 250 prostate MRI scans per year?....

Answer: This information is not recorded

12. Which of the following processes do you follow to manage men ruled out of an immediate biopsy, but with a raised PSA?

- a. NICE Guidelines: prostate cancer diagnosis and management (NG131)
- b. A local protocol (please provide details)
- c. Other (please provide details)

Local protocol : MRI is not used to rule out prostate biopsies. It is used to identify targetable lesions.

Answer: Clinical judgement is used to determine the need for biopsies.

276.19

International Nurse Recruitment

I am hoping that you can provide the below information to my freedom of information request.

1. Does the trust recruit internationally for nurses?

Answer: All international Nurse Recruitment has ceased

2. How many nurses were hired from international locations during 2018

Answer: 14

3. How many nurses have been hired from international locations during 2019, year to date?

Answer: 5

4. Does the trust use recruitment agencies for international nurse recruitment?

Answer: N/A

5. Please confirm the total spend on agency fees for international nurse recruitment for the financial year 2018-2019

Answer: £163,689.23

6. Please confirm the total spend on agency fees for international nurse recruitment for the financial year 2017-2018

Answer: £9,441

277.19

PFI schemes

Please can I request under the Freedom of Information Act the following information in relation to any Private Finance Initiative contracts ever struck by yourselves or your predecessor organisations:

1) For each contract, the projected total (whole life) cost of the scheme, in £, detailed when the scheme was first agreed (i.e. the original projected cost of all Unitary Charge Payments over the full life of the scheme).

Answer: Section 43(2) has been applied which exempts information whose disclosure would, or would be likely to, prejudice the commercial interests of any person (an individual, a company, the public authority itself or any other legal entity).

2) The projected total (whole life) cost of the scheme, in £, as at August 1, 2019 (i.e. the real cost for previous years and projected cost for future years of all Unitary Charge Payments over the full life of the scheme).

Answer: Information reasonably accessible to the applicant by other means (section 21)

[https://improvement.nhs.uk/documents/5210/Walsall Healthcare NHS Trust Annual Report and Accounts 2017-18.pdf](https://improvement.nhs.uk/documents/5210/Walsall_Healthcare_NHS_Trust_Annual_Report_and_Accounts_2017-18.pdf)

<https://www.skanska.co.uk/about-skanska/media/press-releases/47885/Skanska-Innisfree-named-preferred-bidder-for-170-million-Walsall-Hospitals-PFI-healthcare-scheme>

If there is a difference between 1 and 2, please can you provide details of:

- A) The date(s) the projected costs changed
- B) The reason(s) the projected costs changed

Answer: N/A

Please can I also request:

3) A copy of the original contract/agreement;

Answer: Section 43(2) has been applied which exempts information whose disclosure would, or would be likely to, prejudice the commercial interests of any person (an individual, a company, the public authority itself or any other legal entity).

4) An itemised list of any payments made to the PFI contractors for services not included in the original PFI deal, from the beginning of the deal to the current date, and to include exact

details of what was being paid for.

Answer: Section 43(2) has been applied which exempts information whose disclosure would, or would be likely to, prejudice the commercial interests of any person (an individual, a company, the public authority itself or any other legal entity).

279.19

Admissions and Finished Consultant Episodes.

Please may you provide information to answer my 2 questions below. These relate specifically to Admitted Patient.

The number of admissions where the 4 character Primary Diagnosis was coded as E10.1 (Insulin-dependent diabetes mellitus - With ketoacidosis)		
Age Range	2017-18	2018-19
0 - 18	23	18
19-39	66	49
40 - 59	29	17
60+	10	6

The number of Finished Consultant Episodes (FCE) where the 4 character Primary Diagnosis was coded as E10.1 (Insulin-dependent diabetes mellitus - With ketoacidosis)		
Age Range	2017-18	2018-19
0 - 18	27	22
19-39	111	73
40 - 59	46	39
60+	18	14

For context, these answers to the above are presented at a national level but I have not seen where they are broken down by provider. Please see example national dataset here

<https://digital.nhs.uk/data-and-information/publications/statistical/hospital-admitted-patient-care-activity/2017-18>

280.19

Organisational Structure Chart.

Dear Walsall Healthcare NHS Trust,

Please can you provide under the Freedom of Information Act a full management structure chart for the Trust inclusive of all 'Heads of Service,' 'Assistant Directors' and Directors with the full job titles and the names of individuals who hold these positions.

Answer: Please see link below:

<https://www.walsallhealthcare.nhs.uk/about-us/how-we-are-run/reports-and-publications/>

281.19

Doctors spend.

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

1. What was the highest amount you spent on a single medical locum shift (regardless of length) in a. the current financial year 2019-20 to date b. 2018-19 and c. 2017-18? Please state specialty and grade involved, length of shift and date/dates worked in each case. Please include any agency commission.

Answer: Please see attached. Available upon request

2. With regard to the highest amount spent in the current financial year, was this shift offered to doctors at your trust? Did their reasons for refusal relate to concerns over the tax treatment of pension contributions?

Answer: All shifts are offered to our own doctors first. No-one has stated the above as a reason for not working

3. How much did you spend on locum medics each month in the following periods

Financial year 2017-18

Financial year 2018-19

So far this financial year (please state end date)

How many shifts were involved in each period?

Please give figures broken down by month eg April 2017 £75,000 (150 shifts) May 2017 £100,000 (29 shifts) etc.

Answer: Please see attached. Available upon request

282.19

Legal and HR consultants

For the attention of Walsall Healthcare NHS Trust

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

A) 2017/18

B) 2018/19

1. Did your organisation use an external consultant for any of the following functions:

- Human Resources
- Legal Services
- Leadership and organisational development
- Board reviews
- Mediation
- Regulatory body inspection support

2. What were the names of the consultants used?

3. What was the expenditure with each consultant?

Answer:

Area	17/18 £ Name	18/19 Name
HR	£16,270 The Kings Fund £9,542 The Kings Fund <u>£25,812</u>	
Legal	£102,419 Mills & Reeve <u>£102,419</u>	£91,817 Mills & Reeve <u>£91,817</u>
Leadership and Organisation Development	£1,650 Frontline Consultancy Ltd £22,500 Optimise Ltd £3,000 APY Consulting Ltd <u>£65,800 Edgecumbe Consulting</u> <u>£92,950</u>	£4,960 Ashridge Executive Education £7,020 Edgecumbe Consulting <u>£11,980</u>
Board Reviews	£17,349 Frontline Consultancy Ltd <u>£17,349</u>	£9,570 Frontline Consultancy Ltd <u>£9,570</u>
Mediation		
Regulatory Body Inspection Support		£131,293 Suzie Loader Consultancy <u>£131,293</u>

**283.19
Patient Portal**

Could you please complete the attached Freedom of Information request.

Answer:

Patient Portal

1. Do you have a patient portal?

Answer: No

2. If yes, who is this provided by?

3. Does the patient portal allow for patients to receive and access digital letters?

YES

NO

4. Can you rebook, cancel or confirm from within the portal?

5. Do you offer automated booking when a patient wants to reschedule?

6. How do you invite patients to access the portal, via SMS or Email?

7. When does the contract end?

8. What is the value (£) of the contract?

284.19

Clinically assisted nutrition and hydration.

I would like to make a Freedom of Information request please in relation to clinically assisted nutrition and hydration.

Please note clinically assisted nutrition includes intravenous feeding, and feeding by nasogastric tube and by percutaneous endoscopic gastrostomy (PEG) and radiologically inserted gastrostomy (RIG) feeding tubes through the abdominal wall. All these means of providing nutrition also provide fluids necessary to keep patients hydrated. It does not refer to help given to patients to eat or drink, for example by spoon feeding.

1) Please state the name of your Trust?

Answer: Walsall Health Care NHS Trust

2) How many patients currently under your care are being kept alive with clinically assisted nutrition and hydration (CANH) who are in a persistent vegetative state or minimally conscious state?

Answer: 2

3a) How many patients from Q2 have been kept alive for 1 year or more? **Answer: 2**

b) How many patients from Q2 have been kept alive for 3 years or more? **Answer: 2**

c) How many patients from Q2 have been kept alive for 5 years or more? **Answer: 2**

4a) How much money has your trust spend on the patients from Q2 in the years;

2015 - 2016

2016 - 2017

2017 – 2018

Answer: Our system does not hold that level of detail

b) How much money does your Trust spend per patient (from Q2) on average?

Answer: Our system does not hold that level of detail

5) How many next of kin of patients from Q2 have asked for the CANH to be stopped and their loved ones be moved into palliative care?

Answer: 0

6a) In how many patients cases, have you been in a legal battle, whether mediation or court, because next of kin wanted to stop CANH in the last 5 years?

Answer: 0

b) What has been the financial cost of these legal battles/mediations?

Answer: N/A

285.19

Pension tax relief issue

I am writing to request information relating to the pension tax relief issue that is currently impacting a significant number of NHS employees across the country. I would be grateful if you could respond to the following questions. Please advise if you need any clarification and I would be happy to provide this.

1. Whether your organisation has a policy of offering payment equivalent to the employer

pension fund contributions to employees who opt out of the scheme? And if so:

- a) when was this policy adopted?
- b) is this option offered to all employees by default, or is it considered on a case by case basis following requests?
- c) how many employees have taken advantage of this policy since its adoption?
- d) what was the total value of payments made until the end of July 2019?

Answer: No we do not offer payment equivalent

2. Whether your organisation has made an assessment of the number of employees who are likely breach the annual allowance? If so, what assessment was made?

Answer: No assessment made

3. How many employees have left employment as a result of pension taxation issues?

Answer: N/A

How many employees have applied to reduce their working hours as a result of pension taxation issues? And how many such applications were successful?

Answer: N/A

5. Whether an internal briefing or assessment on the impact of changes to pension taxation has been provided? If so, could a copy of that document be provided?

Answer: No briefing or assessment

286.19

Ned Hobbs email

Hi

Please can I have a contact email address for Ned Hobbs.

Answer: ned.hobbs@walsallhealthcare.nhs.uk

287.19

Babies were born with neonatal abstinence syndrome

Dear Sir/Madam,

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

Can you provide answers for 2013-2014, 2014-2015, 2015-2016, 2016-2017, 2017-2018 and 2018-19 please.

1. How many babies were born with neonatal abstinence syndrome (showing signs of drug addiction because of their mother taking drugs during pregnancy) at hospitals run by your trust during each financial year?

Answer:

Financial Year	Number of Babies
2013-14	9
2014-15	19
2015-16	14
2017-18	18
2018-19	16
Total	76

2. What was the cost per year of caring for these babies. Can you break it down by financial year?

Answer: Our systems do not break costs down to this level

3. Can you also outline the drugs found in the babies?

Answer: This information is not recorded on our systems.

288.19 Junior Doctors

Dear Sir/Madam

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

As of April 1st 2019, 2018, 2017, 2016,& 2015:

1. How many Junior Doctors* do you have at your Trust?
2. What percentage of Junior Doctors declared their sexuality as Heterosexual?
3. What percentage of Junior Doctors declared their sexuality as non-Heterosexual?
4. What percentage of Junior Doctors chose not to declare their sexuality?
5. What percentage of Junior Doctors chose not to declare their gender?

6. What percentage of Junior Doctors chose not to declare their ethnicity?
7. What percentage of Junior Doctors chose not to declare their marital status?
8. What percentage of Junior Doctors chose not to declare they have a disability?
9. What percentage of Junior Doctors chose not to declare their religion?

*For the purpose of this request please consider any qualified doctor in a formal training programme to be a Junior Doctor. Please do not include medical students, consultants, staff & associate grade doctors or locum doctor

Please provide the information by populating the following table:

Answer:

	Apr 2015	Apr 2016	Apr 2017	Apr 2018	Apr 2019
How many Junior Doctors do you have at your Trust?	178	165	158	143	144
What percentage of Junior Doctors declared their sexuality as Heterosexual?	34.3%	44.8%	50.0%	30.8%	20.1%
What percentage of Junior Doctors declared their sexuality as non-Heterosexual?	0.0%	1.2%	0.0%	0.7%	2.1%
What percentage of Junior Doctors chose not to declare their sexuality?	2.2%	4.8%	5.1%	1.4%	2.1%
What percentage of Junior Doctors chose not to declare their gender?	0.0%	0.0%	0.0%	0.0%	0.0%
What percentage of Junior Doctors chose not to declare their ethnicity?	0.6%	0.6%	3.8%	2.1%	0.7%
What percentage of Junior Doctors chose not to declare their marital status?	4.5%	3.6%	1.3%	0.0%	0.0%
What percentage of Junior Doctors chose not to declare they have a disability?	0.6%	0.0%	1.9%	0.7%	0.7%
What percentage of Junior Doctors chose not to declare their religion?	3.4%	7.9%	5.1%	1.4%	2.8%

289.19

Community midwifery and health visiting

Dear Walsall Healthcare NHS Trust,

Do the authority still use paper versions of the red book and green book for community midwifery and home health visiting?

Answer: Walsall health visitors use the paper version of the red book and go online for information in the green book (in relation to immunisation schedules).

Does the authority use any electronic versions of the red book or green book? If so which products do they use and how much did they spend on this software in each of the last three financial years?

Answer: Health Visitors do not use electronic versions of the red book but do go online to access the green book which does not require any software.

**290.19
Translation Services**

Dear Sir/Madam,

Please can I make an FOI request for information on the amount the trust spent on translations services in

2014/15

Answer: £113,122 external + £43,332 pay

2015/16

Answer: £110,743 external + £43,608 pay

2016/17

Answer: £254,726 external + £42,089 pay

2017/18

Answer: £110,723 external + £35,947 Pay

2018/19

Answer: £170,114 external + £36,617 Pay

**291.19
Bone Metastases**

Dear Walsall Hospitals NHS Trust,

I am writing to you today to formally request the following information in relation to Walsall Hospitals NHS Trust:

1. Within your health trust how many metastatic breast cancer patients are currently [within the past 6 months] being treated, with any therapy, surgery or palliative care.

Answer: 9

2. Within your health trust how many breast cancer patients are currently [within the past 6 months] being treated for bone metastases with the following treatments;

- disodium pamidronate (Aredia)
- ibandronic acid or ibandronate (Bondronat)
- sodium clodronate (Bonefos, Clasteon, Loron)
- zoledronic acid or zoledronate (Zometa)
- denosumab (Xgeva) - **6**

3. Within your health trust how many breast cancer patients are currently [within the past 6 months] being treated with adjuvant therapy with the following treatments;

Answer: 0

- disodium pamidronate (Aredia)
- ibandronic acid or ibandronate (Bondronat)
- sodium clodronate (Bonefos, Clasteon, Loron)
- zoledronic acid or zoledronate (Zometa)

4. Within your health trust how many metastatic lung cancer patients are currently [within the past 6 months] being treated with any therapy, surgery or palliative care. **0**

5. Within your health trust how many lung cancer patients are currently [within the past 6 months] being treated for bone metastases with the following treatments;

- disodium pamidronate (Aredia)
- ibandronic acid or ibandronate (Bondronat)
- sodium clodronate (Bonefos, Clasteon, Loron)
- zoledronic acid or zoledronate (Zometa)
- denosumab (Xgeva) – **21**

6. Within your health trust how many metastatic renal cell cancer patients are currently [within the past 6 months] being treated with any therapy, surgery or palliative care.

Answer: 0

7. Within your health trust how many renal cell carcinoma [RCC] patients are currently [within the past 6 months] being treated for bone metastases with the following treatments;

- disodium pamidronate (Aredia)
- ibandronic acid or ibandronate (Bondronat)
- sodium clodronate (Bonefos, Clasteon, Loron)
- zoledronic acid or zoledronate (Zometa) - **23**
- denosumab (Xgeva)

292.19
Blood Patch Procedures

Hello,

I write to request information on the number of blood patch procedures carried out in the trust in each of the past ten years.

I also request a breakdown of:

- a) the condition which the blood patch was intended to treat
- b) the title of the doctor or doctors who carried out the procedure, for example, anaesthetist, neurologist, neurosurgeon.

Answer: Please see attached spreadsheet. Available upon request

293.19
Appointment & Staff Bank systems

Please can you tell me

Part 1

- what appointment booking and appointment reminder service system(s) The Trust uses. Name of service/module and name of supplier.

Answer: Lorenzo DXC. Reminder system Envoy Healthcare communications Ltd

- Is this system(s) covered under the PFI ?

Answer: No

- What the contract start and end dates are.

Answer:
Lorenzo installed 01/03/2014 Expires: 02/03/2024
Envoy installed 30/11/2018 Expires: 28/04/2020

- The contract value (s)

Answer: Lorenzo is Centrally Funded
Answer: £32,713.03

- How much is spent on SMS messages per year for appointment reminders?

Answer: £ 32,713.03 Inc VAT

- How much is spent sending appointment letters per annum.

Answer: New contract still implementing. No robust figures

- Who at the trust is responsible for this system(s)? Name Job Title and email address.

Answer: Ned Hobbs Chief Operating Officer.
Email; ned.hobbs@walsallhealthcare.nhs.uk

Part 2

- Please tell me what system is used to facilitate Bank Staffing requirements . Name of service/module and name of supplier.

Answer: Smart kronos rosterero

- Is this system(s) covered under PFI?

Answer: No

- What the contract start and end dates are.

Answer: 1/10/2018 – 30/09/2019

- The contract value

Answer: £43,715 pa

- Please tell me if SMS text messages are used as part of the emergency bank staffing solution (I.e. where shifts are having to be filled at short notice due to sickness etc). if so what is the annual spend on SMS for this service.

- **Answer: Yes NHS. account**

- Please tell me if SMS are used for any other elements of e-rostering and if so what the annual spend is.

- **Answer: No**

- Is a separate system required for this other than your primary Bank Staffing solution?

Answer: No. NHS national system used

- Who in the Trust is responsible for Bank Staffing systems and procedure? Name Job Title and email address?

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

294.19

Cancer treatments

Good afternoon,

I have a Freedom of Information request about Cancer treatments with your organisation.

1 - In the past 3 months, how many Squamous Cell Non-small cell lung cancer (SqNSCLC) patients were treated with:

Afatinib **0**

Atezolizumab monotherapy **0**

Bevacizumab **0**

Docetaxel monotherapy **0**

Durvalumab **0**

Erlotinib **0**

Gemcitabine **0**

Necitumumab **0**

Nivolumab **0**

Paclitaxel **0**

Pembrolizumab monotherapy **0**

Pembrolizumab chemo in combination **0**

Pemetrexed 0

Ramucirumab 0

Vinorelbine and cisplatin / carboplatin - 1

Other active systemic anti-cancer therapy [please state]

Palliative care only 0

2 - In the past 3 months, how many Non Squamous Cell Non-small cell lung cancer (Non SqNSCLC) patients were treated with:

Afatinib

Alectinib

Atezolizumab mono

Atezolizumab + bevacizumab + carboplatin + paclitaxel

Bevacizumab

Brigatinib

Ceritinib

Crizotinib

Dacomitinib

Docetaxel monotherapy

Erlotinib

Gefitinib

Nintedanib with docetaxel

Nivolumab

Osimertinib

Paclitaxel

Pembrolizumab monotherapy

Pembrolizumab chemo in combination

Pemetrexed with carboplatin

Pemetrexed with cisplatin

Ramucirumab

Other active systemic anti-cancer therapy [please state]

Palliative care only

Answer; all Zero

295.19**Coding for clinical discharge summary**

I have a freedom of information request regarding the clinical coding used for the neurological diseases outlined in the table below.

Q1. Please write below what you use for manual coding (e.g., ICD 10 2016) and which computer programme you use on a clinical discharge summary for HES statistics.

Manual: ICD 10 5th edition 2016

Programme: No automated coding process (all codes identified by following the four step coding process as mandated by NHS Digital using the ICD 5th edition and OPCS 4.8 classifications (book form)). Codes are entered onto 3M Medicode Encoder which exports them to our PAS system (currently Lorenzo) and are submitted to HES from there.

Q2. Please tell us how you would code the following diseases. If you have a computer programme for coding, please code it manually and with the programme. Please include all relevant information (e.g., Multiple possible codes depending on context).

Disease	Computer ICD 10 coding	Manual ICD 10 coding
Example	G20	
Progressive Supranuclear Palsy	N/A	G23.1
Multiple system atrophy	N/A	G23.2 parkinsonian type (MSA-P) and unspecified type, G23.3 cerebellar type (MSA-C)
Corticobasal syndrome	N/A	G31.8
Corticobasal degeneration	N/A	G31.8

Q3. Please indicate whether any of the clinical coding was different before 2016.

Disease	Computer ICD 10 coding	Manual ICD 10 coding
Progressive Supranuclear Palsy	N/A	No
Multiple system atrophy	N/A	G90.3
Corticobasal syndrome	N/A	No
Corticobasal degeneration	N/A	No

**296.19
Breast Cancer**

I have a Freedom of Information request that I wonder if you could help me with.

Question 1a

Does your trust treat advanced breast cancer ?

Answer: Yes

Question 1b

If none, where are your patients referred?

Question 2

In the past 3 months, how many advanced breast cancer patients [Stage IV] have the status of;

HR+ and HER2+ [Hormone receptor-positive and human epidermal growth factor 2-positive]	
HR+ and HER2- [Hormone receptor-positive and human epidermal growth factor 2-negative]	
HR- and HER2+ [Hormone receptor-negative and human epidermal growth factor 2-positive]	
HR- and HER2- [Hormone receptor-negative and human epidermal growth factor 2-negative] - Triple negative disease	
Not Known	X

Question 3

In the past 3 months, how many breast cancer patients were treated with:

Abemaciclib (Verzenios) + aromatase inhibitor *
 Abemaciclib (Verzenios) + Fulvestrant (Faslodex) - **2**
 Alpelisib (Piqray) + Fulvestrant (Faslodex)

Atezolizumab (Tecentriq)**
 Bevacizumab (Avastin)
 Eribulin (Halaven) - **5**
 Everolimus (Afinitor) + Exemestane - **2**
 Fulvestrant (Faslodex) as a single agent - **5**
 Gemcitabine + paclitaxel
 Lapatinib (Tyverb)
 Neratinib (Nerlynx)
 Olaparib (Lynparza)
 Palbociclib (Ibrance) + aromatase inhibitor* **5**
 Pertuzumab (Perjeta) + trastuzumab + docetaxel **9**
 Ribociclib (Kisqali) + aromatase inhibitor* **3**
 Ribociclib (Kisqali) + Fulvestrant (Faslodex)
 Talazoparib (Talzenna)
 Trastuzumab + paclitaxel
 Trastuzumab as a single agent **23**
 Trastuzumab emtansine (Kadcyla) **3**

Other active systemic anti-cancer therapy **

*aromatase inhibitor eg. Anastrozole, Exemestane or Letrozole

**eg. docetaxel, vinorelbine or capecitabine as a single agent

297.19

Chronic lymphocytic leukaemia

This is a freedom of information request relating to patients being treated for chronic lymphocytic leukaemia.

1. Over the past 6 months [latest possible], how many chronic lymphocytic leukaemia (CLL) patients have you treated?

Answer: 6

If possible, how many CLL patients treated were new to therapy in the past 3 months?

Answer: N/A

2. How many chronic lymphocytic leukaemia patients, have been treated in the past 6 months with the following;

- Fludarabine (Fludara), cyclophosphamide (Cytosan), and rituximab (known as FCR)
- Bendamustine and rituximab (known as BR) **1**
- Ibrutinib [Imbruvica] **3**
- Chlorambucil **2**
- Venetoclax **0**

- Obinutuzumab 0
- Idelalisib 0
- Fludarabine and rituximab (known as FR) 0
- High-dose prednisone and rituximab 0
- Pentostatin (Nipent), cyclophosphamide, and rituximab (known as PCR) 0
- Alemtuzumab (Campath) with rituximab 0

298.19
Employee Health and Well-being Programmes

Dear Walsall Healthcare NHS Trust,

I am writing to make a request under the Freedom of Information act. Please find attached a request for information regarding your organisations use of Employee Health and Well-being Programmes

Answer: Please see attached. Available upon request.

299.19
Waiting Lists

Can you tell me the longest and average waiting list in weeks from a GP referral and how many people are on the list. I understand this will be a snapshot so the data as logged on the day requested will suffice.

Answer; Case withdrawn

300.19
Exception Reports

Dear Sir/Madam,

Does your Trust use "Exception Reports" that are used by doctors when day-to-day work varies significantly and/or regularly from the agreed work schedule?

If so, how many exception reports were logged as raising an immediate safety concern in the 2018/19 financial year?

Answer:

I can confirm that were 4 safety concerns that met the ISC criteria. One was duplicate.

1 09 Aug 2018 21:46

a. Comments

Comment by: DME

10 August 2018 15:27

Thank you for raising this exception report. it is being acted on and someone from the orthopaedic dept or Dr B will be in touch with you. I will phone you as arranged on Tuesday at lunchtime and you know that you can ring me over the weekend if you need to. DME

b. Comment by: DME

10 August 2018 15:28

Escalated to orthopaedic dept (consultant and CD) for immediate action re safety concerns. I will request a mortality review to look at the care of the patient who died.

Comment by: Guardian

Escalated to MD, Ortho CD and emailed for action. Discussed with CD who is looking into solutions.

c. Variance from the work schedule

On arrival at the ward round the t&o on call registrar conducted a ward round for 38 people in under half an hour without looking at any bloodworks or checking to see if the patients were medically fit. This left the SHO and myself to go through everyone's bloodworks and write in the notes whilst dealing with ward jobs and looking after unwell patients. As the SHO was dealing with a very busy A&E, she frequently had to leave the ward, which left me on my own to deal with conditions such as acute hypokalaemia, urosepsis, three AKIs.

These are all conditions for which senior input is essential for someone at my level. However, I could not get through to the surgical registrar and when I did he referred me on to the medical registrar without seeing the patient. As there was only one medical registrar on call working at this time, he was very busy with covering the wards and A&E. As a result, I frequently didn't get the level of help that I needed. Additionally, the SHO was an orthopaedic surgeon who had not practised medicine in a number of years. This meant she had no recent experience of the conditions on the ward, and did not readily know their management. She voiced herself that she thought it was unfair that we had been left on our own with little senior support. This meant that the person I would normally escalate problems to was not in a position to give me adequate support. One patient's case concerned me in particular. She was very unwell on Saturday, but due to me having to care for many other complex and high needs patients, I was not able to see her for several hours. She refused IV intervention, and my SHO said that due to this there was nothing more we could do and we should focus on making her comfortable. I then had to explain this situation to the patient, her daughter and grand daughter on my own. What I had to explain was both how ill the patient was, and that if she was refusing IV treatment then we should respect her wishes. As I have never been in this situation before, when I was told by my SHO and multiple nurses on the ward to commence end of life care, I followed instructions. However, I still felt uneasy with this management plan, and so I made a particular effort to bring this up in detail with the surgical registrar in person the next day so she could be more thoroughly reviewed at the ward round. The surgical registrar informed us that only a registrar or above could make decisions about end of life care and he himself called the medical registrar, who then saw the patient. The amount of jobs that I had to do over the course of the weekend meant that I left an hour late on Saturday and two hours late on Sunday however my primary concern is the lack of support available

Steps taken to resolve matters

Ongoing, talked with DME about my thoughts and feelings on the matter who recommended I exception reported this event. I would be happy to meet to discuss my thoughts in person.

2. 18 Sep 2018 20:47

Trust action by CD

Discussed reasons for exception report, no further occurrences

Variance from the work schedule

On 14/9/18, I was the only Dr covering ASU, consisting of >30 patients. Of these, 3 were scoring >4 on the EWS. As a result, it meant I had to stay over an hour after the shift in order to complete routine jobs such as discharge summaries and recording investigation results that would normally have been completed during normal working hours. I also attended the surgical meeting during the day, which afforded me the opportunity to eat lunch and take my break which I otherwise would have been unable to do.

Although 1 F1 was unable to come to work due to sickness, I still feel as this was inadequate levels of staffing when considering the number and nature of the patients on the ward.

Steps taken to resolve matters

I verbally escalated to both CD and Ward Consultant on their respective ward rounds. Ward Consultant contacted an F2 on an elective ward, however due to their demands was unable to help out. The ENT F1 wasn't also contacted. He attended at 16:00 and helped with bloods and cannulas. These jobs would normally have been completed during normal working hours with more cover.

Trust action

Comment by: Guardian

27 September 2018 21:37

I came to meet you on the ward straight away after the report, but you were on twilight shift. Please meet me if you have any concerns.

3. 04 Apr 2019 22:10

Variance from the work schedule

On call shift started at 9am. When I arrived I was the only doctor as part of the on call team for medicine. The registrar, and 2x SHO shifts were vacant. Not only is this unacceptable to have only an FY1 on the on call team from a support point of view, but this is also clinically dangerous for patients. The on call team also makes up the cardiac arrest and medical emergency team. At around 10.30am that day a cardiac arrest call was put out (which turned out to be a medical emergency) and I was the only member of the doctor team available. Fortunately, the event occurred on AMU which had an AMU consultant, AMU reg and the cardio reg that happened to be present. This event could have been much worse if it had been on another ward, where patient safety would have been significantly compromised and serious harm could have occurred. This has already been raised as a clinical incident by the night reg on call and has been discussed verbally with the Guardian of Safeworking and Lead of Post-graduate Medical Education.

Steps taken to resolve matters

As stated above, this has already been raised as a clinical incident by the night reg on call and has been discussed verbally with the Guardian of Safeworking and Lead of Post-graduate Medical Education. The on call consultant of the day was informed and by around 12pm there was a complete on call team. This caused considerable stress in the early part of the morning for myself, provided me with no support at all for managing sick patients above my level of competency and was clinically dangerous for patients.

Comment by: Dr B

4 April 2019 22:18

Can I meet you tomorrow urgently? Guardian

For each occurrence please state (a) when the incident took place, (b) which Trust site did it relate to and (c) provide a detailed, verbatim account of how the doctor described the concern as per the level of detail in the two examples below:

2 May 2017 – 0800 – “There are supposed to be a core number of 3 SHOs on the Rota, today there is only myself. The on-call full shift for neurosurgery (SHO) is under the empty slot on the Rota and has not been filled. The other SHO due to be in work today is now off post-nights as she was moved to nights last week last minute to cover another gap in the Rota. The Rota coordinator has put the shift out for locum. This gap in the Rota has been known about for at least 5 days. A datix is also being completed.”

This incident was immediately notified to the directorate manager who put in support with the registrar and ensured the consultant on call was aware of the situation. In addition on a daily basis have put in plans to review medical staffing”

23 May 2017 – “Pulled from Breast Surgery day job at 11am and told I must come in and cover medical nights overnight for the rest of the week, despite being on Surgery. Told on the phone that the deputy medical director had talked to my consultant and said I must do this, as there would otherwise only be a single SHO looking after all of the medical patients in the hospital. After discussion with my consultant we reluctantly agreed that the best measure from a patient safety perspective would be for me to attend this shift, despite it being unsafe and bad for my personal training/development. Unfortunately, I did not manage much sleep before coming in for the night due to the short notice. Other than myself, there was only one doctor on ward cover nights (out of 3) and two SHOs and an F1 in MAU. Between myself and the other SHO on ward cover we were responsible for the care of 436 patients between the two of us, while carrying the crash bleep which covers the whole hospital (and incidentally kept us busy from around 04:00 - 07:00). We have Datix'd the unsafe environment and want it to be noted while having done our best; this was a very unsafe shift from the patient perspective.”

**301.19
Temporary Staffing**

Please see the attached sheet. Available upon request.

**302.19
Patient Appointment Reminder Service**

Dear Sir / Madam,

I hereby, under the Freedom of Information Act, request information on the services outsourced by your Trust for Patient communications.

My specific questions and the responses required are attached.

Answer: Please see attached. Available upon request

**303.19
Synagis**

To the Freedom of Information Officer

We are conducting a piece of research into oncology treatments. Under the Freedom of Information Act 2000 we would like to request the information contained in the attached document.

Please see template attached for your completion.

For the avoidance of doubt, we do not require any information that may identify individual patients, clinicians or pharmacists or that may otherwise be categorised as personal data.

Answer: Please see attached. Please note, we could only find 1 patients discharged between 01/04/2016 and 31/03/2019 that was treated with Synagis (Palvizumab) The patient was diagnosed with J984 - Other disorders of lung. This is the code that coding provided for Chronic Lung Disease, however they pointed out that as the code suggests, other lung diseases are also coded using J984.

FOI Request for the Number of Patients Treated

1. Please complete the number of patients treated with Synagis (palivizumab) in the grid below. Please note that the total number of patients (A to E) in each column must add to total patients in the last row in the corresponding column.

Patients / babies treated with Synagis in the last three years	Total number patients treated with Synagis (Palivizumab) <u>April 2018 to March 2019</u>	Total number patients treated with Synagis (Palivizumab) <u>April 2017 to March 2018</u>	Total number patients treated with Synagis (Palivizumab) <u>April 2016 to March 2017</u>

A. Total number of patients with BPD / CLD diagnosis	0	0	1
B. Total number of patients with CHD diagnosis	0	0	0
C. Total number of <29wga (without BPD/CHD diagnosis)	0	0	0
D. Total number of multiple births immunised (without BPD/CHD diagnosis)	0	0	0
E. Other patients (please specify: _____)	0	0	0
Total number of patients ¹	0	0	1

BPD: bronchopulmonary dysplasia; CLD: Chronic Lung Disease; CHD: congenital heart disease

2. Please advise which OPCS codes are used within your Trust to code respiratory syncytial virus (RSV) prophylaxis treatment.

Code Description	Used within Trust to indicate patient received RSV prophylaxis treatment? Yes/No
X86.5 Respiratory syncytial virus prevention drugs band 1	Yes
X44.2 Intramuscular injection of vaccine	Yes
Other (if not listed above, please specify code(s)): All other types of RSV vaccine would go to one of the codes in category X44.__. Fourth character selection is dependent on the method of vaccine administration. The clinician is required to inform us which method of administration has been used	

3. If your Trust does not provide RSV prophylaxis treatment and you refer your patients to another Trust, please state to which Trust(s) patients are referred.

¹ Total patients treated with Synagis in each of the last 3 years

We are required to pass on to our client details of any Adverse events and Product Complaints pertaining to their products that are mentioned during this research. If this happens, we will need to collect details and report the event, even if it has already been reported by you directly to the company or the regulatory authorities using the MHRA's 'Yellow Card' system. You will be asked whether you consent to us passing your details to the client company's drug safety department for their follow up, but you may choose to remain anonymous. This will have no impact on the confidentiality and anonymity associated with the research itself.

304.19 Food Wastage

Dear Freedom of Information Officer

Please provide me, under the Freedom of Information Act, with the following information relating to your food wastage at your Trust.

1. How many patients and staff do you cater for?

Answer: 560

2. How much food waste is generated every day?

Answer: 260kg inc liquid waste such as gravy, custard etc

3. How do you dispose of it?

Answer: Macerator inc liquid waste

4. Do you have it collected or do you use a macerator?

Answer: Macerator

5. Do you have an approximate monthly cost for disposing of food waste?

Answer: N/A

305.19 Biomedical Science

Please find the Freedom of Information request below:

1. How many laboratories (please include breakdown of sites/disciplines if possible) are there in your Trust?
2. What is the headcount of laboratory staff (please include breakdown of sites/departments/roles if possible) in your Trust?

3. How many patient samples or 'reportable laboratory activities' are processed (please include breakdown of sites/departments if possible) by your Trust's laboratories each year (please include the three most recent available years' numbers)?
4. What number (and percentage) of your Trust's patients have a sample processed in a laboratory as part of their treatment?
5. How many patient samples are taken by your Trust but not processed/analysed by your Trust's laboratory staff? (IE: outsourced)
6. If any, where are outsourced patient samples sent? (please include company names/addresses and number of samples sent each year)

Answer: Since 2018 the Pathology services that the Trust used to have are now operated by the Wolverhampton NHS Trust and are no longer a part of Walsall. The FOI team at Wolverhampton and the newly formed Black Country Pathology Service would be much better placed at answering these questions. Could you please resubmit your request.

**306.19
Biologics and biosimilar prescribing**

I have a Freedom of Information request regarding biologics and biosimilar prescribing. 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 for the following conditions.

Treatment	Total	Rheumatoid Arthritis	Ankylosing Spondylitis	Psoriatic Arthritis	Psoriasis	Crohn's disease	Ulcerative Colitis	IBD
Abatacept (Orencia)	12	11	0	1	0	0	0	0
Adalimumab biosimilar [Amgevita]	0	0	0	0	0	0	0	0
Adalimumab biosimilar [Hulio]	0	0	0	0	0	0	0	0
Adalimumab [Humira]	169	39	8	16	32	49	25	0
Adalimumab biosimilar	151	35	9	11	28	48	20	0

[Hyrimoz]								
Adalimumab biosimilar [Imraldi]	0	0	0	0	0	0	0	0
Apremilast (Otezla)	12	1	0	2	9	0	0	0
Baricitinib (Olumiant)	0	0	0	0	0	0	0	0
Brodalumab (Kyntheum)	8	0	0	1	7	0	0	0
Certolizumab (Cimzia)	16	10	3	3	0	0	0	0
Dimethyl Fumarate (Skilarence)	0	0	0	0	0	0	0	0
Etanercept (Enbrel)	10	7	2	0	1	0	0	0
Etanercept Biosimilar (Benepali)	3	3	0	0	0	0	0	0
Etanercept Biosimilar (Erelzi)	73	46	10	13	4	0	0	0
Golimumab (Simponi)	36	5	18	11	0	1	1	0
Guselkumab (Tremfya)	4	0	0	1	3	0	0	0
Infliximab [Flixabi]	0	0	0	0	0	0	0	0
Infliximab [Inflectra]	38	2	0	1	0	22	11	2
Infliximab [Remicade]	0	0	0	0	0	0	0	0
Infliximab [Remsima]	0	0	0	0	0	0	0	0

Ixekizumab (Taltz)	3	0	0	0	3	0	0	0
Rituximab (Mabthera)	5	5	0	0	0	0	0	0
Rituximab Biosimilar (Rixathon)	31	31	0	0	0	0	0	0
Rituximab Biosimilar (Truxima)	0	0	0	0	0	0	0	0
Sarilumab (Kevzara)	2	2	0	0	0	0	0	0
Secukinumab (Cosentyx)	24	1	9	5	9	0	0	0
Tildrakizumab (Ilumetri)	0	0	0	0	0	0	0	0
Tocilizumab (Ro Actemra)	38	38	0	0	0	0	0	0
Tofacitinib (Xeljanz)	2	1	0	0	0	0	1	0
Ustekinumab (Stelara)	63	1	0	6	34	21	1	0
Vedolizumab (Entyvio)	57	0	0	0	0	36	21	0

307.19

Johnson & Johnson

1. What is the scope of services or activities to be undertaken by Johnson & Johnson and/or the Trust and what is the objective that the Trust seeks to achieve there-by?
2. Is there any explicit commitment by the Trust to purchase any goods or services from Johnson & Johnson pursuant to the NHSSC framework or otherwise? If yes, which products and what are the terms of the commitment?
3. Even if there is no explicit commitment by the to purchase any goods and services from Johnson

& Johnson, have there been any communications by the Johnson & Johnson staff involved in the provision or proposed provision of the CareAdvantage service to the Trust recommending, advocating, analyzing, proposing or in any way suggesting that the hospital procure any goods or services from Johnson & Johnson? If yes which products and what was the scope of the suggested product purchase?

4. If there has been a commitment or suggestion referred to at (2.) or (3.) above in the context of these consultancies that Johnson & Johnson provide any goods and services, has the Trust considered any analysis comparing the costs of doing so vis a vis:

a. continuing to purchase those goods and services from the current supplier in the way the hospital currently procures them; or

b. its other procurement options for those goods and services under any applicable framework agreements or off-framework?

If yes, did that analysis show a saving or a cost increase for the goods and services in question and if it showed an increase that was to be offset in some other way, what was the nature of the off-set?

Answer: Available upon request

308.19

Current patient record integration/sharing

Good morning,

I am writing to you under the freedom of information act 2000 (The Act) to request the following information from your procurement and contracting department:

- Can you provide details of your current patient record integration/sharing?

Answer: Orion, Lorenzo moving to System C

- We are interested in understanding, what your organisation/s uses to share patient information between health and social care clinical systems and settings. Which suppliers are in use in your organisation/s to fulfil this purpose?

Answer: Rhapsody and MIG between Lorenzo, Orion and EMIS. Moving to Graphnet

- Can you provide details of the current renewal/end date of this/these contract/s?
Annual reviewed

Answer:

MIG – 20/03/2020 – annual renewal

Rhapsody – 31/03/2020– annual renewal

Orion - 31/03/2020 – annual renewal

Lorenzo – migrating to System C on 27/03/2020

Graphnet – 01/04/2020 – annual renewal

- Who is the main point of contact for this/these contract/s and what is their title and contact details?

Answer: Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is Daren Fradgley, Director of Strategy & Improvement, email address; daren.fradgley@walsallhealthcare.nhs.uk

- Which board member is responsible for patient record integration/sharing between health and social care clinical systems and settings for your organisation?

Answer: Daren Fradgley, Director of Strategy and Service Improvement.

309.19 Gout & Bowel Cleanser products

I am writing to request access to the below information under the Freedom of Information Act 2000:

Information request 1

Has your hospital dispensed the products listed below from January 1 2018 till December 31 2018? If the answer is 'yes', could you confirm the number of tablets dispensed?

1. Colchicine 500mcg tablets
2. Allopurinol 100mg tablets
3. Allopurinol 300mg tablets
4. Adenuric 80mg tablets

5. Adenuric 120mg tablets

Information request 2

Has your hospital dispensed the products listed below from January 1 2018 till December 31 2018? If the answer is 'yes', could you confirm the number of sachets dispensed?

1. Moviprep powder for oral solution
2. Moviprep Orange powder for oral solution
3. Klean-Prep 69g sachet powder for oral solution
4. Picolax powder for oral solution

Answer:

Please see below regarding Walsall Manor Hospital's dispensing data of the requested medication during the period of 1st January 2018 to 31st December 2018:

The number of tablets that have been issued to ward stock and patients (this includes issuing of medication via dispensary and pharmacy stores):

Medication	Medication issued	Number of tablets issued
Colchicine 500mcg tablets	Yes	3726
Allopurinol 100mg tablets	Yes	9583
Allopurinol 300mg tablets	Yes	5076
Adenuric 80mg tablets	Yes	507
Adenuric 120mg tablets	Yes	14

The number of sachets that have been issued to ward stock and patients (this includes issuing of medication via dispensary and pharmacy stores):

Medication	Medication issued	Number of sachets issued
Moviprep powder for oral solution	Yes	9148
Moviprep Orange powder for oral solution	Yes	5420
Klean-Prep 69g sachet powder for oral solution	Yes	60
Picolax powder for oral solution	Yes	601

The number of tablets that have been issued to patients via dispensary alone:

Medication	Medication issued	Number of tablets issued
Colchicine 500mcg tablets	Yes	2365
Allopurinol 100mg tablets	Yes	3698

Allopurinol 300mg tablets	Yes	4254
Adenuric 80mg tablets	Yes	476
Adenuric 120mg tablets	Yes	14

The number of sachets that have been issued to patients via dispensary alone:

Medication	Medication issued	Number of sachets issued
Moviprep powder for oral solution	Yes	40
Moviprep Orange powder for oral solution	Yes	16
Klean-Prep 69g sachet powder for oral solution	Yes	8
Picolax powder for oral solution	Yes	50

310.19

Violent incidents against staff at the trust's A&E departments

Please can you tell me how many violent incidents against staff at the trust's A&E departments have been recorded each year over the past five years.

Answer:

Violence & Aggression Focus Codes	2014-15	2015-16	2016-17	2017-18	2018-19
VA01 - Violence Or Assault (Pt Medical Condition)	9	5	5	6	5
VA02 - Violence Or Assault (Pt Non-Medical Condition)	17	7	2	5	7
VA03 - Violence Or Assault (Visitor I.E. Outpatient)	1	3	0	0	3
VA05 -Threatening Behaviour Aggression (Pt Med Con)	5	5	2	1	3
VA06 - Threatening Behaviour Aggression (Pt Non-Med)	12	16	5	4	2
VA07 - Threatening Behaviour Aggression (Visitor)	3	3	6	1	2
VA09 - Verbal Abuse (Pt Medical Condition)	0	0	0	1	0
VA10 - Verbal Abuse	10	4	4	0	2

(Pt Non-Med Condition)					
VA11 - Verbal Abuse (Visitor - I.E. Outpatient)	0	2	1	0	3
Grand Total	57	45	25	18	27

Please include the nature of the violence (e.g. verbal, physical), whether the police were called and what action was taken against the perpetrator.

Answer:

	2014-15	2015-16	2016-17	2017-18	2018-19
Total Violence & Aggression on staff (A&E)	57	45	25	18	27
Police Called/Attended and Action Taken					
Charge	6	2	0	1	2
Not Known	7	9	2	0	4
No Action	4	3	2	1	1
Verbal Warning	2	0	1	0	0
Other	2	2	2	2	0
Total	21	16	7	4	7

311.19

Robotic Process Automation

I am writing to make an information request regarding Robotic Process Automation solutions used at your organisation. Please complete the FOI questions below.

Robotic Process Automation (RPA) is software which can automate manual, computer-based tasks by using virtual workers which mimic the way humans interact with applications on a computer. As a result, RPA can drive efficiencies in corporate services by increasing productivity, reducing staff workload and generating cost savings.

RPA Budgets

1a. Does your organisation have a dedicated budget for investing in RPA? If yes, please provide your organisations RPA budget for 19/20

Answer: No

1b. To date, how much has the organisation invested in RPA solutions?

Answer: 55k

RPA Supplier

2a. Does your organisation use a third-party to provide an RPA software solution? If yes, please provide the name of the supplier (e.g. *Thoughtonomy, Automation Anywhere, UiPath, Blue Prism etc.*)

Answer: Blue Prism

2b. Please provide a brief description as to the project the RPA provider is undertaking/has undertaken at the organisation (e.g. *reporting, system integration, tax management etc.*) including which departments within the organisation this is/has been implemented

Answer: The provider did not deliver a project at Walsall. We delivered a Data Quality project to cleanse records in our PAS system and the RPA process was developed and delivered by staff at Walsall.

2c. How many employees (headcount) are involved in the operationalisation of the RPA solution at your organisation post-implementation?

Answer: 2

2d. Please state the start and end date of the contract with the supplier

Answer: No contract support and maintenance of Blue Prism software only – rolling annual renewal.

2e. Did the organisation use a framework to procure these services? If yes, please provide the name of the framework

Answer: Yes – Softcat – HTE ICT solutions framework

2f. Please provide detail on how the RPA provider has charged the organisation? (e.g. *costing by development and consultancy day rates, annual/monthly license fees, additional fees for bespoke services*)

Answer: Purchase of Blue Prism licence and annual support and maintenance plus initial training

2g. What was the annual cost to the organisation for the provision of the RPA solution in 18/19?

Answer: £3,600

2h. Has your organisation seen any quantifiable benefits through the use of your RPA solution provider? Please provide details on the benefits achieved (e.g. *reduced time spent on task by X%, saved X amount of hours per task per month, achieved savings of X amount*)

Answer: We are not currently using RPA for repeatable tasks and have not carried out any detailed benefits work.

**312.19
Mattress Contracts**

I am writing to you under the Freedom of Information Act 2000 to request the following information from Walsall Healthcare NHS Trust

1. Is Walsall Healthcare NHS Trust currently under contract with regards to pressure area care mattresses? If so with who?

Answer: Drive Devillbiss Sidhil

2. When is this contract due to end?

Answer: 31 July 2020

3. How many mattresses are in the contract? 200 –

Answer: 4700 bed days per month

4. Is this a rental or a purchase contract?

Answer: Daily hire

5. Does the contract cover the servicing of these?

Answer: Yes

6. Does this contract cover bariatric as well?

Answer: No

7. Does the contract include beds?

Answer: Yes

8. If not who is this contract held with?

Answer; N/A

9. How many static (foam) mattresses on average does Walsall Healthcare NHS Trust purchase in a year?

Answer: 80 mattresses were bought in the year to 31.7.19

10. Which manufacturers products do you use and Is this under contract? Who is the main Tissue Viability Nurse for the Trust?

Answer: Invacare

11. Who is the main Procurement Manager for Walsall Healthcare NHS 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 Russell Caldicott, Finance Director, email address; russell.caldicott@walsallhealthcare.nhs.uk

12. Who would manage the procurement of mattresses within 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 Russell Caldicott, Finance Director, email address; russell.caldicott@walsallhealthcare.nhs.uk

13. Does the Trust receive any decontamination service for beds and mattresses?

Answer: Yes

14. If so with who?

Answer: See 1. above

If it is not possible to provide the information requested due to the information exceeding the cost of compliance limits identified in Section 12, please provide advice and assistance, under the Section 16 obligations of the Act, as to how I can refine my request.

313.19

Hospital Changing Places

I am writing to you under the Freedom of Information Act 2000 to request the following information from your NHS Trust. This FOI is about the number of Changing Places in your hospital. If you are unaware of what a Changing Place is I've included a summary below and a link you may find useful.

Changing Places toilets have adult changing bench and hoist facilities as well as extra space for carers. This provides a safe toileting environment for physically disabled people who are non-ambulant, as well as for those with learning disabilities who may need carer support. The equipment provided also ensures that manual moving and handling techniques are minimised for any carers involved.

Over 250,000 severely disabled people, including those with profound and multiple learning disabilities in the UK, cannot use standard accessible toilets.

<https://www.gov.uk/government/publications/changing-places-toilets-in-nhs-hospitals-apply-for-funding>

Please can you answer the following questions:

1. What is the name of your NHS trust?

Answer: Walsall Healthcare.NHS Trust

2. Please can you name all of the NHS hospitals that come under your trust.

Answer: Walsall Manor Hospital

3. Please can you outline how many of the hospitals in Q2 have Changing Places toilets. Please break this down by the name of the hospital and how many Changing Places facilities are in that hospital.

Answer: None

4. Of the hospitals in Q3 that have Changing Places, please can you tell me where the facility is located in the hospital. e.g Department/Floor

Answer: N/A

5. Please can you tell me if your NHS Trust has applied for funding to install Changing Places facilities within your NHS hospitals. If known please provide information on which hospitals you plan to install them in.

Answer: No funding applied for.

314.19

Mass Spectrometry testing for Diagnostic purposes

I am writing to request some information about your Hospital Trust under the Freedom of Information Act.

Could you please provide the following information to me via email?

- 1) Does your Trust routinely offer Mass Spectrometry testing for Diagnostic purposes? (please answer either yes or no to this question).

Answer: No

- 2) If you answered yes to question 1, can you please provide a list of which assays / tests are routinely run on the Mass Spectrometry system in your Trust.

Answer: N/A

- 3) Does your Trust send away samples (to locations outside of your trust) for Mass Spectrometry testing? (please answer either yes or no to this question).

Answer: Yes

- 4) If you answered yes to question 3, can you please list the assays / tests which are run on the samples you send away?

Answer: Vitamin D

315.19

Hereditary angioedema HAE

1. Does your trust treat Hereditary angioedema HAE? [Yes/No]

Answer; Yes

2. In the last 6 months, how many patients with Hereditary angioedema (HAE) have been treated with,

- Berint
- Cinryze
- Firazyr
- Ruconest
- Takhzyro
- Tranexamic acid
- Other

Answer: Based on coding the ICD10 code that this would map to us D841 (Defects in the complement system) – in all of our data we can find 16 spells where this has been recorded, but none where it is primary diagnosis.

2. Over the past 6 months, how many patients with persistent / chronic* Immune thrombocytopenia purpura [ITP] have you treated [include all treatments such as steroids, splenectomy, immune globulins, Rituximab and TPOs]?

Answer: 0 – There were no patients with the diagnosis code D693 for ITP.

4. Over the past 6 months, how many patients with persistent / chronic* Immune thrombocytopenia purpura [ITP] were new to treatment with the following;

- Eltrombopag [Revolade] **Answer: 2**
- Romiplostim [Nplate] **Answer: 1**

*Patient has ITP for over 6 months and does not respond to standard active treatments

5. Over the past 6 months, **how many patients** have you treated with the

	Total patients	Eltrombopag [Revolade]	Romiplostim [Nplate]
Immune thrombocytopenia purpura [ITP]	8	4	4
Chronic hepatitis C virus (HCV) infection for the treatment of thrombocytopenia, where the degree of thrombocytopenia is the main factor preventing the initiation or limiting the ability to maintain optimal interferon-based therapy	0	0	0
Acquired severe aplastic anaemia (SAA) who were either refractory to prior immunosuppressive therapy or heavily pre-treated and are unsuitable for haematopoietic stem cell transplantation	0	0	0
Chemotherapy induced thrombocytopenia (CIT)	2	1	1
Myelodysplastic syndromes (MDS)	0	0	0

following conditions and treatments. If None, please state None.

**316.19
Head of Communications details**

Good morning,

Please could you assist me, I would like to get in contact with the Director / head of communication within your Trust, could you provide me with their name and email address.

Answer: Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is Catherine Griffiths, Director of People and Culture, email address; catherine.griffiths@walsallhealthcare.nhs.uk and telephone number is 01922 721172

317.19

Dementia diagnosis have been detained under the Mental Health Act 1983 under section 2 or section 3 of the act

Please can you tell me over the last five financial years how many people with a dementia diagnosis have been detained under the Mental Health Act 1983 under section 2 or section 3 of the act. Please specify whether section 2 or section 3 was used.

Please specify where each person was detained e.g. hospital name

Please can you also tell me how many people with a dementia diagnosis who were detained under the Mental Health Act have subsequently been turned down for after-care by a care home and if more than one care home has turned down after-care please can you state how many homes have done so.

Answer: This information is not recorded by the Trust

318.19

Equipment over 10 years old

Dear Sir Madam

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

The number of

- a) X-ray machines
- b) ultrasound machines
- c) CT scanners
- d) MRI scanners

in use at your Trust which are 10 years old or older. In each case, could you please state

- i) the age of the machine
- ii) whether the machine is past its suggested/designated "replacement date" and
- iii) where the machines are located.

Answer: Please see attached spreadsheet. Available upon request.

319.19**International recruitment**

Dear Sir/Madam,

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

An excel sheet with the same questions is also attached with the email for your convenience.

Please disclose:

- a. How many times each year from August 2015 to August 2019 did the trust send representatives abroad to recruit international staff for the trust?
- b. What was the cost of sending the staff in a) abroad each year for every year between August 2015 to August 2019?
- c. Please specify the names of the countries the trust recruited from and how many times they were visited by trust staff during the period specified above?
- d. Did the trust use any foreign recruitment agencies?
- e. If the answer to d) is yes what were their names?

Answer: Please see attached spreadsheet. Available upon request

320.19**Drop-off parking charges at hospitals**

I'd like to make a request under the Freedom of Information Act about parking charges at hospitals run by your trust.

Do the hospitals have any free parking drop-off zones, for example if someone is dropping a patient off at an appointment? Are there any rules around using these drop-off zones (for example, is there a maximum time drivers are able to wait, or is it only for patients with blue badges etc)?

Answer: Drop off zone at the entrance to the hospital for all. 10 minutes only

If there are no free drop-off zones (or their use is restricted), what would be the cost to park in each hospital's car park for 15 minutes in order to drop off a patient?

Answer: first 15 minutes is free - up to 1 hour = £2.80

**321.19
Kidney Cancer**

Dear Sir

In the past 12 months, how many metastatic Renal Cell Carcinoma patients were treated with:

Sunitinib
Pazopanib
Everolimus
Temsirolimus
Cabozantinib
Nivolumab
Axinitib
Nivolumab + Ipilimumab
Lenvantinib + Everolimus
Tivozanib
Pembrolizumab + Axitinib
Avelumab + Axitinib

Answer: The Trust has not had any Renal Cell Carcinoma patients in the past 12 months

**322.19
Overseas patients**

FREEDOM OF INFORMATION REQUEST

(a) In relation to 2018/19 how many Overseas Patients Not Eligible for Free UK Healthcare were treated in the maternity department of your Trust?

Answer: 6

(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 2018/19) have received an invoice from the Trust for the value of the care they received.

Answer: 6

(b) 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: £16,383.48

(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:

(e) 3

(b) £5,325.63

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

Answer: £3,357.00

(g) What is the total amount of invoices for care of any description at your hospital that were written off in the 2018/19 financial year, but which were incurred at anytime in the past.

Answer: Nil

323.19

Manager contact details

Hi there,

Under the FOIA i'd like to request the following information please.

1. Name of Trust SIRO (Senior Information Risk Owner) or similar post (Chief Information Governance Officer etc), or responsible person for SIRO duties.

Answer: Daren Fradgley

2. Contact email of person named in request No. 1.

Answer: Email: Daren.fradgley@walsallhealthcare.nhs.uk

3. Name of Trust DPO (Data Protection Officer) or responsible person for DPO duties.

Answer: Sharon Thomas

4. Contact email of DPO.

Answer: data.protection@walsallhealthcare.nhs.uk

5. Nominated Caldicott Guardian.

Answer: Matthew Lewis

6. Contact email of Caldicott Guardian.

Answer: matthew.lewis@walsallhealthcare.nhs.uk

324.19

Colorectal Cancer (CRC)

Dear Walsall Hospitals NHS Trust,

I am writing to you today to formally request the following information relating to Colorectal cancer.

1. Within your health trust how many patients have been treated in the past 6 months with the following agent for colorectal cancer [CRC];

- Afibercept
- Bevacizumab
- Capecitabine - **4**
- CAPIRI - **1**
- CAPOX - **26**
- Cetuximab not in combination with FOLFIRI or FOLFOX
- Cetuximab in combination with FOLFIRI - **6**
- Cetuximab in combination with FOLFOX
- Irinotecan - **4**
- FOLFIRI - **6**
- FOLFOX - **7**
- Oxaliplatin
- Panitumumab not in combination with FOLFIRI or FOLFOX - **1**
- Panitumumab in combination with FOLFIRI
- Panitumumab in combination with FOLFOX - **6**
- Nivolumab - **3**
- Raltitrexed - **1**
- Ramucirumab

- Regorafenib
- Sorafenib
- 5FU only - **4**
- Tegafur Uracil + 5FU
- Trifluridine–tipiracil - **6**
- XELOX – is'nt this the same as Cape?
- Other - **12**

325.19

PCS2 Plasma Collection System

Hi,

Please can you tell me how many of the following device - PCS2 Plasma Collection System from a company called Haemonetics - the trust has used over the last 10 years and how many of these devices are currently in operation.

Answer: The Trust has never used plasma collection systems

Please provide a figure for each year over the last 10 years. If possible, please also state how many patients have had this device used on them.

Answer: N/A

326.19

Rental of specialist bariatric beds and bariatric air mattresses

Hi,

Would you please be able to confirm the following information in relation to rental of specialist bariatric beds and bariatric air mattresses?

- Number of rental episodes year to date 2019
- Total of installation charges year to date 2019
- Total of equipment removal charges year to date 2019

Answer: The Trust does not keep this level of detail

If this level of information is not available, please advise the total number of bariatric patient admissions year to date 2019.

Answer: 113

327.19

Agency Nurse spend

Could the trust please provide information on how much has been spent on agency nurses:

- 1) This financial year to date

Answer: £1,593k (Apr to Aug 19)

- 2) 2018/19 financial year

Answer: £4,433k

- 3) 2017/18 financial year

Answer: £4,220k

Are these amounts higher, lower or within the budgets allocated for agency staff?

Answer: Higher

Are there any measures being implemented to lower the reliance or use of agency staff?

Answer: Yes – improved bank utilisation (rates review, collaborative banks), establishment reviews, KPI's and benchmarking programmes including absenteeism.

328.19

Trust Policies

Would you please confirm names of all policies relating to staff with disabilities, equality, diversity and inclusion (also relating to staff) and forward copies

Answer: Exemption under Section 21 applied. Information reasonably accessible to the applicant by other means

<http://themanor.xwalsall.nhs.uk/policies.aspx>

Governance

Equality Analysis Assessment Policy

I also require copies of any policies linked to the above such as those related to stress at work and risk assessment

Answer: : Exemption under Section 21 applied. Information reasonably accessible to the applicant by other means

<http://themanor.xwalsall.nhs.uk/policies.aspx>

Human Resources

The Prevention and Management of Stress Policy

329.19

Estate Manager details

Good morning,

Please could you assist me with the following information

1. The name and email address of the person within your trust that holds the role of Medical Device Manager
2. The name and email address of the person within your trust that holds the role or responsibility of Medical Engineering Manager or EBME (Electro-Biomedical Engineering

Answer: Staff details below Director level are withheld under Section 40 (Personal Information). We can confirm that the Director responsible for this department is Ned Hobbs, Chief Operating Officer, email address; ned.hobbs@walsallhealthcare.nhs.uk

330.19

Ophthalmology

Please find below questions I would like to have answered via Freedom of Information (FOI) for

Manor Hospital.

The suggested relevant/responsible individuals in your hospital/Trust are likely to be:

- Procurement Officer for Ophthalmology
- Director/Clinical Manager for Ophthalmology
- Clinical Director of Cataract Services

FOI request:

- . When is the current contract for IOLs (Intra ocular lenses) in Ophthalmology up for renewal?

Answer: 31/07/2020

- Who is your current IOL provider?

Answer: Bausch & Lomb

- Please provide annual usage in the following years:

Answer:

April 2015- March 2016, **814 units**

April 2016- March 2017, **747 units**

April 2017- March 2018, **542 units**

April 2018 year to date, **1050 units**

- Please provide annual spend in the following years:

Answer:

April 2015- March 2016, **£41528.00**

April 2016- March 2017, **£38174.00**

April 2017- March 2018, **£27503.00**

April 2018 year to date, **£42721.50**

- In relation to IOLS what is your Route to Market /OJEU reference and contractual commitments including extension options?

Answer: Mini-Competition conducted by Royal Wolverhampton Hospital through HealthTrust Europe Framework.

- When is your Phaco machinery (for cataracts) contract up for renewal?

Answer: Purchased Machine

- Who is your current provider of the Phaco machinery?

Answer: Bausch & Lomb

- How many Phaco machines do you have and what are the age of these machines?

Answer: 1 Machine, 6 Years Old

- In relation to Phaco machines what is your Route To Market /OJEU reference and contractual commitments including extension options?

Answer: Full tender through NHS framework

- When is your VR (Vit-Ret) machinery contract up for renewal?

Answer: The trust does not have a VR machine. All patients are sent to Wolverhampton NHS Trust

- Who is your current provider of the VR machinery?

Answer: N/A

- How many VR machines do you have and what are the ages of these machines?

Answer: 0

- In relation to VR machines what is your Route To Market /OJEU reference and contractual commitments including extension options?

Answer: N/A

- What type of contract do you have with your local commissioner payment by results, block contract, or an aligned incentives?

Answer: N/A

- Do you currently have a managed equipment service within your NHS Trust?

Answer: No

- If yes what disease area?

Answer; N/A

- How many YAG lasers linked PCO (Posterior capsule Opacification) after cataracts have you undertaken between 2017-2018 and 2018-2019?

Answer:

2017/19 Nil

2018/19 Nil

- Does your NHS Trust outsource initiative list for cataracts to a 3rd party suppliers to support capacity inefficiencies?

Answer: No

- If yes is this contract between the Trust and 3rd party provider or the CCG and 3rd party provider?

Answer: N/A

331.19
Brexit Costs

Dear FOI team,

I am requesting information under the Freedom of Information Act on behalf of Sharon Brennan(sharon.brennan@wilmingtonhealthcare.com)

I would be grateful if you could **acknowledge receipt** of this email and look forward to your response within 20 working days, as stipulated by the act.

I would like to request the finance costs (both revenue and capital) incurred in complying with the EU exit operational readiness guidance issued on 21 December 2018 by the Department of Health and Social Care.

This guidance asks NHS trusts and clinical commissioning groups to: "Record costs (both revenue and capital) incurred in complying with this guidance. Costs with a direct financial impact should be recorded separately to opportunity costs."

The guidance can be accessed here:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/768077/eu-exit-operational-readiness-guidance.pdf

Please can this information:

1. Be provided from 22nd December 2018 to the date of this FOI 26 September 2019

Answer: £0

2. Split the costs into a) direct financial impact and b) opportunity costs

Answer: N/A

332.19
Onsite Paging

Dear Walsall Healthcare NHS Trust,

Please can you confirm the status of any paging solutions present throughout the Trust, including contract renewal dates and contact details for any relevant stakeholders.

Answer:

The Paging solution is currently managed and maintained by Skanska Facilities as part of the PFI contract. Please direct any FOI regarding the paging solution to Skanska Facilities.

333.19

ICT Service Desk (or IT Service Management)

Please could you answer the following questions?

- 1) Is your current IT Service Management function and associated software application based in house or Outsourced to a 3rd Party?

Answer: In House

- 2) Please provide the full name and version of the ITSM software application in use?

Answer: Richmond v11.0.0.8

- 3) What is the lifetime value of the contract and over how many years?

Answer: 10K P.A

- 4) As part of the existing contract how many support operatives (agents) are licenced/subscribed to use the solution? (These are individuals who work on the desk in resolver groups, not customers using a Self-Service function).

Answer: 50

- 5) When is the contract due for renewal?

Answer: 01/04/2020

- 6) How was the current solution procured – directly with the Vendor, through a Framework or via G Cloud?

Answer: Framework

- 7) What are your published procurement thresholds for tendering purposes?

Answer:

<£9,999 – (Over life of the contract) – 3 informal quotes

<£49,999 – 3 formal quotes sought by Procurement Team

>£50,000 – Formal tenders sought by Procurement Team

- 8) What is the Authority's strategy with regards to Cloud solutions as opposed to In House installations?

Answer: Cost related

- 8) Has the organisation ever procured through the G Cloud Framework?

Answer: Yes

334.19

Transport dispatch system

Dear NHS Trust,

I would like to do a Freedom of Information request regarding your transport dispatch system.

I kindly ask you if you could please let me know what transport (non-emergency and emergency) dispatch system you use for transportation of patients from the hospital to their homes/homes to hospital.

Additionally, I would also like to know what the system is charging the trust, how many taxis does the trust pay for and how many people have access to this platform system.

Answer: The Trust does not have a dispatch system. It uses a system provided by the West Midland Ambulance Service. They would be in a better position to answer you Foi request.

335.19

Security Staff

To whom it may concern,

I write under the terms of the Freedom of Information Act 2000 to request the following information. Could you please provide the following information relating to your Trust:

- The number of staff the Trust employed to meet security management functions for each full financial year from 2016-17 to present
- The total cost of employing those staff for each full financial year from 2016-17 to present

Answer: Case withdrawn

336.19

System hardware

Good morning

Please could you provide me with the following information under the freedom of information act

For the following hospitals Manor Hospital

1. Number of theatres

Answer: 15

2. Vital Signs System supplier name

Answer: GE

3. Date of Installation

Answer: 2010

4. Preferred purchase route ie Direct

Answer: NHS supply chain

5. Theatre System supplier name

Answer: GE

6. Date of installation

Answer: 2010

7. Planned replacement date

Answer: Tender will be awarded shortly

8. ICU System supplier name

Answer; Not sure what system you mean. If you clarify what you require we will try to answer

9. Date of installation

Answer: As above

10. Preferred purchase route ie Direct

Answer: As above

11. Defibrillation Supplier name

Answer: Zoll

12. Date of installation

Answer: 2019

13. Planned replacement date

Answer: 2029

14. Number of manual defib devices

Answer: 10

15. Number of Automatic AED defib devices

Answer: 50

16. Spo2 Pulse Oximetry technology supplier name

Answer: Phillips

337.19

Cataract Procedures

Dear FOI Officers,

I am requesting the following:

1. How many cataract procedures did you do in 2018 and what were the rates of posterior capsular rupture?

Answer: For calendar year 2018 653 procedures and none coded with a posterior capsular rupture