Walsall Hospitals NHS
NHS Trust

FREEDOM OF INFORMATION
DISCLOSURE LOG – Quarter 2 2009/2010

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Ref: 19/09

Pest Incidences

1) How many 'pest' incidents occurred for the following years:

a) 2006
b) 2007
c) 2008
d) the first six months to June 30, 2009

2) How many times pest exterminators were called to your trusts for the following years:

a) 2006
b) 2007
c) 2008
d) the first six months to June 30, 2009

3) What problems were they called out to solve? Please specificy.

4) What type of pest was involved?

5) Where was the pest located? Please specific if this was a public area, patient room or ward, consulting room, operating theatre, staff area, canteen or maintenance area.

6) What policies have been under taken to address any problems related to pests.

Please find our responses as below:

2006
- We had weekly visits from our contractor as part of our contract
- During the year we had to call the contractor for issues relating to ants and wasps during the summer months these were around patient wards on external ground

Call outs
2006
Total 24

Date	Problem	Location
6/1/2006	Bites	Ward
17/2/2006	Bites	Ward
1/3/2006	Silverfish	Ward
6/3/2006	Rodents	training centre
7/3/2006	Rodents	training centre
6/4/2009	Rodents	training centre
12/4/2009	Ants	Ward
26/4/2009	Worms	Corridor
28/4/2006	Bites	Office

10/5/2006	Wasps	Post graduate centre
17/5/2006	Beetles	Pharmacy
18/5/2006	Bites	Office
24/5/2006	Bites	On call room
31/5/2006	Ants	Corridor
30/6/2006	Ants	Ward
3/7/2006	Insects	Ward
4/7/2006	Beetle	Theatre
20/7/2006	Bites	Office
20/7/2006	Ants	Edndoscopy & pathology
21/7/2006	Silverfish	Staff chainging room
16/8/2006	Squirrel	Sexual health building
16/8/2006	Rat	External/Grounds
2/10/2006	Rat	External/Grounds
22/11/2006	Bites	Office

2007
- We had weekly visits from our contractor as part of our contract

Call outs
2007
Total 17

	Problem	Location
24/1/2007	Silverfish	Ward
7/3/2007	Fleas/Bites	Ward
14/4/2007	Shield bugs	Ward
20/4/2007	Mouse	Pathology Kitchen
1/5/2007	Ants	Ward
2/5/2007	Rat	External/Grounds
11/5/2007	Rat	External/Grounds
23/5/2007	Fruit flys	Kitchen
29/6/2007	Ants	Staff accommodation
29/6/2007	Mouse	Staff accommodation
26/7/2007	C Roach	Ward
11/9/2007	Wasp nest	External breast screening
11/9/2007	Mice	Offices
11/9/2007	Mice	Staff accommodation
13/9/2007	Rodent	Corridor
14/9/2007	Wasp nest	External breast screening
31/10/2007	Mice	Offices

2008
- We had weekly visits from our contractor as part of our contract
- During the year we had to call the contractor for issues relating to ants and wasps during the summer months these were around patient wards on external ground
- During the year we had to call the contractor out due demolition work disturbing some rats in the external grounds

Call outs
2008

Total 9

	Problem	Location
12/2/2009	Scratching noise in ceiling	Ward
28/3/2008	Ants	Ward
24/4/2008	Mouse	A&E
1/5/2008	Ants	SDU
28/5/2008	Rat	External/Grounds
3/6/2008	Mouse	Kitchen
12/6/2008	Mice	Staff accomodation
23/7/2008	Flying ants	HSDU
23/10/2008	Rodents	External/Grounds ducting

2009 to June
- We had weekly visits from our contractor as part of our contract
- During the year we had to call the contractor for issues relating to ants these were around patient wards on external ground

Call outs
2009
Total 4

	Problem	Location
2/4/2009	Rodents	External/Grounds ducting
6/6/2009	C roach	Refuse room
15/6/2009	Flying ants	Education & training centre
26/6/2009	Flying ants	Ward

The pest control statement is an integral part of the Trusts Soft Services Tender, statement is as below:

"The cleaning service team will monitor pest control services across the sites. Staff will remain vigilant when carrying out their daily duties to look for signs of infestation. Any signs will be reported directly to the relevant Supervisor / Manager.

At this stage, we have selected a professional, quality assured specialist service provider, with an excellent reputation and both a local and national network of resources to provide this service. The service will comply with all the requirements of the Trust specification.

Pest control treatments will be environmentally safe in pursuance of ISO 14001 status.

Any pest sightings should be reported to the helpdesk who will contact the Pest Control Contractor."

Ref: 20/09
Costs re: Foreign Patients

How much money had been written off by the Trust annually as bad debt, as a result of foreign patients not paying off their bills for the last 3 years.

A: 2006 / 07   £29632
      2007 / 08   £26717
      2008 / 09   £17334

Ref: 21/09
Estates Director & Approved Contractors

Please could you let me know the name and contact details of your
Estates Director. Also, is there an approved list for consultants,
and if so, how does one apply to provide Building Control Services?

Name & Contact Details are as follows:

Mr David Lawson
Commercial Director

Contact Details are available on our website (link below):
http://www.walsallhospitals.nhs.uk/WalsallHospitals09/HospitalRedevelopment/HospitalRedevelopment.asp

In terms of approved consultants list until recently the approved list was updated via The Business Estates Agency, Coventry. This is no longer available but the approved list is still used. Major works would be subject to the Official Journal of the European Union (OJEU) from the list of known & approved consultants

Walsall Hospitals NHS
NHS Trust

Ref: 23/09:
Drug Prescribing:

1.

   a) Details on Trust's policy on the prescription of the drug Bortezomib for the treatment of Multiple Myeloma (bone marrow cancer) and a copy of any guidance issued to clinicians on the prescription of Bortezomib.

   Walsall Hospitals NHS Trust policy is to follow the Pan-Birmingham Cancer Network policy / formulary

   b) How many patients were prescribed with the drug Bortezomib (commonly known as Velcade) for the treatment of Multiple Myeloma in (a) 2004/5; (b) 2005/6; (c) 2006/7; (d) 2007/8; and (e) 2008/9

Drug	No. of patients treated per annum				
	2004/05	2005/06	2006/07	2007/08	2008/09
Bortezomib	0	3	2	4	7

2.

   a) Details on Trust's policy on the prescription of the drug Cetuximab for the treatment of cancer (head and neck; and large bowel) and a copy of any guidance issued to clinicians on the prescription of Cetuximab.

   Walsall Hospitals NHS Trust policy is to follow the Pan-Birmingham Cancer Network policy / formulary

   b) How many patients were prescribed with the drug Cetuximab (commonly known as Erbitux) for the treatment of cancer (head and neck; and large bowel) in (a) 2004/5; (b) 2005/6; (c) 2006/7; (d) 2007/8; and (e) 2008/9

Drug	No. of patients treated per annum				
	2004/05	2005/06	2006/07	2007/08	2008/09
Cetuximab	1	5	4	11	13

3.

   a) Details on Trust's policy on the prescription of the drug Rituximab for the treatment of Non Hodgekin's Lymphoma and a copy of any guidance issued to clinicians on the prescription of Rituximab.

   Walsall Hospitals NHS Trust policy is to follow the Pan-Birmingham Cancer Network policy / formulary

b) How many patients were prescribed with the drug Rituximab (commonly known as Rituxan or Mabthera) for the treatment of Non Hodgekin's Lymphoma in (a) 2004/5; (b) 2005/6; (c) 2006/7; (d) 2007/8; and (e) 2008/9

Drug	No. of patients treated per annum				
	2004/05	2005/06	2006/07	2007/08	2008/09
Rituximab	27	26	34	45	44

4.

a) Details on Trust's policy on the prescription of the drug (i) Donepezil, (ii) Rivastigmine and (iii) Galantamine for the treatment of Alzheimer's Disease and a copy of any guidance issued to clinicians on the prescription of (i) Donepezil, (ii) Rivastigmine and (iii) Galantamine

Walsall Hospitals NHS Trust does not initiate treatment as we do not have older persons mental health specialists. It is our policy to continue treatments for any patients being cared for within the Trust.

b) How many patients were prescribed with the drug (i) Donepezil, (ii) Rivastigmine and (iii) Galantamine (commonly known as (i) Aricept, (ii) Rituxan or (iii) Mabthera) for the treatment of Alzheimer's Disease in (a) 2004/5; (b) 2005/6; (c) 2006/7; (d) 2007/8; and (e) 2008/9

Drug	Number of patients to whom drugs were dispensed		
	2006/7	2007/8	2008/9
Donepezil	28	43	56
Rivastigmine	10	10	5
Galantamine	17	28	34

Please note that figures are only available from January 2006 when a new computer system was introduced.

5.

a) Details on Trust's policy on the prescription of the drug Trastuzemun for the treatment of Breast Cancer and a copy of any guidance issued to clinicians on the prescription of Trastuzemun.

Walsall Hospitals NHS Trust policy is to follow the Pan-Birmingham Cancer Network policy / formulary

b) How many patients were prescribed with the drug Trastuzemun (commonly known as Herceptin) for the treatment of Breast Cancer in (a) 2004/5; (b) 2005/6; (c) 2006/7; (d) 2007/8; and (e) 2008/9

Drug	No. of patients treated per annum				
	2004/05	2005/06	2006/07	2007/08	2008/09
Trastuzumab	11	14	34	43	54

6.

a) Details on Trust's policy on the prescription of the drug Imatinib for the treatment of Chronic Myeloid (Leukemia) and a copy of any guidance issued to clinicians on the prescription of Imatinib.

Walsall Hospitals NHS Trust policy is to follow the Pan-Birmingham Cancer Network policy / formulary

b) How many patients were prescribed with the drug Imatinib (commonly known as Gleevec) for the treatment of Chronic Myeloid (Leukemia) in (a) 2004/5; (b) 2005/6; (c) 2006/7; (d) 2007/8; and (e) 2008/9

Drug	Number of patients to whom drugs were dispensed		
	2006/7	2007/8	2008/9
Imatinib	10	7	5

Please note that figures are only available from January 2006 when a new computer system was introduced.

Ref: 24/09
Number of Inpatient Contact Details on Records

How many recent inpatients at your trust have a telephone number on your patient records? It would also be useful to know what proportion of these numbers are incorrect or out of date.

In response to the above question:
Of the 9226 patients admitted April 09 - May 09 we have telephone numbers for 93% of them. Though we cannot say without ringing them how many are actually still valid.

Ref: 26/09
Cancelled Operations (Non Medical Reasons)
2007/8 & 2008/9

1. Please state how many operations were cancelled for non-medical reasons in the (a) 2007-08; and (b) 2008-09 financial years, broken down into operations cancelled (i) more than 24 hours in advance; and (ii) operations cancelled 24 hours in advance or less in each year.

   (i) Operations cancelled for non medical reasons:
      More than 24 hours in advance
      Please be advised that we are unable to provide this information as none of our IT systems capture data in a format that can be used to report general admission cancellations.

   (ii) Operations cancelled for non medical reasons:
      (a) 2007/8: 281 – short notice cancellations
      (b) 2008/9: 304 – short notice cancellations

2. Please list all the non-medical reasons for which operations within your trust were cancelled in the 2008-09 financial year.

3. For each reason listed under question 2, please state how many operations were cancelled due to that reason in the 2008-09 financial year.

   Questions 2&3 are answered in the attached supplementary sheet.

4. Please state how many patients had their operation cancelled for non-medical reasons more than once within the 2008-09 financial year.

   7 patients had their operation cancelled more than once for non medical reasons.

5. Please state the highest number of times any individual patient had their operation cancelled for non-medical reasons in the 2008-09 financial year.

   The maximum number an individual had their operation cancelled for non medical reasons was twice.

Ref: 27/09
Car Parking Tariffs & Provision

1. Have tariffs in operation at the Hospital's car parks been reduced
   during the past 10 years, and if so how many times and by how much?

   Walsall Hospitals NHS Trust have not reduced car parking tariffs in the past 10 years.

2. Are the Trust's car parks managed by a private or arms length provider such as a
   facilities management body?

   No, the Trust's car parks are managed via an in-house service.

   If yes to 2) could you please advise whether this service is provided as part of a
   distinct concession agreement under a PFI contract?

   N/A

3. Could you please specify the criteria for concessionary tariffs for appointed relatives,
   or carers that use parking facilities when visiting inpatients?

   The Trust offers a £10 weekly pass, no charge for chemotherapy patients.

Ref: 28/09
Electric Shock Therapy

Please state the number of times electric shock treatment has been used by the trust in the last five years.

Electric Shock treatment is not used at Walsall Hospitals NHS Trust.

Please state some of the reasons it has been used for treatment, eg - mental health issues.

N/A as electric shock treatment not used within the Trust.

Ref: 30/09
Car Parking – income & expenditure 2007/8 & 2008/9

Would you please send me details of income and expenditure from car park fees for the years 2007/08 and 2008/09. This request is made under the terms of the freedom of information act.

	07/08	08/09
Income	**585,481**	**628,132**
Expenses		
VAT	87,199	89,397
Salaries	94,703	95,388
Non-pay	65,902	70,155
Total expenses	247,804	254,940
Income net of expenses	**337,677**	**373,192**

Please also note that The Trust offers a £10 weekly pass, no charge for chemotherapy patients.

Ref: 40/09
Patient Overnight Stays

How many patients spent a night in hospital but not in a a) hospital bed b) ward in each calendar year from 2004 to 2008?

Since January 2004 Walsall Hospitals NHS Trust has only had 1 overnight (7pm – 7am) patient not on a) hospital bed or b) ward. This was a trolley wait in A&E in March 2004.

Ref 32/09:
Swine Flu (A&E Attendances)

1) Number of attendances at A&E in April 2009
   6037

2) Number of attendances at A&E in June 2009
   6567

3) Details of any special measures introduced to deal with swine flu patients in A&E, eg separate consultation areas, GP triage
   Patients self presenting in A & E are given masks and asked in wait in designated area. Consultants see the patients in room that is identified for use of these patients only, patients presented by ambulance are seen in a designated cubicle.

4) Number of staff so far off sick with H1N1 or suspected H1N1
   35 (29.07.09)

5) Details of any special staffing measures taken to deal with increased demand/sickness absence due to H1N1? eg increase locum cover, cancel leave
   The Trust has an Influenza Human resource plan, which is part of the wider trust plan for influenza management. The usual close monitoring of staff absence management has been enhanced with a system to follow up and support all staff with influenza symptoms. This innovative system has been in operation for one month and ensures that staff receive the best care, early reporting of staff shortage is undertaken and that sick leave is administered correctly.
   Although services have not yet been affected, In the event of absences departments are required to report shortfalls to the hospital operations team who will then draught in staff or redeploy from alternative areas. To supplement this approach the in house nursing and clerical agencies have run a drive of additional recruitment to ensure adequate additional staffing may be available.
   The workforce survey, undertaken by the trust, also reveals staff who are willing to work additional hours for the trust or who may possess transferable skills which may support other departments.
   This combined approach provides a range of methods to safeguard the workforce presence and ensure business as usual with the same high quality standards being maintained through an outbreak situation.

6) Number of critical care beds in the trust.
   13

7) Number of paediatric critical care beds in the trust if applicable
   N/A

Ref 33/09:
Litigation (Staff & Costs)

A) *The number of FTE legally qualified staff employed by the Trust to work on litigation claims against the Trust and the pay grade of these staff.*

Walsall Hospitals NHS Trust has no legally qualified staff working on litigation claims.

B) *The number of FTE non-legally qualified staff employed by the Trust to work on litigation claims against the Trust and the pay grade of these staff.*

Walsall Hospitals NHS Trust has a Risk Department whose staff deal with these claims under the leadership of a band 8c senior manager.

C) *The fees paid to law firms for assistance with litigation cases by the Trust in the financial year 2008-09.*

Walsall Hospitals NHS Trust works with Mills & Reeves on all litigation cases. Please see below the total amounts invoiced by Mills & Reeves during 2008/9.

Please note that these are **totals** from Mills & Reeves for professional services. Dealings re: litigation claims are not separate on these invoices. We do not pay for legal support used for clinical negligence cases, this is covered by the clinical negligence scheme for Trusts and comes out of the NHSLA budget.

Where legal advice is taken outside of this remit, Mills and Reeve are used and do bill us.

MILLLS AND REEVES
2008-2009

21/5/2008	4746.88
2/7/2008	6398.73
17/7/2008	8020.27
22/8/2008	9701.71
10/10/2008	9464.58
31/10/2008	22709.24
8/12/2008	17955.07
22/12/2008	13881.21
29/1/2009	4370.35
25/2/2009	16990.65
24/3/2009	16955.27
	£131,193.96

Ref 31/09:
Drug Formulary

Currently we are interested in the identities of people who form the Drug Formulary
Committee as we are analyzing drug formularies at hospital level for healthcare
industry clients.
Accordingly, could you please provide a list of the current drug formulary committee

Please find below the membership list for the Walsall Medicines Management Committee
(joint with the PCT (NHS Walsall))

PEC Representative
GP PBC Group Prescribing Leads
Nurse Prescribing Representative
tPCT Primary Care Nurse Prescribing Lead
tPCT Head of Medicines Management Pharmaceutical Advisers
Lead Practice Pharmacists
LPC Representative
LMC Representative
Chair of WHT Medicines Management Committee Committee
Mental Health Consultant Mental Health Pharmacist
Consultants from WHT with an interest in specific medicines management issues
Hospital Chief Pharmacist
Hospital Medicines Management Pharmacist
Practice Education Facilitator for Community Nursing and Long Term Conditions

Accordingly, we are requesting a copy of your current drug
formulary in either printed or electronic form so that we can carry out their projects. If
the information is available on-line then a URL to it would be appreciated

Please note that the Drug Formulary used within Walsall Hospitals NHS Trust is owned by
NHS Walsall (PCT). The links to information on this document can be found via the following
link:
http://www.walsall.nhs.uk/PublicHealth/medicinesmanagement.asp
Please be advised that this is the PCT website and not Walsall Hospitals, please contact NHS
Walsall should you have any further queries.

Ref 35/09:

Independent Contractors re: nursing & medical services

In this request I am interested in the contracts that the trust has signed with independent contractors to provide medical and nursing services to its patients, For example, diagnostics, elective surgery, and out-patient clinics. This request does not include items of equipment and non-clinical services.

For each contract please provide the following details:

    a) name of company/voluntary organisation under contract;

    b) service area covered;

    c) contract length;

    d) value of contract.

Please find our responses as below:

Orthotic Clinical Sessions:

Company:	AC Tonks
Contract Length:	01/07/04 to 30/06/10
Orthotic Clinical Sessions	
Annual Value:	£28,126

List of agencies providing staff:

Medical Locums (against national contract):

Companies:	Medacs Healthcare Services PLC
	Resuscitate Medical Services Ltd
	Nationwide Locum Services Ltd
	DRC Locums Ltd
	Medecho Ltd
	Total Assist Recruitment Ltd
Est Annual Value:	£850k

Nursing Agencies (against national contract):

Companies:	Medacs Healthcare Services PLC
	Allied Healthcare; BNA
	Castle Rock; Nursing Personnel
	Pulse Healthcare; Montigue
	Windsor
Contract Length:	National contract valid until 30/09/08 at which time a new contract (which is currently being implemented) comes into force.
Est. Annual Value:	£400k

AHP/HSS Staff

Companies:	Reed Healthcare
Contract:	Valid 01/04/09 to 23/04/12
Est. Annual Value:	£200k

Ref 36/09:
Loss of Bed Days (delayed transfer of care)

How many bed days were lost due to delayed transfer of care in the 08/09 financial year? If you do not have a figure please could you provide me with any estimate you have?
Answer - 2,873 days

What is the longest continual stretch of days that have been lost to delayed discharge by one patient since 1/4/02? Have you been able to reclaim any of these costs associated with this patient from any other organisation? If so how much have you reclaimed and from who?
Answer - 709 days, no this patient was discharged in Apr 2002 before we had arrangements with the Local Authority

In relation to the 08/09 financial year what payments have you received from PCTs in relation to delayed transfers of care for when an admission exceeds the 'trim point'?
Answer - £425,492, this is the total excess bed days - but patients can exceed the trim-point for reasons other than delayed discharges and it is not possible to disaggregate from the total

In relation to the 08/09 financial year how much money have you been paid by local authorities under the provisions of the Community Care (Delayed Discharges) Act where you get paid £100 per day? Answer - £171,461.

Ref 38/09:
Walking Aids / Wheelchairs for obese patients

How many a) walking aids b) wheelchairs the Trust has issued for people classified as obese in each calendar year from 2004 to 2008.

Please note that Walsall Hospitals NHS Trust does not provide walking aids / wheelchairs for any patients, this is arranged via NHS Walsall (the local PCT). However, please note the information below:

It is difficult to provide the information you require as it is unclear what is classed as obese, and we do not record client's weight. The only information I can provide is how many heavy duty walking aids we have provided (32 sets), unfortunately we only have this information for the last financial year. I cannot confirm that these items were funded by Manor Hospital.

Ref: 39/09
Thefts from Trust Property (2004-2008)

How many thefts from your trust's premises have been recorded in each calendar year from 2004 to 2008? Please list the ten highest value thefts in each year, stating the items stolen and the value in each case.

Theft Incidents recorded on PRISM incident database
Report generated 31 July 2009

2004 data part year only (June - Dec)

Count of Incident Date	Year					
Focus	2004	2005	2006	2007	2008	Grand Total
541 - Personal property - employee	5	16	29	10	13	73
542 - Personal property - patient		5	5	6	14	30
543 - Personal property - other	1	1	4	2	2	10
544 - Trust property - equipment	3	11	12	6	4	36
545 - Trust property - other	2	2	2	2	4	12
Grand Total	11	35	52	26	37	161

Please note:
- The existing database went live in June 2004, therefore we have no data on thefts prior to this date.
- The database has no field for item value therefore there is no way to rank thefts by value within this system.
- The table below is a list of the thefts by calendar year that our finance department has been informed of and has been recorded in the losses and special payments register.

CALENDAR YEAR	£	DESCRIPTION
2004		
02 Jan 04	45.00	THEFT OF MOBILE PHONE
10 Apr 04	25.00	THEFT OF ANSWERPHONE
17 Dec 04	400.00	THEFT OF COMPUTER
2005		
13 Jan 05	146.24	THEFT OF COMPUTER MONITOR
17 Jan 05	576.11	THEFT OF COMPUTER HARD DRIVE
03 Jan 05	189.00	THEFT OF COMPUTER MONITOR

Date	Amount	Description
18/19 Jan 05	600.00	THEFT OF COMPUTER HARD DRIVE
27 Jul 05	150.00	THEFT OF COMPUTER MONITOR
19-22 Aug 05	2,800.00	THEFT OF 2 LAPTOPS AND PROJECTOR
2006		
14-17 Apr 06	580.00	THEFT OF COMPUTER
05 Jun 06	500.00	THEFT OF COMPUTER
07 Jul 06	632.15	THEFT OF COMPUTER
03 Jul 06	632.15	THEFT OF COMPUTER
20 Oct 06	34,706.56	THEFT OF PORTABLE ECHO MACHINE
2007		
25 Mar 07	50.00	THEFT OF PATIENT'S CASH
05 Jul 07	600.00	THEFT OF LAPTOP
Jul 07	327.25	THEFT OF PAYPHONE AND CASH
Aug 07	835.63	PHARMACY STOCK NOT RECEIVED BY FAMILY PLANNING
26 Nov 07	1,500.00	THEFT OF STEPS FROM MOBILE BREAST SCREENING UNIT
31 Dec 07	500.00	THEFT OF PC
10 Dec 07	500.00	THEFT OF PC
2008		
14 Jan 08	500.00	THEFT OF PC
13 May 08	368.00	THEFT OF COMPUTER
30 May 08	380.00	THEFT OF COMPUTER
04 Oct 08	780.00	THEFT OF CAR PARKING TAKINGS FROM PAY STATION
24 Sep 08	350.00	THEFT OF COMPUTER
27 Aug 08	564.00	THEFT OF LAPTOP

Ref 45/09:
Private Treatment (NHS staff)

1. How many staff members have received private sector treatment paid for by the Trust in each of the last three years?
   None

2. How much has the Trust spent on providing private sector treatment to NHS staff in each of the last three years?
   Walsall Hospitals NHS Trust has spent £0 on providing private sector treatment to NHS staff in the last 3 years.

3. What private sector treatment has been provided to NHS staff in each of the last three years and what treatment is currently on offer to staff?
   No private sector treatment is on offer to staff.

4. How many members of staff have private health insurance included in their standard employment contracts
   No members of staff have private health insurance included in their standard employment contracts.

Ref 46/09:
Managed Equipment Service Agreements

Please list all Managed Equipment Services (MES) agreements in place at the Trust.

Siemens contract in Pathology - clinical chemistry analysers
Huntleigh contract for Pressure Area Care (dynamic mattresses)

Please list the person responsible for the management of each MES agreement.

Both of the above contracts are managed by our Medical Contracts Manager – who works within the procurement department.

Ref: 42/09

Communications around transfer of care of emergency patients (2006 onwards)

There are said to be common problems transferring patients requiring specialist urgent care, for example major trauma patients, and also between A&Es where required; because specialist/other sites refuse to take them and that there is likely to be correspondence between hospitals which have had problems as evidence of this.

i.e. correspondence which is about delays in or problems with arranging or carrying out the transfer itself, not problems attributable to clinical factors. I stress it is only cases where the patient is in an emergency/urgent condition when the transfer is required/takes place. I am referring to patients being transferred for urgent clinical care, for example A&E cases, emergency surgery, emergency neurological or major trauma care.

I only want information where the delay (or problem) with a transfer is perceived to be a delay (or problem) by the trust concerned, and therefore has resulted in the correspondence. It would therefore be whatever the trust / author of the correspondence considers to be a delay.

Walsall Hospitals NHS Trust does not have any instances of difficulty in transferring patients to specialist centres.
Also, please note that we do not transfer patients to another A&E once they are accepted here.

Ref: 50/09
Numbers presenting with flu symptoms (April – July 09)
Total A&E attendances (June – July 09)

Please provide data showing the number of people presenting at hospitals in your area in each of the last four months with symptoms of H1N1 swine flu/flu-like symptoms.

The total numbers of A&E arrivals with 'flu-like symptoms' recorded as part of their arrival condition are as follows:

April   31
May   42
June   63   (0.95% of total A&E attendances)
July   264   (3.78% of total A&E attendances)
August (to 16th) 35

Please provide data showing the total number of people attending any accident and emergency departments in your area in for June and for July.

The total A&E attendances for Walsall Hospitals NHS Trust are as follows:

June   6567
July   6979

Walsall Hospitals NHS
NHS Trust

Ref 51/09:
Non Geographic Telephone Numbers

1) Does your organisation (subsidiary organisations, hospitals and health centres) utilise in any form of non-geographic telephone numbers (i.e. 0845, 0870, 0345 etc) or premium rate telephone numbers?

   Walsall Hospitals NHS Trust does not utilise non-geographic telephone numbers

2) If your organisation does operate one or more lines, please explain the justification for operating them.

   N/A

3) If your organisation does not currently utilise one, has it in the past? If any have been withdrawn, what was the reason for withdrawing the service?

   N/A

4) If your organisation currently utilises or has in the past utilised a non-geographic number, please detail the revenue earned by your organisation as a result of callers using the telephone number over the past five financial years.

   N/A

5) If your organisation does operate these numbers but make no revenue share, please detail the reasons given for not requesting a share from the telephone provider.

   N/A

Ref 53/09:
Patient Menus & Nutritional Breakdowns

WEEK 1	LUNCHES					
Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
Minced Steak & Potato Pie BHF	Shepherd's Pie BHF	Liver & Bacon Casserole	Chicken & Leek Pie BHF	Chicken Korma	Irish Stew	Roast Beef
Chicken al Forno			Lasagne BHF			Savoury Mince
Vegetable & Bean Cottage Pie BHF	Broccoli & Cheese Sauce	Vegetable Lasagne BHF	Bean & Vegetable Hot Pot		Vegetable & Bean Cottage Pie BHF	
						Yorkshire Pudding
				Boiled Rice BHF		Roast Potatoes
						Boiled Rice BHF
Chocolate Sponge	Eve's Pudding	Apple Pie	Lemon Bread & Butter Pudding	Fruits of the Forest Sponge	Posh Pear & Chocolate Crumble BHF	Sticky Toffee Pudding with Butterscotch BHF
Custard Rice Pudding	Rice Pudding BHF	Rice Pudding BHF	Rice Pudding BHF	Rice Pudding BHF	Custard Rice Pudding	Rice Pudding BHF

WEEK 1	SUPPERS					
Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
Macaroni & Smoked Haddock & Herbs BHF	Corned Beef, Tomato & Potato Bake		Fish Pie with a Potato Top BHF	Braised Sausages with Onions BHF	Broccoli & Butter Bean Mornay	Ocean Pie

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Average Nutrients per Standard Portion Prior to Regeneration

Menu Item	Ptn Size	Energy	Protein	Fat [Total]	Carbohy	Na	K	Ca	Fe	Vit. C	Folate	Mono-unst Fat	Poly-unst Fat	Saturated Fat	Total Sugars	Total Starches	Fibre [Englyst]
Week 1 - Monday Lunch																	
Minced Steak & Potato Pie BHF	180g	356 kcal	16g	22g	24g	18mm	12mm	76mg	3mg	5mg	20µg	10g	3g	10g	2g	22g	2g
Chicken al Forno	150g	243 kcal	21g	10g	18g	19mm	6mm	18mg	1mg	7mg	20µg	4g	2g	4g	2g	16g	1g
Vegetable & Bean Cottage Pie BHF	200g	279 kcal	9g	17g	23g	11mm	17mm	165mg	1mg	37mg	74µg	5g	1g	11g	6g	17g	4g
Chocolate Sponge	90g	300 kcal	6g	10g	47g	19mm	4mm	53mg	1mg	0mg	0µg	5g	2g	3g	27g	20g	1g
Custard Rice Pudding	160g	175 kcal	3g	4g	33g	4mm	6mm	152mg	0mg	2mg	4µg	1g	0g	3g	18g	15g	0g
Week 1 - Monday Supper																	
Macaroni & Smoked Haddock & Herbs BHF	170g	280 kcal	14g	12g	30g	20mm	8mm	186mg	1mg	3mg	12µg	3g	1g	9g	13g	17g	1g
Week 1 - Tuesday Lunch																	
Shepherd's Pie BHF	200g	260 kcal	15g	13g	21g	24mm	16mm	53mg	2mg	8mg	24µg	5g	1g	8g	2g	19g	2g
Broccoli & Cheese Sauce	170g	189 kcal	10g	12g	9g	21mm	8mm	268mg	1mg	35mg	47µg	4g	1g	8g	6g	4g	2g
Eve's Pudding	110g	233 kcal	3g	5g	43g	9mm	2mm	32mg	2mg	3mg	4µg	3g	1g	1g	28g	16g	1g
Rice Pudding BHF	160g	188 kcal	4g	4g	38g	3mm	3mm	156mg	0mg	2mg	5µg	1g	1g	2g	19g	19g	0g
Week 1 - Tuesday Supper																	

Corned Beef, Tomato & Potato Bake	150g	280 kcal	19g	14g	19g	26mm	18mm	118mg	2mg	8mg	26µg	4g	1g	9g	3g	17g	2g

Week 1 - Wednesday Lunch

Liver & Bacon Casserole	170g	251 kcal	23g	14g	8g	7mm	10mm	18mg	17mg	10mg	70µg	3g	2g	9g	3g	6g	1g
Vegetable Lasagne BHF	200g	289 kcal	12g	15g	26g	25mm	14mm	274mg	1mg	35mg	40µg	5g	1g	9g	9g	17g	2g
Apple Pie	130g	203 kcal	2g	10g	27g	5mm	5mm	36mg	1mg	9mg	3µg	4g	2g	4g	13g	14g	2g
Rice Pudding BHF	160g	188 kcal	4g	4g	38g	3mm	3mm	156mg	0mg	2mg	5µg	1g	1g	2g	19g	19g	0g

Week 1 - Thursday Lunch

Chicken & Leek Pie BHF	180g	310 kcal	21g	14g	26g	24mm	10mm	119mg	1mg	4mg	19µg	6g	2g	5g	7g	19g	1g
Lasagne BHF	180g	349 kcal	19g	20g	23g	26mm	13mm	224mg	2mg	5mg	20µg	7g	1g	11g	7g	16g	2g
Bean & Vegetable Hot Pot	200g	200 kcal	8g	5g	32g	18mm	21mm	51mg	2mg	22mg	47µg	1g	1g	3g	3g	29g	6g
Lemon Bread & Butter Pudding	150g	312 kcal	9g	11g	46g	14mm	8mm	142mg	2mg	1mg	26µg	4g	1g	6g	30g	16g	1g
Rice Pudding BHF	160g	188 kcal	4g	4g	38g	3mm	3mm	156mg	0mg	2mg	5µg	1g	1g	2g	19g	19g	0g

Week 1 - Thursday Supper

Fish Pie with a Potato Top BHF	200g	237 kcal	17g	11g	19g	15mm	16mm	58mg	1mg	6mg	20µg	3g	2g	6g	4g	16g	1g

Week 1 - Friday Lunch

Chicken Korma	170g	239 kcal	22g	14g	7g	19mm	11mm	48mg	3mg	1mg	5µg	3g	2g	9g	5g	3g	1g

Item	Weight	Energy															
Boiled Rice BHF	100g	134 kcal	2g	0g	29g	0mm	1mm	3mg	0mg	0mg	3µg	0g	0g	0g	0g	29g	0g
Fruits of the Forest Sponge	110g	232 kcal	3g	5g	44g	9mm	3mm	41mg	1mg	4mg	4µg	1g	3g	2g	28g	16g	2g
Rice Pudding BHF	160g	188 kcal	4g	4g	38g	3mm	3mm	156mg	0mg	2mg	5µg	1g	1g	2g	19g	19g	0g

Week 1 - Friday Supper

Braised Sausages with Onions BHF	170g	262 kcal	13g	15g	20g	28mm	7mm	118mg	1mg	23mg	6µg	6g	3g	6g	2g	18g	1g

Week 1 - Saturday Lunch

Irish Stew	170g	172 kcal	20g	7g	8g	12mm	12mm	24mg	2mg	7mg	16µg	3g	0g	3g	3g	5g	1g
Vegetable & Bean Cottage Pie BHF	200g	279 kcal	9g	17g	23g	11mm	17mm	165mg	1mg	37mg	74µg	5g	1g	11g	6g	17g	4g
Posh Pear & Chocolate Crumble BHF	130g	398 kcal	5g	16g	64g	1mm	4mm	61mg	1mg	1mg	8µg	4g	1g	11g	36g	28g	3g
Custard Rice Pudding	160g	175 kcal	3g	4g	33g	4mm	6mm	152mg	0mg	2mg	4µg	1g	0g	3g	18g	15g	0g

Week 1 - Saturday Supper

Broccoli & Butter Bean Mornay	170g	275 kcal	16g	16g	18g	27mm	13mm	352mg	2mg	35mg	49µg	4g	1g	11g	6g	12g	5g

Week 1 - Sunday Lunch

Roast Beef	70g	108 kcal	22g	2g	0g	7mm	7mm	6mg	2mg	0mg	15µg	1g	0g	1g	0g	0g	0g
Savoury Mince	150g	207 kcal	15g	14g	5g	17mm	10mm	57mg	2mg	5mg	13µg	7g	1g	7g	3g	2g	1g

Yorkshire Pudding	15g	46 kcal	2g	2g	6g	4mm	1mm	20mg	0mg	0mg	1µg	1g	0g	1g	0g	5g	0g
Roast Potatoes	100g	154 kcal	3g	5g	26g	0mm	15mm	8mg	1mg	6mg	25µg	3g	2g	1g	1g	25g	2g
Boiled Rice BHF	100g	134 kcal	2g	0g	29g	0mm	1mm	3mg	0mg	0mg	3µg	0g	0g	0g	0g	29g	0g
Sticky Toffee Pudding with Butterscotch BHF	100g	466 kcal	4g	28g	54g	11mm	5mm	102mg	1mg	0mg	10µg	8g	1g	19g	41g	13g	1g
Rice Pudding BHF	160g	188 kcal	4g	4g	38g	3mm	3mm	156mg	0mg	2mg	5µg	1g	1g	2g	19g	19g	0g

Week 1 - Sunday Supper

Ocean Pie	180g	300 kcal	17g	14g	28g	22mm	12mm	92mg	1mg	3mg	18µg	5g	2g	7g	5g	23g	2g

WEEK 2			LUNCHES			
Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
Cottage Pie BHF	Chicken & Mushroom Pie	Beef Bolognaise BHF	Roast Lamb	Beef Casserole BHF	Chicken Casserole	Roast Pork
Tuna & Pasta Cheese Bake			Seafood Pasta with Dill			
	Vegetable Pie with Potato Topping BHF	Vegetable Crumble	Vegetable Moussaka BHF	Vegetable & Bean Stroganoff	Cauliflower & Broccoli Pasta	
						Stuffing Ball
Boiled Rice BHF		Pasta BHF	Roast Potatoes			Roast Potatoes
Apple & Blackberry Pie	Eve's Pudding	Plum & Apple Crumble	Marmalade Sponge	Mincemeat Crumble Tart	Orange Bread & Butter Pudding BHF	Apple & Apricot Pie
Rice Pudding BHF	Custard Rice Pudding	Rice Pudding BHF	Rice Pudding with Nutmeg BHF	Custard Rice Pudding	Rice Pudding BHF	Custard Rice Pudding

WEEK 2			SUPPERS			
Monday	**Tuesday**	**Wednesday**	**Thursday**	**Friday**	**Saturday**	**Sunday**
	Stewed Steak & Dumplings BHF	Salmon Bake	Cauliflower Cheese BHF		Savoury Sausage Casserole	Cauliflower Cheese BHF

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Average Nutrients per Standard Portion Prior to Regeneration

Menu Item	Ptn Size	Energy	Protein	Fat [Total]	Carbohy	Na	K	Ca	Fe	Vit. C	Folate	Mono-unst Fat	Poly-unst Fat	Saturated Fat	Total Sugars	Total Starches	Fibre [Englyst]
Week 2 - Monday Lunch																	
Cottage Pie BHF	200g	290 kcal	17g	16g	20g	30mm	15mm	129mg	3mg	9mg	28µg	7g	1g	8g	4g	17g	2g
Tuna & Pasta Cheese Bake	170g	318 kcal	21g	14g	27g	28mm	7mm	274mg	1mg	1mg	12µg	4g	1g	9g	5g	22g	1g
Boiled Rice BHF	100g	134 kcal	2g	0g	29g	0mm	1mm	3mg	0mg	0mg	3µg	0g	0g	0g	0g	29g	0g
Apple & Blackberry Pie	130g	258 kcal	2g	10g	42g	5mm	4mm	50mg	1mg	6mg	3µg	4g	2g	4g	25g	18g	3g
Rice Pudding BHF	160g	188 kcal	4g	4g	38g	3mm	3mm	156mg	0mg	2mg	5µg	1g	1g	2g	19g	19g	0g
Week 2 - Tuesday Lunch																	
Chicken & Mushroom Pie	180g	307 kcal	23g	13g	25g	20mm	9mm	97mg	1mg	1mg	10µg	5g	2g	5g	4g	20g	1g
Vegetable Pie with Potato Topping BHF	200g	257 kcal	12g	14g	22g	12mm	16mm	215mg	2mg	18mg	47µg	4g	1g	8g	6g	16g	3g
Eve's Pudding	110g	233 kcal	3g	5g	43g	9mm	2mm	32mg	2mg	3mg	4µg	3g	1g	1g	28g	16g	1g
Custard Rice Pudding	160g	175 kcal	3g	4g	33g	4mm	6mm	152mg	0mg	2mg	4µg	1g	0g	3g	18g	15g	0g
Week 2 - Tuesday Supper																	
Stewed Steak & Dumplings BHF	180g	329 kcal	19g	20g	18g	28mm	13mm	51mg	2mg	8mg	22µg	8g	2g	11g	4g	13g	2g

Week 2 - Wednesday Lunch

Beef Bolognaise BHF	170g	190 kcal	14g	12g	6g	22mm	15mm	68mg	3mg	10mg	18µg	6g	1g	6g	5g	1g	1g
Vegetable Crumble	200g	496 kcal	15g	30g	43g	37mm	12mm	378mg	2mg	17mg	40µg	11g	4g	16g	8g	35g	3g
Pasta BHF	85g	179 kcal	5g	4g	32g	6mm	3mm	11mg	1mg	0mg	7µg	2g	1g	1g	1g	30g	1g
Plum & Apple Crumble	130g	309 kcal	3g	10g	56g	5mm	4mm	39mg	1mg	2mg	7µg	4g	2g	4g	32g	24g	2g
Rice Pudding BHF	160g	188 kcal	4g	4g	38g	3mm	3mm	156mg	0mg	2mg	5µg	1g	1g	2g	19g	19g	0g

Week 2 - Wednesday Supper

Salmon Bake	170g	268 kcal	18g	17g	10g	27mm	11mm	246mg	1mg	12mg	24µg	6g	2g	9g	6g	4g	1g

Week 2 - Thursday Lunch

Roast Lamb	70g	186 kcal	18g	13g	0g	2mm	6mm	6mg	2mg	0mg	2µg	5g	1g	6g	0g	0g	0g
Seafood Pasta with Dill	170g	248 kcal	17g	12g	18g	21mm	10mm	125mg	1mg	2mg	13µg	4g	2g	6g	4g	13g	1g
Vegetable Moussaka BHF	200g	269 kcal	10g	17g	19g	12mm	14mm	285mg	1mg	35mg	37µg	6g	2g	9g	7g	12g	2g
Roast Potatoes	100g	154 kcal	3g	5g	26g	0mm	15mm	8mg	1mg	6mg	25µg	3g	2g	1g	1g	25g	2g
Marmalade Sponge	100g	312 kcal	4g	6g	62g	12mm	1mm	46mg	1mg	3mg	6µg	3g	2g	2g	45g	17g	1g
Rice Pudding with Nutmeg BHF	160g	189 kcal	4g	4g	38g	3mm	3mm	156mg	0mg	2mg	5µg	1g	1g	2g	19g	19g	0g

Week 2 - Thursday Supper

Cauliflower Cheese BHF	170g	209 kcal	11g	14g	10g	23mm	9mm	276mg	1mg	21mg	31µg	4g	1g	9g	6g	4g	1g

Week 2 - Friday Lunch

Beef Casserole BHF	170g	221 kcal	19g	13g	9g	14mm	13mm	21mg	2mg	3mg	18µg	4g	0g	8g	2g	7g	1g
Vegetable & Bean Stroganoff	170g	284 kcal	9g	19g	21g	21mm	11mm	111mg	2mg	23mg	33µg	3g	3g	13g	8g	13g	6g
Mincemeat Crumble Tart	120g	444 kcal	5g	19g	67g	9mm	6mm	73mg	1mg	1mg	11µg	8g	3g	8g	35g	31g	2g
Custard Rice Pudding	160g	175 kcal	3g	4g	33g	4mm	6mm	152mg	0mg	2mg	4µg	1g	0g	3g	18g	15g	0g

Week 2 - Saturday Lunch

Chicken Casserole	170g	120 kcal	23g	1g	5g	14mm	10mm	11mg	0mg	2mg	6µg	1g	0g	0g	2g	3g	0g
Cauliflower & Broccoli Pasta	170g	318 kcal	14g	18g	25g	24mm	8mm	387mg	1mg	22mg	34µg	5g	2g	11g	10g	15g	2g
Orange Bread & Butter Pudding BHF	150g	312 kcal	9g	11g	46g	14mm	8mm	145mg	2mg	2mg	26µg	4g	2g	5g	31g	16g	1g
Rice Pudding BHF	160g	188 kcal	4g	4g	38g	3mm	3mm	156mg	0mg	2mg	5µg	1g	1g	2g	19g	19g	0g

Week 2 - Saturday Supper

Savoury Sausage Casserole	160g	365 kcal	13g	26g	19g	42mm	7mm	122mg	1mg	5mg	20µg	9g	3g	14g	2g	18g	2g

Week 2 - Sunday Lunch

Roast Pork	70g	177 kcal	18g	11g	0g	2mm	6mm	8mg	1mg	0mg	1µg	4g	2g	4g	0g	0g	0g

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Stuffing Ball	35g	81 kcal	2g	3g	11g	12mm	1mm	98mg	1mg	0mg	0µg	2g	1g	0g	0g	9g	0g
Roast Potatoes	100g	154 kcal	3g	5g	26g	0mm	15mm	8mg	1mg	6mg	25µg	3g	2g	1g	1g	25g	2g
Apple & Apricot Pie	130g	257 kcal	2g	10g	42g	5mm	4mm	37mg	1mg	3mg	4µg	4g	2g	4g	24g	18g	2g
Custard Rice Pudding	160g	175 kcal	3g	4g	33g	4mm	6mm	152mg	0mg	2mg	4µg	1g	0g	3g	18g	15g	0g

Week 2 - Sunday Supper

Cauliflower Cheese BHF	170g	209 kcal	11g	14g	10g	23mm	9mm	276mg	1mg	21mg	31µg	4g	1g	9g	6g	4g	1g

Ref 56/09:
Electronic Patient Records survey

1. **Name of the hospital: Walsall Manor Hospital**
2. **Number of beds: 613 (including Day Case Unit and Maternity)**
3. **Type of Hospital** (**Teaching or non teaching**): **Teaching**

Section-1

Does your hospital have a computerised or electronic system for any of the following functions? ("Fully implemented" means it has completely replaced the paper record for the function)

1. Electronic Clinical Documentation	Fully implemented across all departments	Fully implemented in at least one department	Beginning to implement in at least one department	Have resources to implement in the next year	Do not have resources but considering implementing	Not in place and not considering implementing
Patient demographics	√					
Medical notes			√			
Nursing assessments			√			
Problem lists			√			
Medication lists			√			
Discharge summaries	√					
Advanced directives(e.g. Do Not Resuscitate)			√			

2. Results viewing

Lab reports	√				
Radiology reports	√				
Radiology images	√				
Other diagnostic test results (e.g. ECG report)				√	
Diagnostic test images(e.g., ECG tracing)				√	
Referral reports e.g. to physiotherapist / dietician			√		

3. Computerised provider order entry (where health professional e.g. doctor, nurse directly enters own orders)

Laboratory tests			√		
Radiology Tests			√		
Medication / drug prescribing			√		
Referral Requests			√		

Nursing Orders			√			

4. Decision Support

Clinical Guidelines (e.g., Beta blockers post-MI, Aspirin in CAD			√			
Clinical Reminders (e.g., Pneumovax)			√			
Drug Allergy Alerts		√				
Drug-Drug Interaction Alerts			√			
Drug-Lab test Interaction Alerts			√			
Drug Dosing Support (e.g., renal dose guidance)						√

5. Bar Coding

Patient ID			√			
Laboratory specimens			√			
Tracking drugs			√			

Drugs administration				√	
Supply chain management				√	

6. Other Functionalities

Telemedicine		√			
Radio Frequency ID tags		√			
Medical Use of Personal Data Assistant		√			

Section 2

1. Please answer the next question regardless of whether or not your hospital has implemented an Electronic Health Records system.

If your hospital has implemented an Electronic Health Records system, please tell us how much of a barrier each of the following was to implementation.

If your hospital has NOT implemented an Electronic Health Records system, please indicate how much of a barrier it is to implementation, even if you have no immediate plans to implement a system.

	Major barrier	Minor barrier	Not a barrier
The amount of capital needed to purchase and implement an EHR		√	
Uncertainty about the return on investment (ROI) from an EHR		√	
Concerns about the ongoing cost of maintaining an EHR system	√		
Resistance to implementation from doctors		√	
Resistance to implementation from other health care providers (e.g., nurses, physiotherapists)		√	
Lack of capacity to select, contract for, and implement an EHR			√
Disruption in clinical care during implementation	√		
Lack of adequate IT staff			√
Concerns about inappropriate disclosure of patient information		√	
Concerns about illegal record tampering or "hacking"	√		
Finding an EHR system that meets your organization's needs	√		
Lack of interoperable IT systems in the market place.		√	
Concerns about a lack of future support from vendors for upgrading and maintaining the system	√		

Section 3

1. The table below lists potential policy solutions for suspected barriers to a hospital's implementation of an Electronic Health Records system.

• If your hospital HAS NOT implemented an Electronic Health Records system please rate the impact that the proposed change in policy would have on your hospital's decision to implement an EHR. Please indicate whether the impact would be positive or negative.

• If your hospital HAS implemented an Electronic Health Records system, please rate the impact of the proposed change in policy on EHR implementation among hospitals generally. Please indicate whether the impact would be positive or negative

	Major positive impact	Minor positive impact	No impact	Minor negative impact	Major negative impact
Change the law to protect doctors from personal liability for record tampering by external parties or for privacy and security breaches					These appear to be 2 different questions. External parties should never have access to data. Any Dr who wilfully breaches privacy and security should be held accountable
Published lists of certified EHRs to assure presence of necessary capabilities and functions	√				
Objective evaluations of EHR capabilities and implementation experiences ("Which guide" for EHR's)	√				
Technical assistance for implementation and process changes	√				
Financial incentives for the purchase and			Only if confident that		

implementation of an EHR (e.g., ring fenced allowance, grants)			EHR is fit for purpose		
Additional hospital income for the use of an EHR	√				

Ref: 34/09
Drugs Decision Making

Date	Name of Drug	Indications	Trust Decision	Reason for Decision	Evidence of Minute
Feb 08	Grazax	Treatment of grass pollen induced rhinitis and conjunctivitis in adult patients.	To be prescribed by restricted prescription via ENT only.	There may be numerous clinical issues.	**Minute 6.1** "Dr N advised it should be prescribed by restricted prescription via ENT only."
May 08	Tiotropium	Used for COPD for broncho-dilator treatment. Reduced dosage.	Accepted for prescribing.	Links into the local IMPACT campaign.	**Minute 6.4** "Reduced dosage – changed the form of introduction, same drug, different formulation – small dose. Links into the IMPACT campaign, to ensure Junior Doctors are aware and have clear guidance. Outcome- Clinical information accepted, Finance – no cost difference. Ok to stock in pharmacy, need to be sure which ones will be given."
May 08	Fostair	Indicated in the regular treatment of asthma where use of a combination product (ICS and LABA) is appropriate.	Recommendation for drug to be approved for use.	It is cost effective.	**Minute 6.5** "Recommendation from pharmacy that this drug is approved for use. It is cost effective".
July 08	Maraviroc	Used in the treatment of heavily experienced patients with multi-class resistant HIV virus with advanced HIV disease.	Referred to Joint MMC and approved.	Approved by PCT.	Approved by the Joint MMC.
Sept 08	Volulyte	For the therapy and prophylaxis of hypovolaemia.	Discussed at MMC.	Approved to be used in October but not minuted.	Not minuted

Sept 08	Erdosteine	For the symptomatic treatment of acute exacerbations of chronic bronchitis in adults. As an expectorant.	Referred to Joint Committee for discussion.	Not supported as no great benefit over current drug Carbocisteine.	Discussed at Joint MMC and not supported.
Sept 08	Anidulafungin	Treatment for invasive candidiasis in adult non-neutropenic patients.	Restricted use.	Restricted use with Microbiologist's approval.	**Minute 6.4** "Approved for restricted use. GT to amend Antibiotic guidance."
Sept 08	Clopidogrel	Acute coronary syndrome.	Accepted by committee for use.	Recommended for use in acute coronary syndrome.	**Minute 6.5** "Committee accepts new drug. No evaluation required."
Oct 08	Ivabradine	To treat stable angina patients with contra-indications to Beta blockers.	Accepted by Committee for limited use.	To allow monitoring of the number of patients (proposed at 80-83 per year) and what support is required.	**8/12/08 Minute 6.2** "Agreed to propose via the Joint committee that this should be used on Consultants signatures for only one year."
Oct 08	Candesartan	Essential hypertension. Treatment of patients with heart failure and impaired left ventricle systolic function.	Referred to Joint MMC and Cardiology Subgroup.	Chair discussed with Cardiology Subgroup – decided advantageous to use ACE therapy.	**11/5/09 Minute 6.3** Discussed at the Cardiovascular Disease Medicines Management Subgroup.
Dec 09	Toot Sweet	Prescribed for neonates for pain relief.	Approved.	Recommended its usage.	**9/3/09 – Minute 6.3** "Approved for introduction in the Trust".

Ref 43/09:
Beds & Admissions (2006 – 2008)

Part 1
Number of:
Adult In Patient Beds (Non-Intensive Care); Adult Intensive Care Beds; Paediatric In Patient Beds; Delivery Rooms (Maternity); Neonatal Cots

Part 2
Please supply me with the following data for 2006, 2007 and 2008.
Number of:
Adult Ward Admissions; Paediatric Ward Admissions; Neonatal Ward Admissions; Adult Intensive Care Admissions; Deliveries (Maternity); Attendances at A & E (Adult); Attendances at A & E (Children)

Please find our responses below and note the following:
1 - Our available beds have changed a lot over recent years and hence, for part 1 we have provided an average number of beds for each of the years requested.
2- For A&E attendances, we have recorded patients aged under 16 as children.

YearCalendar	Grouping	Part 1 - Average Beds Available	Part 2 - Admissions / Attenders
Year 2006	AdultInpatient	498.5	26813
Year 2006	AdultIntensiveCare	13.8	210
Year 2006	DeliverySuite	17.0	3741
Year 2006	NeonatalCots	12.0	52
Year 2006	Paediatric	46.0	3065
	Adult A&E Attenders		61432
	Paediatric A&E Attenders		17778
Year 2007	AdultInpatient	477.0	25049
Year 2007	AdultIntensiveCare	13.4	247
Year 2007	DeliverySuite	17.0	3655
Year 2007	NeonatalCots	12.0	66
Year 2007	Paediatric	44.3	3648
	Adult A&E Attenders		62090
	Paediatric A&E Attenders		18616
Year 2008	AdultInpatient	455.3	21874
Year 2008	AdultIntensiveCare	13.5	218
Year 2008	DeliverySuite	17.0	3696
Year 2008	NeonatalCots	12.7	57
Year 2008	Paediatric	29.1	3112
	Adult A&E Attenders		62013
	Paediatric A&E Attenders		17232

Ref 44/09:
European Working Time Directive

1. How many junior doctors did you employ before August 1st 2009 and how many are you now employing

Junior Doctors @ 31JUL2009 = 138.53 FTE
Junior Doctors @ 24AUG2009 = 141.63 FTE (increase due to expansion of foundation placements)

2. How many full-time equivalent positions have you created in order to meet the European Working Time Directive and what positions are they.

In January 2009 82% of our junior doctor rotas were compliant with the 1/8/09 EWTD guidelines. The 3 rotas not compliant at that time have since had hours reduced/rotas re-structured to obtain Deanery   sign-off. We have not had to create additional positions to enable these posts to become EWTD compliant.

3. What proportion of your total staff currently work over 48 hours each week.

44% staff worked over 48 hours week-1 in the reference period. This was not contracted, but through a combination of substantive and bank shifts. Those that worked over 48-hours per week had previously opted-out of the 48-hour working week. Standard hours of non-medical staff are 37.50 hours per week.

4. What proportion of your junior doctors currently work over 48 hours each week.

0% of junior doctors worked over 48 hours week-1 in the reference period.

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Ref 48/09:
Bowel & Cervical Cancer Deaths (aged 18-36) 2004 – 2009

Figures relating to the deaths of young people between the ages of 18 years and 36 years (bowel / cervical cancer) for the past 5 years:
1. Age
2. Location
3. Male / Female
4. Bowel Cancer
5. Cervical Cancer

During the period 01/04/2004 to 31/03/2009 Walsall Hospitals NHS Trust has no patients with bowel / cervical cancer in the age range 18-36 who died within our hospital.

Public Health data from Walsall PCT (Primary Care Trust) may give you further information relating to deaths outside the hospital environment.

Ref 49/09
Children admitted with Tamiflu side effects: May to August

Please provide details of the number of children under the age of 12 who have been admitted to hospital with side effects of Tamiflu in each of the last three months and the present month to date.

In each case, please detail their symptoms, their condition and whether they have been released.

Walsall Hospitals NHS Trust has had no children under the age of 12 admitted with Tamiflu side effects between May & August 2009.

Ref 52/09:
Non Medically Qualified Specialist Staff

1) How many specialist staff do you currently have? What proportion are not medically qualified?

   'Specialist Staff' = 244.49 FTE, of which 30% are not doctors.

2) What proportion of specialist staff were non-medically qualified in 2008/09, 2007/08 and 2006/07?

   The Trust does not have access to this information. As stated above currently 30% of specialist staff are not doctors by title.

3) In which specialisms/departments do non-medically trained specialist staff see patients referred by GPs?

   Anaesthetics, Cancer Services, Cardiac Rehabilitation, Chemotherapy, Paediatrics, Diabetes, Haematology, Sexual Health, Anti-Coagulant, Bariatrics, Breast Care, Colorectal, Continence, Epilepsy, Gastroenterology, Gynaecology, Lung Cancer, Otolaryngology, Respiratory, Tissue Viability, Upper GI, Urology and Vascular.

4) How many non-medically trained specialist staff have the title consultant? Please list their titles

   No non-medically trained staff have the title 'consultant' within Walsall Hospitals NHS Trust

5) Are non-medical consultants required to inform patients they are not medically qualified during a consultation?

   Yes. Although none of our non-medically trained staff have the title 'consultant'.

6) Are GPs able to request that a patient is seen by a medically-qualified consultant when making a referral?

   Yes. Information is available as to whether staff are medical doctors / nurse practitioners through our systems. However, all consultants within the Trust are medically qualified.

Ref 54/09:
Critical Care Bed Days

1. How many adult critical care bed days (both level 2, high dependency and level 3, intensive care) did you have available for 2008/09 (1 April 2008 - 31 March 2009). *Please note: this is defined as the maximum number of inpatient days of care that would have been provided if all beds were filled during the year. If the number of beds fluctuated throughout the year, bed days available should reflect this.*

High Dependency = 2920 + Intensive Care = 2094

2. How many adult critical care bed days (both level 2 and 3) were occupied during 2008/09 (1 April 2008 - 31 March 2009). *Please note: this will be calculated by the sum of each daily census for the 365 days of the year.*

High Dependency = 2737 + Intensive Care = 2021

3. During the period 1 December 2008 – 31 January 2009: How many days during this period were 100% of the available adult critical care beds occupied? *(Please note: a 'full occupation' day would count if each critical bed was occupied by a patient at some point during the day, however briefly.)*

Overall for Intensive Care and High Dependency there was 100% occupancy on 33 out of 62 days.
High Dependency = 34 (out of 62) + Intensive Care = 61 (out of 62)

4. During the period 1 December 1999 – 31 January 2000 (the last seasonal influenza epidemic): How many days during this period were 100% of the available adult critical care beds occupied? *(Please note: a 'full occupation' day would count if each critical bed was occupied by a patient at some point during the day, however briefly.)*

Overall for Intensive Care and High Dependency there was 100% occupancy on 23 out of 62 days.
High Dependency = 32 (out of 62) + Intensive Care = 47 (out of 62)

Please note: Walsall Hospitals NHS Trust does not have any paediatric critical care beds therefore the answer to questions 5-8 is 'not applicable'

5. How many paediatric critical care bed days (both level 2 and 3) did you have available for 2008/09 (1 April 2008 - 31 March 2009). *Please note: this is defined as the maximum number of inpatient days of care that would have been provided if all beds were filled during the year. If the number of beds fluctuated throughout the year, bed days available should reflect this.*
6. How many paediatric critical care bed days (both level 2 and 3) were occupied during 2008/09 (1 April 2008 - 31 March 2009). *Please note: this will be calculated by the sum of each daily census for the 365 days of the year.*
7. During the period 1 December 2008 – 31 January 2009: How many days during this period were 100% of the available paediatric critical care beds occupied? *(Please note: a 'full occupation' day would count if each critical bed was occupied by a patient at some point during the day, however briefly.)*

8. During the period 1 December 1999 – 31 January 2000 (the last seasonal influenza epidemic): How many days during this period were 100% of all the available paediatric critical care beds occupied? *(Please note: a 'full occupation' day would count if each critical bed was occupied by a patient at some point during the day, however briefly.)*

Ref 57/09:

Theatres Equipment

Please note that the hospital has a new PFI with will be opening in May 2010, with 7 further operating theatres added to the 7 will already have within the existing buildings. The equipment for these new theatres is yet to be confirmed.

What is the total number of operating rooms (OR) in each hospital under your Trust?
7 in New Build, 7 in Existing.

Which brand of OR **lights** (light system used to illuminate a local area or cavity of the patient) is installed in each OR?
Trumpf

Which brand of OR **pendants** (system used to support and position medical equipment, disposables and accessories safely close to the surgical table) is installed in each OR?
Trumpf

Which brand of OR **tables** (table on which the patient lies during a surgical operation) is installed in each OR?
Eschmann

Which brand of **AV Conferencing** systems is installed in each OR?
Maquet

Which vendor provides **image management (PACS)** capability in each OR?
GE

Which brand of **High Definition Monitors** is installed in each OR?
Smith and Nephew

Ref 59/09:

Neuro-Linguistic Programming (NLP)

*   Whether the Trust has allocated resources to NLP training within
the last three financial years (e.g. by sending staff on training courses). The specific
dates of interest are between 31st April 2006 and 31st April 2009. I am interested in
NLP training for staff development as well as for service provision.
*   If so, what types of health care professionals were trained.
*   The purpose of any training (e.g. personal development, new
service provision).
*   Have any NLP services been provided to patients in your Trust?
*   How much money has been spent on NLP training within the last
three years.
*   Whether any attempt has been made to evaluate and/or audit
services within the Trust that have received NLP training.

With regards to the above questions, Walsall Hospitals NHS Trust does not utilise
Neuro-Linguistic Programming within it's services (this would be offered by the local
Mental Health Trust (Dudley and Walsall Mental Health Partnership NHS Trust)),
therefore the answers to the above questions is 'not applicable'

60/09:

Bill Payments

Please supply me with the details of the standard payment terms your trust employs in dealings with its suppliers, contractors and any other party supplying a service or product.

The Trust standard payment term is as follows: - payment is made within 30 days from receipt of a valid invoice from all suppliers, contractors and any other party supplying a service or product to the Trust.

However, in support of the recent Department of Health guidance relating to earlier payment of invoices from 'Local Suppliers' of NHS organisations, the Trust has taken this forward by paying invoices from Local Suppliers within 10 days.

Please also supply the most recent available figures showing, within a 12-month period:

* The percentage of bills your trust settled in 10 days or less;

The Trust does not possess the information requested in relation to payment within 10 days over a twelve month period. However, the Trust has recorded payment for local suppliers in less than 10 days, and has paid 55% of local suppliers within 10 days during the previous 6 calendar months.

* The percentage of bills your trust settled in 30 days or less;

98.50%

* The percentage of bills your trust took more than 30 days to settle.

1.50%

Please also supply me with the mean average of the amount of time, in days, your trust took to settle bills, within the same 12 month period.

The mean average over this 12 month period was 22 days.

62/09:

Audited Trust Accounts 07/08 & 08/09

Name of Trust Auditors and their fees

Walsall Hospitals NHS Trust auditors are Grant Thornton.

Their fees are as follows:
2007/8   £170,396
2008/9   £143,569

64/09:
Car Parking Charges & Concessions

How much patients and their visitors are charged to park at the Hospitals covered by your Trust?

Car parking fees for Walsall Hospitals NHS Trust are as follows:
£1 for the first hour up to a daily maximum of £5

Whether the car parks are run by the Hospitals themselves, a PFI company or contracted to another firm through the PFI Company?

The car parks are run by the Trust

What concessions, if any, are offered to patients and visitors?

There is a £10 per week concessionary pass available for regular visitors.
Free parking is available to those patients undergoing chemotherapy, as well as for disabled patients & visitors.

65/09:

Premature Babies

Can you please tell me how many babies born at 20 weeks, 21 weeks, 22 weeks and 23 weeks at your trust showing signs of life, such as breathing, moving or crying, have received active medical treatment, such as resuscitation or intensive care?
Can you please give me the figures separately for 20 weeks, 21 weeks, 22 weeks and 23 weeks? Can you also please tell me what type of medical intervention they were given, eg resuscitation or intensive care?
Can you please tell me how many babies born at 20 weeks, 21 weeks, 22 weeks and 23 weeks at your trust, showing signs of life, such as breathing, moving or crying, have not been given active medical treatment, such as resuscitation or intensive care and subsequently died while in hospital?
Can you please give me the figures separately for 20 weeks, 21 weeks, 22 weeks and 23 weeks?

All of the above questions are answered within the table below: (please note - All live births are seen by a paediatrician/ neonatologist – the decision to resuscitate is based on the size and condition of the baby. Most babies born below 24 weeks are not viable). IC – Intensive Care; BBA – Born Before Arrival (at hospital); resus – resuscitation.

	20 weeks	21 weeks	22 weeks	23 weeks
01.08.06 to 31.07.07	20 wks +5 days gestation - no resus – fetal abnormality	21 wks+1 day gestation – no resus		23 wks +3 days gestation – no resus
Total	**1**	**1**		**1**
01.08.07 to 31.07.08			22 wks gestation - no resus –BBA	23 wks + 3 days - no resus
			22 wks + 6 days gestation – no resus	23 wks + 3 days gestation – no resus
Total			**2**	**2**
01.08.08 to 31.07.09		21wks gestation - no resus fetal abnormality	22 wks gestation – no resus	23 wks +5 days gestation – no resus
			22 wks + 4 days gestation - no resus – fetal abnormality	23 weeks +5 days gestation – no resus
			22 wks +6 days gestation - resus IC then died	?23 wks gestation – resus IC then died
				?23 wks gestation - resus IC then died
Total		**1**	**3**	**4**

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In each of these cases, can you please tell me if the parent(s) requested active intervention to save the baby?

The Trust does not specifically record if any parents requested intervention – therefore we cannot respond to this question.

Can you please tell me how many of these babies survived to leave hospital? Again, can you please give me the figures separately for 20, 21, 22 and 23 weeks?

None of the above premature babies survived.

66/09:
Publishing of Tenders

Please can you tell me where you publish past/current/future tenders opportunities (including those of values less than the OJEC threshold), or whom I should contact to find out about the procurement plans for your trust.

All tenders are competitively marketing as per the Trust's Standing Financial Instructions. Contracts valued under the EU threshold are not advertised in any resources. Contracts above the EU threshold are advertised utilitising BIP Solutions (an organisation that provides licences to be able to advertise/post award notices etc for OJEU tenders. They act as a gateway to send the information onto the OJEU body for publication)

Am I able to re-use your tender information for my purposes under the re-use of Public Sector Regulations 2005?
If so, will this permission extend to all future tenders which are published by your trust?
Are you able to send future tenders to me directly?

Currently the Trust has no information available for re-use as tenders are not currently advertised.

Once the new Head of Procurement (HoP) has decided on our way forward, we would at that point decide how/who we will use for advertising our tenders.

We suggest that when your site is set up, please forward details to the new HoP who can consider which resource(s) we use.

67/09:
Proposed Mergers

Please provide information on any consideration your trust or foundation has given to merging with or acquiring/being acquired by another trust or foundation trust since January 2008.

Walsall Hospitals NHS Trust has not considered any mergers or acquisitions by another Trust since January 2008.

69/09:

Admissions due to drug / alcohol abuse recorded as having 'no fixed abode'

1. Of those admitted to your hospital trust over the last five years; how many patients who were admitted for reasons related to alcohol or drug misuse had no fixed abode?

   35

2. Could you please state what percentage of those mentioned above were under the age of 25?

   11.43% (4 patients)

3. Please could you also clarify how you defined those of *no fixed abode* are defined – ie does it include those who do not supply an address?

   No Fixed Abode (NFA) defined by Postcode being equal to ZZ99 3VZ (National code)

70/09:

Science within the Trust

1. How many staff are currently employed at this establishment
Total staff (substantive) = 2989.

2. Types of sciences found on site
Sciences = Haematology, Biochemistry, Microbiology, Histology, Cytology, (Pathologies), Dietetics, Radiography, Pharmacy, Clinical Measurement, Audiology, Ophthalmology, Occupational therapy, physiotherapy.

3. Specific jobs for which science is required
All this information is readily available under www.nhscareers.nhs.uk; specifically, Healthcare Scientists (http://www.nhscareers.nhs.uk/hcsci.shtml), Allied Health (http://www.nhscareers.nhs.uk/ahp.shtml).

4. Qualifications needed
As above

5. Salary for new starters in these roles
Normal starting salary for a graduate qualified position with professional registration i.e. Biomedical Scientist = £20,710. Further information can be found on www.nhscareers.nhs.uk or www.jobs.nhs.uk

6. Health & Safety issues specific to your industry
These are

- Musculoskeletal disorders
- Stress
- Violence
- Slips Trips Falls

Please refer to the following web site
http://www.hse.gov.uk/healthservices/index.htm for further information.

72/09:

Patient Meals

Please note that prior to April 2009 patient meals were provided in Trust (and not contracted out to a third party) at our Goscote Hospital site.

1) Which organisation is contracted to provide patient meals to your trust?

   Anglia crown

2) What is the annual expenditure by your trust on patient meals? (or value of the contract if expenditure figures are not available)

   £300k

3) How many patient meals were provided in each of the last 3 financial years

   Contract commenced this April 09, so far 120,000 meals have been provided.

4) Does the contract between your trust and the hospital food provider stipulate any minimum or maximum nutritional standards for patient meals? (in particular, are the caterers required to provide a specified number of calories/amount of fat or salt per day).

   The company is a national NHS contracted supplier. Their products are assessed by the NHS centrally & the head dietician. The tender was also assessed by our dieticians here at Walsall.

5) How many complaints about hospital food were received by your trust in each of the past 3 financial years?

   So far this year 1 complaint

Ref 73/09:

Compensation paid to patients operated on by foreign surgeons who were brought in on a temporary basis to perform operations to cut waiting lists

-How much have you paid in compensation to patients of this trust as a result of operations performed by foreign surgeons used by the NHS for waiting list initiatives (I'm specifically referring to foreign surgeons who were brought in on a temporary basis to perform operations to cut waiting lists. These doctors would not normally have been resident in the UK, were hired on short term contracts and flown over for a limited period to the UK. I think the practice has now been phased out - but it was government policy earlier this decade.) Please provide this information in financial year format for each year since 2003.

-can you also tell me the number of cases settled in each financial year since 2003.
-can you also tell me the country of origin of any foreign surgeon whose work has been subject to compensation claims which have been settled?

-can you also tell me the number of these cases that are still outstanding and have not yet been settled.

I can confirm that we have not had any surgeons working at the Trust from abroad specifically to reduce waiting lists.

75/09:

Religious Symbols / Dress / Imagery

1...Does the Trust currently have guidelines in operation which relate to what religious symbols and or religious images staff can wear and or have on display while carrying out their official duties and or while attending Trust premises. If so can you please provide a copy of this advice and state when it was introduced? This guidance will include but will not be limited to what religious images can be included as part of items of jewellery and or on items of clothing.

The Trust has a generic uniform policy (attached) which applies to all staff introduced in 2007 date. This policy outlines that the Trust recognises the diversity of cultures, religions and disabilities of its employees and will take a sensitive approach when this affects dress and uniform requirements. The policy will ensure all persons are treated equally and there is no diversity or discrimination in relation to; Ethnicity, Gender, Age, Sexuality, Religion of Belief, Disability, Status as Transgender or Transsexual Person. However, priority will be given to health and safety, security and infection control considerations.

For Health and Safety and infection control reasons, apart from a plain metal ring and a pair of small studs in the ears, no other jewellery will be worn when in uniform; this includes any other form of 'decorative' body piercing which may be on show external to their uniform. Wrist watches/bangles must not be worn with a clinical uniform.

Maximum contamination occurs in areas of greatest hand contact, for example pockets, cuffs and apron areas (Loh, 2000) allowing the re contamination of washed hands. Higher number of organisms have been found on the hands of staff wearing rings and Jewellery on the wrists (watches and bangles) and the presence of Jewellery items have shown to decrease the effectiveness of hand washing (Salisbury 1997).

Advice from the Sikh Temple and Sikh Forum states that: A baptised Sikh can wear the 5K`s under their uniform, therefore iron bangles must be removed whilst on duty, but can be fitted securely under their uniform.

There are no other relevant guidelines in place.

UniformPolicyFinalver
sion.pdf

2...Does the Trust currently have guidelines in operation which relate to what forms of dress staff can wear for religious reasons during the course of their official duties and while on Trust premises. If so can the Trust please provide copies of this guidance? Could the Trust also state when the advice was introduced?

Please see above answer and attached uniform policy introduced in 2007.

3...Does the Trust currently have guidance in operation which relates to what advice staff can give to patients and or visitors which is of a religious nature and

or which touches upon issues of personal faith? If so can it please provide copies of these guidelines. Can the Trust also state when this guidance was introduced?

From a HR point of view there has been no guidance introduced by Walsall Hospitals NHS Trust.

4 ... Since October 1 has any member of staff and or visitor and or patient complained about a possible breach of these guidelines and or complained that a Trust employee may be acting in a way which might cause offence on the grounds of religion and faith? Please note I am interested in receiving details of all complaints irrespective of whether the Trust has guidelines of the kind outlined above and irrespective of whether the complaint is believed to have breached these particular guidelines. How many such complaints as the Trust received?   How many individual members of staff does each complaint relate to? Can you please identify the job title of the staff member and or members of staff at the centre of the complaint?   Can you please state when the complaint was received? Could the Trust please provide full copies of all written complaints including emails.   In the case of individual complaint please feel free to redact the names and personal details of complainants and the identities of any trust employees. Please note I am interested in receiving details of all complaints irrespective of whether they come from people of faith or no faith, since October 1 2008 to the present day.

We have received no complaints from any individuals (staff, patients, or visitors) on the grounds of religion and faith.

5 ...In the case of each member of staff who has been the subject of a complaint can the Trust say what action it has taken? In each case can the trust provide the person's job title and provide full and precise details of the nature of the complaint ?

N/A. Please see above.

6...Can the trust please provide all correspondence including emails between itself and the Christian Legal Centre. Please note that I am interested in receiving all correspondence from October 1 2008 to the present day. Please feel free to redact the names of any trust employee (past or present from the correspondence)

Having contacted all relevant departments who may have had contacted the Christian Legal Centre, I can confirm that the Trust has not been in contact with this organisation.

76/09:

Soft FM Services

Please would you tell me which company is responsible for your Soft FM? (within the PFI). This means the company who is responsible for organising the Soft facilities management such as the security, catering, cleaning and linen contracts. So although different companies will be responsible for each of the services, there will be one contractor which is responsible for overseeing all these Soft services.

All Soft FM services within Walsall Hospitals NHS Trust are overseen in-house.