

FREEDOM OF INFORMATION

Disclosure Log – Quarter 1 (April-June 2018)

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092.18	May	Potholes
093.18	May	Policy around patient letters
094.18	May	NIPT testing
095.18	May	Energy Management System
096.18	May	Agency Spend on Staff
098.18	May	Non-Disclosure Agreements
099.18	May	Local Authority Staff
101.18	May	(ENPIC)European Neonatal and Paediatric Intensive Care Survey
102.18	May	Biologics and Biosimilar prescribing
103.18	May	Home Delivery Service of Incontinence Pads

104.18	May	Self-funded Procedures
105.18	May	Direct Engagement of Locum Staff using third parties
106.18	May	Locum shifts for doctors
107.18	May	Open Fractures
108.18	May	Patients died in hospital during the first seven weeks of 2018
109.18	May	GDPR Compliance
110.18	May	Fax Machines
112.18	May	Paediatric Audiology Services
113.18	May	Translator Cost
114.18	May	Contact Details for Members of Staff
115.18	May	Cerebral Palsy Provisions
116.18	May	The Trust's Use and Spend on Software from and External Provider
117.18	May	Systems Used by the Trust
118.18	May	Policy on the Routine Management of Postpartum Women
119.18	May	non-UK EU nationals employed
120.18	May	FUNDING FOR MYCOPLASMA GENITALIUM (MG) TESTING
122.18	May	Payment to Suppliers
123.18	May	Cost of Professional Translators and Interpreters
125.18	May	Internal Bank Rates
126.18	May	OASIS-UK Survey
127.18	May	2017/18 Annual Report & Accounts
128.18	June	tier 2 visas for doctors
129.18	June	Cardiology Staff Details
130.18	June	Contract Register
131.18	June	Sustainability and Transformation Fund
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134.18	June	Annual expenditure
135.18	June	Outsourced Tele-Radiology Services
136.18	June	Ophthalmology Insource/Outsource Supplier
137.18	June	Email Addresses
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139.18	June	Data Visualisation tools
140.18	June	Business Intelligence solution
141.18	June	Biological and biosimilar medicines
142.18	June	VTE & Hip replacements
143.18	June	Tier 2 Visas
145.18	June	Disciplined Staff
146.18	June	Mortuary Numbers
147.18	June	Fabricated or induced illness
148.18	June	Cancer
149.18	June	Domestic Violence Policy
150.18	June	Emergency Readmissions
151.18	June	RCOOG Report into Trusts maternity services
152.18	June	Radiology and Ultrasound diagnostic imaging equipment
153.18	June	GE Healthcare PACS System
154.18	June	Hospital's energy use
155.18	June	Number of Theatres & Beds
156.18	June	Respiratory circuits
158.18	June	A&E GP streaming
159.18	June	PUBLIC HEALTH FUNERALS
160.18	June	Courses
162.18	June	Patients receiving life support.

163.18	June	SIM card/mobile networks
165.18	June	Obesity
166.18	June	Interoperability and Bedside Connectivity
167.18	June	Pressure Ulcers
168.18	June	Employees
169.18	June	CDs of Images
170.18	June	Vaccines in babies
171.18	June	Radiology

001/18

Managed Print Services

1. How many Printers/MFD's does the Trust have?
Answer: 977 including community printers.
2. Does the Trust have a Managed Print Service contract?
Answer: No
3. If so, who provides the Managed Print Service?
Answer: Not Applicable.
4. When was the contract awarded and what is the length of the contract?
Answer: Not Applicable
5. What is the approximate spend on print annually?
Answer: £480k Annual
6. Who is responsible at the Trust for the running/upkeep of the Managed Print Service solution?
Answer: Not Applicable
7. Does the Trust have a strategy to manage patient records electronically? If so please detail.
Answer: Work is currently in progress
8. Does the Trust have an EDRMS (electronic document records management system)? If so which EDRMS software does the Trust have?
Answer: No
9. Which EPR system does the Trust have?
Answer: Please see the table below.

System type	Name	Supplier
PAS	Lorenzo	DXC
Clinical Portal(pulls clinical data from various systems so it can be accessed across the organisation)	Fusion	Concerto
Maternity Record	Badgernet	Clevemed
Chemotherapy system	ChemoCare	CIS
Imaging System	CRIS	Healthcare Software solutions
Imaging System	PACS	GE Healthcare
Sexual health System	Lilie	6pm Solutions
Digital dictation system	Editscript/ Emon	Nuance
Theatre System	Ormis	DXC
Pharmacy	Ascribe	Ascribe Ltd

Requesting System	Sunquest ICE	Sunquest information systems
Observations	Vital Pac	Vital Pac
Orthodontic System	Dolphin	Dolphin Imaging
Therapy System	Infoflex	CIMS
Cancer Register	Somerset	NHS Somerset Health Informatics Service

10. Does the Trust have plans to procure an EPR / EDRMS / records management solution?
Answer: Not currently.

11. How many physical patient record sets does the Trust have?
Answer: 365,971 patient records that are electronically tagged.

12. Does the Trust utilise a 3rd party storage organisation to store / manage paper notes? If so please detail.
Answer: Yes the Trust Utilises the services of Iron Mountain.

13. Has the Trust scanned any patient records – in-house via a 3rd party scanning bureau? If so how many records have been digitised?
Answer: No

14. Does the Trust have dedicated storage library space for health (and corporate / non-clinical) records?
Answer: Yes via an on site Library

15. How many personnel are employed within the health records management team (to file, retrieve, update physical records)?
Answer: 36.44 wte including supervision and management

16. Does the Trust manage its own incoming mail or is this service outsourced?
Answer: The Trust manages its own post

17. If outsourced, who is the current provider, when did the contract start and what is the contract term?
Answer: N/A

18. What is the volume of outgoing mail sent by the Trust?
Answer: Circa 700,000 – 800,000 items per annum

19. Does the Trust have any hybrid mail services for sending letters or other correspondence?
Answer: No

20. If yes, who is the hybrid mail provider, when did this contract start and what was the contract term?
Answer: N/A

21. What is the Trust's percentage of DNA's (Did not attend)?
**Answer: For 2017-2018 the overall trust board reported DNA percentage was 12.16%
For April 2018 it was 10.47%**

002/18

Number of Episodes with selected codings

Between 1st October 2015 and 31st March 2018, please can you tell me the number of episodes from all hospitals in your trust that have been coded with:

- 1) Any diagnosis from the category Z38 (ie Z38.0 – Z38.8, I believe obtained by searching for Z38.X, but local procedures may vary). This diagnosis could be in any position, principle or secondary.

Explanation: This is looking at the number of live births in the time period in your trust.

- 2) The number of episodes from the results of part 1) that has also given the diagnosis code P39.9. This diagnosis could be in any position, principle or secondary.

Explanation: This is looking at the number of the above patients who were screened and treated for sepsis, without diagnosed bacteraemia.

- 3) The number of episodes from the results of part 1) that has also given a diagnosis from the category P36 (ie P36.0 – P36.9, I believe this is searched for by P36.X). This diagnosis could be in any position, principle or secondary.

Explanation: This is looking at the number of patients from part 1) who had a bacterial sepsis.

- 4) The number of episodes from the results of part 1), which also has the procedure code A55.8 or A55.9

Explanation: This is looking at the number of patients from part 1) who have had a lumbar puncture, an investigation for meningitis.

- 5) The number of episodes from the results of part 1), which also has any diagnosis from the category G00, G01, G02, or G03. These diagnoses could be in any position, principle or secondary

Explanation: This is looking at the number of patients from part 1) who actually were diagnosed with meningitis.

Answer:

**FOI
002-18**

- 1) Any diagnosis from the category Z38 (ie Z38.0 – Z38.8, I believe obtained by searching for Z38.X, but local procedures may vary). This diagnosis could be in any position, principle or secondary.

Financial Year	Total Episodes
Year 2015/16	2320
Year 2016/17	4083
Year 2017/18	3486
Total	9889

2) The number of episodes from the results of part 1) that has also given the diagnosis code P39.9. This diagnosis could be principle or secondary.

None of the episodes from part 1 have a diagnosis code of P39.9

3) The number of episodes from the results of part 1) that has also given a diagnosis from the category P36 (ie P36.0 – P36.X searched for by P36.X). This diagnosis could be in any position, principle or secondary.

Financial Year	Total Episodes
Year 2015/16	83
Year 2016/17	185
Year 2017/18	132
Total	400

4) The number of episodes from the results of part 1), which also has the procedure code A55.8 or A55.9

Financial Year	Total Episodes
Year 2015/16	22
Year 2016/17	30
Year 2017/18	27

5) The number of episodes from the results of part 1), which also has any diagnosis from the category G00, G01, G02, or G03 could be in any position, principle or secondary

Financial Year	Total Episodes
Year 2017/18	1
Total	1

003/18

Total Spend on NHS Supplies of Dressings and Bandages

Can you please provide your organisation's total spend for either the last calendar year (2017) or last full financial year with NHS Supplies in respect of Dressings and Bandages. This is either direct spend by yourselves or as part of any contract, you let for these services.

Answer: Spend on Dressing during the financial year April 2017 to March 2018 is £359867.50 inclusive of VAT

Spend on Bandages during same period £37547.40 inclusive of VAT

**004/18
Respiratory**

Please kindly confirm how many of the following respiratory circuits were used in the 17/18 financial year by Walsall Healthcare NHS Trust:

Manufacturer: **Resmed**
Product Name: **Slimline CPAP Tubing**
Product Description: **Slimline CPAP Tubing 15mm**
Manufacturer Code: **36810**

Answer: We do not use these products in the trust.

**005/18
Use of surveillance equipment on the premises of the Walsall Healthcare NHS Trust.**

. How many fixed (static) surveillance cameras are functional on the trust's premises?

Answer: 68

a) How many are focused outside buildings (for instance in grounds or car parks)?

Answer: 11

b) How many are focused inside buildings?

Answer: 57

2. How many moving surveillance cameras (those that zoom in, pan and tilt) are functional on the trust's premises?

Answer: 23

a) How many are focused outside buildings (for instance in grounds or car parks)?

Answer: 19

b) How many are focused inside buildings?

Answer: 4

3. Do you have any covert (hidden) cameras on your premises? If yes, please say:

Answer: No

a) How many are focused outside buildings (for instance in grounds or car parks)?

Answer: N/A

b) How many are focused inside buildings?

Answer: N/A

4. Do security officers employed by the trust use body worn video cameras? If yes, please say:

Answer: No

a) How many body worn cameras are in use by security guards on your premises?

Answer: N/A

b) When these are turned on

Answer: N/A

5. How much has the trust spent on surveillance equipment, in total? Please break this down by:

a) fixed surveillance cameras

Answer: £72k – 2014

c) moving surveillance cameras

Answer: included in the above

c) body worn video cameras

Answer: £0.00

6. What are the make, model and manufacturer of the devices used by the trust?

a) Fixed surveillance cameras

Answer: HIK Vision & Pelco

c) moving surveillance cameras

Answer: HIK Vision & Pelco

d) body worn video cameras

Answer: HIK Vision & Pelco

7. Where is the footage from the devices stored? Please break this down by:

a) Fixed surveillance cameras

Answer: Hard Drive Recorder

c) moving surveillance cameras

Answer: Hard Drive Recorder

d) body worn video cameras

Answer: Hard Drive Recorder

8. How long is the footage from the devices held? Please break this down for:

a) Fixed surveillance cameras

Answer: 28 days

b) Moving surveillance cameras

Answer: 28 days

d) Body worn video cameras

Answer: N/A

9. How many times has footage from devices been used in a successful or unsuccessful prosecution? Please break this down by device:

a) Fixed surveillance cameras

Answer: 1 successful prosecution.

The Police will take footage but do not report back in respect of prosecutions.

b) Moving surveillance cameras

Answer: 0

The Police will take footage but do not report back in respect of prosecutions.

c) Body worn video camera

Answer: N/A

9. Does your trust comply with the Surveillance Camera Commissioner's code of conduct? (<https://www.gov.uk/government/publications/surveillance-camera-code-of-practice>)

Answer: YES

006/18

Elective Orthopaedic Procurement

Can you please provide the following?

1- Who are your contracted Hip & Knee Prosthesis contracted providers

Answer: Stryker and JRI

2- What are the current contract dates including extensions for your Hip & Knee Prosthesis Procurement

Answer: 11/08/17 to 10/08/20 with option to extend for 12 months

3- What is your chosen procurement route and who is your procurement partner (if applicable) for Hip & Knee prosthesis purchase

Answer: Competitive exercise against National Framework, NHS Supply

4- What is the contract value (£)/agreement (market share) for hip replacements with your current providers

Answer: Hips approx. £415k (ex vat) per annum. Sole supply to Stryker other than 40 cases P/A to JRI

5- What is the contract value (£)/agreement (market share) for knee replacement procurement with each your current providers

Answer: Knees approx. £321k (ex vat) per annum. Sole supply to Stryker.

007/18

Financial Reviews

NFI Reviews

1. For each audit completed as part of the National Fraud Initiative (NFI) over the last five years, please provide the following information. Please create a new table for each NFI.

Answer:

	Pensions	Payroll	Creditors
Identified by NFI review (£)	Nil	Nil	Nil
Errors followed-up (£)	Nil	Nil	Nil
Total recovered (£)	Nil	Nil	Nil
Recovered by trust	N/A	N/A	N/A
Recovered by third party	N/A	N/A	N/A
Name of third party used to follow-up and/or recover errors (e.g. Liaison, BDO, RSM)	N/A	N/A	N/A
Name of any data analysis and filtering software packages used (e.g. IDEA, ACL etc.)	N/A	N/A	IDEA

2. Please describe the organisation's process for following up NFI reviews:
 - a. Who is responsible for this at the trust (name & job title)?

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, Director of Finance, email address; russell.caldicott@walsallhealthcare.nhs.uk and telephone number is 01922 721172.

- b. How many internal FTEs were required to follow-up on the last review?

Answer: One

- c. How many days did it take for the trust or any external auditors used to follow-up and recover money identified by the last NFI review?

Answer: N/A

VAT Re-Reviews

1. Has the organisation used an external provider for a re-review VAT recovery in 2016/17?

Answer: No.

If so, please provide the following detail:

- a. Name of third party provider

Answer: N/A

- b. Total amount of additional VAT recovered by the provider in 16/17; split by
 - i. Overclaims
 - ii. Underclaims

Answer: N/A

- c. How much did the third party invoice for any review work undertaken?

Answer: N/A

- d. How did the third party structure their payment; based on the amount recovered on overclaims, or underclaims, or total amount recovered?

Answer: N/A

- e. Was the review charged at a fixed fee or day rate?

Answer: N/A

- f. Did the organisation procure these services through a framework? If so, please state which framework

Answer: N/A

2. Please list all frameworks that are available to the organisation/those you are currently signed up to, that would allow you to access VAT review services? (ie. analysis and reconciliation framework)

Answer: The Trust can access the following frameworks free of charge.

- [HealthTrust Europe – Consultancy and Advisory Services Framework](#)
- [Crown Commercial Services – RM3820 – Spend Analysis and Recovery Services](#)
- [Espo – 664 – Consultancy Services](#)

008.18

Charitable donations/funding.

I would like to know how much the hospital relies on charitable donations/funding to fund its equipment and resources, and what percentage of the hospital's revenue comes from charitable donations.

The following questions are in order of importance; please answer them in order and answer as many of the questions as the statutory time limit allows.

1. What was the hospital's total income from charitable donations/funding in the 2017/18 tax year, the 2016/17 tax year and the 2015/16 tax year?

For each tax year, please state where the charitable donations/funding came from (e.g. hospital league of friends, charities, etc).

And for each tax year, please state what percentage of the hospital's total revenue came from charitable donations/funding.

For example, in 2017/18, £100,000 came from charitable donations, £10k from the British Heart Foundation, £90k from the hospital league of friends, which totalled 1% of the hospital's total revenue.

Please note: If time is an issue for this question alone, please deal with the most recent 2017/18 tax year first, then deal with 2016/17, then 2015/16

2. For the 2017/18 tax year, please provide the breakdown of charitable donations/funding for each of the hospital's departments (some examples of departments are listed underneath my questions)

For example, in 2017/18, £10,000 of charitable donations/funding was received by Gastrointestinal and Liver Services by the hospital league of friends.

If time still allows, please specify what the charitable donations/funding paid for, e.g. liver FibroScan machine

3. For the 2016/17 tax year, please provide the breakdown of charitable donations/funding for each of the hospital's departments

If time still allows, please specify what the charitable donations/funding paid for, e.g. liver FibroScan machine

4. For the 2015/16 tax year, please provide the breakdown of charitable donations/funding for each of the hospital's departments

If time still allows, please specify what the charitable donations/funding paid for, e.g. liver FibroScan machine

Answer: Please see attached spreadsheet. We have applied exemption 12; cost of compliance exceeds the appropriate limit for the 2nd part of question 4. Due to having to manually sort through paper documents. File available upon request

009/18

Treatment of offensive healthcare waste produced by NHS Trusts in the 'Midlands and East' region of England.

Answer:

Treatment of offensive healthcare waste produced by NHS Trusts in the 'Midlands and East' region of England.

Please accept this questionnaire under Freedom of Information Act (FOI) (2000) and Environmental Information Regulations (2004).

An increase in the amount of offensive waste deposited in landfill has been observed since the introduction of the Hazardous Waste Regulations (2005) which obligates healthcare organisations in England to separate offensive waste from other streams. Landfill of offensive waste has implications for England, due to restricted landfill capacity and the requirement to divert waste from landfill. This questionnaire forms part of an MSc research project at the University of Northampton, to evaluate the financial costs and environmental benefits of diverting offensive waste, produced by NHS Trusts in the 'Midlands and East' of England, from landfill. In addition this research seeks to identify any barriers which prevent the diversion of offensive waste from landfill.

All answers are confidential and personal / organisational identifiable data will not be disclosed within the results of the study. To maintain integrity and security of information, all data will be handled in line with the Data Protection Act.

Return of the completed questionnaire indicates consent for the data to be used, under the Re-use of Public Sector Information Regulations (2015), for the research stated above. However, you are free to skip any question, or end the survey at any point. **Please return completed questionnaires to natalie.roddis15@my.northampton.ac.uk by Friday 6 July 2018.** The data will be used only for the purposes of the MSc research project, which will be written up as a thesis. Key anonymised findings maybe submitted for publication in an academic journal. No confidential information is being sought. Data will be anonymised through the use of codes and amalgamation of the data. No names will be disclosed or published.

If you have any questions please contact me on the email address detailed above or my supervisor Dr Terry Tudor terry.tudor@northampton.ac.uk .

Offensive waste:

Offensive waste, defined under code 18-01-04 of the List of Wastes (England) Regulations 2005, is not subject to special collection and disposal requirements to prevent infection; but may be unpleasant to those coming into contact with it due to smell, appearance or odour.

1. The total weight of offensive waste produced by the organisation between April 2017 and March 2018:

151.47 tonnes

2. The total weight of offensive waste disposed of at landfill between April 2017 and March 2018:

151.47 tonnes

3. Were disposal / treatment methods other than landfill utilised for the treatment of your offensive waste between April 2017 and March 2018?

- Yes *please proceed to question 3a*
No *please proceed to question 4*

3a. Please specify the total weight of offensive waste treated by other means between April 2017 and March 2018:

Treatment / Disposal Method	Weight (tonnes)
Incineration – municipal waste-to-energy	
Incineration – clinical waste-to-energy	
Incineration – without waste-to-energy	
Composting	
Alternative Treatment	
Other (please specify) Click here to enter text.	

4. What was the cost (£ per unit) for disposal of offensive waste produced between April 2017 and March 2018

Exemption Section 43 (Commercial Interests) has been applied to your request as the contract is out to tender.

5. Does your organisation have targets to divert offensive waste from landfill?

- Yes *please specify:* [Click here to enter text.](#)
No

6. What barriers does your organisation face when seeking to divert offensive waste from landfill?
Please select all that apply.

- Regulatory
Financial
Lack of available alternatives
Only option offered by contractor
None
Other (please specify) [Click here to enter text.](#)

7. Please feel free to add any additional comments:

[Click here to enter text.](#)

011/18**Overseas Visitors**

1. Please tell me whether the trust carries out routine identity checks on patients attending outpatient appointments to ascertain whether they are ordinarily resident in the UK.

ANSWER: Yes

2. If yes, please answer the following questions:

- A) Which patients undergo such checks? (– eg all those attending first appointment for a new care pathway)
- B) Please state what forms of documentation they have to provide? (eg passports, proof of address)
- C) What happens if they cannot provide proof of being ordinarily resident?

Answer: Please see attached policy in reference to the above questions. Policy available upon request

3. Please also state how many Overseas Visitor Managers (OVMs) or Overseas Visitor Officers (OVOs) are employed by the trust (Please state as Full Time Equivalent).

Answer: This responsibility forms part of the Health Records Managers role.

4. Please state the highest bill which is still outstanding owed by an overseas visitor for a) 2017/18 to date and b) 2016/17.

Answer:

	AMOUNT	TREATMENT
16/17	£3,117	LAPAROSCOPIC REPAIR OF HERNIA
17/18	£21,620.34	COMPLEX SMALL INTESTINE PROCEDURE INCLUDING CRITICAL CARE

5. In relation to question 4, please broadly state the nature of the treatment (eg ophthalmology, kidney dialysis, obstetrics) and the nationality of the patient, if known.

Answer: Please see table above

012.18**Nursing Staff**

Answer: Withdrawn

013/18

Procurement of software solutions in the NHS

FOI – Procurement of software solutions in the NHS

1 a) What Patient Information System (PAS) do you use (provider and product)?

Answer: Lorenzo, DXC

b) When does your PAS contract expire?

Answer: 01/11/2020

c) What is the annual cost for using your chosen PAS?

Answer: There is no Cost

2 a) What Electronic Patient Record system (EPR) do you use (provider and product)?

Answer:

System type	Name	Supplier	Expiry Date	Annual Cost
PAS	Lorenzo	DXC	01/11/2020	Free
Clinical Portal(pulls clinical data from various systems so it can be accessed across the organisation)	Fusion	Concerto		
Maternity Record	Badgernet	Clevemed	13/02/2019	£2520
Chemotherapy system	ChemoCare	CIS	01/02/2019	£1104
Imaging System	CRIS	Healthcare Software solutions	18/05/2018	£98,400
Imaging System	PACS	GE Healthcare	30/06/2018	£103,800
Sexual health System	Lilie	6pm Solutions	31/03/2018	£15,369.60
Digital dictation system	Editscript/ Emon	Nuance	30/09/2018	£144,000
Theatre System	Ormis	DXC	30/06/2018	
Pharmacy	Ascribe	Ascribe Ltd		£30,453.60
Requesting System	Sunquest ICE	Sunquest information systems		£52,735.20
Observations	Vital Pac	Vital Pac	31/03/2020	
Orthodontic System	Dolphin	Dolphin Imaging	N/A no contract	N/A no cost
Therapy System	Infoflex	CIMS	31/08/2018	£24,326.40
Cancer Register	Somerset	NHS Somerset Health Informatics Service	31/03/2020	£16,244.40

b) When does your EPR contract expire?

Answer: See column above

c) What is the annual cost for using your chosen EPR?

Answer: See column above

3 a) What bed management system do you use (provider and product)?

Answer: Lorenzo As above

b) When does the contract with your present supplier expire?

Answer: 01/11/2020

c) What is the annual cost for using your chosen bed management system?

Answer: There is no Cost

4 a) What system to monitor patient flow through the emergency department do you use (provider and product)?

Answer: Lorenzo & Fusion DXC & Concerto

b) When does the contract with your present supplier expire?

Answer: 01/11/2020

c) What is the annual cost for using your chosen system?

Answer: See above

5 a) What theatre management system do you use (provider and product)?

Answer: Ormis DXC

b) When does the contract with your present supplier expire?

Answer: 0/06/2018

c) What is the annual cost for using your chosen system?

Answer: Ormis cost (supplier CSCComputers) is £120k per annum excluding vat.

6 a) What maternity services IT system do you use (provider and product)?

Answer: Badgernet and Clevermed

b) When does the contract with your present supplier expire?

Answer: 13/02/2019

c) What is the annual cost for using your chosen system?

Answer: £2,520

7 a) What electronic observations system do you use (provider and product)?

Answer: Vital Pac, Vital Pac

b) When does the contract with your present supplier expire?

Answer: 31/03/2020

c) What is the annual cost for using your chosen system?

Answer: Vital Pac cost (supplier Computacenter) is £27,745 per annum excluding vat.

8) Are you planning to go out to procurement for any of these systems (as opposed to renewing) in the next 5 years? If so, which ones?

Answer: It is intended all the products listed will be reviewed in the time period stated, some may be renewed or a procurement undertaken. At this stage we are unable to confirm which would be renewed and those that would go to procurement

014.18

Purchase Cards

I would like to request the following detail from Walsall Healthcare NHS Trust under the Freedom of Information Act:

1. Please provide statements for all purchase cards, 'p-cards', or any other credit or debit cards paid out using public funds, used by or for executive directors for the period April 1, 2015, to March 31, 2017. Please also provide receipts for these expenses.
2. Please also provide details of all spending by executive directors using their own money which is then then claimed back from public funds for the period April 1, 2015, to March 31, 2017. Please also provide receipts for these expenses.
3. Please also provide details of all spending on behalf of that individual, by the trust, for the period April 1, 2015, to March 31, 2017. Please also provide receipts for these expenses.

Such purchases might include, but are not restricted to, costs associated with private car use (eg mileage, care hire costs); public travel (e.g, train, bus, air fares); subsistence, (e.g. meals whilst away from normal place of work and hotel costs); spending on properties including purchase costs, rent, upkeep and refurbishment costs.

I recognise that this may overlap with material that you publish online but please note that I am asking for a level of detail which goes beyond this, so there is no argument that the material is already publicly accessible.

Please provide the above information for all executive directors for this time period. If this exceeds the cost limit under section 12 of the Freedom of Information Act, please could you provide this information for as many executive directors as possible before the cost limit is reached, in this order of preference:

Chief Executive

Deputy Chief Executive
Chief Finance Officer
Chief Operating Officer
Medical Director
Commercial Development Director
Business Development Director
Strategic Director
Chief Nursing Officer
Director of Development
Director of HR
Director of Communications
And then all other Executive Directors.

I recognise that job titles vary between organisations so please find the closest possible comparator for those which I have named. If one of the roles I have stated do not exist in your organisation please omit them and move on to the next one in the list.

Again, please note that if it is possible within financial constraints, I would like the details for all executive directors - so the above list should not be necessary.

If more than one person has held a post during this time, please provide the information for both of those people.

Answer: Please see attached spreadsheet (Available upon request). For Question 2 we can identify directors' travel for 17/18 but not for 16/17 and 15/16 as the information is not recorded. We have applied exemption 12; cost of compliance exceeds the appropriate limit for supply of statements and receipts. Due to having to manually sort through paper documents.

015/18 Emergency Admissions

1. During the financial year 2016/2017 or last full year figures, what:
 - a. Was the total number of emergency admissions for people in the last year of life?

Answer: 4738 – based on emergency admissions where the death date recorded on our Patient Admission System was within 365 days of the admission. ie it will include those patients who died within the trust but ONLY those who died outside of the trust if the trust was informed.

- b. Was the total number of emergency bed days for people in the last year of life?

Answer: 59914 – based on the days in hospital (discharge date – admission date) of the above 4738 admissions. ie it will include those patients who died within the trust but ONLY those who died outside of the trust if the trust was informed.

**016.18
Temporary Staff**

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

Do you have an outsourced payroll for temporary staff?

Answer: Yes

- If yes can you confirm if this is a weekly payroll?
- Can you confirm the name of the payroll provider?
- Can you confirm agreed contract start and End dates of this provider?

Answer: Weekly payroll provided by Liaison May 2016 for 3 years

Is your temporary staff Bank in-house or outsourced?

- If the bank is outsourced, can you confirm the name of the supplier?
- Can you confirm agreed contract start and End dates?

Answer: As above

Are you currently using Direct engagement? (DE / VAT saving model for Locums) - [Direct engagement as above](#)

- If yes, can you confirm the name of the supplier?
- Can you confirm agreed contract start and End dates?

Answer: As above

Do you have a Master or Neutral vendor contract in place for the following staff groups Nursing & Midwifery, Doctors, AHP's and Admin and clerical?

Answer: No Master or Neutral vendor contract in place via Temporary Staffing. No for medical staff

- If yes, please can you confirm the name of the supplier?

- Can you confirm agreed contract start and End dates?
- Does the Master or Neutral vendor contract include any other Trusts in addition to yourself?

Please can you confirm if you are using a mobile application-based or web-based booking platform for booking bank / agency with the following staff groups: Nursing & Midwifery, Doctors, AHP's and Admin and clerical?

Answer: No such platforms in place via Temporary Staffing. As above with liaison

- If yes, please can you confirm the name of the supplier?
- Can you confirm agreed contract start and End dates?
- Is Direct engagement for Doctors included with the application?

017/18

Disciplinary proceedings over NHS staff using social media or instant messaging apps

I am writing with a request under the Freedom of Information Act. I would like this information for the calendar year to date, 2017, 2016, 2015, 2014 and 2013.

Please can you tell me:

*How many people working at the trust have been subject to disciplinary proceedings for their use of instant messaging apps (e.g. WhatsApp, Facebook Messenger, Snapchat)?

Answer: Please see attached (Available upon request).

*How many people working at the trust have been subject to disciplinary proceedings for their use of social media (e.g. Facebook, Twitter, Instagram)?

Answer: Please see attached(Available upon request).

*Please tell me, for each case, the job title of the staff member concerned (e.g. junior doctor, consultant, nurse, administrative staff) and which sanctions were applied (e.g. dismissal, formal warning, referral to professional regulator).

Answer: Please see attached(Available upon request).

018/18

Death Rates

Please can you help me with the number of deaths that occur at manor Hospital Annually?

Answer: 1169 inpatient deaths recorded in 2017/18 (13 of which were stillbirths)

019/18

Non-Small Cell Lung Cancer (NSCLC)

Please see attached PDF Document. (Available upon request).

020/18

Venesection Protocols

Please may I receive:

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

Answer: Please see attached. (Available upon request)

2. The date at which your venesection protocol was most recently reviewed & updated

Answer: Please see attached. (Available upon request)

021/18

Loss of Income due to Cancelled Operations

Please could you provide me with your trust's loss of income as a result of the cancelled elective or non-urgent surgeries this year? I understand that there are tariffs assigned for every procedure undertaken and that cancelling an operation results in the loss of that revenue.

I would like this data on a monthly basis from January 2018 to the last date for which the data is held.

If you have comparative data for Jan-Dec 2017 (on the monthly basis also), I would also like this. If there is any breakdown of this data (for example, tariffs lost, cost of surgeons not working and so on), could you provide that

Answer:

Month	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17
Count Canc Ops	9	7	11	0	3	0	0	0	7	9	
Income Lost £	£24,923	£17,065	£60,800	£0	£10,631	£0	£0	£0	£28,346	£34,445	£7,000

022/18

Cleaning and Recycling Hospital Equipment used by Patients

1.a I wish to know what the trust's policy is on cleaning and recycling hospital equipment used by patients, such as wheelchairs and walking sticks?

Answer Wheelchair provision is part of a tendered contract. This includes storage, collection and delivery. All returned wheelchairs are inspected receive a full decontamination and reintroduced if suitable. The contract is monitored by Wheelchair services.

Walking sticks have a manufacturer's recommended life span of 2 years. When returned they are either decontaminated & repaired or recycled depending on which is the most cost effective solution for the trust.

1.b What items, under this policy, which could be cleaned and reused, do you bin after one use?

Answer: All returned items are checked for suitability to reissue, walking sticks have a low amount returned to stock following return to service, this is due to the products having a supplier recommended two year use span.

For the below questions - if there is a way for you to divide the information by equipment type, and quantity, please do.

2.a What would be the estimated cost of cleaning these items over the financial year?

Answer: This information is not recorded

2.b For the last three financial years (2015-16, 16-17, 17-18) divided by year, what has been the cost of binning these items?

Answer: No costs

2.c For the last three financial years (2015-16, 16-17, 17-18) divided by year, much has it cost to replace these items?

Answer: Difficult to answer this question as some patients exchange old for new or return to be destroyed. Part of an ongoing contract.

2.d For the last three financial years (2015-16, 16-17, 17-18) divided by year, how many items that could be reused have patients not returned?

Answer: The trust does not record this information.

3.a How much did the trust spend on rubbish collection for hospital waste?

Answer: Costs associated are part of a larger contract so unable to specify.

023/18

Subsidiary companies

- Whether your organisation has established any wholly owned subsidiary companies, the name of the companies and the date of establishment.

Answer: No, we have not established any subsidiary companies to date.

- Whether your organisation has transferred any assets to a wholly owned subsidiary, the value of those assets at transfer and the date that the transfer took place.

Answer: No, we have not established any subsidiary companies to date.

- Copies of board papers where key decisions were taken pertaining to wholly owned subsidiary companies.

Answer: No, we have not established any subsidiary companies to date.

024/18

Urothelial Cell Cancer

FOI Request re Urothelial Cancer Patients

Please indicate the number of metastatic or locally advanced Urothelial¹ cancer patients treated² by your Trust in the 3 months, December 2017 to February 2018 inclusive.

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

	Total number treated (Metastatic/locally advanced Urothelial patients)	If unable to provide number of metastatic/locally advanced Urothelial patients, please indicate the level at which data has been provided:	
Total number of metastatic or locally advanced Urothelial cancer (UCC, transitional carcinoma, TCC) patients treated	7	Total Urothelial Cancer patients (any stage)	
		Other (please specify)	
		Data not held/accessible	

Of the metastatic or locally advanced Urothelial cancer patients treated by your Trust in the 3 months, December 2017 to February 2018 inclusive, please indicate the number treated with the following therapies.

Therapy	Total number treated (Metastatic/locally advanced Urothelial patients)	If unable to provide number of metastatic/locally advanced Urothelial patients, please indicate the level at which data has been provided:
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¹ ICD10 C65, C66, C67, C68; TNM staging for metastatic Urothelial Cancer = Any T, any N, M1; TNM staging for locally advanced Urothelial Cancer = Any T, N2-3, M0 or T4b, any N, M0; Please include numbers for:

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

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

Cisplatin (mono or combination therapy)	6	Total Urothelial Cancer patients (any stage)	
		Other (please specify)	
		Data not held/accessible	
Carboplatin (mono or combination therapy)	0	Total Urothelial Cancer patients (any stage)	
		Other (please specify)	
		Data not held/accessible	
Pembrolizumab (Keytruda)	0	Total Urothelial Cancer patients (any stage)	
		Other (please specify)	
		Data not held/accessible	
Atezolizumab (Tecentriq)	0	Total Urothelial Cancer patients (any stage)	
		Other (please specify)	
		Data not held/accessible	

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

N/A because we treat these patients here.

025/18

Catalogue and P2P Systems

- Do you currently have a Catalogue system at the Trust?

Answer: Yes

- Which supplier do you use for your Catalogue system?

Answer: Capita IB Solutions

- How long have you had this system in place?

Answer: 7 Years

- Are you under contract for your current catalogue system?

Answer: Yes

- What is the annual spend on this catalogue system?

Answer: £22,667,195.79

- What is your % catalogue compliance?

Answer: 96.77%

- Which P2P system do you use?

Answer: Capita IB Solutions

- How long have you had this system in place?

Answer: 7 Years

- Are you under contract for your P2P system?

Answer: Yes

- What is the annual spend on this P2P system?

Answer: £6,770,469.36

- Which Inventory Management system do you use?

Answer: Capita system has capability but currently only used for Local Stock management (NHSSC Goods)

026/18

Chail and Adolescent Mental Health Services

1.a. What was the average waiting time for patients referred to the Child and Mental Health Services at your trust during the financial year 2017-2018, and what was their age and gender?

Answer: Referrals into CAMHS are for patients in crisis from the paediatric assessment unit. Patients referred prior to 16:00 are seen the same day. After 16:00, they are seen the following day. This has been the process for the past 2 years. Our Trust does not have Child & Adolescent Mental Health Services (CAMHS); however, we do refer patients to this service. The information you requested can be obtained from Dudley and Walsall mental Health Trust.

1.b. What was the average waiting time for patients referred to the Child and Mental Health Services at your trust during the financial year 2016-2017, and what was their age and gender?

Answer: Same as 1a above.

1.c. What was the average waiting time for patients referred to the Child and Mental Health Services at your trust during the financial year 2015-2016, and what was their age and gender?

Answer: Prior to 2016 – patients referred before 10:00 were seen the same day, after 11:00 they were seen the following day.

2.a. What was the longest waiting time for a patient referred to the Child and Mental Health Services at your trust during the financial year 2017-2018, and what was their age and gender?

Answer: Referrals into CAMHS are for patients in crisis from the paediatric assessment unit. Patients referred prior to 16:00 are seen the same day. After 16:00, they are seen the following day. This has been the process for the past 2 years. Our Trust does not have Child & Adolescent Mental Health Services (CAMHS); however, we do refer patients to this service. The information you requested can be obtained from Dudley and Walsall mental Health Trust.

2.b. What was the longest waiting time for a patient referred to the Child and Mental Health Services at your trust during the financial year 2016-2017, and what was their age and gender?

Answer: Same as 2a above.

2.c. What was the longest waiting time for a patient referred to the Child and Mental Health Services at your trust during the financial year 2015-2016, and what was their age and gender?

Answer: Prior to 2016 – patients referred prior to 10:00 were seen the same day, after 11:00 they were seen the following day.

3.a. How often did limited capacity mean your trust had to decline access to services for patients referred to the Child and Mental Health Services during the financial year 2017-2018?

Answer: Our Trust does not have Child & Adolescent Mental Health Services (CAMHS); however, we do refer patients to this service. The information you requested can be obtained from Dudley and Walsall mental Health Trust

3.b. How often did limited capacity mean your trust had to decline access to services for patients referred to the Child and Mental Health Services during the financial year 2016-2017?

Answer: Same as 3a above

3.c. How often did limited capacity mean your trust had to decline access to services for patients referred to the Child and Mental Health Services during the financial year 2015-2016?

Answer: Same as 3a above

4.a. What's the furthest distance a patient has had to travel from your trust to find adequate, available care from the Child and Mental Health Services during the financial year 2017-2018, having been turned away due to a lack of resources, and what was their age and gender?

Answer: Our Trust does not have Child & Adolescent Mental Health Services (CAMHS); however, we do refer patients to this service. The information you requested can be obtained from Dudley and Walsall mental Health Trust

4.b. What's the furthest distance a patient has had to travel from your trust to find adequate, available care from the Child and Mental Health Services during the financial year 2016-2017, having been turned away due to a lack of resources, and what was their age and gender?

Answer: Same as 4a Above.

4.c. What's the furthest distance a patient has had to travel from your trust to find adequate, available care from the Child and Mental Health Services during the financial year 2015-2016, having been turned away due to a lack of resources, and what was their age and gender?

Answer: Same as 4a above.

5.a. What age was the youngest patient dealt with by the Child and Mental Health Services at your trust during the financial year 2017-2018?

Answer: Our Trust does not have Child & Adolescent Mental Health Services (CAMHS); however, we do refer patients to this service. The information you requested can be obtained from Dudley and Walsall mental Health Trust

5.b. What age was the youngest patient dealt with by the Child and Mental Health Services at your trust during the financial year 2016-2017?

Answer: Same as 5a above.

5.c. What age was the youngest patient dealt with by the Child and Mental Health Services at your trust during the financial year 2015-2016?

Answer: Same as 5a above.

027/18

Asbestos Claims

1. Do any of your hospitals currently contain asbestos?

Answer: Yes

2. How many reported incidents of asbestos exposure have there been in any of your hospital buildings over the past five years (between January 2013 – December 2017).

Answer: None

3. How many claims have ever been made against your trust for asbestos related exposure/disease including but not exclusively for mesothelioma.

Answer: None

4. How many of these claims have been settled?

Answer: Not applicable.

5. What is the amount of money that has been paid in settlement of these claims where your Trust **did not go through NHS Resolution** (formerly the NHS Litigation Authority)? Please include claims with and without your trust/board accepting responsibility and claims made through any other insurance schemes excluding the NHSLA/NHS Resolutions.

Answer: Not applicable.

030/18

Complementary Therapy

1. Do you have a staff Health and Wellbeing Strategy for the Trust? If yes, can you supply an electronic copy?

Answer: The Health and Wellbeing Strategy is currently under review.

2. As part of your strategy or through Occupational Health Department, do you or have you considered using Complementary Therapies to support staff? For example, holistic therapeutic massage for staff mental wellbeing and workplace stress, reflexology, sports massage for rehab and recovery or any others.

Answer:

- **As part of the Health and Wellbeing Steering Group, a Health Fayre event was organised in summer 2017 where staff participated in Tai Chi sessions and Reiki massages.**
- **Complimentary therapies are offered for patients at the trust Palliative Care centre, which staff also have access to.**

3. If you do use complementary therapy – do you find it useful in reducing sickness absence, reducing stress related absences and expediting return to work?

Answer: No data tool in use to evidence this.

4. If you don't currently use complementary therapy, would you consider using them if they could help reduce sickness absence days, help manage workplace stress and help rehab/recovery from MSK related sickness?

Answer: We currently offer the following mental health interventions in Occupational Health to assist with improving staff wellbeing at work and to help reduce sickness absence:

- **Employees have free access to occupational health Resilience Stress Management Workshops (8 week course) through an Accredited Counsellor - held on a weekly basis within occupational health**
- **When clinically warranted, employees have access to fast tract specialist mental health support within occupational health (Consultant Psychologist, Accredited Counsellor and an external Counselling Service)**

- **Stress Management Training sessions for Managers are held on a regular basis throughout the year by an Accredited Counsellor and in partnership with Dudley and Walsall Mental Health Partnership NHS Trust**
 - **Team Resilience/Stress management workshops are available for individual teams, at request, through an Accredited Counsellor**
 - **Mindfulness sessions are also made available through Human Resources/ESR**
 - **MSK interventions are as follows:**
 - **Occupational Health refer staff with musculoskeletal problems to the trust Physiotherapy Service for fast tract assessment and treatment**
 - **Staff can also self-refer to the trust Physiotherapy Service via a designated email address**
5. Would you consider offering complementary therapy as a staff benefit at discounted rates or donations towards your hospital charity?
Answer: This would need to be an Executive directive decision
6. Would you consider employing a Complementary Therapist as part of your Occupational Health Team? If no, would you reconsider this if their qualification was gained via the NHS natural health school which is supported by NHS England?
Answer: This would need to be an Executive directive decision

031/18

Clinical Director for Accident and Emergency

Please could you provide me with the name and email address of the person that holds the following responsibility within your Trust.

- Clinical Director for Accident and Emergency

Answer: Ruchi Joshi. ruchi.joshi@walsalhospitals.nhs.uk

032/18

Thyroid Surgery

1). Do any of the hospital (s) in your Trust / Health Service organisation admit as daycase or longer patients who are admitted to undergo thyroid surgery?

Yes (✓) No ()

If no, there is no need to answer the rest of these questions. Please just confirm with the answer “no” to question 1, including the name of your Trust or other Health Service organisation in your reply

If the answer to question 1 is ‘Yes’ yes then please answer the following additional questions

2) Thyroid surgery in your Trust or other health service organisation

2a) How many consultant surgeon(s) in your trust or other health service organisation undertake thyroid surgery operations?

Answer: Two

2b) What are the parent specialties of each of the surgeons undertaking thyroid surgery operations eg general surgery, endocrine surgery, otolaryngology, OMFS etc. Please give numbers for each eg 2 Otolaryngology , 1 General Surgery etc.

Answer: 1 Otolaryngology, 1 General Surgery

2c) In 2017 (1st Jan to 31st Dec 2017) how many thyroid operations procedures did each consultant surgeon undertake (include number undertaken by other team members where the patients were under the care of the consultant). Please break down also by parent specialty E.g. Consultant 1 Gen Surg 25 operations, Consultant 2 Gen Surg, 10 operations , Consultant 3 Otolaryngology, 18 operations etc. In case of consultants working together on the same patient at the same time, please just include the information for the consultant under whose care the patient was admitted.

Answer: Consultant 1 Otolaryngology, 40 operations, Consultant 2 General Surgery, 2 operations, Consultant 3, 2 operations (Consultant 3 no longer works at the Trust)

2c)

- i) How many of the consultant surgeons undertaking thyroid surgery in your trust or other health service organisation submit all or most of their thyroid patient outcome data to the United Kingdom Register of Thyroid and Endocrine Surgery (UKRETS) provided by British Association of Thyroid and Endocrine Surgery?

Answer: None

- ii) Of this group what is the breakdown of their parent specialt(ies) eg 1 gen surg, 1 otolaryngology etc

N/A

2d) With regard to the local Thyroid cancer MDT how many of the consultant surgeons undertaking thyroid surgery in your trust or other health service organisation are:

- i) Core members of the local thyroid cancer MDT. Number = **(1)**

Please also give breakdown by parent speciality

Answer: Otolaryngology

- ii) Extended members of the local thyroid cancer MDT. Number = **(0)**

Please also give breakdown by parent speciality

N/A

- iii) Not connected with the local thyroid cancer MDT Number = **(1)**

Please also give breakdown by parent speciality

Answer: General Surgery

2e) Which Trust or other health service organisation and which hospital site hosts the local thyroid Cancer MDT that connected surgeons attend?

Answer: Regional

3) This question only applies if your Trust or other Health Service Organisation Hosts the local Thyroid MDT.

Answer: N/A

3a) What is the frequency of the local thyroid cancer MDT meeting? ie weekly, fortnightly, monthly

3b) Is the MDT:

- i) 'Stand alone ()
- ii) Adjacent in time to the Head and Neck MDT but not within the Head and Neck MDT ()
- iii) Within the Head and Neck MDT. ()
- iv) Other – please give details:
.....
- v) What medical / surgical / diagnostic specialties are represented in the CORE membership of the MDT (doctors only)
- vi) What medical / surgical / diagnostic specialties are represented in the EXTENDED membership of the MDT (doctors only)

3c) Does the MDT Routinely discuss the following groups of patients?

i) Patients who are being investigated but have not yet had surgery but where pre operative investigation has shown a high likelihood of cancer eg Thy 4 or 5 cytology or equivalent, or U 4 or 5 on Ultrasound

Yes, always or almost always () Sometimes () Never/almost never ()

Other – give details.....

ii) Patients who are being investigated but have not yet had surgery but where pre operative investigation has shown an intermediate risk of cancer eg U3 ultrasound or Thy3f / a or equivalent on needle biopsy

Yes, always or almost always () Sometimes () Never/almost never ()

Other – give details.....

i) Patients who have had thyroid surgery and where histopathology has shown thyroid cancer in the resected specimen?

Yes, always or almost always () Sometimes () Never/almost never ()

Other – give details.....

033.18
HR Functions and Workforce.

I am writing to you under the Freedom of Information Act 2000 to request information on the organisations HR functions and Workforce. Please provide this information by completing the attached spreadsheet.

Answer: Please see attached spreadsheet. (Available upon request).

034/18
Average Length of Stay for both Elective and Non-elective Patients,

FOI Data Request 2017	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Please provide your average Length of Stay for each month in 2017 – ELECTIVE	0.32	0.30	0.30	0.24	0.32	0.38	0.33	0.30	0.34	0.31	0.27	0.30
Please provide your average Length of Stay for each month in 2017 – NON ELECTIVE	4.83	4.98	4.57	4.75	4.32	4.71	4.16	4.35	3.92	3.86	4.07	4.55
Please provide a snapshot of your patients waiting on your RTT waiting list over 26 weeks for each month in 2017	920	1024	1004	861	901	870	755	857	1036	1008	970	933
Please provide number of paediatric leukaemia patients your hospital saw in 2017 by each month	0	0	0	1	0	0	0	0	0	0	0	0

035/18
Full Audited Financial Accounts

I am researching NHS expenditure costs for a university research project, would it be possible to email me an electronic copy of the **full audited financial accounts** for :

WALSALL HEALTHCARE NHS TRUST

Years 2007/08; 2008/09; 2009/10; 2010/11; 2011/12; 2012/13 as I require a breakdown of expenditure costs and have looked at previous annual reports which only contain a financial summary and I can not find the information on your website elsewhere.

Answer: Please see 6 attachments. Due to the size. I have sent the files in 3 emails. (Available upon request).

**037/18
Appointment Bookings**

Please see attached document. (Available upon request).

**038.18
Reimbursement of Digital Solutions**

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

I will ask you **9 open-ended questions**. Please insert your **answers below each question**.

1. What is the name of your CCG/Trust/Health board?

Answer: Walsall Healthcare NHS Trust

2. How many of the people in your community are diagnosed with diabetes? (Please indicate numerical value):

- Type 1 Diabetes:
- Type 2 Diabetes:

If unknown differentiation, please indicate total amount:

Answer: This information is held and available from Public Health England

3. What role does your CCG/Trust/Health board play in the reimbursement process for digital solutions?

Answer: It is variable dependent upon the digital solution being considered.

- 3.1 If you are not the direct decision maker of reimbursement, can your CCG/Trust/Health board still pay for medical products to give access to patients?

Answer: Yes, again dependent upon the solution being considered.

4. Who affects the decision-making process of reimbursement decisions for digital health solutions in the UK? Please specify what power they hold in the process. (If more than one, please rank them by influence, 1 being the most influential).

Answer: This information is not held

4.1. How would you describe the interest of the stakeholders you identified above? (e.g. cost reduction, care improvement,...)?

Answer: As above

5. What criteria are most important for your CCG/Trust/Health board when commissioning digital solutions (e.g. cost, newness, effectiveness,...)? Please rank the criteria, 1 being the most important.

Answer: I do not know if a ranking score exists for such, it would depend upon the type of digital solution being considered and the reasons for considering such.

6. Are you interested in partnerships with pharmaceutical companies? If yes, please what you are seeking from such partnerships.

Answer: No.

7. How does your CCG/Trust/Health board evaluate whether to commission a product for diabetes care?

Answer: We believe there would be a collaborative conversation about the patient and organisational benefits.

8. Does your CCG/Trust/Health board have a policy on the use of health apps?

If yes, please specify the health policy(ies):

If no, please provide if and when this will be established:

Answer: The trust does not have a specific policy on health apps and there is no work being undertaken to produce a policy.

9. Does your CCG/Trust/Health board currently have a budget to use for health apps?

If no, please provide if and when this will be established:

Answer: The trust does not have a specific budget for Health apps and health app purchase would be considered via business case.

039/18

Emergency Pre-filled Glass Syringes

Please could I kindly request information in respect of the volume per annum of emergency pre-filled glass syringes that you purchase for example, Aurum pre-filled glass syringes for emergency use.

Answer: The Trust does not use this equipment.

040/18

Trust's litigation pay-outs

Please may I request information relating to the Trust's litigation pay-outs for cases specific to interpretive errors regarding imaging tests (i.e. x-ray, CT and ultrasound), for the last 5 years?

Answer:

After investigating your FOI. May I ask that you re-direct you FOI request to NHS Resolution at the following email address.

foi@nhsla.com

As they will be able to provide the detailed information you are requesting.

041/18

Agencies for Recruitment of Staff

1. How many agencies do you engage with for your recruitment of temporary nurses and health care assistants and can you please list them?

Answer: We have 24 nursing agencies listed as suppliers currently. They are as follows:

247 Nursing (Twenty Four Seven)

Acton Banks

Arcadia Recruitment

Day Webster

Evergood Associates

Firstpoint Healthcare

HCL Nursing

ID Medical

Last Minute Healthcare

Mayday Healthcare

Medacs Healthcare

Medbank Healthcare

Medical Professional Personnel

MedicsPro

**Medsol Healthcare
Meridian
MSI Recruitment
Plan B Healthcare
Pulse Healthcare
SWIIS
Team 24
Team Support Healthcare
Thornbury Nursing
Yourworld**

2. How many agencies do you engage with for your recruitment of permanent nurses and can you please list them?

Answer: We use 2 agencies both for overseas candidates only, they are as follows:

The Placement Group

Healthperm

3. What has your spend been on temporary nurses?

Answer: £9,058,888 bank and agency

4. What has your spend been on permanent nurses in 2017?

Answer: £62,781,825

5. How many temporary shifts have been released to agencies for mental health nurses?

Answer: See question 9

6. How many temporary shifts have been released to agencies for general nurses?

Answer: See question 9

7. How many temporary shifts have been released to agencies for theaters nurses?

Answer: See question 9

8. How many temporary shifts have been released to agencies for A&E nurses?

Answer: See question 9

9. How many temporary shifts have been released to agencies for Community nurses?

Answer: The information we have available provides the number of hours booked with agencies for registered nurse shifts in total – this is combined across each of the specialities listed above. For the date range 01.01.18-31.03.18 there were 33,645 hours booked with agencies for registered nurse shifts.

10. How many temporary shifts that have been released to agencies for mental health nurses go unfilled?

Answer: We are unable to provide an answer to this information as our system does not differentiate which unfilled shifts have and have not been sent to agency.

11. How many temporary shifts that have been released to agencies for general nurses go unfilled?

Answer: We are unable to provide an answer to this information as our system does not differentiate which unfilled shifts have and have not been sent to agency.

12. How many temporary shifts that have been released to agencies for theaters nurses go unfilled?

Answer: We are unable to provide an answer to this information as our system does not differentiate which unfilled shifts have and have not been sent to agency.

13. How many temporary shifts that have been released to agencies for A&E nurses go unfilled?

Answer: We are unable to provide an answer to this information as our system does not differentiate which unfilled shifts have and have not been sent to agency.

14. How many temporary shifts that have been released to agencies for Community nurses go unfilled?

Answer: We are unable to provide an answer to this information as our system does not differentiate which unfilled shifts have and have not been sent to agency.

15. Are all temporary shifts released to all agencies at the same time or is their a tiering system?

Answer: There is a tier system in place reflecting the NHSI agency price caps and framework restrictions.

16. Do you have any off framework spend for temporary agency staff?

Answer: Yes there have been off framework shifts booked for nursing agency staff within this date range.

042/18

The Trust's Maternity Unit

All requests are for the dates April 1st, 2017 to March 31st, 2018.

1 How many 'red flag' events have occurred in your maternity units in this time frame? And are you able to say whether this is higher than the 12 month period preceding these dates?

**Answer: Red Flag events - Maternity Number total = 24
Previous 12 months= 17**

2 Have there been occasions where a woman has:
Been left alone during active labour

Answer:

One to One Care in Established Labour % April 2017-March 2018

April 98.74

May 98.58

June 97.61

July 96.23

Aug 93.62

Sept 95.50

Oct 99.07

Nov 98.96

Dec 98.91

Jan 98.98

Feb 99.43

Mar 99.48

Had to wait more than hour an hour for pain relief - **Answer: 0**

Had to wait more than one hour for stitches – **Answer: 0**

3 How many times between these dates have you been forced to close the maternity unit due to staff shortage or lack of beds?

Answer: One closure in April 2017 due to capacity in the Neonatal Unit resulting in unit closure to ensure patient safety.

4 On how many occasions have wards been staffed with less than the Government recommended number of midwives?

Answer: At Walsall Healthcare NHS Trust the staffing is measured using an acuity tool.

The acuity is measured using the BirthRate plus intrapartum tool, endorsed by NICE. Guidance from the Royal College of Midwives suggests that services should aim to achieve positive acuity 85% of the time.

The acuity has been positive over 85% of the time for the last 4 Months

5 How many midwives are you currently short of in your Trust? How many posts are being advertised? (As of 19th April 2018)

Answer: 18 vacancies – 7 recruited to and awaiting formal clearance & start dates, 1 post for student midwife qualifying in summer, 1 post for new specialist role – awaiting final approval, 1 post being advertised on the date stated for community midwifery.

6 How many maternity negligence cases have been brought against you in the past 12 months?

Answer: For the period 1.4.17 – 31.3.18, 33 new obstetric claim files were opened

7 And finally, how many complaints have been made to your Trust regarding maternity services between the same dates.

Answer: 10 in total

043/18

The Use of Rituximab at Walsall Healthcare NHS Trust.

1. Do you have local clinical pathways or standard operating procedures (SOPs) for the use of MabThera? If so are you able to share these? For instance, is one cycle of MabThera intravenous (IV) always used before initiating the patients on MabThera subcutaneous (SC) in oncology indications?

Answer: We do have a clinical pathway/procedure in the form of a prescription protocol that clearly states the use of MabThera.

2. Number of patients treated* using MabThera subcutaneous versus MabThera intravenous in oncology indications between 2016-2018, if only partial data is available please indicate the timeframe the data refers to:

Answer:

Oncology		
Financial Year	Number of patients treated using MabThera Intravenous <i>(if possible, please provide number of patients excluding those who were switched to MabThera subcutaneous)</i>	Number of patients treated using MabThera Subcutaneous
FY 2016-17	26	10
FY 2017-18	27	17

**if number of patients treated is not available please provide information in units that you have available (e.g. vials, preparations...)*

Unfortunately, due to a dispensing system upgrade, we are only able to provide data from Oct 2016 to Mar 2018.

3. Total number of patients treated* with MabThera (intravenous and subcutaneous) vs Rixathon vs Truxima in oncology and rheumatology indications between 2016-2018, if only partial data is available please indicate the timeframe the data refers to:

Answer:

Financial Year	Drug	Number of patients treated in Oncology	Number of patients treated in Rheumatology
FY 2016-17	MabThera	26	13
	Truxima	0	0
	Rixathon	0	0
FY 2017-18	MabThera	27	20
	Truxima	0	0
	Rixathon	30	9

**if number of patients treated is not available please provide information in units that you have available (e.g. vials, preparations...)*

Unfortunately, due to a dispensing system upgrade, we are only able to provide data from Oct 2016 to Mar 2018.

4. Do you have local clinical pathways or standard operating procedures (SOPs) for the initiation of new patient treatment regimens? If so are you able to share these?

Answer: We do have pathways/policies for the initiation for new patient regimens. The policy is currently under review.

5. Specifically, are new patients directly prescribed biosimilar rituximab (i.e. Truxima or Rixathon) instead of MabThera?

Answer: Yes they are prescribed Rixathon, unless they are candidates for MabThera S/C

6. Are existing patients being switched from MabThera intravenous to biosimilar rituximab (i.e. Truxima or Rixathon)? If so is there a set point in their treatment pathway when patients are switched and how is this managed?

Answer: There is no set point of switching patients; patients would be managed the same as they would if they were to be prescribed MabThera.

7. Are any existing patients being switched from MabThera subcutaneous to biosimilar rituximab (i.e. Truxima or Rixathon)? If so is there a set point in their treatment pathway when patients are switched and how is this managed?

Answer: None currently.

8. Number of patients treated* using rituximab biosimilars (Truxima and Rixathon) instead of MabThera (intravenous and subcutaneous) between 2016-2018, if only partial data is available please indicate the timeframe the data refers to:

Answer:

Financial Year	Drug	Oncology		Rheumatology	
		New patients treated directly with the biosimilar instead of MabThera	Existing patients switched from MabThera to the biosimilar	New patients treated directly with the biosimilar instead of MabThera	Existing patients switched from MabThera to the biosimilar
FY 2016-17	Truxima	0	0	0	0
	Rixathon	0	0	0	0
FY 2017-18	Truxima	0	0	0	0
	Rixathon	20	10	8	1

**if number of patients treated is not available please provide information in units that you have available (e.g. vials, preparations...)*

9. As an organisation, are you aware of any financial savings made by using biosimilar rituximab (i.e. Truxima or Rixathon) vs MabThera between 2017-2018, if only partial data is available please indicate the timeframe the data refers to and the methods used to calculate the financial savings.

Year	Scheme (e.g. discounting, gainshare...)	Approximate saving (£)

Answer: There have been £0 in financial savings to the trust from using biosimilar rituximab.

10. Please provide information on the current contracts for Truxima, Rixathon, MabThera intravenous (IV) or subcutaneous (SC):

Drug	Contract value (£)*	Volume of contract (number of vials)	Is price tiered by volume? (Yes/No)	Length of contract		Renewal frequency	Services included	
				Date of contract initiation	Date of contract expiry		Yes/No	Which services (e.g. biosimilar education, patient support program...)
Rixathon								
Truxima								
MabThera IV								
MabThera SC								

**if the total contract value is not available, please provide the price range for each drug*

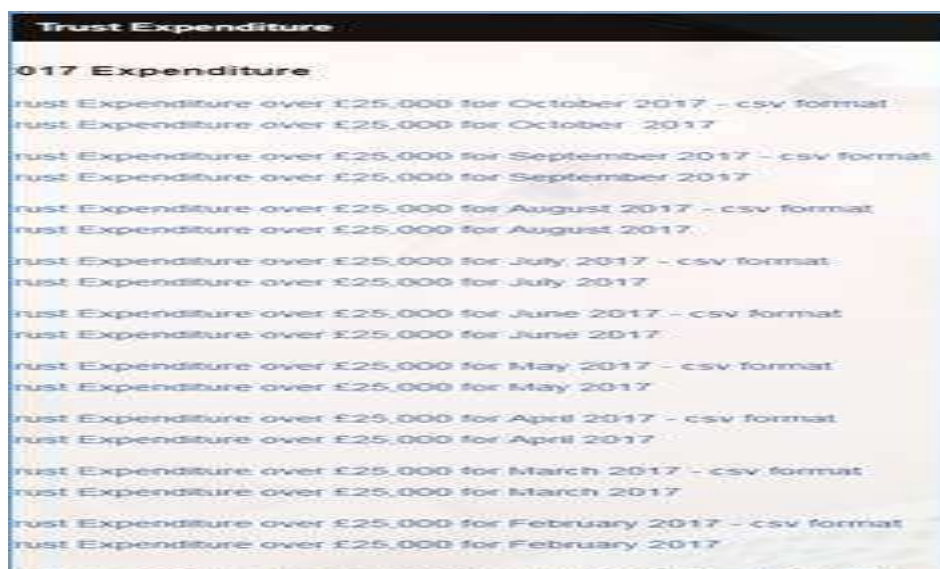
Answer: Exemption Section 43 (Commercial Interests) has been applied to your request as the contract is out to tender.

11. Related to question 10, if contracts are tiered by volume, could you please provide the thresholds for each tier and what is the price percentage difference between tiers?

Answer: Exemption Section 43 (Commercial Interests) has been applied to your request as the contract is out to tender.

044/18 Trust Expenditure

Please can you provide all available files relating to disclosure of payments to suppliers in CSV or XLS format for the periods November 2017 to present as these do not appear to be published on the web site.



Please include

- Payment date
- Supplier name
- Expense Area
- Expense Type
- Amount paid

Answer: Please see attached. (Available upon request).

045/18

Contact Details for Emergency Department Staff

Please could you provide me with the name and email address of the person that holds the following responsibility within your Trust.

- Lead Nurse for Accident and Emergency
- Clinical Service Manager for Accident and Emergency

Answer: Staff details below Director Level are withheld under Section 40 (Personal Information).

Please see details below for the Clinical Director for Accident and Emergency.

Ms Ruchi Joshi. ruchi.joshi@walsalhospitals.nhs.uk

046/18

Radiographer Vacancies

1. From the latest data, how many FTE radiographer posts in your trust are vacant?

Answer: 7 Posts

2. How many FTE radiographer posts do you currently have funded?

Answer: 50 Posts

3. How does this compare to the situation on 1st April 2013? For the sake of clarity: please can you provide answers on the same questions in Q1 and Q2 but for 1st April 2013 if possible.

Answer: 1 Vacant Post, 40 Posts Funded

4. How are you currently filling the shifts that should be covered by the vacant posts?

Answer: Internal bank and agency

5. Have you had to offer fewer radiography services in any way as a result of this?

Answer: Service provision has been maintained

048/18

Car Parking Charges

I am writing under the Freedom of Information Act (2000) to request the following information about car parking charges, income and use of said income at all of your hospitals:

1. The income earned from hospital car parking charges for the financial years:
 1. 2014-2015

Answer: £1,129,594

2. 2015-2016

Answer: £1,131,200

3. 2016-2017

Answer: £1.084.840

049/18

Walsall Healthcare Trust - Staff Parking Charges

We are currently undertaking a review of our RWT staff parking charges. Following previous reviews we have obtained the information as below for Walsall Healthcare Trust. Can you please review and confirm the following:-

- Are these are your current staff tariffs? If these are your current tariffs is there view in future to increase/decrease them?
- If they are not current can you please provide the updated tariff and confirm whether there view in future to increase/decrease them?

Walsall Healthcare Trust	
Walsall Manor IZ - INNER ZONE	FT £25 pm £300 pa PT £12.5 pm
OZ - OUTER ZONE	FT £15 pm £180 pa

Answer:

The last Increase was November 2017

**Inner Zone Band 1 to 5 - £25.00 Full time / £12.50 Part time
Inner Zone Band 6 to 9 - £27.00 Full time / £13.50 Part time**

Outer Zone Band 1 to 5 - £20.00 Full time / £10.00 Part time
Outer Zone Band 6 to 9 - £22.00 Full time / £11.00 Part time

050/18

Biopsy and Coaxial Needles

Here are the data I'm trying to gather:

- 1 - **References:** size (length, diameter) and type (manual, semi-automated, automated) of the different biopsy needles used
- 2 - **Quantities** of biopsy needles annually purchased for every reference
- 3 - **References:** size (length, diameter) of the different coaxial needles used
- 4 - **Quantities** of coaxial needles annually purchased for every reference
- 5 - **Quantities** provided by each needle manufacturer
- 6 - **Prices** for every different needle, both biopsy and coaxial

Answer:

<i>Code</i>	<i>Type</i>	<i>Size</i>	<i>Style</i>	<i>Units purchased 17/18</i>	<i>Unit Price (VAT Incl.)</i>	<i>Purch Route</i>
763418200	Automatic	18g X 200mm	Biopsy Needle	390		16.8 Direc
MFN1803	Manual	18G x 90mm	Biopsy Needle	50		13.2 Direc
MFN1806	Manual	18G x 150mm	Biopsy Needle	40		13.2 Direc
MFN2006	Manual	20G x 150mm	Biopsy Needle	20		13.2 Direc
A1815	Automatic	18G x 150mm	Biopsy Needle	5		19.02 Direc
A1809	Automatic	18G x 90mm (3.5 inch)	Biopsy Needle	10		19.02 Direc
A1409	Automatic	14G x 90mm (3.5 inch)	Biopsy Needle	10		19.02 Direc
QCS-18-9.0-20T	Semi-Automatic	18G x 90mm	Coaxial Needle	5		43.5 Direc
QCS-20-15.0-20T	Semi-Automatic	20G x 150mm	Coaxial Needle	5		43.5 Direc
QCS-18-9.0-20T	Semi-Automatic	18G x 90mm	Coaxial Needle	20	37.116666	NHSS
QCS-20-15.0-20T	Semi-Automatic	20G x 150mm	Coaxial Needle	9	37.116666	NHSS
360-1080-01	Automatic	18G x 100mm	Coaxial Needle	10	22.68	NHSS
360-1580-01	Automatic	18G x 150mm	Coaxial Needle	5	22.68	NHSS
2N2702X	Manual	14G x 114mm	Biopsy Needle	10	22.8575	NHSS

051/18

Baby Birthweights

In the 2017 calendar year were there any babies born at your hospitals where the weight of the baby was 12lbs (5443g) or more? If so please state how many and what their birthweights were.

Answer: There were 0 registerable births recorded on Badgernet maternity with a date of birth in calendar year 2017 that had a birthweight in grams of 5443 or more.

052/18

Non-Disclosure Agreements

A) How many non-disclosure agreements has the authority agreed in each of the calendar years of 2014, 2015, 2016 and 2017? Please provide individual figures per year. Please also

provide reasons for the agreements being agreed where possible (e.g. 2 whistleblower complaints). Please provide the total number of NDAs but also the different types of NDA agreements (e.g. whistleblower complaint/ / sexual harassment complaint etc.). Please make clear if the agreements concern commercial companies rather than employees.

B) Please provide the total amount of financial compensation awarded as part of these agreements for the entirety of this period in £.

Answer:

A	NDAs per year			
	2014	2015	2016	2017
	0	0	0	0

Reasons	2014	0
	2015	0
	2016	0
	2017	0

B	Total amount of financial compensation awarded as part of these agreements 2014-2017 inclusive (£)
	0

053/18

The Trust's Policy on Revealing the Sex of Unborn Children to their Parents

1. Does the Trust have a policy on if / when to tell parents-to-be the sex of their unborn child during pregnancy?

Answer: The trust does not have a policy. However it forms part of the protocol for antenatal screening scans. Sexing of foetus can be carried out if the mother has requested this and on the understanding that it is NOT 100% accurate. There is only a 70% accuracy and Sonographers are not to be held to account for incorrect sexing. This is explained to mothers and partners at time of request and any sexing is recorded on official report. If we are unable to see the sex when it is requested this is also recorded.

2. If so, at what stage of pregnancy [in weeks] is the sonographer permitted to tell them?

Answer: This is only done during the fetal anomaly scan booked between 18 weeks to 20+6 weeks gestation. We do not sex the fetus at dating scans. Normally dating scans are performed from 10 weeks gestation. However if they are a late booker and over 18 weeks gestation at the time their first scan we can say.

3. Has this policy changed in the last 10 years? If so, when did it change, and what was the policy before?

Answer: No

4. If there has been a change in policy, what was the reason(s) for the change?

Answer: NA

054/18

Outsourced Tele-Radiology Services

I understand that you outsource or use external parties for Tele-Radiology Reporting Services.

If your trust uses Tele-radiology services, please kindly outline which suppliers you utilise and the total number of images outsourced during the months of November 2017 – March 2018:

Tele-Radiology Supplier Name	Total CT Images outsourced during Nov 17 – Mar 18	Total MRI Images outsourced during Nov 17 – Mar 18	Total Plain Film Images outsourced during Nov 17 – Mar 18

Answer: Exemption under section 43 (Commercial Interests) has been applied as we are in the process of procuring a provider.

055/18

Post-Treatment Support for Breast Cancer Patients

Our questions

1) Does your Trust offer a Health and Wellbeing event accessible to all breast cancer patients at the end of hospital-based treatment?

(A Health and Wellbeing event is defined as a group education and support event which helps people to manage their physical and psychological health after a cancer diagnosis.)

A. Yes

B. No

Answer: Yes

2) If the Trust does offer a Health and Wellbeing event for breast cancer patients, are these events:

A. solely for people with breast cancer

or

B. for people with all types of cancer

Answer: B. for people with all types of cancer

3) For breast cancer patients who have completed their hospital-based treatment, do the nurses in the breast care unit routinely make direct referrals, where appropriate, to the following?

(By 'direct referral' we mean gaining consent from a patient to pass on their details to a support service or arranging for someone from the service to contact the patient)

Services provided by charities

a. Support services provided by charities that support people with cancer (yes/no)

Answer: Yes

b. Support services provided by charities that support people with breast cancer only (yes/no)

Answer: Yes

NHS Services

c. Counselling / psychology services within the NHS (yes/no)

Answer: Yes (complimentary therapy/palliative care)

d. Physiotherapy services within the NHS (yes/no)

Answer: Yes (complimentary therapy/palliative care)

e. Fertility services within the NHS (yes/no)

Answer: Yes (complimentary therapy/palliative care)

f. Lymphoedema services within the NHS (yes/no)

Answer: Yes (complimentary therapy/palliative care)

g. Other support services – please specify below (yes/no)

Answer: Yes (complimentary therapy/palliative care)

4) If you do not refer to some/any of the services in question 3, is this due to any of the reasons below? Please indicate all that apply.

Answer: N/A

- a. Support services provided by charities that support people with cancer
- Service not available (yes/no)
 - Unaware of service (yes/no)
 - Service is oversubscribed (yes/no)

- . Service is unsuitable for breast cancer patients (yes/no)
 - . Patient is informed of the service but a direct referral is not made (yes/no)
 - . Workload capacity does not allow time for referrals (yes/no)
 - . Other (please give details)
- b. Support services provided by charities that support people with breast cancer only
- . Service not available (yes/no)
 - . Unaware of service (yes/no)
 - . Service is oversubscribed (yes/no)
 - . Patient is informed of the service but a direct referral is not made (yes/no)
 - . Workload capacity does not allow time for referrals (yes/no)
 - . Other (please give details)
- c. Counselling / psychology services within the NHS
- . Service not available (yes/no)
 - . Unaware of service (yes/no)
 - . Service is oversubscribed (yes/no)
 - . Patient is informed of the service but a direct referral is not made (yes/no)
 - . Workload capacity does not allow time for referrals (yes/no)
 - . Other (please give details)
- d. Physiotherapy services within the NHS
- . Service not available (yes/no)
 - . Unaware of service (yes/no)
 - . Service is oversubscribed (yes/no)
 - . Patient is informed of the service but a direct referral is not made (yes/no)
 - . Workload capacity does not allow time for referrals (yes/no)
 - . Other (please give details)
- e. Fertility services within the NHS
- . Service not available (yes/no)
 - . Unaware of service (yes/no)
 - . Service is oversubscribed (yes/no)
 - . Patient is informed of the service but a direct referral is not made (yes/no)
 - . Workload capacity does not allow time for referrals (yes/no)
 - . Other (please give details)
- f. Lymphoedema services within the NHS
- . Service not available (yes/no)
 - . Unaware of service (yes/no)
 - . Service is oversubscribed (yes/no)
 - . Patient is informed of the service but a direct referral is not made (yes/no)
 - . Workload capacity does not allow time for referrals (yes/no)
 - . Other (please give details)

056/18

Various Services Within the Trust

1) how much money has been spent on transporting (courier/taxi etc) discharged patients medication to their address/nursing home/other hospital after they have been discharged in the last 10 years?

Answer: The Information cannot be provided as it is not broken down to this level of detail.

2) On how many occasions have Walsall Manor Hospital pharmacy not provided medication in time for a patient being discharged from the hospital in the last 10 years?

Answer: This information is not recorded.

3) How much money has been spent on agency nurses at Walsall Manor Hospital in the last 10 years?

Answer:

2017/18	– £3,918,640
2016/17	– £3,920,670
2015/16	– £3,147,639
2014/15	– £3,334,906
2013/14	– £3,324,605
2012/13	– £1,432,207

All other data is archived. Exemption under Section 12 (Cost of Compliance Exceeds Appropriate Limit) has been applied to this part of your request. (Fees applicable for retrieval of files and will include a manual process of looking through invoices which would exceed 18 hours)

4) How many patients have been discharged from Walsall Manor Hospital and re-admitted within 48 hours in the last 10 years?

Answer: 9365.

5) How much money have Walsall Manor Hospital spent on solicitor / barrister / legal fees in the last 10 years?

Answer:

2017/18	– £134,073
2016/17	– £96,891
2015/16	– £59,757
2014/15	– £65,945
2013/14	– £48,974
2012/13	– £256,694

All other data is archived. Exemption under Section 12 (Cost of Compliance Exceeds Appropriate Limit) has been applied to this part of your request. (Fees applicable for retrieval of files and will include a manual process of looking through invoices which would exceed 18 hours)

6) How many cases of misdiagnosis have there been at Walsall Manor Hospital in the last 10 years?

Answer: A total of 161 cases were related to misdiagnosis.

7) How many staff have been sacked at Walsall Manor Hospital in the last 10 years?

Answer: Please see attached document. (Available upon request).

8) How many staff have received disciplinary proceedings in the last 10 years?

Answer: Please see attached document. (Available upon request).

9) how much money has been spent by Walsall Manor Hospital transporting patients (taxi) to their home address following discharge in the last 10 years?

Answer: The Information cannot be provided as it is not broken down to this level of detail.

10) how many patients have been transported to Walsall Manor Hospital A+E by West Midlands Ambulance Service which geographically should have gone to an alternative A+E within the region in the last 10 years?

Answer: We are unable to answer this question as the geographical location of accidents is not recorded on our systems.

057/18

Accepting Manufacturer Provision of Free of Charge Drug

1. Has your trust accepted or is it currently accepting manufacturer provision of free of charge drug stock between licensing and NICE funding? [Yes/No]

Answer: Yes

2. Has your trust accepted or is it currently accepting the following list of drugs in psoriasis:

Brodalumab [Kyntheum]	[Yes/No]	Answer: No
Guselkumab [Tremfya]	[Yes/No]	Answer: No
Ixekizumab [Taltz]	[Yes/No]	Answer: Yes
Secukinumab [Cosentyx]	[Yes/No]	Answer: Yes

3. Has your trust accepted or is it currently accepting the following list of drugs in Rheumatoid Arthritis:

Tofacitinib [Xeljanz]	[Yes/No]	Answer: No
Baricitinib [Olumiant]	[Yes/No]	Answer: No
Golimumab [Simponi]	[Yes/No]	Answer: Yes
Certolizumab [Cimzia]	[Yes/No]	Answer: Yes
Apremilast [Otezla]	[Yes/No]	Answer: No
Tocilizumab [Ro Actemra]	[Yes/No]	Answer: Yes

4. Has your trust accepted or is it currently accepting the following list of drugs in Ankylosing Spondylitis or Psoriatic Arthritis:

Secukinumab [Cosentyx]	[Yes/No]
------------------------	----------

Answer: Yes

5. Has your trust accepted or is it currently accepting the following list of drugs in Ulcerative Colitis:

Golimumab [Simponi]	[Yes/No]
---------------------	----------

Answer: Yes

6. If your trust has not accepted manufacturer provision of free of charge drug stock, what have been the reasons for this? [.....]

Answer: N/A

7. In future, will your trust be able to accept manufacturer provision of free of charge drug stock?
[Yes/No]

Answer: N/A – we already have some PAS and EAMS schemes.

8. What is the preferred distribution channel for the provision of free of charge drug stock?

Homecare	[Yes/No]	Answer: No
Delivered directly to hospital/Trust	[Yes/No]	Answer: Yes
Other (please provide details)	[.....]	

9. For how long is free of charge drug stock typically provided for each patient?

first dose	[Yes/No]
first month	[Yes/No]
first 3 months	[Yes/No]
Other	[During the full duration of treatment if via PAS or EAMS]

058.18

Recruitment of Doctors

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

· In the last 12 months, how many visa applications did the hospital process and were accepted for their permanent doctor placements?

Answer: 23

· In the last 12 months have you used an agency to fill your permanent doctor positions?

Answer: No

· In the last 12 months, which agencies have you used for your permanent doctor positions you have filled?

Answer: None used

· In the last 12 months, how many doctors have been placed in permanent roles via an agency?

Answer: No doctors have been placed in a permanent role via an agency

· In the last 12 months, how much have you spent on agencies for your permanent doctor placements?

Answer: £0

· How much are you charged per permanent doctor placement as per grade below?

1. SHO's (this includes FY1, FY2, ST1, ST2, CT1, CT2, StR Lower, Clinical fellow, Trust grade, RMO)

Answer £0

2. SPR's (this includes ST3, ST4, ST5, ST6, ST7, CT3, CT4, StR Higher, Senior Clinical Fellow, Registrar, Staff Grade, Middle Grade, Speciality Doctor)

Answer: £0

3. Consultants (this includes Associate specialist, Lead Consultants, Consultant Physician)

Answer: £0

· Is your permanent recruitment process for doctors tendered to agencies? –

Answer: No

· Who was successful with the tender allocation?

Answer: N/A

· Do you have any outstanding vacancies currently advertised with agencies for permanent doctor roles?

Answer: No

· Please provide us with the name, title and contact details of the head of permanent recruitment.

Answer: Louise Ludgrove, Interim Director of Human Resources. Tel: 01922 721172. Louise.ludgrove@walsallhealthcare.nhs.uk

059/18

Serious Incidents in A&E

How many Serious Incidents (SI) were recorded in your A&E department in:

a. 1/11/2015 - 31/3/2016

b. 1/11/2016 - 31/3/2017

c. 1/11/2017 - 31/3/2018

For clarity we expect them to be recorded as per the relevant criteria for serious incidents at the time.

Answer:

Period	A&E Serious Incident's reported
01/11/2015 – 31/03/2016	1-5
01/11/2016 – 31/03/2017	1-5
01/11/2017 – 31/03/2018	1-5

Due to the low numbers of serious incidents within the A&E department we have put a range of 1-5 in place due to the information being specific to A&E.

060.18

Joint Working Arrangements.

I would like to make a request for the following information under the Freedom of Information Act:

1. Please confirm or deny whether the trust entered into any joint working arrangements with private companies in a) 2016 and b) 2017.

Answer: Yes the trust entered in to joint working arrangements. These are covered with terms of reference or service level agreements, whichever is more appropriate.

2. Please confirm or deny whether the trust had a policy on entering into joint working arrangements with private companies in a) 2016 and b) 2017.

Answer: No policy in place

3. Please confirm or deny whether the trust currently has any policy on entering into joint working arrangements with private companies.

Answer: No policy in place

4. Please provide details of, or a copy of, any policy the trust has on entering into joint working arrangements with private companies.

Answer: N/A

061/18

Day Case Complex Pacing

1) Does your hospital perform complex pacing as a day case procedure?

Answer: YES

2) If so, do you have a trust protocol for this procedure?

Answer: YES

3) What proportion of complex pacing is done as day case as compared to overnight stay (roughly - i.e <25% day case, 25-50%, 50-75% and >75%)

Answer: <25%

062/18

Private Patients

Please could you provide me with a list of each of the NHS patients within your trust who have been billed for NHS care during the whole of the financial year of 2016-17, and any from the financial year 2017/18 that you currently have available. Please do not include the billing of any EEA nationals, or private patients. If possible, please format the data in an excel spreadsheet and include:

1. Year of birth
2. Country of birth
3. Nationality
4. Sex
5. Ethnicity
6. Date of entry into the UK
7. Amount billed
8. Date billed
9. Whether charging was deemed non-urgent, urgent or immediately necessary (if this is evident)

Answer: Please see attached Execl Spreadsheet. (Available upon request).

063/18

Insourced/Outsourced Endoscopy Services

I understand your trust uses external providers to deliver some aspects of your trusts Endoscopy service. Please kindly outline which suppliers you utilise and the total amount spent for Insourced or outsourced Endoscopy services during the months of November 2017 – March 2018:

Endoscopy Insource/Outsource Supplier Name	Total Spend			
	Nov-17	Dec-17	Jan-18	Feb-18
Endoscopy ABC Company	£10,000	£25,000	£40,000	£55,000

Answer: We do not use an external provider for any of our endoscopy procedures, the sessions are managed within the Trust. If there is a shortfall of capacity we book additional sessions on Saturdays, to prevent any delays to patient care plans.

**064/18
Mesh Implants**

1. How many of **any** type of vaginal mesh implant operations has the Trust performed in each of the following years: 2016, 2017, 2018 (in financial or calendar years).

Answer:
Vaginal Mesh Inserts

FY	Apr	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Year 2015/16		2									2	
Year 2016/17							2					
Year 2017/18				1								
Grand Total		2		1			2				2	

2. How many removals of **any** type of vaginal mesh implant operations has the Trust performed in each of the following years: 2016, 2017, 2018 (in financial or calendar years).

Answer: No data found for these codes

3. Has the Trust updated its vaginal mesh procedures or guidance in the last 18 months? If so, please could you provide this information?

Answer: We are not using vaginal meshes for Prolapse, therefore we haven't updated this guideline.

4. How many of **any** type of hernia mesh implant operations has the Trust has performed in each of the following years: 2016, 2017, 2018 (in financial or calendar years).

Answer:

Hernia Mesh Inserts

FY	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Year 2015/16	33	49	73	51	24	43	22	33	29	24	28	34	443
Year 2016/17	28	33	45	35	24	39	49	40	24	21	30	24	392
Year 2017/18	22	25	24	29	39	46	40	28	16	30	23	23	345
Grand Total	83	107	142	115	87	128	111	101	69	75	81	81	1180

5. How many removals of **any** type of hernia mesh implant operations has the Trust performed in each of the following years: 2016, 2017, 2018 (in financial or calendar years).

Answer:

Hernia Mesh Removals

FY	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
Year 2015/16		1		1		1	1						4
Year 2016/17	1	1	1		2	1						1	7
Year 2017/18							2	1	1	2			6
Grand Total	1	2	1	1	2	2	3	1	1	2		1	17

6. Has the Trust updated its hernia mesh procedures or guidance in the last 18 months? If so, please could you provide this information?

Answer: No

065/18

Upfront Charging for Overseas Patients

1. The number of overseas visitors, migrants and former UK residents who have been charged upfront for healthcare treatment by the Trust since October 2017 (excluding private patients using paid-for services offered by the Trust)

2. The total costs charged for the treatments referred to in question 1

3. The number of overseas visitors, migrants and former UK residents who have been refused healthcare treatment by the Trust since October 2017 because they did not pay upfront charges that were imposed (excluding private patients using paid-for services offered by the Trust)

4. Any data the Trust holds on the reasons for the refusal/inability of the patients referred in response to question 3 to pay the imposed upfront charges

5. Any data the Trust holds on the conditions the patients referred to in response to question 3 wished to be treated for, or alternatively the treatments that were subject to the imposed charges (these may be grouped into over-arching categories for data protection reasons)

Answer: The Trust is not aware of any overseas visitors that have been charged in advance of receipt of healthcare from October 2017 or have been refused healthcare.

066/18

Ophthalmology Insource/Outsource Supplier

Please kindly outline which suppliers you utilise and the total amount spent for Insourced or outsourced ophthalmology services during the months of November 2017 – March 2018:

Ophthalmology Insource/Outsource Supplier Name	Total Spend				
	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
Royal Wolverhampton Hospitals NHS Trust	£84,126.9 2	£84,126.9 2	£84,126.9 2	£84,126.9 2	£84,126.9 2

067/18

Spend on Agency Recruitment Fees for Permanent Staff Positions

Please provide the following information that you have pertaining to your spend on agency recruitment fees for permanent staff positions (not including salaries) in the last available full financial year (please note the year in your response).

1. Spend on agency recruitment fees for permanent staff (not including salaries) – medical staff.

Answer: £0

2. Spend on agency recruitment fees for permanent staff (not including salaries) – nursing staff.

Answer: £9,441 for overseas nursing recruitment for financial year 17/18

3. Spend on agency recruitment fees for permanent staff (not including salaries) – allied health professionals (AHPs) and health science services (HSS) staff.

Answer: £0

4. Spend on agency recruitment fees for permanent staff (not including salaries) – non medical, non clinical (NMNC) staff.

Answer: £0

068/18

Spend on Bank Staff Management

1. Internal spend bank staff management

Answer - For 17/18 this was £287,589.

2. Outsourced spend on bank staff management

Answer – N/A

069/18

Spend on Recruitment Process Outsourcing

Please provide your spend on recruitment process outsourcing in the last available full financial year (please note the year in your response).

Answer: £9,441 for financial year 17/18 for overseas recruitment of nurses.

070/18

Electronic Patient Records System

1. Who is, or will be, your EPR systems provider?

Answer: DXC

2. What are the names and titles of the 2 main contacts within the Trust responsible for your EPR /EHR system?

**Answer: Mark Taylor Associate Director IT Services
Frank Botfield Associate Director Business Delivery**

3. What are the names and titles of the 2 main points of contact for EPR / EHR budgets and cost saving initiatives?

**Answer: Mark Taylor Associate Director IT Services
Frank Botfield Associate Director Business Delivery**

4. Who is responsible for Quality Assurance and Testing for the Trust's IT & Applications - specifically the EPR/EHR.

Answer: Associate Director IT Services Mark Taylor

5. What is your forecasted spend on EPR / EHR testing annually starting from 2017 onwards?

Answer: No additional spend is used for testing

6. How many scripts are you manually executing for your EPR / EHR regression testing?

Answer: 170

7. How long does it take to run a master regression test for EPR / EHR? i.e to execute all your regression scripts?

Answer: Lorenzo: 10 days – Fusion: 5 days

8. How many in-house testers do you have? Permanent staff and contractors today?

Answer: 2

9. What modules do you have in your EPR / EHR currently? Please be specific

Answer: Care Management, Emergency Care, Day Care, Clinical Docs, Care Plans, Requests & results

10. What modules are you planning on implementing or upgrading in the next 18 months? Please be specific

Answer: Emergency Department

11. Is your EPR / EHR hosted by a third party or managed directly by the Trust?

Answer: Hosted

12. What is your total annual EPR / EHR budget? This includes all licenses, staff salaries and all expenditure required to maintain and operate the systems.

Answer: The EPR is centrally funded, the EPR role is one of the many tasks of a team and the estimated apportioned costs specifically associated to the EPR are c30k, this includes configuration and release management.

13. What % of your EPR / EHR budget is allocated for testing? If not known, how much is spent annually on testing?

Answer: No additional spend is used for testing

14. In man-days, what is your total projected effort for systems testing in 2018? All systems.

Answer: Approximately 180 days

15. How many changes do you implement each month for your EPR / EHR on average?

Answer: Quarterly Releases- like for like at the moment no enhancements implemented for Lorenzo

16. How much of your regression testing is covered by automation?

Answer: None currently, we have automated software in use and are looking at the possibilities of using this software for testing

17. Who is your CCIO?

Answer: This post is not yet fully established

18. Who is your CIO?

Answer: We do not have a CIO

19. What is the best way to actively introduce a new IT service to the Trust that could add operational and economic value?

Answer: We have no defined process for such activity, when a new IT service is required we allocate resources to review the market and produce an options appraisal. We would suggest registering on frameworks nationally and ensure search engine optimisation for your website.

**071.18
Financial Reviews**

I am making a request under the freedom of information act to understand any financial reviews undertaken by the organisation. To do so, please complete and return the attached document.

To clarify the information that is being request: *a financial review should include any reviews that have been completed on the organisations financial records to identify savings available and the recovery is completed on behalf of the organisation. Savings could be from the application of rates being outside of contractual agreements, identification of duplicate charges on invoices, incorrect fees or margins etc.*

Answer:

1. Has the organisation procured services from a third party to provide financial review services?

This should include any reviews that have been completed on the organisations financial records to identify savings available and the recovery is completed on behalf of the organisation. Savings could be from the application of rates being outside of contractual agreements, identification of duplicate charges on invoices, incorrect fees or margins etc.

Types of reviews include but are not limited to;

- Telecommunications
- Energy (electricity & gas)
- Water
- Estates
- Temporary Staffing

For **all reviews** contracted by the organisation, please provide the following information:

1. Type of financial review undertaken

Answer: Energy (Gas & Electricity) benchmarked the potential for private sector

2. Name of third party who completed the review

Answer: Internally done

3. Please provide a detailed description of the review undertaken (including the number of years reviews, what records were reviewed to conduct the review etc.)

Answer: Review of private sector procurement companies for gas and electricity.

4. How many weeks did the review take?

Answer: 12 months

5. What was the total amount of savings identified through the review?

Answer: No guaranteed savings

6. What was the total amount of savings recovered through the review?

Answer: Project not commenced

7. Has the organisation achieved annual ongoing savings as a result of the third party's review? If so, please provide detail of the total annual savings –

Answer: N/A

8. Please state the total paid to the third party for the review undertaken

Answer: N/A

9. Did the organisation use a framework to award the contract? If so, please state which framework was used

Answer: N/A

072.18**NHS acute Trust wearable EWS readiness**

I would like to request information under the Freedom of information act 2000. Attached is an excel spreadsheet, please use this to simplify the reporting and improve the data quality. I have indicated departments where some of the information may be held to assist you. To reduce the burden of answering in some cases I have indicated that estimated values are acceptable as this information may be difficult to compile to create an accurate figure.

Answer: Please see attached spreadsheet. (Available upon request).

073.18**Policies & MOUs NHS charging of overseas visitors.**

You will be aware of the NHS (Charges to Overseas Visitors) Regulations 2015 as amended by the NHS (Charges to Overseas Visitors) (Amendment) Regulations 2017. All requests for information below relate to your implementation of these regulations, and particularly, though not exclusively, the requirement to charge up-front for treatment where individuals are not eligible for free treatment, and the concomitant requirements to identify chargeable visitors and to consider whether they are exempt from charging, or whether their care is immediately necessary or urgent.

Please consider the following three requests:

1. The [disclosure of a Home Office document](#) has revealed that at least 16 NHS trusts have entered into a Memorandum of Understanding with the Home Office in order to prevent 'upfront access to healthcare to which illegal migrants are not entitled'.
 - a. Has your NHS trust entered into such an MoU?

Answer: No

- b. Please provide a copy of the MoU if so.

2. The same document reveals that at least 20 NHS trusts have been visited by Home Office Local Partnership managers to establish 'robust immigration status checking systems'.
 - a. Has your NHS trust had such a visit?

Answer: No

- b. Please provide details of any such visit or visits including, but not limited to:
 - i. Agendas of any meetings with Home Office Local Partnership managers;

- ii. Minutes of any such meetings, if available;
 - iii. Documents/information packs/brochures/training materials/guidance relating to the visit or visits or created as a result of engagement with Home Office Local Partnership managers.
 - c. Please provide documents/guidance/procedures as to the immigration status checking system that you have in place.

- 3. Please also provide documents or information as to efforts that have been made to discharge the Trust's public sector equality duty in implementing the regulations. These would usually include, but are not limited to:
 - a. Equality impact assessments;
 - b. Delivery of training to staff on implementation and avoiding discrimination;
 - c. Written policies and guidance on implementation of the charging regime;
 - d. Systems to monitor the impact of the charging regime on your service users, particularly those belonging to BME groups, foreign nationals, or those with other protected characteristics and any findings from such monitoring.

074/18

Microsoft Licensing

1. Does your organisation have a Microsoft volume licensing agreement in place?

Answer: No

2. If yes, to 1. above, what type of volume license agreement(s) is it. For example (but not limited to) Subscription, Enterprise Wide Agreement, Office 365. Please list all agreements types if you have more than one

Answer: NA

3. For each volume licensing agreement, what is the yearly contract value (please not exemption due to commercial sensitivities is not applicable here as this information should already be made public)

Answer: NA

4. For each volume licensing agreement, please provide detailed list of licenses descriptions, SKU's and their quantities

Answer: NA

075/18

Use of RIPA in the Acute Trust

1. How many members of staff (including former members of staff and locum staff working for the Trust) has the Trust investigated using RIPA powers? Please break this down by year.

Answer: 0

2. What type of investigation was done under RIPA? E.g. copies of emails, internet history, etc?

Answer: There were no investigations done

077/18

Tier 2 Visa

- How many applications for a restricted certificate of sponsorship for a Tier 2 (General) visa has the Trust made to the Home Office (through the sponsorship management system or other routes) for (a) clinical staff (b) non-clinical staff

Answer: (a) Clinical – 23 (b) –Non-Clinical – 0 (6 Nurses and 17 Doctors for clinical staff)

- How many of these applications were (a) successful and (b) unsuccessful for (i) clinical staff and (ii) non-clinical staff

Answer: (a) Clinical – 23 (b) –Non-Clinical – 0 (22 were successful and 1 unsuccessful) -(6 Nurses and 17 Doctors for clinical staff)

- How many applications for a restricted certificate of sponsorship for a Tier 2 (General) visa has the Trust made to the Home Office (through the sponsorship management system or other routes) for (a) professions on the Shortage Occupation List (b) professions not on the Shortage Occupation List

Answer: (a) Shortage Occupation List – 11 (b) – Not on Shortage Occupation List – 12 - (6 Nurses and 17 Doctors for clinical staff)

- How many of these applications were (a) successful and (b) unsuccessful for (i) professions on the Shortage Occupation List (ii) professions not on the Shortage Occupation List

Answer: (a) Shortage Occupation List – 11 (b) – Not on Shortage Occupation List – 11 (11 out of 12 for the “not on shortage occupation list” were successful) - (6 Nurses and 17 Doctors for clinical staff)

Request 2

How many clinical staff positions is the Trust currently planning on filling with an overseas doctor in the next 12 months?

Answer: 10 Specialty Doctor vacancies.

078.18
Temporary Staff

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

This is a freedom of information request. Please provide the following information that you have pertaining to your spend on temporary staff in the last full available financial year (please note the year in your response).

1. Spend on temporary staff through the trust's staff bank

Answer: £13,327k

2. Spend on temporary staff through agencies

Answer: £7,503k

- a. Spend on temporary staff by agency (agency names can be anonymised if necessary)

Answer: Exemption 12 Cost of compliance exceeds appropriate limit

This will take a long time to produce as it will require a full reconciliation between shifts worked which will need to be linked back to the original agencies and then to invoices. Other work will include identifying any incorrectly allocated shifts, allowing for prepayments and accruals – we would estimate at least 5 working days to try and get this level of detail calculated

079.18
Temporary Nursing staff

This is a freedom of information request. Please provide the following information that you have pertaining to your spend on temporary nursing staff in the last full available financial year (please note the year in your response).

1. Spend on temporary nursing staff through your staff bank, by band (1-9)

Answer: 2017/18 Qualified – £2,967k , unqualified £2,559k. We are unable to break it down by band as the information is only recorded as Qualified and Unqualified in the finance system

2. Spend on temporary nursing staff through agencies, by band (1-9)

Answer: 2017/18 Qualified - £3,919, unqualified £302k. We are unable to break it down by band as the information is only recorded as Qualified and Unqualified in the finance system

080.18

Salary Overpayments

Name of Computer Software used to record Salary Overpayments and repayments

Answer: Harlequin Software

Are names of people stored in the software?

Answer: Yes

Is the amount of the Salary Overpayment stored in the software?

Answer: Yes

Does the software have an audit trail automatically recording the logon name of the user and the records added, accessed and changed by each user, including the data before the change and the data after the change?

Answer: The system has an audit log of the batches processed (created, updated and deleted) by each user.

Does the audit trail include the date and time of any additions / changes to data as well as when data was accessed?

Answer: Yes

Software Provider (Company Name)

Answer: Harlequin Software Ltd

Annual Cost (£) of Software

Answer: £5,481.60

License Expiry Date

Answer: 31st March 2019

Name of the Organisation Responsible for Recording Salary Overpayments if you use another organisation (e.g. a CSU)

Answer: N/A

Name of Manager Responsible for Recording Salary Overpayments

Email address of Manager Responsible for Recording Salary Overpayments

Telephone Number of Manager Responsible for Recording Salary Overpayments

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 Caldicot, Finance Director, email address; \[russell.caldicott@walsallhealthcare.nhs.uk\]\(mailto:russell.caldicott@walsallhealthcare.nhs.uk\) and telephone number is \[01922 721172\]\(tel:01922721172\).](#)

081.18

Metastatic Squamous Cell Non-small cell lung cancer (NSCLC)

Metastatic Squamous Cell Non-small cell lung cancer (NSCLC):

In the past 3 months, how many patients were treated with

Answer:

Atezolizumab (Tecentriq)	1
Pembrolizumab (Keytruda)	0
Nivolumab (Opdivo)	1
Other active systemic anti-cancer therapy	4
Palliative care only	Not recorded

Metastatic Non Squamous Cell Non-small cell lung cancer (NSCLC):

In the past 3 months, how many patients were treated with

Answer:

Atezolizumab (Tecentriq)	0
Pembrolizumab (Keytruda)	0
Nivolumab (Opdivo)	0
Other active systemic anti-cancer therapy	3
Palliative care only	Not recorded

Adjuvant Melanoma

In the past three months how many patients were seen who had stage III resectable melanoma ?

Answer:

The trust does not collect this data

Of all stage III patients seen, how many received a complete resection ?

Answer:

We do not treat patients with stage III melanoma, they are all transferred to University hospital Birmingham

Of all stage III patients seen, how many were stage III a ?

Answer:

We do not treat patients with stage III melanoma, they are all transferred to University hospital Birmingham

082/18

Employee Contact Details

Under the freedom of information please can I request the following information:

1. The name and email address of your Clinical Director of Pathology
2. The name and email address of your Service manager of Pathology
3. The name and email address of your Lead Pathologist

Answer: Staff details below Director Level are withheld under Section 40 (Personal Information). However, we can provide the details for the Medical Director as follows: Amir Khan amir.khan@walsallhealthcare.nhs.uk

083/18

Sexual Health Software suppliers

Can you kindly let me know which sexual health software, your sexual health clinics are using, across the trust, please?

Answer: Lilie System from Idox Health Ltd

Can you also let me know the contract renewal dates, please?

Answer: Contract renewal for licence/support/maintenance is renewable from 30/03/19 however there is currently no intention to replace the system at that point.

084/18

Potholes

1. Please detail the annual cost to your Trust of a) damage directly caused by potholes and b) repairing potholes, in each financial year since 2010.

Answer: a) as per losses and special payments – 2010 - £11,100; 2012 – £9,050

- **Please note the costs for the other years you requested were not recorded**

b) No specific costs held for repair of potholes

2. Please detail how many potholes there are across your estate in total at the current time

Answer: 6

3. How many potholes have been reported on your estate each year since 2010?

Answer: Information not available as not previously recorded.

4. What is the diameter of the largest pothole currently on your estate? Please also provide details of the size of the largest pothole which has existed on your estate since 2010

Answer: 1 metre

5. Please outline how many occasions there have been when you wished to repair a pothole, but due to funding shortages the pothole was not repaired or the repair was delayed.

Answer: A car park review has recently been undertaken and funding has been made available. Previous potholes have been filled on car park parks but due to use of car parks, additional holes have appeared. Funding has never been refused.

085/18

Costs for Replacing Impairment Devices

Please can you let me know: During the last financial year (FY 17/18,) the total amount spent on replacing patients damaged or broken spectacles (glasses,) hearing aids and dental prostheses? A total for all items would be great. There is no need for costs by impairment device type.

Answer: Total value for 17/18 was £7,357.30

086/18

Chargeable Items

Q1 & 2: Does your trust charge patients for use of the following items? If so what is the hourly charge as of 1 May 2018?

- a) Television
- b) Internet
- c) Telephone

Answer: See table below

Q3. What is the total amount the Trust received in charges in each year 2017/18, 2016/17 and 2009/10 for each item?

- a) Television
- b) Internet
- c) Telephone

Answer: See table below

Q4. How many individual patients paid charges in each year 2017/18, 2016/17 and 2009/10 for each item?

- a) Television
- b) Internet
- c) Telephone

Answer: See table below

Q5. What was the highest amount charged to one patient for each item in each year 2017/18, 2016/17 and 2009/10.

- a) Television
- b) Internet
- c) Telephone

Answer: See table below

Please use the following table for answers if possible:

	Television	Internet	Telephone
Charge for use? Y/N	No	No	No
Hourly charge as of 1 May 2018?	0	0	0
Total amount the Trust received in charges in year 2017/18	0	0	0
Total amount the Trust received in charges in year 2016/17	0	0	0
Total amount the Trust received in charges in year 2009/10	0	0	0
Highest total amount charged to one patient for item in year 2017/18.	0	0	0
Highest total amount charged to one patient for item in year 2016/17.	0	0	0
Highest total amount charged to one patient for item in year 2009/10.	0	0	0
Total number of individual patients who paid charges in 2017/18	0	0	0
Total number of individual patients who paid charges in 2016/17	0	0	0
Total number of individual patients who paid charges in 2009/10	0	0	0

**087/18
Vacancy**

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

Q1: Staff vacancies:

What is your trust's a) FTE establishment and b) total FTE vacancies for each of the following staff groups, at 1 May 2017 and at 1 May 2018?

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

Answer:

	FTE establishment at 1 May 2017	Total FTE vacancies at 1 May 2017	FTE establishment at 1 May 2018	Total FTE vacancies at 1 1 May 2018
1. All staff (including below groups)	4159.24	337.52	4114.40	440.08
2. Hospital & Community Health Service Doctors	419.04	51.7	407.57	57.03
3. Registered nurses	1294.81	126.29	1323.85	115.62

Q2: Agency cover:

How many FTE equivalent posts were covered by agency staff on Tuesday 3 April 2018 for each of the following groups?

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

Answer:

1. 18.26 FTE. Our systems do not currently record all information to include admin, clerical and Porter colleagues.

2. 324 hours this equates to 8.1 FTE

3. There were a total of 381 hours booked with agencies for Registered Nurse shifts on 03.04.18, this equates to 10.16 FTE.

Q3: Agency staff:

How many individual agency staff has been working continuously (at least one shift per month) at the trust as of May 2018 for a) 3 months, b) 6 months and c) 12 months for the following groups:

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

Answer: We are unable to provide this answer as our system cannot collate this information; each agency booking is recorded as an ad-hoc booking. Retrieving this information would require manually checking each agency booking for the time periods requested and would take a considerable amount of time in excess of 18 hours. As such, exemption under Section 12 (Cost of compliance exceeds appropriate limit) has been applied to this part of your request.

Q4: Agency staff:

What is the longest that an individual agency worker has been working continuously (at least one shift per month) at the trust as of May 2018 for the following groups?

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

Answer: We are unable to provide this answer as our system cannot collate this information; each agency booking is recorded as an ad-hoc booking. Retrieving this information would require manually checking each agency booking for the time periods requested and would take a considerable amount of time in excess of 18 hours. As such, exemption under Section 12 (Cost of compliance exceeds appropriate limit) has been applied to this part of your request.

088.18

Junior Doctors

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

- How many junior doctors employed by your trust have chosen to opt out of the Working Time Regulations through provisions included in their contracts.

Answer: None

- What percentage of junior doctors employed by your trust have chosen to opt out of the Working Time Regulations through provisions included in their contracts.

Answer: 0%

- How many junior doctors in core surgical training employed by your trust have chosen to opt out of the Working Time Regulations through provisions included in their contracts.

Answer: None

- What percentage of junior doctors in core surgical training employed by your trust have chosen to opt out of the Working Time Regulations through provisions included in their contracts.

Answer: 0%

- How many junior doctors in surgical specialty training employed by your trust have chosen to opt out of the Working Time Regulations through provisions included in their contracts.

Answer: None

·

What percentage of junior doctors in surgical specialty training employed by your trust have chosen to opt out of the Working Time Regulations through provisions included in their contracts.

Answer: 0%

089.18

Soft Facilities Management Contracts

Re: NHS - Soft Facilities Management Contracts

1. Please state the full name of your Trust

Answer: WALSALL HEALTHCARE NHS TRUST

2. Please state which Soft FM service lines (if any) are outsourced such as:

§ Patient Catering

Answer: Yes

§ Retail Catering

Answer: PFI

§ Cleaning

Answer: NO

§ Ward Hostess

Answer: NO

§ Portering

Answer NO

§ Security

Answer: YES – APCOA

§ Car parking

Answer: NO

§ Reception

Answer: NO

§ Helpdesk

Answer: PFI (JOB LOGGING)

§ Waste management

Answer: CLINICAL WASTE IS PFI

§ Ancillary services such as Pest Control

Answer: YES (RENTOKIL) , Window Cleaning – YES (W HARDIMAN) Hygiene Services - NO, Grounds maintenance PFI , linen and laundry - YES (BERENSENS)

§ Other – please specify

Answer: N/A

2. Please state the site names where those services take place

Answer: WALSALL HEALTHCARE NHS TRUST, MOAT ROAD, WALSALL, WS2 9PS

4. Please state which company (s) holds which Soft FM service lines –

Answer: SEE ABOVE

5. Please state the core contract start date and end date of your current Soft FM services.

Answer:

Patient catering: 1/2/15 – 30/1/19

Security: 5/9/16 – 4/9/19

General/domestic waste: 1/10/17 – 30/9/18

Sharpsmart: - 1/5/18 – 30/4/19

Pest Control: 1/4/15 – 31/3/19

Window cleaning: - 1/4/18 – 31/3/19

Laundry: 1/8/18: – 31/7/20

6. Please state whether there are any provisions for contract extensions (including how many years and the extension terms). If yes, please state if the contract extension been awarded

Answer:

Security: 5/9/19 – 4/9/21

Laundry: 1/8/20 – 31/7/22

7. Please state the annual total value of each service line for the year 2017/18?

Answer:

Patient catering - £237k

Security - £278k

General/domestic waste: - £79k

Sharpsmart - £115k

Pest Control - £4k

Window Cleaning - £15k

Laundry - £832k

8. At the end of the contract term, does the Trust intend to go to market to outsource the services again?

Answer: YES

9. If not, what options will the Trust consider (such as reverting to an in house service delivery or establishing a wholly owned subsidiary of the Trust?)

Answer: N/A

10. If no Soft FM services are currently outsourced, is the Trust likely to consider outsourcing during the next 5 years?

Answer: N/A

090.18

I.T. Infrastructure

Please find attached a request for your attention.

Can you update the attached spreadsheet where we ask about general IT infrastructure please?

Answer: Please see attached. (Available upon request).

091/18

Patient Records

1.) Does your organisation use handwritten notes for patients?

Answer: Handwritten notes are used for OPD appointments; the clinician writes the patient record on history sheets. Electronic systems are used for any clinical letters that are created following OPD appointments.

2.) How is the data stored on your system? e.g. excel spreadsheets, word?

Answer: Data is stored on Lorenzo and also in FUSION (They are our Electronic Patient Administration Systems) where clinical letters are viewable and any referrals received are scanned onto. We do not use spreadsheets or word.

3.) How many times have patient records been recorded as lost or stolen in the last financial year?

Answer: This information is not recorded. Any notes that are deemed as 'missing' are recorded into our missing casenote log and procedure followed. If a set of notes is still missing after all searches have been completed 4 times over a month period a permanent secondary set is created, this holds a copy of all paperwork that is held electron

092.18

Potholes

6. Please detail the annual cost to your Trust of a) damage directly caused by potholes and b) repairing potholes, in each financial year since 2010.

Answer: a) as per losses and special payments – 2010 - £11,100; 2012 – £9,050

- **Please note the costs for the other years you requested were not recorded**

b) No specific costs held for repair of potholes

7. Please detail how many potholes there are across your estate in total at the current time

Answer: 6

8. How many potholes have been reported on your estate each year since 2010?

Answer: Information not available as not previously recorded.

9. What is the diameter of the largest pothole currently on your estate? Please also provide details of the size of the largest pothole which has existed on your estate since 2010

Answer: 1 metre

10. Please outline how many occasions there have been when you wished to repair a pothole, but due to funding shortages the pothole was not repaired or the repair was delayed.

Answer: A car park review has recently been undertaken and funding has been made available. Previous potholes have been filled on car park parks but due to use of car parks, additional holes have appeared. Funding has never been refused.

093.18

Policy for Patient Letters

Could you please inform us what your trust policy is regarding patient letters containing clinical information (e.g. consultation letters, results, inpatient events) via post ?

1. Are all letters marked as 'confidential' and /or 'private'?

Answer: Trust policy is that all letters should be marked “Confidential” or “Private”

2. Are all letters sent by tracked delivery?

Answer: Letters are not tracked unless there is a request to the General office for this to be done

094/18

NIPT testing

1. Do you carry out NIPT testing?
2. Numbers of cases of Down's syndrome detected
3. Numbers of invasive tests (probes, needles inserted into uterus, chorionic villus sampling)
4. Numbers of miscarriages avoided
5. Numbers of pregnancy outcomes
6. Costs associated with implementation of NIPT
7. Could we have a copy of your care pathway?
8. Are tests undertaken in the first or second trimester?
9. What resources are used e.g. separate areas designated for clinics, consumables, consultant, midwives & nursing time?
10. Do you also cover patients outside of your catchment areas?
11. What is included within governance and standard operating procedures?
12. Are any other treatments provided? If yes please state what they are
13. Why was the service set up? Is it part of maternity baseline activities or was there a business case? can we have a copy?

Answer: Walsall Healthcare NHS Trust does not undertake NIPT screening.

095/18

Energy Management System

1 The supplier who provides the software to the organisation?

Answer: No Energy Management System

2. The cost associated with the software. Please provide me with the annual spend.

Answer: N/A

3. What is the brand of the software?

Answer: N/A

4. What is the duration of the contract?

Answer: N/A

5. When does this contract expires?

Answer: N/A

6. When does the organisation plan to review this contract?

Answer: N/A

7. Can you please provide me with the contract description of the services provided under the agreement with the supplier? This also includes potential extensions and support and maintenance services.

Answer: N/A

8. What is the organisation's annual energy spend for the following:

Answer:

- a. **Electricity - £1.3M**
- b. **Gas - £800K**
- c. **Water - £230K**

9. What is the total number of meter points for Electricity for:

Answer:

- a. **Non Half Hourly (NHH) meter points - 75**
- b. **Half Hourly (HH) meter points – 3**

10. What is the total number of Gas meter points?

Answer: 30

11. What is the total number of Water meter points?

Answer: 17

12. What is the total number of meter points for specialist gases and liquids?

Answer: 1

13. Can you please provide me with the contact details of the key person responsible for this contract or around energy management?

Answer: Energy management is done through Skanska (PFI) partner - trust is advertising for post imminently.

14. Can you please send me the organisations' energy management strategy/plan that covers 2018?

Answer: No Specific plan – energy report produced monthly through PFI meetings.

096/18

Agency Spend on Staff

- Agency spend on Medical Locums/Doctors
Answer: £2,306,281
- Agency spend on AHP's (Allied Health Professionals) and HSS (Health and Social Sciences)
Answer: £598,599
- Agency spend on Nursing
Answer: £4,220,215
- Agency spend on NMNC (Non-Medical, Non Clinical)
Answer: £378,014

Overall Total £7,503,109

- Do you use a Direct Engagement model to engage locum staff?
Answer: Yes (doctors). We do not use a direct engagement model via a company for the booking of agency nursing staff.
- If so, please state the name of the company used
Answer: TempRE
- What is the expiry date for this contract?
Answer: March 2019

098/18

Non-Disclosure Agreements

1. How many non-disclosure agreements have been settled with departing members of your staff over the last five years?
Answer: 0
2. What is the combined cost of this over the last five years? Please send any available years you have.
Answer: 0

099.18

Local Authority Staff

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 discharge teams in your Trust:

Firstly, how many members of staff are employed full time or part time within your hospital discharge team?

Answer: Full Time 15 Part Time 9

Secondly, how many local authority staff are employed by your Trust to facilitate discharge into adult social care?

Answer: Colleagues in this capacity would not be recorded within the trust. They would be recorded with the Local authority.

Thirdly, could you please provide all available data on how many patients you discharge broken down annually and by month if possible?

Answer:

Walsall Healthcare NHS Trust

Counts of discharges broken down by Year and Month for 2016, 2017 and 2018 (Jan-Aug)

YearCalendar	Month	DischCount
Year 2016	2016 (01) Jan	5867
Year 2016	2016 (02) Feb	5743
Year 2016	2016 (03) Mar	5790
Year 2016	2016 (04) Apr	5686
Year 2016	2016 (05) May	5792
Year 2016	2016 (06) Jun	5942
Year 2016	2016 (07) Jul	5748
Year 2016	2016 (08) Aug	5709
Year 2016	2016 (09) Sep	5938
Year 2016	2016 (10) Oct	6045
Year 2016	2016 (11) Nov	6069
Year 2016	2016 (12) Dec	5559

Year 2017	2017 (01) Jan	5738
Year 2017	2017 (02) Feb	5362
Year 2017	2017 (03) Mar	5916
Year 2017	2017 (04) Apr	5328
Year 2017	2017 (05) May	6131
Year 2017	2017 (06) Jun	6152
Year 2017	2017 (07) Jul	6070
Year 2017	2017 (08) Aug	5965
Year 2017	2017 (09) Sep	6008
Year 2017	2017 (10) Oct	6261
Year 2017	2017 (11) Nov	6308
Year 2017	2017 (12) Dec	5508

YearCalendar	DischCount
Year 2016	69888
Year 2017	70747
Year 2018 (Jan - Aug)	48290

Year 2018	2018 (01) Jan	6282
Year 2018	2018 (02) Feb	5650
Year 2018	2018 (03) Mar	5981
Year 2018	2018 (04) Apr	5702
Year 2018	2018 (05) May	6153
Year 2018	2018 (06) Jun	6167
Year 2018	2018 (07) Jul	6230
Year 2018	2018 (08) Aug	6125

101/18

(ENPIC)European Neonatal and Paediatric Intensive Care Survey

We are a working group at the Tübingen Children’s hospital, Germany, and we’re currently conducting a survey of European children’s hospitals.

We are requesting your participation in a survey regarding the current staffing situation across European Children’s Hospitals. We would highly value your response and would like to kindly ask you to fill out the attached questionnaire.

Answer: We don’t have a paediatric intensive care unit and our NNU is a level 2 LNU and not a level 3 unit, therefore this is not applicable to us.

European Neonatal & Pediatric Intensive Care Survey

Survey regarding the current care situation in neonatal and paediatric intensive care units. There are 15 questions in this survey.

Additional information:

Please check the appropriate box [x] or add numbers [20] if asked for. Please return the survey to lisa.gerster@enpic.eu. Thank you very much.

1 In which country is your clinic based?

(Please choose **only one** of the following)

- Germany
- Austria
- Switzerland
- France
- England
- Norway

2 Is your intensive care unit exclusively neonatal, exclusively paediatric or mixed neonatal-paediatric?

(Please choose **only one** of the following)

- exclusively neonatal
- exclusively paediatric
- mixed neonatal-paediatric

3 How many beds does your intensive care unit have?

[]

4 Do you have an Intermediate Care Station (IMC)?

(Please choose **only one** of the following)

- Yes, neonatal
- Yes, paediatric
- Yes, mixed neonatal-paediatric
- No (Continue with question number 7)

5 How many beds does your IMC have?

[]

6 Do you use central screen monitoring on your non-specific care wards?

(Please choose **only one** of the following)

[] Yes

[] No

7 Which specialist departments are involved in the care of your patients?

Please choose **all** that apply:

[] paediatric surgery

[] paediatric heart surgery

[] neurosurgery

[] transplantation surgery

[] paediatric urology

[] oncology / haematology

[] other pediatric specialist departments

[] none of this applies

8 Which kind of high-risk pregnancies and births are usually treated in your hospital?

Only answer this question if your intensive care unit is exclusively neonatal oder mixed neonatal-paediatric.

(Please choose **only one** of the following)

[] highest level of care

[] second highest level of care

[] third highest level of care

[] lowest highest level of care

[] non of this applies

9 Information about the care situation

How many nurses are scheduled in your intensive care unit according to the station design? []

How many posts are currently occupied? []

What is the percentage of intensive caregivers/nurses? []

10 How many **neonatal** patients are under the care of a single nurse at any one point?

Only answer this question if your intensive care unit is exclusively neonatal oder mixed neonatal-paediatric.

intended based on station design: []

typically: []

ideally: []

11 How many **paediatric** patients are under the care of a single nurse at any one point?

Only answer this question if your intensive care unit is exclusively paediatric oder mixed neonatal-paediatric.

intended based on station design: []

typically: []

ideally: []

12 How many doctors work at your intensive care unit?

intended based on station design currently occupied posts: []

Assistant doctors: []

Senior doctors: []

13 How many children are under the care of a single assistant doctor at any one point?

intended based on station design: []

typically: []

ideally: []

14 For how many hours a day is a specialist/senior doctor present?

on weekdays: []
on the weekend: []
intended based on station design: []
typically: []
ideally: []

15 For how many hours a day is a senior doctor present?

on weekdays: []
on the week-end: []
intended based on station design: []
typically: []
ideally: []

102/18

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 Rheumatology, Dermatology or Gastroenterology departments?

Number of patients treated	Rheumatology	Dermatology	Gastroenterology
TOTAL	391	105	277
Abatacept [Orencia]	14	0	0
Adalimumab [Biosimilar]	78	26	92
Adalimumab [Humira]	78	26	92
Apremilast [Otezla]	1	6	0
Baricitinib [Olumiant]	0	0	0
Brodalumab [Kyntheum]	0	0	0
Certolizumab [Cimzia]	0	0	0
Dimethyl fumarate [Skilarence]	0	0	0
Etanercept [Enbrel]	60	4	4
Etanercept Biosimilar [Benepali or Erelzi]	42	3	1
Golimumab [Simponi]	35	0	7
Guselkumab [Tremfya]	0	0	0
Infliximab [Remicade]	4	0	9
Infliximab Biosimilar [Inflectra, Remsima or Flixabi]	7	1	27
Ixekizumab [Taltz]	0	1	0
Rituximab [Mabthera]	15	1	0
Rituximab Biosimilar [Rixathon or Truxima]	0	0	0
Sarilumab [Kevzara]	0	0	0
Secukinumab [Cosentyx]	6	9	0
Tocilizumab [Ro Actemra]	45	0	0

Tofacitinib [Xeljanz]	0	0	0
Ustekinumab [Stelara]	4	28	8
Vedolizumab [Entyvio]	2	0	37

103/18

Home Delivery Service of Incontinence Pads

I would like to apply for some information under the Freedom of Information Act for Walsall Healthcare NHS Trust and associated home delivery service of incontinence pads, and would be grateful if you could answer the questions below:

Who is the current logistics provider?

Answer: Abena UK

Who is the current provider of the home delivery service for supply of disposable continence products?

Answer: Abena UK

What is the duration of the contract? Start and end date?

Answer: June 2016 – June 2019.

Do you have an option to extend? If yes how long for?

Answer: Yes. 2 years

Is the contract part of a framework agreement? If yes, which one?

Answer: Yes HTE West Midlands alliance

What was the cost of product for the last 12 month period?

**Answer: Adults £416,656
Children £63,527**

What was the cost of delivery for the last 12 month period?

**Answer: Adults £80,018
Children £7,341**

How many community service users are in receipt of disposable continence care products? Adults and children?

**Answer: Adults 3,169
Children 271**

How many care homes does the trust provide into? Residential/Nursing or both?

Answer: 50

How many nursing service users are in receipt of disposable continence products?

Answer: 340

How many residential service users are in receipt of disposable continence care products?

Answer: 434

Who is the person(s) responsible for the 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 Kara Blackwell, Acting Director of Nursing.

104/18

Self-funded Procedures

1. Please can you tell me whether the trust allows patients to self-fund for any of the following procedures?

- A. Hip replacements
- B. Knee replacements
- C. Cataracts

Answer: Yes the Trust has a private patient policy, so all these procedures can be self-funded.

2. If yes to all or part of question 1, please can you tell me how much the trust charges for:

- A. hip replacements
- B. knee replacements
- C. Cataracts

(Please provide fees for any of the procedures which can be self-funded at the trust)

Type	Avg Price	Max Price
Hip	£9,200	£15,874
Knee	£6,900	£13,569
Cataracts	£1,300	£1,722

3. Please state the average waiting time (as of May 2018) for patients who self-fund for

- A. hip replacements
- B. knee replacements
- C. cataracts

Answer: For orthopaedics the average wait time depends if a patient is deemed pooled (anyone can do) or non-pooled (specific consultant). If pooled, then wait time is 8-10 weeks. If a specific consultant then depending on whom it is, wait time is 10-14 weeks. However wait times are continuing to improve and as such these wait times will change.

4. Please state the average waiting time (as of May 2018) for patients who have the following treatments provided by the NHS at the trust:

- A. hip replacements
- B. knee replacements
- C. cataracts

Answer: For orthopaedics the average wait time depends if a patient is deemed pooled (anyone can do) or non-pooled (specific consultant). If pooled, then wait time is 8-10 weeks. If a specific

consultant then depending on whom it is, wait time is 10-14 weeks. However wait times are continuing to improve and as such these wait times will change.

105/18

Direct Engagement of Locum Staff using third parties

1. Does your organization use a Direct Engagement scheme?

Answer: Yes

2. If so, who provides it? And when did you start using it?

Answer: Liaison from May 2016

3. Did you take external legal advice before entering into it and, if so, from whom did you take external legal advice?

Answer: Yes. Mills & Reeve

4. What has your total locum/temporary staffing spend since you started using the scheme? If you started using the scheme before April 2017 please also states the total locum/temporary staffing spend since April 2017.

Answer: 2017/18 spends £8,721k (all medical temp staffing)

5. How does the third party direct engagement facilitator save you money on the agency spend? Please answer in short point for

6. How much has been paid to the third party direct engagement facilitator thus far?

Answer: This information is commercially sensitive and is therefore exempt from disclosure under section 43(2) of the Freedom of Information Act 2000. Releasing this information is likely to prejudice the commercial interests of the Trust and the provider. The Trust has taken the decision to withhold the information as it contains specific details about our contractual arrangements with the provider.

7. Was this payment calculated as a percentage of the savings generated by employing the services of the third party direct engagement facilitator? If so, what percentage is this?

Answer: This information is commercially sensitive and is therefore exempt from disclosure under section 43(2) of the Freedom of Information Act 2000. Releasing this information is likely to prejudice the commercial interests of the Trust and the provider. The Trust has taken the decision to withhold the information as it contains specific details about our contractual arrangements with the provider.

106/18

Locum shifts for doctors

- a) The number of locum shifts for doctors available in each month from August 2016 – July 2017 subdivided into FY1, FY2, SHO, Reg, consultant etc.

Answer: Please see tables below for filled & agency shifts covered. These figures are correct for the requested dates. The number of shifts available changes each week and is not recorded.

Filled

	Consultant	FY1	FY2	SHO	SPR	SAS
Aug-16	141	12	108	41	225	336
Sep-16	197	19	161	101	242	364
Oct-16	312	15	130	49	240	286
Nov-16	356	5	72	24	101	358
Dec-16	248	17	50	10	109	508
Jan-17	171	9	87	39	14	663
Feb-17	176	2	75	68	14	594
Mar-17	173	11	106	74	9	613
Apr-17	174	21	111	53	0	611
May-17	225	22	89	48	0	535
Jun-17	281	28	124	80	0	530
Jul-17	236	132	102	159	0	624
Total	2690	293	1215	746	954	6022

Agency included in above

	Consultant	FY1	FY2	SHO	SPR	SAS
Aug-16	60	0	21	8	206	172
Sep-16	142	0	67	37	230	187
Oct-16	265	0	62	34	215	109
Nov-16	263	0	12	9	86	119
Dec-16	109	0	0	0	85	277
Jan-17	32	0	10	15	8	383
Feb-17	34	0	0	33	0	391
Mar-17	98	0	4	56	0	235
Apr-17	32	0	0	31	0	171
May-17	75	0	0	14	0	229
Jun-17	104	0	0	13	0	267
Jul-17	84	0	28	19	0	198
Total	1298	0	204	269	830	2738

- b) The number of these shifts which were filled.

Answer: Please see above

c) The number of these shifts which were unfilled.

Answer: This information is not recorded

d) The number of these shifts which were advertised to external agencies.

Answer: This information is not recorded

e) The cost in £ paid to external locum agencies from August 16 - July 17.

Answer: Medical Locum (Agency) spend £3,627k

107/18

Open Fractures

1. Does the Trust perform surgery for open fractures?

Answer: Yes

2. Does the Trust have a specific guideline/policy regarding antibiotic prophylaxis for patients with open fractures? If yes, please could this be emailed to me.

Answer: No

3. If no, what is the commonest form of antibiotic prophylaxis (and duration) that these patients are given?

Answer: Augmentin and Metronidazole

108/18

Patients died in hospital during the first seven weeks of 2018

I would like to request using the Freedom of Information act, how many patients died in your hospital during the first seven weeks of 2018

Can you also tell me how many patients died in your hospital for the same period of seven weeks in 2017.

Can I ask how many of those deaths during the first seven weeks of 2018 occurred following a serious untoward incident.

Can I ask how many deaths during the first seven weeks of 2017 in your hospital occurred following a serious untoward incident.

Answer: Please see below

	First 7 weeks 2017	First 7 weeks 2018

Patient Deaths Total	195	212
Death following Serious Incident	4	3

**109/18
GDPR Compliance**

1. Have you invested in technology specifically to comply with GDPR?
 - Yes
 - No

Answer: No

2. Which information security framework(s) have you implemented?

Answer: Cyber Essential/10 Steps to Cyber security

3. Have you signed contractual assurances from all the third-party organisations you work with requiring that they achieve GDPR compliance by 25 May 2018?
 - Yes
 - No

Answer: No

4. Have you completed an audit to identify all files or databases that include personally identifiable information (PII) within your organisation?
 - Yes
 - No

Answer: Yes

5. Do you use encryption to protect all PII repositories within your organisation?
 - Yes
 - No

Answer: Yes

6. As part of this audit, did you clarify if PII data is being stored on, and/or accessed by:
 - a. Mobile devices - **Answer: Yes**
 - b. Cloud services – **Answer No**
 - c. Third party contractors - **Answer: Yes**

7. Does the organisation employ controls that will prevent an unknown device accessing PII repositories?
- Yes
 - No

Answer: Yes if the authorising manager has validated individuals' RBAC role-based access

8. Does your organisation employ controls that detect the security posture of a device before granting access to network resources – i.e. valid certificates, patched, AV protected, etc.
- Yes
 - No

Answer: Yes

9. Should PII data be compromised, have you defined a process so you can notify the relevant supervisory authority within 72 hours?
- Yes
 - No

Answer: Yes

10. Have you ever paid a ransom demand to have data returned / malware (aka ransomware) removed from systems?
- Yes
 - No

Answer: No

11. To which positions/level does your data protection officer report? i.e. CISO, CEO, etc.

Answer: Director of Governance

110/18

Fax Machines

- How many fax machines does your Trust own?

Answer: We are unable to provide an answer for this question as we are currently undertaking a project to remove all fax machines across the Trust by the end of July 2018. As this is an ongoing process, any data provided at this time will not be accurate.

112/18
Paediatric Audiology Services

Answer:

21 May 2018

Paediatric audiology services: 2018/19

Walsall Healthcare NHS Trust

This is a request for information under the Freedom of Information Act. Please confirm that you have received this request.

The National Deaf Children's Society (NDCS) works with public services to ensure deaf children get the support they need to thrive.

The aim of these questions is to provide a benchmark for monitoring staffing capacity and other indicators of a quality paediatric audiology service, over the next five years. We are told by decision-makers, such as Health Education England, that more evidence is needed before any changes will be made to improve the availability of staff. We know from previous research that recruiting and retaining staff with the appropriate expertise, is a problem, and we hope that annual monitoring of staffing will benefit audiology services, as well as deaf children and their families.

The information requested may relate to services which you commission from private companies or are held in more than one department.

As you remain legally accountable for these services we still expect you to collate the information, rather than referring us on.

This is part of a nationwide request, using a standardised format to ensure consistency. Please do not alter this form.

Please answer ALL the questions. If the information cannot be provided in whole or in part, please justify all omissions by reference to the specific exemptions of the Act. I look forward to your response promptly but no later than 20 working days.

Questions for paediatric audiology services: 2018/19

Please complete this survey if your audiology service provides diagnostic hearing assessments and hearing aid provision for children. This may be hospital or community based. It is not necessary to complete this survey if your audiology service only provides hearing screening or assessments (such as primary tier, second tier or community services) and refers children on to other services for hearing aid provision when necessary.

Please base your answers on the support available as of 31 March 2018.

Section 1: Your service

Please answer the questions below based on the situation as of 31 March 2018.

1. Please provide the following information:

Your name:	Lesley Peplow
Your role:	Principal Audiologist
Your email address:	Lesley.peplow@walsallhealthcare.nhs.uk
Your telephone number:	01922 721172 ext 7610

Please give the name of your audiology service/s. If you provide services on behalf of another Trust/s please provide details of all the Trusts that you provide services for below. **Please write names in full and expand acronyms:**

Walsall Healthcare NHS Trust

If you provide the services for another Trust/s, do these include diagnostic hearing assessments and hearing aid provision for children in any of these locations? Please put a cross next to the relevant answer.

No

If you selected Yes, we understand that your responses to the questions below may differ for each Trust. Please contact us on campaigns@ndcs.org.uk for an additional form/s.

2. We have included below, the locations where previously you, or a CCG for your area, have told us that paediatric audiology services are provided. Please complete the table by:

- Putting a tick (✓) or cross (✗) in the final column to let us know if the information is correct;
- Please strike through information that is incorrect and add in any corrections in the relevant boxes;
- Please add missing location details at the end of the table adding extra rows if necessary.

Name of NHS Trust or Provider	Hospital or Clinic or site name	Address	Postcode	Funding CCGs	Is this service provided in a joint service with other providers? (tick/box)
Walsall Healthcare NHS Trust	Blackwood Health Centre	Blackwood Road Sutton Coldfield West Midlands	B74 3PL		

Walsall Healthcare NHS Trust	Darlaston Health Centre	Pinfold Street Wednesbury West Midlands	WS10 8SY		
Walsall Healthcare NHS Trust	Manor Hospital	Moat Road Walsall West Midlands	WS2 9PS	NHS Walsall CCG	
Walsall Healthcare NHS Trust	Pinfold Health Centre	29 The Pinfold Walsall West Midlands	WS3 3JP		

As a single service we used to provide outreach services to Blackwood, Darlaston, Pinfold, however, they were not well attended, demand dropped and a decision was taken to focus all services on the manor site.

Section 2: Waiting times

3. On average, in the last quarter, (1 January – 31 March 2018) how many days did patients wait for the following?

If you are not sure please estimate.

	Referral to first assessment (newborn hearing screening pathway)	Referral to first assessment (older children post-newborn hearing screening)	Routine follow-up hearing tests for existing PCHI not including glue ear (wait beyond expected date, i.e. a child seen for their 3/12 follow up at 3 months would be 0 days, a child seen at 4 months for a 3/12 follow up would be 30 days)	New earmoulds (from time notified of need)	Hearing aid repairs (from time notified of need)	Routine hearing with glue ear (wait beyond expected date, i.e. a child seen for their 3/12 follow up at 3 months would be 0 days, a child seen at 4 months for a 3/12 follow up would be 30 days)
Number of days	22	Up to 41	83	Unable to determine accurately – Information not collected in a way that this data can be extracted individually. Many moulds posted home directly by manufacturers.	0 days Walk in Days-Booked	By Audiologist preschool School By ENT

Section 3: Your policies

Please answer the questions in this section based on the situation as of 31 March 2018. Please put a cross next to the relevant answer/s.

4. What options are included in your current management pathway for temporary conductive hearing loss? Select all that apply:

Air conduction hearing aids	<input checked="" type="checkbox"/>
Bone conduction hearing aids	<input checked="" type="checkbox"/>
'Watch and wait'	<input checked="" type="checkbox"/>
Grommets	<input checked="" type="checkbox"/>
Otovent	<input checked="" type="checkbox"/>

Other, please specify:

5. Are there any groups of children that you don't currently provide hearing instruments for? Select all that apply:

Temporary conductive loss	<input type="checkbox"/>
Unilateral loss	<input type="checkbox"/>
Mild loss	<input type="checkbox"/>
Moderate loss	<input type="checkbox"/>
Auditory Neuropathy Spectrum Disorder (ANSO)	<input type="checkbox"/>
Not applicable – we provide hearing instruments for all children	<input checked="" type="checkbox"/>

Other, please specify:

If you have selected any groups of children above, please explain why you don't provide hearing instruments for those groups.

6. Do you currently provide free batteries for children's hearing aids? Please select one answer:

- Yes, always
-

7. Do you currently provide a choice of coloured moulds to children at no extra charge? Please select one answer:

- Yes, always
-

8. What appointment times do you offer? Please select all that apply:

We offer extra appointments in school holidays	
We offer extended opening times (before 9 am and/or after 5pm)	
We offer Saturday appointments	
We deliver some services in schools	✓

Section 4: Your caseload

9. How many deaf children were on your case load?

The answer below should include:

- All children who have a unilateral or bilateral sensori-neural or permanent conductive deafness, at all levels from mild to profound, using BSA/BATOD descriptors.
- We use the term permanent conductive deafness to include those children with a syndrome known to include permanent conductive deafness, microtia/atresia, middle ear malformation, or those who have had middle ear surgery such as mastoidectomy. It also includes those children with glue ear who are not expected to 'grow out' of the condition before the age of 10 years, such as those born with a cleft palate, Down's syndrome, cystic fibrosis, or primary ciliary dyskinesia. Under temporary conductive deafness, we include those children with glue ear who may have been fitted with hearing aids as an alternative to grommet surgery but who are expected to 'grow out' of the condition before the age of 10 years.

	On 31 March
Total service population (0-19) Ref: http://www.walsallintelligence.org.uk/WI/navigation/tables.asp	71,900
Total number of children with PCHI (according to S4H- some late diagnosis and over 14 year olds may be missing) Total Caseload of Hearing Impaired Service(Education) =320 but does include temp conductive hearing loss Total Caseload paediatric Audiology – not recorded, working on creating a database at present.	102
Total number of children with temporary deafness (and fitted with hearing aids)	There is currently no way to extract this data. Current system is not sophisticated enough.
Total number of children with ANSD	11

10. How many of the children on your caseload were referred to your service from the Newborn Hearing Screen?

This information is not recorded

Section 5: Quality improvement

Please put a cross next to the relevant answer/s.

11. Have you ever registered for (Improving Quality in Physiological Services) IQIPS? Please select one answer:

Yes

If yes, which year did you register for the IQIPS process? (*go to question 12*)

YYYY

2012 or before

12. Which of the below best describes your current status with regard to IQIPS? Please select one answer:

Registered for the IQIPS process but dropped out before March 2017 (<i>go to question 13</i>)	
Registered for the IQIPS process but dropped out after March 2017 (<i>go to question 13</i>)	
Registered for the IQIPS process but have not had an onsite assessment (<i>go to question 14</i>)	✓
Registered for the IQIPS process, had an onsite assessment but did not reach the required standard (<i>go to question 16</i>)	
Gained accreditation with IQIPS (<i>go to next section 6: Staffing and training</i>)	

13. If you are not registered with IQIPS, what is the main reason? Please select one answer: Not applicable

Lack of capacity (staffing)	
Think we won't reach the required standard	
No budget for it	
It's a tick box exercise	
It's too complicated	
Commissioners won't fund it	
Commissioners don't require it	
Trust Management haven't prioritised it	
It is not mandatory	

Other (please specify)

Not Applicable

Please move to section 6: Staffing and training.

14. If you are registered with IQIPS but have not progressed in the last year, what is the main reason? Please select one answer:

Lack of capacity (staffing)	✓
Think we won't reach the required standard	
No budget for it	
It's a tick box exercise	
It's too complicated	
Commissioners won't fund it	
Commissioners don't require it	
Trust Management haven't prioritised it	

It is not mandatory	
Not applicable – we have made progress with accreditation in the last year	

Other (please specify)

15. Has your service booked its onsite assessment with UKAS? Please select one answer:

- No (**go to question 16**)
-

If yes, what is the date of your onsite assessment:

MM/YYYY

Not Applicable

Please move to section 6: Staffing and training.

16. What colour are you currently at on the UKAS traffic light system?

Please put a cross next to the relevant answer.

Red	
Amber	
Green	
Not using it	✓

Section 6: Staffing and training

17. How many full time equivalent staff does your **children's** audiology service have at the following levels as on 31 March 2018 and how many did it have on 31 March 2017?

Please express part-time roles as a fraction of a full time role eg. 1 full time role and a part time role of 3 days would be 1.6 FTE.

Service is Adult and Paeds so apportionment not split– These are estimates based on activity and DO NOT Include ENT Support (approx. 1.0WTE Band5/6) but do include school hearing screening service.

	31 March 2017						
Level	Permanent posts	Locum/ temporary posts	Vacant posts	Frozen posts	Apprentices	Permanent posts	Locum/ temporary posts
Band 1							
Band 2							
Band 3							
Band 4	0.7					0.7	
Band 5							
Band 6	1.5					1.5	
Band 7	0.53					0.53	
Band 8 a	0.2					0.2	
Band 8b							
Band 8 c							
Band 8 d							
Band 9							
Doctor specialising in audiology (paediatrician, audiovestibular physician etc)							
Other staff eg. volunteers and students							

Please put a cross next to the relevant answer/s.

18. If there has been a reduction in the number or skill level of staff in the table above, what are the reasons for this?

Please select all that apply. Not applicable

We have been unable to recruit staff at higher bands – level 6 and above	
We have been unable to recruit staff at lower bands – level 5 and below	
Posts have been frozen	
Posts have been deleted	
Staff hours have been reduced – voluntarily or otherwise	

Other, please detail:

Not Applicable

19. Are you aware of any planned changes to staffing in 2018/19?

○ Yes, please detail:

Increased staffing contingent upon business case to improve access to and quality of hearing aid reviews/fits.

20. Thinking about permanent posts in the service as of 31 March 2018, what was the split of clinical and non-clinical sessions for audiology staff?

This is across whole service – not just Paeds. This does vary somewhat from week to week.

Level	Number of clinical sessions per week
Band 5	9.5
Band 6	9.5
Band 7	8.5
Band 8 a	3
Band 8 b	
Band 8 c	
Band 8 d	
Band 9	
Doctor specialising in audiology (paediatrician, audiovestibular physician etc)	

21. Are all staff able to access the CPD necessary for their roles? Select all that apply:

Yes	<input checked="" type="checkbox"/> However contingent upon access to LBR funding and this does not cover all of the necessary CPD.
No – because of financial constraints	
No – because training expenses are not covered eg. travel to training	
No – because there isn't cover for clinical duties	

No – other [please detail]

Section 7: Children's Hearing Services Working Groups

Please answer the questions in this section based on the situation as of 31 March 2018. Please put a cross next to the relevant answer/s.

22. Does the Children's Hearing Services Working Group (CHSWG) in your area include at least one parent representative? Please select one answer:

Yes	
No (<i>go to question 24</i>)	<input checked="" type="checkbox"/> Unable to recruit
Not sure (<i>go to question 24</i>)	
We don't have a CHSWG (<i>go to question 24</i>)	

23. Do you use the Children's Hearing Services Working Group Guidance (2010)? Please select one answer:

Yes	✓
No	
Not sure	

Section 8: Technology

24. As of 31 March 2018 which organisation provides the following technology:

Please put a cross in the relevant boxes to select your answers.

	The local authority	Your service	Jointly - the local authority and your service
Radio aids	✓	No	No
Remote microphones	Occasional	No	No
Streamers	No	No	No

25. As of 31 March 2018 do you balance or pair streamers purchased by (please tick the relevant box):

Please put a cross in the relevant boxes to select your answers.

	The local authority	Parents of the deaf child	We don't balance or pair devices unless we've provided them
FM systems	No – done by LA	N/A All provided by LA	
Streamers	Yes	Yes	

26. Are there any plans to stop the provision of hearing equipment or accessories for hearing equipment in 2018/19? Please select one answer:

- No
-

Section 9: Patient engagement

Please answer the questions in this section based on the situation as of 31 March 2018. Please put a cross next to the relevant answer/s.

27. How do you prepare young people for transition to adult services? Please select all that apply.

Provide information on the adult service for young people	✓
Offer an appointment with the adult service before being discharged from the children's service	
Hold joint appointments with both paediatric and adult audiologist present	✓
Visit local schools to offer sessions to share information with young people about deafness, independence and transition etc.	
None of the above	

Other please state:

We have a transition appt with an audiologist in Paeds. The Adult department is in the same building and information and support is given.

28. What was your service's most recent score in the family and friends test?

92.31%

Date the score was recorded: MM/YYYY

May 2018

29. What was your average 'Did Not Attend (DNA)' for the 2017/18 financial year in percent?

17.59%

Section 10: Funding and commissioning

30. What was the annual budget for your paediatric hearing aid service for the 2017/18 financial year, from the organisations below?

Complete all that apply:

- NHS England

- The CCG(s)

The Adult and Paediatric Services are jointly commissioned by the CCG. Unable to apportion.

- Other

Please put a cross next to the relevant answer/s.

31. How is your funding provided? Please select all that apply.

As a block contract within ENT services? (<i>go to question 33</i>)	
As a block contract within wider children's services? (<i>go to question 33</i>)	✓
As a block contract for all children's audiology services? (<i>go to question 33</i>)	
As a block contract for both child and adult audiology services? (<i>go to question 33</i>)	
As an individual tariff per child? (<i>go to question 32</i>)	✓

Other, please specify:

32. If you selected tariff per child, how much money do you receive for each service below?

Complete all that apply:

- Initial hearing assessment/diagnosis

32.92

- Follow up assessment

62.32

- Hearing aid fitting

62.32 + aid costs (84.15 per aid)

- After care

62.32

33. If you run a joint paediatric and adult service, are your budgets shared? Please select one answer:

Our service is joint and budgets are shared	✓
Our service is joint and budgets are not shared	
Our service is paediatric only	

34. Was your audiology service for deaf children commissioned differently in the 2017/18 financial year when compared to the 2016/17 financial year? (e.g. competitive tendering, any qualified provider, etc.)

- No
-

35. Is your audiology service being commissioned differently or reviewed in 2018/19? (e.g. competitive tendering, any qualified provider, etc.)

- No
-

Section 12: Anything else

36. Is there anything else you would like to tell us about your audiology service and any future plans? This question is optional.

37. Is there anything you'd like to tell us about the National Deaf Children's Society? This question is optional.

113/18

Translator Cost

1. How much money was spent on translators in the financial years 2017/18, 2016/17, and 2015/16? Can I have the numbers broken down by year please?

Answer:

Year	Cost
15/16	£145,089
16/17	£296,815
17/18	£146,670

2. How many times were translators required over the three years? Can I have the numbers broken down by year please?

Answer: Please see attached PDF (Available upon request). This shows Translators booked in 2017/2018. We don't have data on the previous years as the information was not collected robustly.

3. What languages were the translators needed for? How many times were translators needed for each language?

Answer: Please see attached PDF. (Available upon request). This shows Languages requested in 2017/2018. We don't have data on the previous years as the information was not collected robustly.

We are unable to provide an accurate breakdown pre 2017/18 as the information would only be part year and prior to October 2016 the information was not collected robustly.

114/18

Contact Details for Members of Staff

Under the Fol act could you please provide contact details for phone and email for the following members of staff;

-Chief executive officer

Answer: Richard Beeken

Richard.beeken@walsallhealthcare.nhs.uk 01922 721172

-Deputy CEO

Answer: We do not have a Deputy CEO

-Chief medical officer

Answer: Staff details below Director Level are withheld under Section 40 (Personal Information). Please see details below for the Medical Director.

Amir Khan amir.khan@walsallhealthcare.nhs.uk 01922 721172

-Chief nurse

Answer: Staff details below Director Level are withheld under Section 40 (Personal Information). Please see details below for the Interim Director of Nursing.

Kara Blackwell, Kara.blackwell@walsallhealthcare.nhs.uk 01922 721172

-Chief financial officer

Answer: Staff details below Director Level are withheld under Section 40 (Personal Information). Please see details below for the Director of Finance.

Russell Caldicott, Russell.caldicott@walsallhospitals.nhs.uk 01922 721172

-Director of workforce

Answer: See below.

-Director of HR

Answer: Louise Ludgrove, Interim Director of HR

Louise.ludgrove@walsallhealthcare.nhs.uk 01922 721172

115/18

Cerebral Palsy Provisions

Answer:

Ref	Query
1	<p>What is the total number of children and young people diagnosed with Cerebral Palsy by your Trust/Health Board in the last five years? (N.B.: this should be recorded as a total figure rather than figures for each year individually.)</p> <p>Answer:</p> <p>110 currently active on the caseload. This is not necessarily the number of children and young people diagnosed by our Trust – as we do not hold this on a system.</p>
2	<p>What is the care pathway for children and young people with cerebral palsy in your Trust/Health Board? Please provide a copy of this if possible.</p> <p>Answer:</p> <p>We currently do not have a care pathway for children and young people with cerebral palsy, however we are looking at developing a multi-agency pathway.</p>
3	<p>Is there a specific timescale set out in your care pathway for referral to a child development service for diagnosis of cerebral palsy from the point when symptoms are initially identified? If so, please provide this data.</p> <p>Answer:</p> <p>No.</p>
4	<p>What is the total number of: Health visitors employed by your Trust/Health Board? Specialist health visitors for children with special needs employed by your Trust/Health Board?</p> <p>Answer:</p> <p>Total number of Health Visitors employed by the Trust - 56.14 WTE. Total number of Specialist Health Visitor for children with special needs – 1 WTE.</p>
5	<p>What training is given to healthcare professionals, including health visitors and GPs, to recognise the risk factors and possible symptoms for Cerebral Palsy?</p> <p>Answer:</p> <p>Child Development Training 0-5 is given to Health Visitors, which includes observation of the newborn and ASQ development reviews.</p> <p>We cannot answer on behalf of the GPs.</p>
6	<p>What is the total number of specialist staff employed by your Trust/Health Board, who are</p>

	<p>trained to work with children and young people with Cerebral Palsy, from the following disciplines:</p> <ul style="list-style-type: none"> • Paediatric speech and language therapy • Paediatric physiotherapy • Paediatric occupational therapy <p>Answer:</p> <p>Paediatric speech and language therapy: 4 WTE</p> <p>Paediatric physiotherapy: 5.05 WTE</p> <p>Paediatric occupational therapy: 3.36 WTE</p>
7	<p>How many children and young people with Cerebral Palsy are currently on a waiting list to access any of the above services within your Trust/Health Board?</p> <p>Answer:</p> <p>Paediatric speech and language therapy: There are currently no children/young people with Cerebral Palsy on the waiting list.</p> <p>Paediatric physiotherapy: There is a potential 2 children with multiple Cerebral Palsy risk factors who have been referred, but have not been appointed as the service are awaiting consent to be returned. Other than this there are currently no children/young people with Cerebral Palsy on the waiting list.</p> <p>Paediatric occupational therapy: There are currently no children/young people with Cerebral Palsy on the waiting list.</p>

116.18

The Trust's Use and Spend on Software from and External Provider.

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

1. In the last financial year, what was the Trust spend on patient pathway validation obtained from external providers (contractors, staffing agencies)?

Answer: Validation team is in house (2017/18)

2. Does the Trust currently utilise software developed and provided by an external provider to generate information on the Trust's incomplete, planned inpatient or planned outpatient waiting list data (dashboards, reports etc)?

Answer: No

3. In the last financial year, what was the Trust spend on software developed and provided by an external provider to generate information on the Trust's incomplete, planned inpatient or planned outpatient waiting list data (dashboards, reports etc)?

Answer: No

4. Does the Trust currently utilise software developed and provided by an external provider to generate information on cancer waiting list data (dashboards, reports etc)?

Answer: No

5. In the last financial year, what was the Trust spend on software developed and provided by an external provider to generate information on cancer waiting list data (dashboards, reports etc)?

Answer: N/A

6. Does the Trust currently use an external provider to deliver RTT training to Trust staff?

Answer: Internally delivered

7. In the last financial year, what was the Trust spend on externally developed RTT training?

Answer: N/A. Internally delivered

8. What Patient Administration System (PAS) is currently used by the Trust?

Answer: Lorenzo

9. What Patient Administration System (PAS) is the Trust planning to procure and utilise once the Trust's existing PAS contract has expired?

Answer: Not yet known

10. In the last financial year, has the Trust had an audit or review of the Trust's patient waiting list data quality by an external organisation?

Answer: Only internal audit 2018

11. In the last financial year, what was the Trust's spend on review or audit of the Trust's patient waiting list data quality delivered by an external organisation?

Answer: Internal audit only.

117/18

Systems Used by the Trust

I am a student at Kingston University undertaking a research piece for my second year. As part of this, I am analysing information on hospital trust and would be obliged if you would provide as much of the following information as possible under an FOI request. Wherever possible, please include the name and the version number of all systems:

- o PAS – **Answer: Lorenzo**
- o EPR – **Answer: Orion Concerto**
- o Emergency Department Information System – **Answer: Lorenzo**
- o Radiology Information System - **CRIS**
- o PACS – **Answer: GE**
- o Do they use NHS Mail – **Answer: Yes**
- o Other email solutions – **Answer: Locally hosted MS exchange 2010**
- o Clinical Noting – **Answer: We do not have a system**
- o Operating Systems § By Desktop and By Server
Answer: Desktop - Windows7
Server - Windows Server 2008

- o Anti Virus Vendor:

Answer: Our response to this question has been withheld under section 40(5)(b)(i) of the Freedom Of Information Act 2000.

Section 40(5)(b)(i) - The duty to confirm or deny where Principle 7 of the Data protection act 1998 will be contravened

The Trust neither confirms nor denies that it holds the requested information, as the duty in Section 1(1)(a) of the Freedom of Information Act 2000 does not apply by virtue of the following exemption:

Section 40(5)(b)(i) where Principle 7 of the Data protection act 1998 will be contravened.

In publically releasing the information you have requested, we believe that the Trust's technical measures will be undermined in that such information could aid the unlawful and unauthorized access to personal information held by the Trust.

Normally without such in-depth knowledge of the technical countermeasures in place an unauthorised entity would generally find it significantly harder to breach the safeguards which in itself act as a deterrent too.

The threat from unauthorised cyber "attacks" is at its highest for many years and in order to prevent and stay ahead of the attackers, it is extremely necessary that any information which could aid them in their plans and subsequently cause the Trust to breach principle 7 of the Data protection act be protected.

Similarly in the spirit of transparency and openness it is in the public interest to disclose the technical measures which are in place to protect the public's information. And also for the public to know where public money has been spent.

But in this instance the duty of security and confidentiality of the personal information of hundreds of thousands of service users outweighs the public interest to disclose.

The nature of current threats is such that to either confirm or to deny that we hold specific information can work against maintaining the security and confidentiality of the information from unauthorised breach or access.

Therefore on weighing up competing interests, we find the public interest favours the decision to neither confirm nor deny we hold the information

o Clinical Decision Support Systems – **Answer: N/A**

o Other key clinical systems –

**Answer: Pharmacy – Ascribe
Pathology - Clinisys**

118.18

Policy on the Routine Management of Postpartum Women.

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

I was wondering if you would be able to email me your current hospital policy on the routine management of postpartum women at your hospitals please?

Answer: Please see attached document. (Available upon request).

119.18

Non-UK EU nationals employed

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

1. How many non-UK EU nationals employed as full-time staff left their posts (e.g. either or resigned or quit) in the years 2014, 2015, 2016 and 2017?

Answer:

Count of Termination Year						
Staff Groups	2014	2015	2016	2017	2018	Grand Total
Add Prof Scientific and Technic	1	0	0	0	0	1
Additional Clinical Services	0	2	3	6	3	14
Administrative and Clerical	1	2	2	2	0	7
Allied Health Professionals	2	0	1	0	0	3
Estates and Ancillary	0	0	1	0	1	2
Healthcare Scientists	0	0	0	1	1	2
Medical and Dental	14	10	9	9	9	51

Nursing and Midwifery Registered	2	7	23	5	7	44
Students	0	0	0	1	3	4
Grand Total	20	21	39	24	24	128

2. Please can I have this information broken down by role and year? (Eg doctors, nurses and health visitors)

Answer: See above

It would be helpful if you were to provide any brief notes which might be necessary to understand the context of the information provided, although I recognise that you are not obliged to do this.

Answer: Briefing notes not available

120.18 FUNDING FOR MYCOPLASMA GENITALIUM (MG) TESTING

Introduction

The British Association for Sexual Health and HIV (BASHH) is the UK's leading organisation dealing with all aspects of sexual health care, setting standards and aiming to champion and promote good sexual health.

An emerging concern is the increase in morbidity associated with Mycoplasma genitalium (MG), specifically as a cause of nongonococcal urethritis and cervicitis, and the contribution to macrolide antibiotic resistance made by its under/ misdiagnosis.

As part of making the case to Public Health England (PHE) for robust funding for sexual health, BASHH want to map the status of MG testing and its funding. This Freedom of Information (FOI) request is a means of contribution to the evidence base.

In line with the provisions included within the Freedom of Information Act 2000, BASHH are grateful for your response within the statutory period of 20 working days, by 5th June 2018.

Questionnaire

1. Which local authority are you responding on behalf of? Please state here **Walsall**
2. For the most recent budgetary year where data is available, which of the following best describes your overall budget for provision of local sexual health services (incorporating the 3 available spend categories, including spending on 'contraception', 'advice, prevention and promotion' and 'STI testing and treatment')? Please tick one answer only:

Option	Please tick here
Budget increased compared to the previous year	
Budget decreased compared to the previous year	
Budget stayed the same as the previous year	X

3. Has the need to put in place measures to better manage or address MG been discussed with either your sexual health provider and / or sexual health implementation group or equivalent body? Please tick one answer only:

Option	Please tick here
Yes	
No	X

If yes, please detail what has been discussed below:

4. Have any measures been put in place to better manage or address the potential impact of MG within your local area? Please tick one answer only:

Option	Please tick here
Yes	
No but we are developing plans	
No	X

If yes or if you are developing plans, please describe them here:

If you answered yes to the above question, please go to question 5. If you ticked no, please go to question 6.

5. Which of the following measures have been put in place within the local area? Please tick all options that apply:

Option	Please tick here

Activities to raise awareness of the need to manage MG	
Support of diagnostic testing for MG	
Specific of requirement that stipulate the need for MG testing	
None of the above. Please state measures here:	X

6. How many MG molecular tests were carried out in 2017/18 within the local area and how many do you estimate will be undertaken in 2018/19 and 2019/20? Please state below:

Option	Please tick here
2017/18	62
2018/19	104
2019/20	300

7. Of those tests that were positive, how many were followed up by a macrolide antimicrobial resistance test? Please state below:

Option	Please tick here
2017/18	7
2018/19	12
2019/20	33

8. Are you planning to make a provision for funding of MG diagnostic nucleic acid amplification tests (NAATs) within your 2019/20 budget? Please tick one answer only:

Option	Please tick here
Yes	
No	X

If you answered yes to the above question, please go to question 9. If you ticked yes, please go to question 10.

9. How much of your 2019/20 budget will be allocated to MG NAATs?

Please state here: N/A

10. Will you be making provision for macrolide antimicrobial resistance testing within your 2019/20 budget?

Please tick one answer only:

Option	Please tick here
Yes	
No	X

As I understand it PHE has been in various discussions with BASHH about MG and hope to pilot a surveillance system (a very trimmed down version of GRASP). There is due to be a meeting about MG with various stakeholders organised by BASHH in July

122.18 Suppliers

1) What is the percentage of Walsall Healthcare NHS Trust suppliers paid within 5 days? (Please provide the numbers for 2015, 2016 and 2017)

Answer: We are unable to generate a 5 day report on our system.

2) What is the percentage of Walsall Healthcare NHS Trust suppliers paid within 30 days? (Please provide the numbers for 2015, 2016 and 2017)

Answer: 30 day reports 2015 = 59.3%, 2016 = 15.35%, 2017 = 19.15%

3) Thinking about prompt payment of suppliers in general, what have been the biggest challenges for Walsall Healthcare NHS Trust in meeting the 5 working days goal for all government bodies?

Answer: Unaware of the 5 day goal

4) Thinking about prompt payment of suppliers in general, what resources or structural changes does Walsall Healthcare NHS Trust needs the most to ensure higher rate of compliance with the 5 working days goal for all government bodies?

Answer: No discussions have taken place

- 5) To the best of your knowledge, are there any specific services or products that can help with the prompt payment of suppliers and increase the overall percentage of invoices paid within the 5 working days goal?

Answer: No investigation work has taken place.

123.18

Translators and interpreters

I would like to make a freedom of information request to find out the cost of professional translators and interpreters, including phone-interpreting used at Walsall Healthcare NHS Trust for the past 12 months, by any department, when patients are admitted to a ward, when patients are discharged from a ward or in out-patient departments, including pharmacy.

I would be grateful if you could filter the costs by:

- sites
- departments
- whether it is an interpreter or a translator
- which languages

Answer: The total cost for 2017/18 = £146,670. Please see attached sheets which show the languages involved and sessions booked. We do not break down the costs by site, department etc. Available upon request.

125.18

Internal Bank Rates

I am writing to you under the Freedom of Information Act 2000 to request information on the organisations internal bank rates for 17/18. Please provide this information by completing the attached spreadsheet. If the organisation does not have an internal bank please state this in your response.

Answer: Please see attached spreadsheet. Available upon request.

126/18

OASIS-UK Survey

Please see attached. Available upon request

127/18

2017/18 Annual Report & Accounts

Could we please request a copy of your 2017/18 annual report and accounts?

Alternatively, could you please advise when they will be made publicly available?

Please send me a copy of the audited accounts for the year 2017-2018.

Answer: Exemption under Section 22 (Information Intended for Future Publication) has been applied to this request.

Please note that our 2017/18 Annual Report and Accounts is due to be published on our Trust website by the end of July 2018 and will be accessible via the following link.

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

128/18

tier 2 visas for doctors

1. Please confirm or deny whether, in the six months between December 2017 and May 2018 (inclusive), the trust made any applications to the Home Office for Tier 2 (General) Certificates of Sponsorship (CoS) for doctors to work in the trust.

Answer – Yes, we applied for 4.

2. Please indicate how many such applications the trust made in the following months:

- a) December 2017 **Answer: 0**
- b) January 2018 **Answer: 0**
- c) February 2018 **Answer: 0**
- d) March 2018 **Answer: 0**
- e) April 2018 **Answer: 4**
- f) May 2018 **Answer: 0**

3. Please indicate how many applications to the Home Office for Tier 2 (General) Certificates of Sponsorship (CoS) for doctors to work in the trust were refused in the following months:

- a) December 2017 **Answer: 0**
- b) January 2018 **Answer: 0**
- c) February 2018 **Answer: 0**
- d) March 2018 **Answer: 0**
- e) April 2018 **Answer: 0**
- f) May 2018 **Answer: 0**

4. Please indicate what the financial cost to the trust was in the six months between December 2017 and May 2018 (inclusive) for recruiting doctors from outside the EEA whose applications for visas were subsequently refused. (If an exact figure is not available, please provide an estimate of the total or the typical cost involved in recruiting a doctor from outside the EEA and applying for a Tier 2 visa. Please include costs of staff time, administrative fees, agency fees, and any other associated costs.)

Answer: £0

129/18

Cardiology Staff Details

Under the Freedom of information act please could you provide me with the name and email address of the person that holds the following responsibility within your Trust

- Service Manager/Unit Manager or Business Manager for Cardiology

Answer: Clinical Director for Cardiology is Dr Rumi Jaumdally

130.18

Contact Register

I want to submit a request for some information from the Trust in relation to their contract's register.

The contract register should display all the Trust existing/live contracts this includes medical and non-medical. I would like the register to display the following columns:

1. Contract Reference
2. Contract Title
3. Supplier Name
4. Spend (Total or Annual)
5. Contract Duration
6. Contract Extensions
7. Contract Dates
8. Contract Description
9. Contact Owner (Full contact details if possible).
10. CPV codes/ProClass
11. Framework or Tender Reference

IMPORTANT

You may forward me a Weblink to a portal to download the contract register, please make sure all of the Trust's contract are provided as doing prior research I have found that most Trusts have only uploaded a small portion of all of their contracts.

Please do not think that this is the only information I require if you could provide me with more information that would be great.

Answer: Exemption 12 is applied due to compliance exceeding the cost limit. This is due to the amount of information being requested, the fact that the information is spread between a number of departments and is held on both electronically and paper based systems.

Contract Data/API Contact Details

12. Can you also provide me with contact details of the person responsible for the actual contract's register or someone responsible for API? Name, Job Title, Telephone, Email Address
(Meaning of API "a set of functions and procedures that allow the creation of applications which access the features or data of an operating system, application, or other 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, Director of Finance, email address; russell.caldicott@walsallhealthcare.nhs.uk and telephone number is 01922 721172.](#)

131.18

Sustainability and Transformation Fund.

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

a) Between Q1 2016-17 and Q4 2017-18, what was the total expected allocation to the trust from the Sustainability and Transformation Fund?

Answer:

2016/17 - £8,400k

2017/18 - £0 (Trust didn't sign up to the control target)

b) Between Q1 2016-17 and Q4 2017-18, how much of the expected allocation to the trust from the Sustainability and Transformation Fund was withheld on its due date, as a result of failing to meet the relevant criteria of achieving financial control totals and/or Accident and Emergency waiting time trajectories?

Answer:

2016/17 - £6,300K

2017/18 - £0 (Trust didn't sign up to the control target)

c) Between Q1 2016-17 and Q4 2017-18, how much of the expected allocation to the trust from the Sustainability and Transformation Fund was awarded after its due date, either as a result of the trust subsequently achieving its cumulative financial control total and so becoming eligible for missed payments or where the reason for failing to meet its A&E trajectory was deemed beyond its control?

Answer:

2016/17 - £0

2017/18 -£0

132/18
Sterilisation

Please confirm which of the following scenarios describes the current core instrument sterilisation service at the hospital:

1. Run in house as an NHS service ✓
2. Onsite but outsourced to private provider
3. Outsourced to a separate trust, if so which trust?
4. Outsourced to a private provider off site

Please confirm sterilisation cost for a single surgical instrument including shipping and VAT? **Approx. £1.15**

133.18
Elective wait list

1. What is the current size of your Elective wait list broken down by specialty in May?

Answer: The figures shown are for wait list entries that are open AND have not had a procedure matching that on the access plan from an elective admission from that access plan. (As some wait list entries were left open historically)

2. Patients discharged to a home care setting in the last 6 months

Answer: Historically, not all admissions from/discharges to care homes have always been entered as such on the system (sometimes going down as usual residence instead) as when looking at such things in the past, the figures we have seen on the system have been lower than was felt to be the case operationally.

Walsall Healthcare NHS Trust

Counts of patients who are on an open elective access plan

(excluding planned pts

and those whose access plan is open but have had an elective admission from that access plan for procedure booked for
as at a census point of 31/05/2018

Our Ref:7422

FOI 133/18

SpecCd	SpecTx	Wait list entries at month end
301	GASTROENTEROLOGY	1

303	CLINICAL HAEMATOLOGY	3
320	CARDIOLOGY	274
190	ANAESTHETICS	264
502	GYNAECOLOGY	588
130	OPHTHALMOLOGY	360
140	ORAL SURGERY	287
330	DERMATOLOGY	166
120	ENT	544
101	UROLOGY	947
300	GENERAL MEDICINE	2349
100	GENERAL SURGERY	1899
110	TRAUMA AND ORTHOPAEDICS	3242

**Counts of patients discharged with a discharge destination of NHS / other Care home or local authority residential care
For period 01/12/2017 to 31/05/2018**

MONTH	Discharges
2017 (12) Dec	14
2018 (01) Jan	13
2018 (02) Feb	16
2018 (03) Mar	9
2018 (04) Apr	20
2018 (05) May	4

**134/18
Annual expenditure**

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

It has previously been reported the total cost energy supplies to the National Health Service in England was £570 million per year. I would like to request the following regarding your specific NHS Trust:

- The Trust's total annual expenditure on a) gas and b) electricity for the two most recent years for which data is held

Answer:

Electricity for 2017/18 was £1,605,698.05, for 2016/17 it was £1,597,466.85.

Gas for 2017/18 was £591,167.89, for 2016/17 it was £398,239.76.

Overall Expenditure

2016/2017 – £1,995,706.61

2017-2018 – £2,196,865.94

135.18

Outsourced Tele-Radiology Services

Answer: N/A - Duplicate 054/18

136.18

Ophthalmology Insource/Outsource Supplier

Answer: N/A - Duplicate 066/18

137.18

Email addresses

Please could you provide me with the email address for your comms or media team?

Answer: communications@walsallhealthcare.nhs.uk

And also could you please provide me with the names and email addresses for the people in your organisation who are directors?

Answer:

Richard Beeken, Chief Executive Officer - richard.beeken@walsallhealthcare.nhs.uk

Philip Thomas-Hands, Chief Operating Officer - philip.thomas-hands@walsallhealthcare.nhs.uk

Louise Ludgrove, Interim Health Records Director - louise.ludgrove@walsallhealthcare.nhs.uk

Russell Caldicott, Finance Director - russell.caldicott@walsallhospitals.nhs.uk

Dr Karen Dunderdale , Director of Nursing – karen.dunderdale@walsallhealthcare.nhs.uk

Mr Amir Khan, Medical Director - amir.khan@walsallhealthcare.nhs.uk

138.18

Employees employed.

1. Number of employees in respect of each profession employed (please specify number of permanent and bank staff)

- Social worker
- Speech and language therapists
- Occupational Therapists
- Psychologist:

- Clinical
 - Forensic
 - counselling
- Paramedic
- Radiographer
- Physiotherapist
- Biomedical scientist
- Clinical Scientist
- Hearing Aid Dispenser
- Orthoptists
- Podiatrist/Chiropodist
- Dietician
- Operating Department Practitioner
- Arts Therapists
- Prosthetist

Answer:

Please see below the summary head count of these requested position titles with a small amendment that Prosthetist are known as Orthotics. However we do not employ the below 3 positions at Walsall healthcare trust:

- Arts Therapists
- Hearing Aid Dispenser
- Paramedic

Count of Position Title List	Head count of staff			
	Bank	Fixed Term Temp	Permanent	Grand Total
Position Title List				
Biomedical scientist	26	1	37	64
Clinical Scientist	0	0	2	2
Dietician	0	1	9	10
Occupational Therapists	4	1	45	50
Operating Department Practitioner	4	0	1	5
Orthoptists	0	0	6	6
Orthotics (Prosthetist)	0	0	2	2
Physiotherapist	0	0	1	1
Physiotherapist	6	0	72	78
Podiatrist/Chiropodist	1	1	19	21
Psychologist	0	0	1	1
Psychologist - Clinical	0	0	3	3
Psychologist - Counselling	2	0	1	3
Radiographer	13	0	4	17
Social worker	18	0	0	18
Speech and language	0	0	5	5

therapists				
Grand Total	74	4	208	286

2. Total Number of misconduct or capability/competence disciplinary investigations held in respect of each profession as listed above

Answer:

Profession	Total Number of misconduct or capability/competence disciplinary investigations held
Social worker	0
Speech and language therapists	0
Occupational Therapists	0
Psychologist:	0
Clinical	0
Forensic	0
counselling	0
Paramedic	0
Radiographer	0
Physiotherapist	0
Biomedical scientist	0
Clinical Scientist	0
Hearing Aid Dispenser	0
Orthoptists	0
Podiatrist/Chiropodist	0
Dietician	0
Operating Department Practitioner	Between 1-5 We have given a range of 1-5 due to the very low numbers involved.

Arts Therapists	0
Prosthetist	0

3. Number of fitness to practise referrals made to the Health and Care Professions Council (HCPC) in respect of each professions as listed above

Answer:

Profession	Number of fitness to practise referrals made to the Health and Care Professions Council (HCPC)
Social worker	0
Speech and language therapists	0
Occupational Therapists	0
Psychologist:	0
Clinical	0
Forensic	0
counselling	0
Paramedic	0
Radiographer	0
Physiotherapist	0
Biomedical scientist	0
Clinical Scientist	0
Hearing Aid Dispenser	0
Orthoptists	0
Podiatrist/Chiropodist	0
Dietician	0
Operating Department Practitioner	Between 1-5 We have given a range of 1-5 due to the very low numbers involved.

Arts Therapists	0
Prosthetist	0

139.18
Data visualisation tools

Please could you provide me with a list of dashboards* the organisation uses and how many users per dashboards there are?

*(A data dashboard is an information management tool that visually tracks, analyses and displays key performance indicators (KPIs), metrics and key data points to monitor the health of a business, department or specific process – please find an example below.



Answer:

Dashboard Name	Number of Users
Clinic Utilisation Dashboard	30
Outpatient Dashboard	30

Please could you provide the monthly agency spend for Business Intelligence for the financial year 2017/2018?

1. April 2017 –
2. May 2017 –
3. June 2017 –
4. July 2017 –
5. August 2017 –
6. September 2017 –
7. October 2017 –
8. November 2017 –
9. December 2017 –
10. January 2018 –
11. February 2018 –
12. March 2018 –

Answer: No agency costs for Business Intelligence as all done internally

140.18

Business Intelligence solutions.

I would like to make an FOI request for the following information about the Business Intelligence solution used in your trust and an approximate spend on this.

Please find attached a word document with the information requested.

Answer: Please see attached document. We do not use a benchmarking tool so have left that section blank. Available upon request

141.18

Biological and biosimilar medicines.

1 - In your Trust, how much did you spend on Biological and biosimilar medicines, in the past financial year ending April 2018 ?

Answer:

Drug	£	
ABATACEPT	£113,525.54	
ADALIMUMAB	£1,498,990.68	
ANAKINRA	£10,135.28	

CERTOLIZUMAB PEGOL	£106,249.00	
ETANERCEPT	£336,436.61	
ETANERCEPT (BENEPALI)	£6,080.00	
ETANERCEPT (ERELZI)	£15,668.33	
GOLIMUMAB	£304,713.45	
INFLIXIMAB	£40,693.89	
INFLIXIMAB (INFLECTRA)	£78,381.12	
RITUXIMAB	£259,738.33	
RITUXIMAB (RIXATHON)	£88,440.69	
SECUKINUMAB	£59,342.28	
TOCILIZUMAB	£334,383.60	
USTEKINUMAB	£257,660.40	
VEDOLIZUMAB	£307,800.00	
Grand Total	£3,818,239.20	

2 – Have you developed a policy on how prescribers can switch their patients to biosimilars and support them in making informed choices to save resources ?

Answer: No

If yes, please provide details

3 – Do you have any specific plans in place for the launch of biosimilar Adalimumab later in 2018?

Answer: No

4 – Are there any agreements in place between you the Provider and CCG that would enable savings in drug costs to be made ? (For example, Gainshare agreements where the benefits associated with more efficient use of medicines not reimbursed through national prices is shared between the Provider and the Clinical Commissioning Group party to the agreement. This included agreements for the switch to biosimilar products)

Answer: No

If "Yes", then please provide the following details:

Agreement	Name of specific drugs involved	Disease Area	CCG(s) included in the Gainshare agreement	Savings apportioned between Provider and the CCG(s)
1	Infliximab			
2	Etanercept			
3	Rituximab			
4	Adalimumab			
5	Trastuzumab			
6				
7				

5 – Are there any other agreements with a CCG, not included in the above, for the following services ?

Answer: No

If "Yes", then please provide the following details:

Agreement	Disease Area	CCG(s) included in the agreement	Name of specific drugs involved	Type of agreement with the Provider
1	Ophthalmology services (eg wet macular degeneration)			
2	Multiple Sclerosis			
3	Prostate Cancer			
4	Breast Cancer			
5	Haemophilia			

142/18

VTE & Hip replacements

Please see attached Excel Document. Available upon request

143/18

Tier 2 Visas

How many Tier 2 visas did you apply for in 2016/17, 2017/18?

Answer:

2016/17 – 10

2017/18 – 29

How many Tier 2 visas applications were rejected in 2016/17, 2017/18?

Answer:

2016/17 – 0

2017/18 - 0

How much money did your trust spend on applying for Tier 2 visas in the financial years 2016/17, 2017/18?

Answer: The cost for visa payments is zero, as employees pay themselves.

145/18

Disciplined Staff

- How many of your clinical staff have been disciplined for misusing, misappropriating, distributing or possessing drugs – illegal or legal – since 1 January 2017, and how many lost their jobs

Answer: 1 clinical member of staff was disciplined for misusing drugs. 0 have lost their jobs.

- How many of your non-clinical staff have been disciplined for misusing, misappropriating, distributing or possessing drugs – illegal or legal – since 1 January 2017, and how many lost their jobs

Answer: 0 non clinical members of staff have been disciplined and 0 have lost their jobs.

146.18

Mortuary numbers

How many deceased bodies do you have at today's date 14.06.2018 in your mortuary?

Answer: 34

In any of your hospitals of that number how many are unidentified? or identified but no one has stepped forward to arrange a funeral service? or identified or unidentified but are being stored for some other reason?

Answer: None

Please provide details of how long they have been in the mortuary and the sex male or female.

Answer: N/A

147.18

Fabricated or induced illness (Fii)/ Munchausen's by Proxy

Ideally I would like to know how these numbers have changed over the past five years.

Please provide me with numbers of

a) suspected Fii cases and b) Fii cases formally registered with child protection for each year 2013 to 2018 (to date).

Answer:

The Trust cannot index anything under fabricated illness but Munchausen's by proxy indexes to F68.1.

Looking at the first four diagnosis positions- here are the counts of InPatient admissions with a matching code from January 2013 to end May 2018 by calendar year.

2013	2014	2015	2016	2017	2018
0	9	3	5	0	0

The Trust is not able to answer the question relating to the Child protection service. You are advised to contact the local Authority for this information.

**148/18
Cancer**

1. How many individuals diagnosed in the last 5 years with prostate cancer?

Answer: 2992

2. How many deaths attributable to prostate cancer in the last 5 years?

Answer: Exemption 12 (Cost of compliance exceeds appropriate limit) has been applied to this request as this would involve the manual review of patient records.

3. How many individuals diagnosed in the last 5 years with breast cancer?

Answer: 7905

4. How many deaths attributable to breast cancer in the last 5 years?

Answer: Exemption 12 (Cost of compliance exceeds appropriate limit) has been applied to this request as this would involve the manual review of patient records.

5. How many individuals diagnosed with brain cancer in the last 5 years?

Answer: 72

6. Of those diagnosed with brain cancer how many with GBM4?

Answer: Exemption 12 (Cost of compliance exceeds appropriate limit) has been applied to this request as this would involve the manual review of patient records.

7. How many deaths attributable to brain cancer in the last 5 years?

Answer: Exemption 12 (Cost of compliance exceeds appropriate limit) has been applied to this request as this would involve the manual review of patient records.

8. Of those deaths how many due to GBM4?

Answer: Exemption 12 (Cost of compliance exceeds appropriate limit) has been applied to this request as this would involve the manual review of patient records.

9. How many children diagnosed with brain cancer in the last 5 years?

Answer: 0

10. How many child deaths attributable to brain cancer in the last 5 years?

Answer: 0

149/18

Domestic Violence Policy

The Royal College of Midwives (RCM) would like to make a request, under the Freedom of Information Act for the following information:

Does your Trust have a specific policy to support staff who may suffer domestic violence?

Yes

No

Answer: Yes, We have a Violence and Aggression (Prevention and Management) Policy.

150/18

Emergency Readmissions

Under the Freedom of Information Act 2000 please provide the data to fill out the table below.

Secondly, please answer the following question:

- **How is the data collected on emergency readmissions used or analysed to i) prevent emergency readmissions; or ii) improve patient experience?**

Answer: The information is analysed and reported on a monthly basis through the monthly trust board paper. The information is analysed to determine strategies to reduce emergency readmissions and identify any clinical pathway improvements to support improved clinical outcomes.

EMERGENCY READMISSIONS BROKEN DOWN BY DAY 2012/13 - 2017/18

Number of days after discharge patient was readmitted	Number of patients subject to emergency readmission during 2012/13	Number of patients subject to emergency readmission during	Number of patients subject to emergency readmission during	Number of patients subject to emergency readmission during	Number of patients subject to emergency readmission during	Number of patients subject to emergency readmission during 2017/18

		2013/14	2014/15	2015/16	2016/17	
0*	211	172	292	230	244	331
1	417	456	522	727	706	804
2	363	386	377	482	545	585
3	294	308	338	420	435	460
4	253	285	291	369	339	446
5	216	265	262	250	319	380
6	223	233	262	260	298	332
7	215	276	240	265	257	360
8	196	182	228	255	254	286
9	167	201	224	218	201	247
10	152	169	177	195	208	293
11	143	192	185	188	169	231
12	157	154	217	192	191	214
13	130	154	142	151	180	185
14	140	136	123	173	171	282
15	109	134	159	136	149	181
16	111	135	123	150	122	147
17	123	129	102	125	120	118
18	117	116	155	113	130	124
19	98	127	107	132	134	172
20	100	141	117	116	123	135
21	109	115	117	138	120	134
22	92	123	104	114	112	143
23	95	99	110	104	113	93
24	85	92	101	96	99	86
25	81	84	84	81	101	103
26	73	103	87	106	118	84
27	75	94	96	97	107	93
28	77	96	90	107	78	91
29	72	96	87	84	74	84
30	73	80	85	89	89	91

* Readmitted within less than 24 hours of discharge.

151/18

RCOOG Report into Trusts maternity services

Please send me any copies of Royal College of Obstetrician and Gynaecology's report into the trust's maternity services.

I am happy for any personal details of staff and or patients to be redacted.

Answer: Please see attached. Available upon request

152.18

Radiology and Ultrasound diagnostic imaging equipment

1. For each individual Radiology and Ultrasound diagnostic imaging system within the Trust:

1. Site Location (Hospital Name)
2. Manufacturer Name
3. Model Name
4. Whether the equipment has been Purchased / Leased / MES
5. Age of equipment (years)
6. Current Service provider name
7. Current Service contract end date
8. Current Service contract type:
 - i. Preventative Maintenance
 - ii. Fully Comprehensive
9. Service cost per annum
10. Planned replacement date

Answer: Please see attached spreadsheet. We have applied Exemption 43 to Question 9 Service cost per annum. This information is commercially sensitive with the other information supplied. Available upon request

153.18

GE Healthcare PACS System.

We have noted that you use a GE Healthcare

PACS system at your trust is expiring in 2018-06-31.

Can I ask when the latest expiration date of the contract is?

Answer: 30/06/2019

Is it an annually renewed contract?

Answer: Yes

154/18

Hospital's energy use

- The name of the Hospital's Gas & Electricity supplier
Answer: EDF & Corona
- The name of the Hospital's energy broker (if you have one)
Answer: Crown Commercial Service
- Annual Gas & Electricity consumption of the Hospital (kWh separate figures) **Answer: 25,000,000 kWh gas and 14,500,000 kWh in Elec**
- Amount of Gas & Electricity supplies (no. of sites supplied and the cost of consumption in ££s)
Answer: 2 sites - £2.1 million
- The renewal date of each energy contract
Answer: Rolling contracts

155.18

Number & types of theatres, Number of beds and Endoscopy treatment rooms & theatres.

I would like to make a request under the freedom of information act. Please could you provide me with the following information? E.G Asset List

The hospitals under your trust?

Answer: Walsall Manor Hospital

Number and types of operating theatres.

Answer: 14 Theatres. 5/6/7 are laminate theatres

Number of beds within the critical/intensive care unit(s)

Answer: 5 ITU Beds & 8 HDU Beds

Number of endoscopy treatment rooms/theatres.

Answer: 3 procedure rooms

if possible I would like to know the make, model and age of the following equipment:

1.0 Ultra clean ventilation systems

Answer: Numerous suppliers and age circa 35 years

2.0 General Theatre

Answer: Numerous suppliers and age circa 35 years

3.0 Operating lights

Answer: Numerous suppliers and age circa 35 years

4.0 Theatre control panels

Answer: Numerous suppliers and age circa 35 years

5.0 Isolation Rooms

Answer: Numerous suppliers and age circa 35 years

6.0 AHU Units

Answer: Numerous suppliers and age circa 35 years

7.0 Class 1 , 2 & 3 Cabinets

Answer: Numerous suppliers and age circa 35 years

8.0 Clean rooms

Answer: Numerous suppliers and age circa 35 years

9 .0 Details of any service contracts in place for this equipment

Skanska contract exception 43 applied. Commercial in confidence

**156/18
respiratory circuits**

Please kindly confirm how many of the following respiratory circuits were used in the 17/18 financial year by **Walsall Healthcare NHS Trust**

Manufacturer: **Philips Respironics**
Product Name: **Breathing Circuit & O2 Enrichment Port**

Product Description: **Breathing Circuit & O2 Enrichment Port & Filter**
Manufacturer Code: **9624C**

Answer: In the financial year 17/18 Walsall used 2 x boxes of 10

158/18
A&E GP streaming

Answer: This service is not provided by Walsall Healthcare – it is commissioned by Walsall CCG to another private provider.

Current A&E GP streaming service:

1. What are the opening hours?
2. How many GPs do you have working at any one time?
3. What is the hourly pay?
4. What is the seniority mix?
5. How many GPs do you have and how many vacancies?
6. What proportion are: a) locums, b) from local practices c) employed by the Trust, or d) other? (If other, please explain)

Between November 1 2017 and April 30 2018:

6. How many patients were seen through A&E GP streaming?
7. What proportion were: a) dealt with in full, b) sent through to A&E, c) referred to their own GP or d) other?

To date (since launching the streaming service):

8. How many patient complaints have you received concerning A&E GP streaming?

159/18
PUBLIC HEALTH FUNERALS

1. Please tell me how many public health funerals your NHS trust has provided in the financial years of: 2015/2016; 2016/2017; 2017/2018

Answer:

Qty of Public Health Funerals			
1	Adults	Babies (inc Manor Babies)	Total
2015/2016	11	143	154
2016/2017	18	106	124
2017/2018	13	85	98

2. Please tell me the total cost of public health funerals your NHS trust spent in the financial years of: 2015/2016; 2016/2017; 2017/2018

Answer:

Cost of Public Health Funerals		
2	Adults	Babies
2015/2016	£9712.63	£13831.95
2016/2017	£13013.50	£11664.28
2017/2018	£14945.25	12446.84

3. What was the most expensive, and the cheapest, public health funeral this hospital trust arranged in the financial years of: 2015/2016; 2016/2017; 2017/2018

Answer:

Most Expensive & Cheapest		
3	Adult	Baby
2015/2016	£754.13 - £1044.50	£17.50 - £440.00
2016/2017	£1423.25 – £1012.00	£17.50 – £419.87
2017/2018	£1076.25 - £1295.00	£17.50 - £819.20

4. How many of the public health funerals given in the financial years of: 2015/2016; 2016/2017; 2017/2018 were for a still-born baby?

Answer:

4	QTY Still Born Babies
2015/2016	Not recorded
2016/2017	Not recorded
2017/2018	Not recorded

5. How many times is an unmarked grave used?

Answer: Once

6. Please tell me how long a body was held in your hospital mortuary until the public health funeral was arranged.

Answer: 28 Days

**160.18
Courses**

QUESTION 1:

In the past 10 years, how much has the Trust spent on sending people (staff or contractors) on courses run by the leadership development organisation Common Purpose?

(Please break down the figures for each year, up to the most recent year for which figures are available).

Answer: We have not used this company for any training delivery within the Trust.

QUESTION 2:

How many people currently on your payroll (staff or contractors) are graduates of a Common Purpose course?

Answer: N/A

QUESTION 2A:

If possible, please identify senior managers who are graduates of a Common Purpose course.

Answer: N/A

**162.18
Life Support**

Please could you answer the following questions for me regarding patients receiving life support.

A) The number of patients kept on life support for more than 28 days in 2015, 2016 2017?

Answer:	2015	2016	2017
	35	44	37

B) The total of keeping cost patients on life support each year in 2015, 2016 and 2017?

Answer:	2015	2016	2017
	£3,898,017	£3,404,963	£4,009,377

**163/18
SIM card/mobile networks**

1. How many mobile phone users do you have (this includes smartphone users, basic mobile phone users, data only users and any other device that requires a SIM card)?

Answer: 1350

2. Which network(s) are these currently with?

Answer: EE

3. When are these contracts due to expire?

Answer: The bulk expire in 2020

4. The name of the person responsible for the administration of these contracts?

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 and Improvement.

5. The name under which the contract is awarded i.e. NHS Trust of...?

Answer: Walsall Healthcare NHS Trust

165.18

Mortuary spaces

- 1) Please state the gross amount spent by your trust on equipment to handle obese patients in each of the following financial years:

- i) 2013/14
- ii) 2014/15
- iii) 2015/16
- iv) 2016/17
- v) 2017/18
- vi) 2018/19 to 15.06.18

Answer: The Bariatric department has not purchased any new equipment in the years specified.

- 2) Please list all equipment to handle obese patients purchased by your trust in each of the following financial years, including the number of units of each purchased where available.

- i) 2013/14
- ii) 2014/15
- iii) 2015/16
- iv) 2016/17

- v) 2017/18
- vi) 2018/19 to 15.06.18

Answer: The Bariatric department has not purchased any new equipment in the years specified.

3) *Please state the number of obese spaces in your mortuary at the end of each of the following financial years:*

- i) 2013/14
- ii) 2014/15
- iii) 2015/16
- iv) 2016/17
- v) 2017/18
- vi) 2018/19 to 15.06.18

Answer: 7 spaces for each of the years

166.18 Interoperability and Bedside Connectivity.

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

UNDERSTANDING CURRENT BEDSIDE MONITORING SYSTEMS IN ACUTE TRUSTS IN ENGLAND

Question 1

Does your trust currently use bedside patient monitoring equipment of vital signs (i.e. heart rate, blood pressure, oxygen saturations, etc.) that is interoperable with your trusts Electronic Patient Record System?

[Yes or No]

Question 1(a)

If yes, what is the provider and product name?

Answer: Vitalpac

Question 1(b)

How do the bedside monitoring equipment integrate with your system? Please choose most appropriate answer

[A] Directly connected through interoperable (e.g. API enabled) software – *“the results are automatically pushed to our existing EPR system for doctors to see in realtime”*

[B] Connected through an eObs system – *“the healthcare professional manually inputs the results of their recorded observations into a system separate from the EPS system”*

[C] Connected through an eObs system – *“the healthcare professional manually inputs the results of their recorded observations into a system that updates directly to the EPS system”*

[D] Other, Please specify **Answer: Nurses & CSWs enter vital signs into VitalPAC. Other**

than receiving patient admission information from Lorenzo (Trust's PAS) via HL7 messaging, VitalPAC does not interface with any other system.

Question 1(c)

If no, does your trust have the plan to acquire such equipment (as described in Question 1) over the next three financial years (2018/19, 2019/20, 2020/21)? Please specify the year and how you are planning to procure this,

Answer: N/A

UNDERSTANDING THE CURRENT IT PROVIDER LANDSCAPE, IT'S DYNAMICS AND EXISTING INTEROPERABILITY IN ACUTE TRUSTS IN ENGLAND

Question 2

2a). Which **Patient Administration System (PAS)** does your trust currently use?

Answer: Lorenzo

2b). When does your current **PAS** contract expire?

Answer: 2020

2c). What is the annual cost for using your chosen **PAS**?

Answer: Centrally funded till 2020

2d). With which other systems in your trust is the **PAS** interoperative with?

Answer: Lorenzo does not have interoperability; it sits as the master and does not accept external input

Please list all which are interoperable_____

Question 3

3a). Which **Electronic Patient Record system (EPR)** does your trust currently use?

Answer: This is Fusion – Rhapsody is integration

3b). When does your current **EPR** contract expire?

Answer: 2019 rolling annual contract

3c). What is the annual cost for using your chosen **EPR**?

Answer: £58,928 (ex vat)

3d). With which other systems in your trust is the **EPR** interoperative with?

Answer: It's a portal so can interop with anything that has an appropriate interface

Please list all which are interoperable_____

3e). Does your **EPR** integrate with any Primary Care systems (e.g. SystemOne or EMIS Web)

Answer: Currently no but there is a business case for a context agent within EMIS Web

3f). What does these systems permit (1-way viewing of notes / results / etc or 2-way notes / results entering)?

Answer: Ordering, Results viewing, Imaging viewing, Bespoke in house builds for EDS, eOutcome etc

Question 4

4a). If you use a separate **Mental Health EPR**, which provider and product do you currently use?

Answer: N/A

4b). When does the contract with your current provider expire?

4c). What is the annual cost for using your chosen **Mental Health EPR** system?

4d). With which other systems in your trust is the **Mental Health EPR** system interoperative with?

Please list all which are interoperable_____

Question 5

5a). Which system does your trust currently use to monitor **flow through the Emergency Department** (provider and product)?

Answer: Lorenzo (DXC) & Fusion (Orion)

5b). When does the contract with your current provider expire?

Answer See above

5c). What is the annual cost for using your chosen system?

Answer: See above

5d). With which other systems in your trust is the system interoperative with?

Answer: See above

Please list all which are interoperable_____

Question 6

6a). Which **bed management** system does your trust currently use?

Answer: N/A

6b). When does the contract with your current provider expire?

6c). What is the annual cost for using your chosen **bed management** system?

6d). With which other systems in your trust is the **bed management** system interoperative with?

Please list all which are interoperable_____

Question 7

7a). Which **radiology information system** does your trust currently use?

Answer: CRIS, PACS

7b). When does the contract with your current provider expire?

Answer: CRIS – 17TH May 2019 , PACS – 30th June 2019

7c). What is the annual cost for using your chosen **radiology information system**?

Answer: PACS: £158,868 RIS: £85,000

7d). With which other systems in your trust is the **radiology information system** interoperative with?

Answer: ICE, Fusion Portal

Please list all which are interoperable_____

Question 8

8a). Which **laboratory information system** (biochem/pathology) does your trust currently use?

Answer: Winpath

8b). When does the contract with your current provider expire?

Answer: Winpath – 31st October 2019

8c). What is the annual cost for using your chosen **laboratory information system**?

Answer: £151,796.62

8d). With which other systems in your trust is the **laboratory information system** interoperative with?

Answer: ICE, Fusion Portal, EMIS Web

Please list all which are interoperable_____

Question 9 –

9a). Does your trust use an **Electronic Prescribing** system? If so, what is the provider / product name?
If no, please answer n/a to questions 8a, b, c and d.

Answer: Ascribe

9b). When does the contract with your current provider expire?

Answer: 31.3.19

9c). What is the annual cost for using your chosen **Electronic Prescribing** system?

Answer: £26896 ex VAT

9d). With which other systems in your trust is the **Electronic Prescribing** system interoperative with?

Answer: N/A

Please list all which are interoperable_____

Question 10 -

10a). Which **Maternity services IT** system does your trust currently use?

Answer: Badgernet Maternity Information System Provided by Clevermed Ltd

10b). When does the contract with your current provider expire?

- **Answer:**
- **BadgerNet Neonatal 31/03/2021**
- **BadgerNet Maternity 13/2/2019**

10c). What is the annual cost for using your chosen **Maternity services IT** system?

Answer: £44,880

10d). With which other systems in your trust is the **Maternity services IT** system interoperative with?

Answer: BadgerNet is used during operative procedures

Please list all which are interoperable:

Answer: BadgerNet works with Lorenzo to connect to the National Spine to generate new NHS numbers for new babies.

167/18

Pressure Ulcers

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

- Please could you provide the following information for the time period between 2015 and the current day. Please could this information be broken down into annual figures.

1. The number of patients admitted with Grade 2 pressure ulcers

Answer: The Trust doesn't currently track this level of information

2. The number of patients admitted with Grade 3 pressure ulcers

Answer: The Trust doesn't currently track this level of information

3. The number of patients admitted with Grade 4 pressure ulcers

Answer: The Trust doesn't currently track this level of information

4. The number of patients who acquired grade 2 pressure ulcers whilst a patient of your Trust and the location on the patient's body where the ulcer was found

Answer:

Grade 2 Acquired Pressure Ulcers By Location							
2015 (Apr to Dec)		2016		2017		2018 (Jan to Mar)	
Location	No.	Location	No.	Location	No.	Location	No.
Anal Cleft	6	Ankle	10	Ankle	8	Ankle	2
Ankle	8	Back	2	Back	1	Back	1
Back	1	Buttocks	76	Buttocks	41	Buttocks	12
Breast	1	Cheek	2	Chin	1	Coccyx	2
Buttocks	101	Chin	1	Clavicle	1	Ears	2
Calf	1	Coccyx	15	Coccyx	12	Elbow	1
Cleft	1	Ears	19	Ears	12	Heels	25
Coccyx	12	Elbow	5	Elbow	3	Knee	1
Cranium	1	Feet	5	Feet	5	Leg	1
Ears	6	Head	1	Heels	79	Nose	2
Elbow	3	Heels	94	Hip	7	Sacrum	8
Feet	14	Hip	11	Mouth	2	Shoulder	1
Heels	85	Leg	2	Nose	2	Spine	5
Hip	6	Mouth	3	Sacrum	36		
Knee	1	Nose	6	Shoulder	1		
Nose	1	Sacrum	44	Spine	11		
Sacrum	60	Shoulder	2	Thigh	1		
Shin	1	Spine	5	Toes	1		
Shoulder	1	Thigh	3				
Spine	5						
Toes	1						

- 5 The number of patients who acquired grade 3 pressure ulcers whilst a patient of your Trust and the location on the patient's body where the ulcer was found

Answer:

Grade 3 Acquired Pressure Ulcers By Location							
2015 (Apr to Dec)		2016		2017		2018 (Jan to Mar)	
Location	No.	Location	No.	Location	No.	Location	No.
Ankle	2	Ankle	1	Buttocks	7	Coccyx	1
Back	1	Buttocks	9	Clavicle	1	Heels	1
Buttocks	21	Clavicle	1	Coccyx	4	Sacrum	1
Chin	1	Coccyx	8	Elbow	1		
Cleft	1	Hand	1	Heels	7		
Coccyx	6	Heels	12	Hip	3		
Ears	1	Hip	8	Sacrum	5		
Elbow	2	Sacrum	7	Spine	1		
Feet	5	Shoulder	1				
Heels	14	Thigh	1				
Hip	5						
Knee	2						
Malleolus	1						
Sacrum	18						
Spine	1						
Thigh	1						

- 6 The number of patients who acquired grade 4 pressure ulcers whilst a patient of your Trust and the location on the patient's body where the ulcer was found

Answer:

Grade 4 Acquired Pressure Ulcers By Location							
2015 (Apr to Dec)		2016		2017		2018 (Jan to Mar)	
Location	No.	Location	No.	Location	No.	Location	No.
Buttocks	1	Ankle	1				
Chest	1	Buttocks	1				
Hand	1	Coccyx	3				
Heels	1	Ears	1				
Hip	1	Heels	1				
Sacrum	2	Sacrum	1				
		Thigh	1				
		Toes	1				

- Please could you identify the 5 wards or departments with an overall highest rate of hospital acquired pressure ulcers within your Trust between 2015 and the current day, with an annual breakdown of reported cases per ward/department

2015 (Apr to Dec)		2016		2017		2018 (Jan to Mar)	
Area	No.	Area	No.	Area	No.	Area	No.
Ward 14	20	Ward 04	24	Ward 04	17	Acute Medical Unit	8
Ward 01	20	Ward 17	20	Ward 03	17	Ward 16	4
Ward 15	16	Ward 09	17	Ward 01	15	Ward 14	4
ITU	12	Ward 15	13	Ward 17	14	ITU	4
Ward 09	12	ITU	11	Ward 15	13	Ward 03	4
Ward 03	12			Ward 09	13		

- Please could you provide an actual (if known) or estimated (if unknown) cost to the Trust for each of the following pressure ulcers

Answer: We were unable to quantify the specific cost attributable to the treatment of the pressure ulcer but I have included the figures below

- Grade 2 pressure ulcer acquired whilst an inpatient on a Trust ward

	2015 (Apr to Dec)	2016	2017	2018 (Jan to Mar)
Hospital Cat 2's	130	134	120	37

- Grade 3 pressure ulcer acquired whilst an inpatient on a Trust ward

	2015 (Apr to Dec)	2016	2017	2018 (Jan to Mar)
Hospital Cat 3's	20	13	6	2

- Grade 4 pressure ulcer acquired whilst an inpatient on a Trust ward

	2015 (Apr to Dec)	2016	2017	2018 (Jan to Mar)
Hospital Cat 2's	2	7	0	0

168.18

Employees Employed

1. For the period 1st Oct – 31st Dec 2017 please could you tell me how many FTE (full time equivalent) nursing/midwifery personnel were employed by your trust?

Answer: As at 31 Dec 2017, the Trust employed 1154.99 FTE Qualified Nursing & Midwifery colleagues.

2. For the period 1st Oct – 31st Dec 2017 please could you tell me how many of those FTE nursing/midwifery personnel were male?

Answer: As at 31 Dec 2017, the Trust employed 73.59 FTE male Qualified Nursing & Midwifery colleagues.

3. For the period 1st Oct – 31st Dec 2017 please can you tell me how many FTE healthcare assistants were employed by your trust?

Answer: As at 31 Dec 2017, the Trust employed 560.66 FTE Healthcare Assistants.

4. For the period 1st Oct – 31st Dec 2017 please can you also tell me how many of those FTE healthcare assistant were male?

Answer: As at 31 Dec 2017, the Trust employed 57.63 FTE male Healthcare Assistants.

5. For the period 1st Oct – 31st Dec 2017 please can you also tell me how much you spent on CPD (continuing professional development) training for healthcare assistants?

Answer: During Q3 17/18, £1403 was spent.

6. For the period 1st Oct – 31st Dec 2015 please could you tell me how many FTE (full time equivalent) nursing/midwifery personnel were employed by your trust?

Answer: As at 31 Dec 2015, the Trust employed 1144.1 FTE Qualified Nursing & Midwifery colleagues.

7. For the period 1st Oct – 31st Dec 2015 please could you tell me how many of those FTE nursing/midwifery personnel were male?

Answer: As at 31 Dec 2015, the Trust employed 74.34 FTE male Qualified Nursing & Midwifery colleagues.

8. For the period 1st Oct – 31st Dec 2015 please can you tell me how many FTE healthcare assistants were employed by your trust?

Answer: As at 31 Dec 2015, the Trust employed 568.84 FTE Healthcare Assistants.

9. For the period 1st Oct – 31st Dec 2015 please can you also tell me how many of those FTE healthcare assistant were male?

Answer: As at 31 Dec 2015, the Trust employed 68.91 FTE male Healthcare Assistants.

10. For the period 1st Oct – 31st Dec 2015 please can you also tell me how much you spent on CPD (continuing professional development) training for healthcare assistants?

Answer: During Q3 15/16, £5837 was spent

169.18 Imaging

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

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

- 1. How many CDs does your department produce per annum for the distribution of patient images?*

Answer: 2,000

- 2. How many CDs does your department produce per annum for interested 3rd parties such as insurance companies or solicitors?*

Answer: 331

- 3. What is the cost of CD production for patient images, e.g. materials for your department per annum?*

Answer: £1,540

- 4. What are the time/resource costs associated with CD production for patient images for your department per annum?*

Answer: 72 hours per year estimated / £568.08 per year based on band 2 pay

5. What are the costs of postage/couriering of CDs of patient images for your department, per annum?*

Answer: We absorb the costs in routine postal duty

6. Please provide a breakdown of total costs of CDs for patient images to other hospitals for your department, per annum?*

Answer: N/A

7. Please provide a breakdown of total costs of CDs to patients for your department, per annum?*

Answer: The trust does not charge for providing CD's

8. Please provide a breakdown of total costs of CDs to interested 3rd parties for your department such as insurance companies or solicitors, per annum?*

9. Are the CDs dispatched from your department that contain patient data consistently encrypted / password protected?*

Answer: Yes

10. Can you provide information on the number of CDs that are lost or misplaced before they reach the intended recipient?*

Answer: This information is not recorded

*If you use a centralised administration team to administer imaging for your department please include this information to the above questions.

Please provide these answers for the following departments:

- Radiology
- Cardiology
- Medical illustration
- Theatres
- Endoscopy
- Colposcopy
- Diabetic Retinopathy
- Medical Photography
- Dermatology
- Podiatry

Answer: The CD's are held by one department, Radiology and all figures are amalgamated.

**170.18
Vaccines in Babies**

I am requesting information I believe you will have under Freedom of Information Laws.

For the purpose of this request please treat the 6-in-1 vaccine as encompassing **all three doses**.

I would like you to provide me with:

a) The number of 6-in-1 vaccines offered to be given to babies in the financial years 2017/18, 2016/17, and 2015/16.

b) The number of 6-in-1 vaccines that were refused by parents or guardians of the baby in the financial year 2017/18, 2016/17, and 2015/16.

c) The number of children diagnosed with any of the following in **2017/18 alone**, who had **not** received the 6-in-1 vaccine when they were a baby because their parent or guardian had refused it. If a child was diagnosed with more than one of the below, please provide that information:

diphtheria, hepatitis B, Hib, polio, tetanus, or whooping cough

Please provide the information in an XLS format. such as in the example given below.

Answer:

The Trust does not administer or maintain data on childhood immunisations. This information is recorded on the Child Health Information System which is managed by Birmingham Community Healthcare NHS Trust.

171/18
Radiology

Under the freedom act please could I ask your Radiology department the following questions?

1. Does the Radiology department use Radiology Reporting Houses to outsource Radiology reporting /diagnosing outcomes?

Answer: Yes

2. If yes please could you provide me the Name/Names of the Reporting Houses you use?

Answer: 4Ways Healthcare