

Reque	Date Complet	Subject	Request Details	Response
491	15/12/2016	Pharmacy/ Prescribing	<p>-On what date was Vedolizumab (for us in relation to Crohn's Disease) first added to the East Lancashire Health Economy Forum?</p> <p>-What restrictions (if any) does the CCG's formulary have in place in relation to the number of individual biologic drugs in use/on formulary at any one time for use within Rheumatoid Arthritis?</p> <p>-What restrictions (if any) does the CCG's formulary have in place in relation to the number of individual biologic drugs in use/on formulary at any one time for use within Psoriatic Arthritis?</p> <p>-Finally, could you provide a link/attach to your response the latest versions of your patient pathways for Crohn's Disease and Psoriatic Arthritis?</p>	The information required will be on the www.elmmb.nhs.uk website
522	15/12/2016	Service Information	<p>Please can you give me a monthly break-down of the "finished admission episodes" involving poisoning with the following substances. I would like the data for each month from May last year to May this year. I have included the coding for each of the substances to assist you.</p> <p>I understand you supply this data to the HSCIC which I hope means it is easy for you to access and supply to me.</p> <p>T404 - Poisoning: Other synthetic narcotics</p> <p>T406 - Poisoning: Other and unspecified narcotics</p> <p>T409 - Poisoning: Other and unspecified psychodysleptics [hallucinogens]</p> <p>T436 - Poisoning: Psychostimulants with abuse potential</p> <p>T438 - Poisoning: Other psychotropic drugs, not elsewhere classified</p>	<p>Number of Admissions with a Primary or Secondary Diagnosis Code</p> <p>Diag code Diag description May 15 Jun 15 Jul 15 Aug 15 Sep 15 Oct 15 Nov 15 Dec 15 Jan 16 Feb 16 Mar 16 Apr 16 May 16</p> <p>T40.4 Poisoning: Other synthetic narcotics <5 6 9 7 7 <5 7 <5 <5 7 8 <5 7</p> <p>T40.6 Poisoning: Other and unspecified narcotics <5 <5 <5 <5 <5 <5</p> <p>T40.9 Poisoning by other & unspec psychodysleptics [hallucinogens] <5 <5 <5</p> <p>T43.6 Poisoning: Psychostimulants with abuse potential 18 11 19 7 13 7 8 17 11 9 5 7 11</p> <p>T43.8 Poisoning by other psychotropic drugs, NEC <5 <5 <5</p>
547	01/12/2016	Service Information	<p>I am a doctor currently working in Worthing Hospital, West Sussex. We are currently reviewing our resuscitation procedures including the use of DNAR orders. We would like to compare our outcomes with other acute Trusts nationally. I would be grateful if you could provide the following information</p> <ol style="list-style-type: none"> 1. Number of cardiac arrest calls in acute hospital sites in 2015 2. Number of these patients subsequently found to have a DNAR order in place (ie number of inappropriate resuscitation attempts) 	<ol style="list-style-type: none"> 1. Number of cardiac arrest calls in acute hospital sites in 2015 - 123 2. Number of these patients subsequently found to have a DNAR order in place (ie number of inappropriate resuscitation attempts) - 1

<p>583 01/12/2016 Performance/ Activity</p>	<p>1/ On the latest recordable date, how many patients is your hospital trust currently caring for who are "medically fit for discharge." 2/ What is the date when this data was gathered for the answer question 1. 3/ How often does the hospital update this figure? 4/ Over the past 12 months of recordable "patients who are medically fit for discharge" records what was the highest number still being cared for by the hospital trust? 5/ What are the parameter dates for the answer to question 4? 6/ Over the past 12 months of recordable "patients who are medically fit for discharge" records what was the lowest number still being cared for by the hospital trust? 7/ What are the trust's reasons for non-discharge of a patient who is medically fit? 8/ What is the hospital trust doing to reduce the the number of patients in their care who are medically fit for discharge? 9/ As an average, over the most recent 12 months of recordable figures, how many in-patients does the Hospital Trust care for? 10/ What are the parameter dates for the answer to question 9?</p>	<p>1/ On the latest recordable date, how many patients is your hospital trust currently caring for who are "medically fit for discharge." 97 2/ What is the date when this data was gathered for the answer question 1. 3/11/16 3/ How often does the hospital update this figure? Daily 4/ Over the past 12 months of recordable "patients who are medically fit for discharge" records what was the highest number still being cared for by the hospital trust? 128 5/ What are the parameter dates for the answer to question 4? 1st Nov 2015 – 1st Nov 2016 6/ Over the past 12 months of recordable "patients who are medically fit for discharge" records what was the lowest number still being cared for by the hospital trust? 53 7/ What are the trust's reasons for non-discharge of a patient who is medically fit? CHC process, reablement, home of choice, package of care 8/ What is the hospital trust doing to reduce the the number of patients in their care who are medically fit for discharge? Case management review of MFFD list, Senior board rounds on peripheral sites, review of flow and capacity in community care. 9/ As an average, over the most recent 12 months of recordable figures, how many in-patients does the Hospital Trust care for? 396 10/ What are the parameter dates for the answer to question 9? 1st Nov 2015 – 1st Nov 2016</p>
<p>473 30/11/2016 ICT</p>	<p>Please could you provide me with information about your ICT expenditure, as broken down in the attached template? I have included this template in order to make it easier for you to understand my requirements and provide answers. Within the response, please include: * Expenditure from all parts of your organisation (central services and departments); * As well as your own organisation, expenditure for any subsidiary organisations that fall within the scope of your accounts; and * Both revenue (or operating) expenditure and capital expenditure</p>	<p>See attachment.</p>
<p>545 30/11/2016 HR /Staff</p>	<p>Please can I request a copy of your Trusts' job description for the Medical Records Manager post and Health Records Manager post</p>	<p>See attachment.</p>

		<p>I would like to request the answers to the following questions under the Freedom of Information Act.</p> <p>1 - How many overseas visitors received treatment at the trust in the financial year 2015-16 who weren't eligible for free care?</p> <p>2 - How much has the trust so far (as of today's date) collected in payments from overseas visitors who weren't eligible for free care in 2015-16? How much is still owed?</p> <p>3 - How many overseas visitors received treatment in any form of obstetrics or maternity care in 2015/16?</p> <p>4 - How much has the trust so far collected in payments from overseas visitors receiving obstetrics or maternity care in 2015/16? How much is still owed?</p> <p>5 - Did any overseas visitors receive IVF or any other fertility treatment in 2015/16?</p> <p>6 - If yes please provide as many details as possible including the nationality (if possible), the form of treatment and the price. Please also state if they paid the full amount for the cost.</p> <p>7 - Is the trust doing anything specific to better identify overseas visitors and ensure they are charged eg ID checks on specific wards, training for staff, employing debt collection agencies – please specify.</p>	<p>1 - How many overseas visitors received treatment at the trust in the financial year 2015-16 who weren't eligible for free care? 68</p> <p>2 - How much has the trust so far (as of today's date) collected in payments from overseas visitors who weren't eligible for free care in 2015-16? £41853 How much is still owed? £7362</p> <p>3 - How many overseas visitors received treatment in any form of obstetrics or maternity care in 2015/16? 8</p> <p>4 - How much has the trust so far collected in payments from overseas visitors receiving obstetrics or maternity care in 2015/16? £10610 How much is still owed? £2049</p> <p>5 - Did any overseas visitors receive IVF or any other fertility treatment in 2015/16? No</p> <p>6 - If yes please provide as many details as possible including the nationality (if possible), the form of treatment and the price. Please also state if they paid the full amount for the cost. N/A</p> <p>7 - Is the trust doing anything specific to better identify overseas visitors and ensure they are charged eg ID checks on specific wards, training for staff, employing debt collection agencies – please specify. working with other provider trusts in the area to refine and improve engagement/knowledge to front line staff within the trust to notify the overseas visitor officer/team.</p>
611	28/11/2016	Finance	
		Service	
577	23/11/2016	Information	<p>Could you please send me a structure chart with names and job titles of your HR and IT department?</p> <p>The information we are able to provide is detailed in the attachment.</p>
		Service	
578	23/11/2016	Information	<p>1. What is the current waiting time (in weeks) for a routine MRI scan? What are the current trust waiting time (in weeks) targets for a routine MRI scan?</p> <p>2. Does the trust hire in any private mobile MRI scanners to meet the existing workload? Or do they send any NHS patients to private centres for their scans?</p> <p>1. What is the current waiting time (in weeks) for a routine MRI scan? What are the current trust waiting time (in weeks) targets for a routine MRI scan? 4 Weeks</p> <p>2. Does the trust hire in any private mobile MRI scanners to meet the existing workload? Or do they send any NHS patients to private centres for their scans? The trust has hired mobile MRI scanners in to support capacity on an adhoc basis when required.</p>
		Performance/	
581	23/11/2016	Activity	<p>I am doing some internal research into the NHS imaging infrastructure and had a few questions I was hoping you could answer for each MRI scanner you have at your Trust. I would be grateful if you could please fill in the form attached.</p> <p>The information we are able to provide is detailed in the attachment.</p>
		Finance	
585	23/11/2016	Finance	<p>Under the FOI act I would like to know how much this trust spent in the last financial year to treat immigrants and asylum seekers.</p> <p>If you don't know the exact amount you can give me an estimate.</p> <p>The systems within the Trust are not sophisticated enough to provide this level of information.</p>

586	23/11/2016 HR /Staff	<p>1. How many qualified Social Workers did you have working on a temporary (Agency) basis on 30 August 2016?</p> <p>2. What was your total expenditure on temporary (Agency) Social workers supplied through a recruitment agency in the financial year 2015-16?</p>	<p>1. How many qualified Social Workers did you have working on a temporary (Agency) basis on 30 August 2016?</p> <p>NIL</p> <p>2. What was your total expenditure on temporary (Agency) Social workers supplied through a recruitment agency in the financial year 2015-16?</p> <p>NIL</p>
588	23/11/2016 HR /Staff	<p>Under Freedom of Information act I request you to send me the % of BME staff among the top 10% of senior management and Board members and percentage of BME staff in total in your Trust please?</p>	<p>the % of BME staff among the top 10% of senior management and Board members: 0.18%</p> <p>percentage of BME staff in total in your Trust please?: 14%</p>
589	23/11/2016 Information Service	<p>Bilirubinometer/kernicterus FOI</p> <p>1. How many community midwives does your trust employ?</p> <p>2. How many live births was your trust responsible for in financial year 2015/16?</p> <p>3. How many bilirubinometers (device to measure bilirubin in the blood) does your trust have available for use by community midwives?</p> <p>4. Where are your trust's bilirubinometers stored?</p> <p>5. What training is provided to community midwives in the use of bilirubinometers?</p> <p>6. How much does your trust spend per annum on purchasing bilirubinometers? Please provide figure for financial year 2015/16</p> <p>7. Does your trust have a policy for treatment of neonatal jaundice?</p> <p>8. If a policy exists how do you ensure community midwives are familiar with it and adhere to it when attending to babies in the community?</p> <p>9. What is your average discharge time for babies and mothers following a live birth?</p> <p>10. Do you record cases of brain damage caused by high bilirubin levels in babies with neonatal jaundice (kernicterus)?</p> <p>11. If yes to the question above then please provide figures for the number of cases for all financial years where data is available.</p> <p>12. How much compensation did your trust pay to children with brain damage caused by high bilirubin levels (kernicterus) for all financial years where data is available.</p>	<p>Information Required Answer</p> <p>Bilirubinometer/kernicterus FOI</p> <p>1. How many community midwives does your trust employ?</p> <p>2. How many live births was your trust responsible for in financial year 2015/16?</p> <p>3. How many bilirubinometers (device to measure bilirubin in the blood) does your trust have available for use by community midwives?</p> <p>4. Where are your trust's bilirubinometers stored?</p> <p>5. What training is provided to community midwives in the use of bilirubinometers?</p> <p>6. How much does your trust spend per annum on purchasing bilirubinometers? Please provide figure for financial year 2015/16</p> <p>7. Does your trust have a policy for treatment of neonatal jaundice?</p> <p>8. If a policy exists how do you ensure community midwives are familiar with it and adhere to it when attending to babies in the community?</p> <p>9. What is your average discharge time for babies and mothers following a live birth?</p> <p>10. Do you record cases of brain damage caused by high bilirubin levels in babies with neonatal jaundice (kernicterus)?</p>

We would like to request from East Lancashire Hospitals NHS Trust the numbers of patients treated in the last 12 months with the following drugs for the conditions listed below:

Drug Name Number of patients treated for:

Psoriasis Psoriatic Arthritis Ankylosing Spondylitis

Cosentyx (secukinumab)

Humira (adalimumab)

Enbrel (etanercept)

Benepali (etanercept) - biosimilar

Remicade (infliximab)

Remsima (infliximab) - biosimilar

Inflectra (infliximab) - biosimilar

Cimzia (certolizumab) N/A

Simponi (golimumab) N/A

Taltz (ixekizumab) N/A N/A

Stelara (ustekinumab) N/A

Otezla (apremilast) N/A

Request for Re-use

Please can you confirm whether we are permitted to reuse any information provided under the Open Government Licence?

We (IMS Health) request permission to re-use as a part of an independent analysis into the use of biologics, which has been commissioned by one of our clients. The contents of the report will not be made available publically, but may be used by other IMS Health Group entities and service suppliers. The information in the report will be presented in a factual manner with all publication details staying true to the publisher.

590 23/11/2016 Pharmacy/
Prescribing

Please find below the information we are able to provide in response to your request. East Lancashire Hospitals Trust takes its duty to protect patient confidentiality very seriously. As a result it is our policy not to provide specific figures in requests of this type where this may lead to identification of patients or their families either directly or from aggregating this data with other information in the public realm.

Drug Name Number of patients treated for:

Psoriasis Psoriatic Arthritis Ankylosing Spondylitis Unknown indication

Cosentyx (secukinumab) 14 0 0 <5

Humira (adalimumab) 99 52 49 <5

Enbrel (etanercept) 15 73 86 <5

Benepali (etanercept) - biosimilar 0 0 <5 0

Remicade (infliximab) 6 <5 0 16

Remsima (infliximab) - biosimilar 0 0 0 0

Inflectra (infliximab) - biosimilar 0 0 0 <5

Cimzia (certolizumab) N/A 5 <5 0

Simponi (golimumab) N/A 7 <5 0

Taltz (ixekizumab) 0 N/A N/A 0

Stelara (ustekinumab) 66 <5 N/A 13

Otezla (apremilast) 0 0 N/A 0

I'd like to submit an FOI request regarding the web filtering currently in place at the trust.

Could I have details on the following please:

Which Web Filtering Solution do you currently have implemented at the trust?

Who was this purchased through?

How many users does your web filter support?

How much is the current contract value and how many years does this cover?

When is the Web Filtering contract due to expire?

Who is currently in charge of evaluating and renewing web filtering solutions?

Which Web Filtering Solution do you currently have implemented at the trust?

We don't feel this is appropriate to answer and could cause the trust a security risk, part of our Cyber defences is the fact that outside attackers do not know the technology deployed.

Who was this purchased through?

Softcat PLC

How many users does your web filter support?

Approximately 9000

How much is the current contract value and how many years does this cover?

£4,000.00 for a 3-year contract.

When is the Web Filtering contract due to expire?

22nd December 2018

Who is currently in charge of evaluating and renewing web filtering solutions?

East Lancashire Hospitals NHS Trust IT Network team.

591 23/11/2016 ICT

1) How many people have been admitted to A&E so far in 2016 as a result of taking ecstasy? We do not collect this information.
 Of those people, do you have any indication of how many were aged under 18?
 2) How many people were admitted to A&E in 2015 as a result of taking ecstasy?
 Of those people, do you have any indication of how many were aged below 18?
 3) How many people were admitted to A&E in 2014 as a result of taking ecstasy?
 Of those people, do you have any indication of how many were aged below 18?
 4) How many people were admitted to A&E in 2013 as a result of taking ecstasy?
 Of those people, do you have any indication of how many were aged below 18?

593 23/11/2016 Performance/
 Activity

Question 1:
 How many open K041 formal complaints did you have as a Trust on the last calendar day of each month during 2015/2016 and 2016/2017 (to date)?
 2015/2016 Number of K041 complaints
 opened Closed
 March 2015 37 30
 April 2015 27 31
 May 2015 21 35
 June 2015 35 26
 July 2015 28 23
 August 2015 29 29
 September 2015 26 29
 October 2015 28 34
 November 2015 25 17
 December 2016 23 33
 January 2016 31 26
 February 2016 35 22
 March 2016 30 28

2016/2017 Number of K041 complaints
 opened closed
 April 2016 30 25
 May 2016 33 36
 June 2016 24 28
 July 2016 22 20
 August 2016 36 41
 September 2016 27 37
 TOTAL 547 549

593 23/11/2016 Performance/
 Activity

Question 2:

1. How much did the trust pay out in overtime for junior doctors of all grades (foundation year 1 up to specialist registrar) in the financial year 2015/16?
2. What was the highest payment for a junior doctor for a single shift during 2015/16?
3. For question 2, please state the rate per hour, the date, the grade of the doctor and if there was any reason the rate was higher than usual.
4. How many cremation forms were completed by junior doctors in 2015/16?
5. How much were junior doctors paid for each form?
6. What was the total of the fees received by junior doctors employed at the trust for completing the forms in 2015/16?
7. If possible, please state the average salary of all junior doctors in the trust including overtime.
8. If possible, please state the lowest salary and highest salary of all junior doctors in the trust.

1. How much did the trust pay out in overtime for junior doctors of all grades (foundation year 1 up to specialist registrar) in the financial year 2015/16?
£786,068
2. What was the highest payment for a junior doctor for a single shift during 2015/16?
£408.45
3. For question 2, please state the rate per hour, the date, the grade of the doctor and if there was any reason the rate was higher than usual.
Hourly rate - £40
Foundation year 2
31/01/2016
4. How many cremation forms were completed by junior doctors in 2015/16?
N/A
5. How much were junior doctors paid for each form?
N/A
6. What was the total of the fees received by junior doctors employed at the trust for completing the forms in 2015/16?
N/A
7. If possible, please state the average salary of all junior doctors in the trust including overtime.
£38,402
8. If possible, please state the lowest salary and highest salary of all junior doctors in the trust.
£22,000
£32,000

631 23/11/2016 Incidents	<p>I would like information on the number and nature of compensation claims brought against your organisation by members of staff who have sustained an injury or contracted a disease while employed your organisation in the past five years.</p> <p>I would like a year by year breakdown, preferably on an excel document via email, detailing:</p> <p>Details of the injury (i.e. moving and handling injury, slips/trips/falls and so on)</p> <p>Staff role if known (i.e. staff nurse, doctor)</p> <p>Whether compensation was paid</p> <p>The total amount of compensation paid</p> <p>If information available, any action taking following the incident (i.e. additional training, non-slip flooring and so on)</p>	<p>Incident date Location (type) Closed date Description Damages Outcome</p> <p>24-Jun-2012 Kitchen (Catering Services) 21-Aug-2013 Burn to hand 1072.99 Payment before proceedings served</p> <p>3-Feb-2013 Ward/Adjacent areas 11-Sep-2013 Needlestick injury 1500 Payment before proceedings served</p> <p>21-Jan-2014 Ward/Adjacent areas 28-Oct-2014 Needlestick injury 2500 Payment before proceedings served</p> <p>29-Apr-2012 Kitchen (Catering Services) 1-May-2014 Trip 1000 Payment before proceedings served</p> <p>25-Sep-2012 Car parks 29-Apr-2013 Trip in car park Claim successfully defended</p> <p>1-Apr-2013 Ward/Adjacent areas 28-Jul-2016 Slip on wet floor 30000 Payment before proceedings served</p> <p>27-Jan-2012 Ward/Adjacent areas 11-Dec-2013 Injury from patient Claim successfully defended</p> <p>20-Jan-2015 Ward/Adjacent areas 5-Apr-2016 Injury from patient Claim successfully defended</p> <p>9-Jan-2013 Hospital grounds (outside) 30-Jan-2014 Fall in car park 2750 Payment before proceedings served</p> <p>16-Jan-2012 Hospital buildings (inside) 20-Mar-2013 Fall Claim successfully defended</p> <p>2-Feb-2013 Ward/Adjacent areas 13-May-2013 Injury from equipment 7500 Payment before proceedings served</p> <p>24-May-2014 Medical Assessment Unit 17-Mar-2015 Needlestick injury 4200 Payment before proceedings served</p> <p>25-Aug-2013 Ward/Adjacent areas 5-Nov-2015 Injury by patient 2896.25 Payment before proceedings served</p> <p>22-Feb-2015 Ward/Adjacent areas 24-Nov-2015 Injury by patient Claim successfully defended</p> <p>24-Oct-2014 Kitchen (Catering Services) 1-Dec-2015 Burn in kitchen 2250 Payment before proceedings served</p> <p>12-Jul-2013 Hospital grounds (outside) 30-Jan-2014 Fall outside 25955.19 Payment before proceedings served</p>
520 28/10/2016 Service Information	<p>1. How many operating theatres do you have per hospital?</p> <p>2. How many intensive care units do you have per hospital for each of the following?</p> <p>a. Neonatals</p> <p>b. Pediatrics</p> <p>c. Adults</p>	<p>1. How many operating theatres do you have per hospital?</p> <p>11 theatres at Royal Blackburn Hospital and 16 at Burnley General Hospital</p> <p>2. How many intensive care units do you have per hospital for each of the following?</p> <p>a. Neonatals - 1</p> <p>b. Pediatrics - 0</p> <p>c. Adults - 1</p>
539 28/10/2016 Corporate Policy/ Decisions	<p>Was the reviewer of the review done in November/December</p> <p>Legally qualified to both do the review and give conclusions on it.</p>	

<p>Performance/ 544 28/10/2016 Activity</p>	<p>1. How many births did you have per hospital over 2015? 2. How many adult accident and emergency admissions did you have per hospital over 2015? 3. How many pediatric accident and emergency admissions did you have per hospital over 2015?</p>	<p>1. How many births did you have per hospital over 2015? Burnley 5743 Blackburn 630 Rossendale 51 2. How many adult accident and emergency admissions did you have per hospital over 2015? Blackburn 32411 Burnley 241 Pendle 4 3. How many pediatric accident and emergency admissions did you have per hospital over 2015? Blackburn 5705 Burnley 320</p>
<p>556 28/10/2016 ICT</p>	<p>1. Provide a description of your current PBX? Please select from the below: • Rolling Annual • Fixed contract exceeding 1 year • Fixed contract less than 1 year 2. Who is the incumbent supplier for your PBX? 3. When did your PBX contract start? (Provide month and year) 4. When does your PBX contract end? (Provide month and year) 5. What is the value of your PBX contract? 6. How many extensions does your PBX have? 7. Do you have a Siemens ISDX? • Yes • No 8. Do you have NHS Mail? • Yes • No 9. Do you have NHS Mail 2? • Yes • No 10. What kind of Microsoft Licensing Agreement do you have? Please select from the below: • Enterprise Agreement (EA) • Enterprise Agreement Subscription (EAS) • Microsoft Purchasing Agreement (MPSA) • Select • Other (provide details) 11. What is your Microsoft Licensing renewal date? (Provide month and year)</p>	<p>1. Cisco Call Manger version 8 – Fixed contract exceeding 1 year 2. Daisy Group, Lindred road business park, Nelson BB9 5SR 3. Commencement date: 03/07/2014 4. 03/07/2017 5. £16,224 6. Approximately between 5000 – 6000 7. Yes 8. No 9. No 10 Enterprise Agreement 11. Feb 2018</p>
<p>557 28/10/2016 ICT</p>	<p>- The number of computers currently owned, maintained or used which run the operating system Windows XP.</p>	<p>Currently circa 500 PC's remain on XP. An active Windows 7 rollout is currently underway with the expectation that all users will be transferred by 30th October 2016.</p>

Part 1 – Generic, non-commercially sensitive information:

1. Please confirm when your current contract for the provision of digital dictation expires;
2. Please confirm when your current contract for the provision of Speech Recognition expires;
3. Please confirm when your current contract for the provision of Outsourced Transcription expires.

Part 2 – Specific information:

1. Digital Dictation

- a. Please confirm how many licences the Trust currently has; and
- b. Please confirm annual expenditure on Annual Support Fees.

2. Speech Recognition

- a. Please confirm how many licences the Trust currently has; and
- b. Please confirm annual expenditure on Annual Support Fees.

3. Outsourced Transcription

- a. Please confirm how many lines or minutes he Trust currently sends to Outsourced Transcription; and
- b. Please confirm annual expenditure.

Part 1 – Generic, non-commercially sensitive information:

1. Please confirm when your current contract for the provision of digital dictation expires; The current contract expires in July 2017 with an option to extend to July 2018
 2. Please confirm when your current contract for the provision of Speech Recognition expires; This technology is not used
 3. Please confirm when your current contract for the provision of Outsourced Transcription expires. This facility is not used
- Part 2 – Specific information:

1. Digital Dictation

- a. Please confirm how many licences the Trust currently has; The Trust has an enterprise licence for digital dictation and
- b. Please confirm annual expenditure on Annual Support Fees. This is considered to be commercially sensitive information

2. Speech Recognition

- a. Please confirm how many licences the Trust currently has; and
- b. Please confirm annual expenditure on Annual Support Fees.

3. Outsourced Transcription

- a. Please confirm how many lines or minutes he Trust currently sends to Outsourced Transcription; and
- b. Please confirm annual expenditure.

558 28/10/2016 Procurement

- the trust's reported financial position (it's surplus or deficit)
 - o for the year to March 31, 2014
 - o for the year to March 31, 2015
 - o for the year to March 31, 2016
 - o for the current 2016/17 year to July 31
- the trust's planned surplus or deficit
 - o for the year to March 31, 2014
 - o for the year to March 31, 2015
 - o for the year to March 31, 2016
 - o for the current 2016/17 year

- the trust's reported financial position (it's surplus or deficit)
 - o for the year to March 31, 2014
 - o for the year to March 31, 2015
 - o for the year to March 31, 2016
- The Trust's annual accounts are available at <http://www.elht.nhs.uk/corporate-publications.htm>
- o for the current 2016/17 year to July 31
- The Trust is reporting a deficit of £1.2m for the period ending 31/07/16
- the trust's planned surplus or deficit
 - o for the year to March 31, 2014 £3.9m surplus
 - o for the year to March 31, 2015 £4.0m surplus
 - o for the year to March 31, 2016 £20.5m surplus
 - o for the current 2016/17 year £3.7m planned deficit for the year 2016/17

564 28/10/2016 Finance

1. How many Obstetrics and Gynecology ST3s within your Trust are transitioning onto the new Terms and Conditions for NHS Doctors and Dentists in Training (England) 2016 on 5 October 2016 represented as –
 - a) the total number of Obstetrics and Gynecology ST3s transitioning
 - b) the total number as a percentage of Obstetrics and Gynecology ST3s transitioning

2. If no Obstetrics and Gynecology ST3s are transitioning onto the new Terms and Conditions for NHS Doctors and Dentists in Training (England) 2016 on 5 October 2016 could you provide me with the date for when this will occur

3. If there are no plans for Obstetrics and Gynecology ST3s to be transitioned onto the new Terms and Conditions for NHS Doctors and Dentists in Training (England) 2016 could you provide any and all detail, correspondence or Trust board reports pertaining to this decision

4. If there are no plans for Obstetrics and Gynecology ST3s to be transitioned onto the new Terms and Conditions for NHS Doctors and Dentists in Training (England) 2016 could you provide any and all detail related to which contract they will be transitioned onto, or whether they will remain on their current terms and conditions of service.

The Trust does not employ ST3+ doctors in Obs and Gynae. They are employed by Pennine Acute Hospitals Trust whose freedom of information address is:foi.trust@pat.nhs.uk

579 28/10/2016 HR /Staff

1. What is the number of public health funerals carried out by your authority in the year to August 2016? And in the year to August 2015, 2013, 2010 and the year 2000?
2. What is the cost to yourselves of providing public health funerals for each year since 2006? And in the year 2000?
3. Please can you tell me the age of the oldest and youngest person who had a public health funeral.
4. Please can you give me a breakdown of the gender of those who had a public health funeral (e.g. 100 men, 50 women).
5. If it is recorded, was their family unable to pay or unwilling to? I would prefer to receive these in electronic format at this email address, however, I am happy to receive them by post if that is more convenient. 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.

1. What is the number of public health funerals carried out by your authority in the year to August 2016? And in the year to August 2015, 2013, 2010 and the year 2000?
2000 - No information available
2010 - 2
2013 - 12
2015 - 6
2017 - 7
2. What is the cost to yourselves of providing public health funerals for each year since 2006? And in the year 2000?
2010 - £2,042
2013 - no cost, Council funded
2015 - no cost, Council funded
2016 - £8,288
3. Please can you tell me the age of the oldest and youngest person who had a public health funeral.
68 and 87 years
4. Please can you give me a breakdown of the gender of those who had a public health funeral (e.g. 100 men, 50 women).
26 male
6 female
5. If it is recorded, was their family unable to pay or unwilling to?
Unrecorded

Performance/

587 28/10/2016 Activity

The Department of Sociology of the University of Oxford, in collaboration with London School of Tropical Hygiene are currently collecting on composition of staff among the hospitals in the UK.

We would like to ask, under the Freedom of Information Act 2000:

1. The number of nurses permanently employed and the number of supplemental nurses:

By each of those two categories, Supplemental vs. Permanently employed, we would like to know:

- a. The average experience, measured in number of years as registered nurse.
- b. The average age.
- c. How many of them are i) British ii) Eu-citizen (with exclusion of the UK) iii) Extra-Eu citizen.
- d. How many of them are certified.
- e. How many of them are male.

If this request is ambiguous or too wide, I would be grateful if you could contact me as I understand that under the Act, you are required to advise and assist requesters. If any of this information is already in the public domain, please can you direct me to it, with page references and URLs if necessary?

I understand that you are required to respond to my request within the 20 working days after you receive this letter therefore I would be grateful if you could confirm in writing that you have received this request. Thank you in advance for your support.

1. The number of nurses permanently employed and the number of supplemental nurses (i.e. Bank staff and Agency Staff) :

For each of these three categories, Bank staff, Agency Staff and Permanently employed staff, we would like to know, on a yearly basis for the period between 2010 and 2015:

	2010	2011	2012	2013	2014	2015
Bank	10	114	136	110	150	
FTT	24	24	55	58	56	63
Perm	1804	1909	2333	2296	2393	2412

a. The average experience, measured in number of years as a registered nurse.
2.9 Years

b. The average age.
43.98

c. How many of them are i) British ii) EU-citizens (excluding the UK) iii) Extra-EU citizens (i.e. anywhere else outside the EU and the UK) .

British	2519
EU	43
Outside EU	157

d. How many of them are registered with NMC.
2681

e. How many of them are male.
170

REGARDING – OPHTHALMOLOGY FELLOWSHIPS/POST CCT TRAINING POSTS.

NAME - Rebecca Daly
EMAIL –dalyrebecca83@gmail.com

Hi,

Under the Freedom of Information Act, I would like to request the following information:

Details of all the current filled training fellowship posts (or other similar training programmes for post CCT doctors) within your Ophthalmology departments.

Please provide:

1. Start dates of current posts
2. End date of current posts
3. The sub-specialist interest under ophthalmology the training post is within (example: Cataracts, Glaucoma, VR, MR etc.)

I do not require the personal details or information regarding the current post holders, only the area of specialism and the start/end times of the current positions.

Sub-Specialist interest of Fellowship Start date of Fellowship/Training End date of Fellowship/Training

Medical Retina 01/06/2016 20/03/2017

A) We do not currently have any post CCT fellowships.

505 11/10/2016 HR /Staff

1. Has East Lancashire Hospitals been a target of ransomware in the last 12 months?
2. If East Lancashire Hospitals has been a victim of a ransomware attack on was it successful and did you pay the ransom? If so, which hospitals have these successful attacks happened at?
3. Have any NHS hospitals in East Lancashire Hospitals paid a ransom to retrieve any stolen data? If so which ones and how much was paid in each instance?
4. In the case that any hospitals in East Lancashire Hospitals were victims of ransomware, was all data recovered following the payment of a ransom, or by other means?
5. If any NHS hospitals in East Lancashire Hospitals were victims of ransomware attacks, have any presiding police forces advised those hospitals to pay the ransom? If so, which police forces and which hospitals?

1. Has East Lancashire Hospitals been a target of ransomware in the last 12 months?
Yes
2. If East Lancashire Hospitals has been a victim of a ransomware attack on was it successful and did you pay the ransom? If so, which hospitals have these successful attacks happened at?
No it was not successful.
3. Have any NHS hospitals in East Lancashire Hospitals paid a ransom to retrieve any stolen data? If so which ones and how much was paid in each instance?
No
4. In the case that any hospitals in East Lancashire Hospitals were victims of ransomware, was all data recovered following the payment of a ransom, or by other means?
N/A
5. If any NHS hospitals in East Lancashire Hospitals were victims of ransomware attacks, have any presiding police forces advised those hospitals to pay the ransom? If so, which police forces and which hospitals?
N/A

551 11/10/2016 ICT

I am writing to obtain information about the number of your employees who have been suspended on full pay in the financial years within 1st April 2013 until 31st March 2016.

To outline my query as clearly as possible, I am requesting:

1. How many of your employees were suspended on full pay in the last three financial years a) between 1st April 2013 - 31st March 2014, b) between 1st April 2014 -31st March 2015 and c) between 1st April 2015 - 31st March 2016.
2. Please include the overall amount paid to those employees while they were suspended. Please also break these figures down by year.
3. I would also like details of the roles of the employees who have been suspended. Please can you split the employees into clinical and non-clinical roles?
 - b. What were the reasons for their suspensions?
 - c. What were the outcomes of these suspensions?
- 4a. What is the longest suspension during the three year period?
- b. How much was paid to that employee during the suspension?
- c. Please include the employee's role, reason for suspension and outcome of suspension.

Please feel free to pass this email on to whoever is best placed to meet this request. If any clarification of this request is required please do not hesitate to contact me using the contact details below to discuss (rather than waiting until the end of the 20-day period).

Please can you also acknowledge receipt of this email as soon as possible.

I make this request under the Freedom of Information Act 2000. My preferred format to receive this information is by electronic means. Please email your response to:elaine.carlton@itv.com

In providing this response, it is important to note that in line with its Disciplinary Policy the Trust will only consider suspension with pay during the course of a disciplinary investigation in limited situations. For example where relationships have broken down where there are risks to an employee's or the Trust's property or responsibilities to other parties. Where suspension is being considered, this must be discussed with a senior manager and the HR Department.

Exceptionally suspension with pay may be considered where there are reasonable grounds for concern that evidence has been tampered with, destroyed or witnesses pressurised. Suspension is not an assumption of guilt and is not considered a disciplinary sanction.

1. How many of your employees were suspended on full pay in the last three financial years a) between 1st April 2013 - 31st March 2014, b) between 1st April 2014 -31st March 2015 and c) between 1st April 2015 - 31st March 2016.
 - a. 22
 - b. 7
 - c. 7
2. Please include the overall amount paid to those employees while they were suspended. Please also break these figures down by year.
 - a. 2013/14 = £171,861.59
 - b. 2014/15 = £44,771.68
 - c. 2015/16 = £44,088.90
3. I would also like details of the roles of the employees who have been suspended.
 - a. Please can you split the employees into clinical and non-clinical roles?
2013/14 = 15 clinical, 7 non-clinical
2014/15 = 3 clinical, 4 non-clinical
2015/16 = 6 clinical, 1 non-clinical
 - b. What were the reasons for their suspensions?
All alleged disciplinary related issues
 - c. What were the outcomes of these suspensions?

1. How many staff do you currently have?
2. How many IT network accounts do you have for logging on to the network currently?
3. How many Full Time Equivalent (FTE) staff (including vacancies) do you have that are responsible for Information Governance (IG)?
4. How many FTE staff (including vacancies) do you have that are responsible for information/IT security? (If they are the same FTE as those responsible for IG just say that)?
5. Please state the make/model version number (as applicable) for the following IT security controls on your IT network;
 - a. Desktop firewall
 - b. Anti-Malware
 - c. Device Control (e.g. endpoint protection to prevent exfiltration of data)
 - d. Network Vulnerability
 - e. Web Proxy
 - f. Network Access Control
 - g. Intruder Prevention System (IPS)
 - h. Intruder Detection system (IDS)
 - i. Firewall activity logging/monitoring
 - j. Active Directory activity logging/monitoring
 - k. Security Incident and Event Management (SIEM)
6. Date (month/year) of last penetration test carried out on any part of your organisation's IT infrastructure (whether that is hosted infrastructure or not)?

1. How many staff do you currently have?
7789
2. How many IT network accounts do you have for logging on to the network currently?
Number of accounts for I.T and Informatics support staff who can log into the network = 237
3. How many Full Time Equivalent (FTE) staff (including vacancies) do you have that are responsible for Information Governance (IG)?
2
4. How many FTE staff (including vacancies) do you have that are responsible for information/IT security? (If they are the same FTE as those responsible for IG just say that)?
2
5. Please state the make/model version number (as applicable) for the following IT security controls on your IT network;
 - a. Desktop firewall
 - b. Anti-Malware
 - c. Device Control (e.g. endpoint protection to prevent exfiltration of data)
 - d. Network Vulnerability
 - e. Web Proxy
 - f. Network Access Control
 - g. Intruder Prevention System (IPS)
 - h. Intruder Detection system (IDS)
 - i. Firewall activity logging/monitoring
 - j. Active Directory activity logging/monitoring
 - k. Security Incident and Event Management (SIEM)
 We cannot provide this as this information can potentially pose a security risk.
6. Date (month/year) of last penetration test carried out on any part of your organisation's IT infrastructure (whether that is hosted infrastructure or not)?
Nov 2015

1. How many children aged under 18 were admitted to each of your accident & emergency departments in the below years due to self-harming?

- 2015-16
- 2014-15
- 2013-14

2. Can you provide an age breakdown of admittances for each of these years?

3. Can you provide an injury breakdown for each of these years?

Q1 : Number of Attendances (<18) at A&E due to Deliberate self harm
2013/14 2014/15 2015/16

number of attendances 130 168 164

Q2. Number of Attendances (<18) at A&E due to self-harm by Age
Age 2013/14 2014/15 2015/16

6 <5

7 <5

8 <5 <5

9 <5

10 <5 <5 <5

11 <5 5 <5

12 <5 9 <5

13 5 10 12

14 20 32 33

15 24 41 40

16 40 30 36

17 35 37 32

Q3. Number of Attendances (<18) at A&E due to self-harm by Injury Type
Injury 2013/14 2014/15 2015/16

Leg injury 9 <5 11

Arm Injury 40 51 42

arm & leg injury <5 <5 <5

Service

please could you provide me with an extract from the hospital episode data for every admission where the external cause was an animal for 2015 and 2016 to date, including:
 The date of the admission.
 The age of the person injured.
 The specie of the animal that caused the injury.
 The variety/breed of the animal that caused the injury.
 A description of the injury.
 If the injury was fatal. (Yes or No)
 Including but not limited to incident that were logged under the following codes:
 W53 - Bitten by rat
 W54 - Bitten or struck by dog
 W55 - Bitten or struck by other mammals
 W56 - Contact with marine animal
 W57 - Bitten or stung by nonvenomous insect and other nonvenomous arthropods
 W58 - Bitten or struck by crocodile or alligator
 W59 - Bitten or crushed by other reptiles
 X20 - Contact with venomous snakes and lizards
 X21 - Contact with venomous spiders
 X23 - Contact with hornets
 X25 - Contact with other specified venomous arthropods
 X26 - Contact with venomous marine animals and plants
 X27 - Contact with other specified venomous animals
 X28 - Contact with other specified venomous plants
 X29 - Contact with unspecified venomous animal or plant

Number of Admissions with a Primary or Secondary Diagnosis of Injury due to Insect / Animal
 Diagnosis
 Year Month Bitten or struck by dog Bitten or struck by other mammals Bitten/stung by nonvenom
 insect & oth nonvenom arthropods Contact with hornets, wasps and bees Contact with other
 venomous arthropods Contact with unspecified venomous animal or plant
 2015 Jan 15 6 <5
 Feb 15 <5
 Mar 15 7 <5 <5
 Apr 15 5 <5 <5
 May 15 5 <5 <5
 Jun 15 <5 <5 <5 <5
 Jul 15 <5 6 19
 Aug 15 9 <5 8
 Sep 15 5 <5 7 <5
 Oct 15 <5 <5 <5
 Nov 15 <5 6 <5
 Dec 15 <5 <5 <5
 2016 Jan 16 <5 6
 Feb 16 <5 2
 Mar 16 9 5
 Apr 16 <5 5
 May 16 <5 2 <5
 Jun 16 7 5 <5
 Jul 16 9 3 7 <5

Number of Admissions with a Primary or Secondary Diagnosis of Injury due to Insect / Animal by Age
 Band

1. Where do you currently advertise future tender opportunities?
 2. Which contracts are already in place with your organisation, who are the suppliers, what is the value of each contract, & what is the contract expiry date for each.

East Lancashire Procurement Department (ELPD)
 Project Name
 Supplier
 Contract Start Date
 Contract End Date
 Contract Extension End Date
 Estimated Contract Value
 Children's Ventilator
 Air Products
 01/06/2012
 30/09/2017
 £200,000
 Operational Lease - MRI Scanner
 Singer & Friedlander
 15/09/2009
 15/09/2016
 £660,171
 Estates Partnership
 Ryhurst
 01/10/2010
 01/10/2028
 PAC Mattress
 Siemens/Singers
 01/05/2012
 31/05/2017
 Phako Packs
 Alcon

560 10/10/2016 Procurement

In 2015, how many pressure ulcer incidents were there throughout the Trust and how many of those were grade 3 or 4?
 How much did this cost your trust in total?

In 2015, how many pressure ulcer incidents were there throughout the Trust and how many of those were grade 3 or 4? 35 in total 7 grade 3 or 4
 How much did this cost your trust in total?
 The national payment by results system does not provide this level of detail but calculates costs based on the complete patient stay, therefore the cost would need to be looked at case by case. This would be outside the scope of an FOI request

Service
 525 05/10/2016 Information

I would like to make a Freedom of Information request under the Freedom of Information Act 2002.

Please provide all the information you have given to new junior doctor starters at induction at the beginning of August 2016 regarding the new junior doctor contract. Please state if you are requiring any of these new junior doctors of any grade to sign a contract that differs from the 2002 national terms and conditions of service*. If you are requiring any doctor to sign a contract or other document different to this, please provide a generic copy of that contract/statement that you are requesting any doctor sign. Please provide all correspondence (emails etc) involved in the creation of this new document you are requesting any doctor to sign.

Please provide any attachments with emails. If any information is exempted, please state how much information has been removed/redacted.

Regards,
Edward Thomas

* Available here:<http://www.nhsemployers.org/your-workforce/pay-and-reward/nhs-terms-and-conditions/junior-doctors-dentists-gp-registrars/junior-doctors-terms-and-conditions-of-service-and-associated-documents>

Sent: 04 August 2016 10:49

To:

Cc: Butcher Jane (ELHT) Medical Staffing

Subject: New junior doctor contract

Dear Doctor,

Firstly may I take this opportunity to welcome you to East Lancashire NHS Hospitals Trust.

You will have by now received your contract of employment and following the Government's announcement that the new junior doctors' contract will be introduced on a phased basis from October 2016, the contract you have received from ELHT will be on the 2002 Terms and Conditions and will be for your first placement.

You will be issued with a contract for your second and third placement within the Trust and this will be on the 2016 Terms and Conditions. We intend to issue you with this contract around 4 – 6 weeks before the implementation date.

We will shortly be meeting with you to engage with you all directly and communicate with you the plans regarding the implementation of the new contract.

Regards,

Jane

Jane Butcher
Head of Medical Staffing
Ext 84166
01254 734166

Performance/

528 14/09/2016 Activity

446	02/09/2016	Corporate Policy/ Decisions	<p>1. What is the composition of the multi-disciplinary team for dermatology in the Trust?</p> <p>2. How many dermatology consultants work within the Trust?</p> <p>3. How many speciality dermatology nurses work within the Trust (including dermatology clinical nurse specialists and dermatology nurse practitioners)?</p> <p>4. Does the Trust have standards to support healthcare professionals to deliver psychodermatological care?</p> <p>5. How many adult patients with Atopic Dermatitis (ICD-10-CM Diagnosis Code L20.9) have been referred for psychological support by the specialised dermatology multi-disciplinary team?</p> <p>6. Does your Trust produce local guidelines to support the management of adult Atopic Dermatitis (L20.9)? (yes / no)</p> <p>7. What is the 'Friends and Family Test' score for the Trust's dermatology services?</p> <p>8. What is the average time to treatment from referral for adults with Atopic Dermatitis (L20.9) in the Trust?</p> <p>9. How many dermatology outpatient appointments occurred between 1st January and 31st December 2015 in your Trust for adult patients with diagnosed or suspected Atopic Dermatitis (L20.9) in each of the following categories:</p> <p>a. first attendance – single professional</p> <p>b. first attendance – multi-professional</p> <p>c. follow up attendance – single professional</p> <p>d. follow up attendance – multi-professional</p> <p>10. If data on the number of dermatology outpatient appointments in your Trust for adult patients with diagnosed or suspected Atopic Dermatitis is not available for the period 1st January to 31st December 2016, please provide the most recent summary data available for each of the following categories:</p>	<p>1. What is the composition of the multi-disciplinary team for dermatology in the Trust? The Team consists of Consultant Dermatologists, Specialist Nurses, Advanced Nurse Practitioners, Staff Nurses, Assistant Practitioners and Health Care Assistants working together with Assistant Chief Deputy Nurse, Business Manager and Service Manager</p> <p>2. How many dermatology consultants work within the Trust? 6</p> <p>3. How many speciality dermatology nurses work within the Trust (including dermatology clinical nurse specialists and dermatology nurse practitioners)? 9</p> <p>4. Does the Trust have standards to support healthcare professionals to deliver psychodermatological care? No</p> <p>5. How many adult patients with Atopic Dermatitis (ICD-10-CM Diagnosis Code L20.9) have been referred for psychological support by the specialised dermatology multi-disciplinary team? This information is not held in a format that enables retrieval within the time limits set out in the FOI regulations as it would require examination of each patient file.</p> <p>6. Does your Trust produce local guidelines to support the management of adult Atopic Dermatitis (L20.9)? No</p> <p>7. What is the 'Friends and Family Test' score for the Trust's dermatology services?</p>
489	02/09/2016	Service Information	<p>How many mental health referrals were made in the Accident and Emergency Department for patients suffering from suspected mental health disorders over the last three years?</p> <p>From 1st January 2013 – 31st December 2013.</p> <p>From 1st January 2014 – 31st December 2014.</p> <p>From 1st January 2015 – 31st December 2015.</p> <p>From 1st January 2016 - 10th July 2016</p> <p>In addition, if you have the figures could you include the reason for the referral in each of those time periods; for example, suicide attempt, self harm, psychotic episode etc.</p>	<p>Unfortunately the information we hold does not provide sufficient detail, without looking at individual patient notes, to provide a response to your specific questions. The information we hold in electronic format relates only to patients who have breached the 12 hour wait guidelines because they are awaiting a mental health bed. Within our ED system we capture a field "mental health issues" but this indicates only underlying social problems e.g. alcoholism, drug use, depression, which may impact on patient behaviours in the department rather than a clinical diagnosis.</p> <p>In order to be of further assistance, our local Mental Health Trust, Lancashire Care Foundation Trust may hold details of patients where the referral code is our Trust. Lancashire Care Foundation Trust can be contacted at FOIRequests@lancashirecare.nhs.uk</p>

506	02/09/2016	Performance/ Activity	<p>This request refers to the midwife led unit at Blackburn Birth Centre. Can you tell me: - since 1 December 2014 how many nulliparous (first time) women entered the unit mid-labour; - since 1 December 2014, how many of those women were transferred to an obstetric unit. - of those transfers, how many were prior to the birth. - of those transfers, how many were post birth. If you are unable to answer the last 2 questions, I'd still like the answers to the first two.</p>	Please see document attached
509	02/09/2016	Service Information	<p>This request relates to UK Legislation, specifically TM44 Air Conditioning Inspections. Q. Are you responsible for any buildings with more than 12kw of air conditioning present? Q. Who is the responsible person for ensuring that your buildings are inspected and reports lodged, please provide the name, address, and telephone number of the responsible person. Q. If your TM44 Air Conditioning Inspection Certificates are in place, what is their expiry date? Q. What was the order value of the works placed with the Company who undertook the work? Q. How many Certificates were produced? Q. Was the TM44 Inspector independent as required under the Regulations? Q. Name the Inspector Organisation.</p>	<p>Q. Are you responsible for any buildings with more than 12kw of air conditioning present? Yes Q. Who is the responsible person for ensuring that your buildings are inspected and reports lodged, please provide the name, address, and telephone number of the responsible person. ENGIE Estates Team, Royal Blackburn Hospital, Haslingden Road, Blackburn, BB2 3HH. 01254 293 020 Q. If your TM44 Air Conditioning Inspection Certificates are in place, what is their expiry date? February 2021 Q. What was the order value of the works placed with the Company who undertook the work? Approximately £1,700 Q. How many Certificates were produced? 32 Q. Was the TM44 Inspector independent as required under the Regulations? Yes Q. Name the Inspector Organisation. Trident Utilities LTD</p>

How many autism assessments were conducted in each of the last five years

- How many cases took over three months between a referral and a first appointment?
- What was the longest wait for a first appointment?

The Trust was not able to provide the information requested and have referred to Blackburn with Darwen Council. The Council is able to provide the data requested only from July 2015. The Council can be contacted at: Accessstoinformation@blackburn.gov.uk

Jul-15 7
Aug-15 6
Sep-15 9
Oct-15 10
Nov-15 11

Jan-16 7
Feb-16 6
Mar-16 9
Apr-16 5
May-16 8
Jun-16 5
Jul-16 9

No Cases waited over 3 months
Longest wait for an appointment - no information available

Service

523 02/09/2016 Information

I wish to submit a new freedom of information request relating to the organisations internal plans and strategies around the following departments:

Please see attached documents

1. Corporate
 - a. Annual Report 2015-16 (May not be available as yet but should be towards the end of June)
 - b. Financial Strategy 2016 Update/Version
 - c. Annual, Strategic, Operational Plan 2016 Update/Version -
 - d. Capital Programme 2016 Update/Version -

2. Information Technology
 - a. IM&T, IS, ICT Strategy 2016 (Not Clinical Strategy)
 - b. IM&T, IS, ICT Business/Departmental Plan 2016 Update/Version
 - c. IM&T, IS, ICT Organogram

3. Estates and Facilities Management
 - a. Estates and Facilities Management Strategy 2016 Update/Version
 - b. Estates and Facilities Business/Departmental Plan 2016 Update/Version
 - c. Estates and Facilities Management Organogram

4. Waste and Environmental Services
 - a. Waste Management Strategy 2016 Update/Version
 - b. Waste and Environmental Services Business/Departmental Plan
 - c. Waste and Environmental Services Organogram

Corporate
Policy/

For the documents I have requested above I require the most recent 2016 version/update. If there're documents that have not yet been published, then please provide me with the relevant date of when these documents will be

<p>Transport/ Car 532 02/09/2016 Parking</p>	<p>I should like to request the following information: Does the Trust outsource, in whole or part, any element of the car parking and security services? If yes please can you provide the following information: 1. Name of Provider organisation (s) for each service 2. Annual value of outsourced service (s) by service 3. Contract renewal date(s) by service 4. Premises services provided to 5. Person at the Trust responsible for Security and Car Parking Services If No please can you provide the following information: 1. Annual in-house cost of providing Security service 2. Annual in-house cost of providing car parking service I should prefer to receive these in electronic format at this e mail address, I am happy to receive them by post if more convenient: 220 Ipswich Road Colchester Essex CO4 0EP If for any reason you feel this request is unclear, please do not hesitate to contact me at 07454 806074. If you are not the appropriate authority for this request, or for part of it, please let me know as soon as is convenient.</p> <p>If the information requested contains sections of confidential information, please blank out or remove these sections, and mark clearly that they have been removed.</p>	<p>Does the Trust outsource, in whole or part, any element of the car parking and security services? Both parking and security services are provided by our PFI partner Consort If yes please can you provide the following information: 1. Name of Provider organisation (s) for each service Consort Healthcare (Blackburn) Ltd 2. Annual value of outsourced service (s) by service 3. Contract renewal date(s) by service 30 year contract from original date of 2012 4. Premises services provided to Royal Blackburn Hospital 5. Person at the Trust responsible for Security and Car Parking Services Gillian Simpson - Director of Operations If No please can you provide the following information: 1. Annual in-house cost of providing Security service 2. Annual in-house cost of providing car parking service</p>
<p>Performance/ 526 01/09/2016 Activity</p>	<p>Thank you for responding to my colleague Nael's FOI request. We have three questions about the source of referrals data that you have provided: 1. Could you please let me know how you interpreted the question when providing us with the sources of referral data for cataract surgery? 2. I am particularly interested in the GP, Consultant and Optometrist figures, could you explain if there is any overlap between these three, for example is it possible that some GP referrals could actually be optometrist referrals? 3. Lastly, do you know why the number of referrals differs so much between GPs, Consultants and Optometrists?</p>	<p>1. The question was interpreted to mean what was the original source of referral for each patient undergoing cataract surgery. The source of referral is recorded on the Patient Administration System for every referral received into the Trust 2. The information is inputted into PAS by a person who looks at who referred the patient on the referral letter. I cannot see why a GP would be mistaken for an optometrist. GP and Choose and Book are both actually GP referrals. 3. No</p>

- 1) Please state the total number of Accounts Payable invoices processed by the organisation in the last financial year (15/16)
- 2) In the last five years, please state the name(s) of all external organisation(s) used to review AP and identify and recover erroneous payments, and the period(s) reviewed by each.
- 3) Please state the total value of moneys recovered by each provider in the period(s) reviewed.
- 4) Please state the total amount paid to any external parties for this review work.

- 1) Please state the total number of Accounts Payable invoices processed by the organisation in the last financial year (15/16)
92428 invoices
- 2) In the last five years, please state the name(s) of all external organisation(s) used to review AP and identify and recover erroneous payments, and the period(s) reviewed by each.
GVA reviewed invoices from 2013/15 and the information is shown below
- 3) Please state the total value of moneys recovered by each provider in the period(s) reviewed.
£856,622.24
- 4) Please state the total amount paid to any external parties for this review work.
£50,369.87

461 22/08/2016 Finance

I am undertaking a short study as a volunteer for All Rise
(<http://www.allrisesaynotocyberabuse.com/>)
I have two questions - based on the time period January 2013 - July 2016

1. Does your organisation have a cyber abuse or cyber trolling/bullying or social media policy - or a related policy such as Bullying and Harassment or Internet Usage - where cyber abuse or cyber bullying is mentioned? if so can I request a copy?

2. Have any staff at your organisation (names or specific details are not needed) - been disciplined or suspended, or their employment terminated due to anything related to cyber abuse, social media conduct, cyber bullying, internet usage, or bullying and harassment by electronic means?

1. Does your organisation have a cyber abuse or cyber trolling/bullying or social media policy - or a related policy such as Bullying and Harassment or Internet Usage - where cyber abuse or cyber bullying is mentioned? if so can I request a copy? Yes - copy attached in relation to bullying and Harassment. A Social Media Policy is currently in the process of being internally ratified.

2. Have any staff at your organisation (names or specific details are not needed) - been disciplined or suspended, or their employment terminated due to anything related to cyber abuse, social media conduct, cyber bullying, internet usage, or bullying and harassment by electronic means?

Service

498 22/08/2016 Information

Under the FOI act, please complete all of the questions disclosed in the attached. Please provide all of this information in excel format by completing and returning the spreadsheet provided. Please provide this information for each of the last two full financial years (i.e. 2014/15 and 15/16), as indicated by the two tabs of the spreadsheet. Where questions are not applicable or no spend has occurred, please leave the fields blank and complete all other questions.

Total Admin & Clerical Nursing & Midwifery (including unqualified) AHPs Medical & Dental Estates & Facilities Scientific
 Please provide the organisation's voluntary turnover (leavers excluding redundancies and dismissals) for each staffing group during the financial year. NB this is the total no. of leavers as a % of total no. of staff in each category for the periods specified: 9.84 8.15 8.89 15.39 26.19 7.3 6.61
 Please state the organisation's average time-to-recruit in weeks for substantive vacancies for each staffing group during the financial year: 65.09 - - - - -
 Please indicate which staff groups, if any, your trust uses value/behavioural-based recruitment for: Executive level Only

Total Admin & Clerical Nursing & Midwifery (including unqualified) AHPs Medical & Dental Estates & Facilities Scientific
 Please provide the organisation's voluntary turnover (leavers excluding redundancies and dismissals) for each staffing group during the financial year. NB this is the total no. of leavers as a % of total no. of staff in each category for the periods specified: 9.13 8.93 8.58 9.94 22.14 5.83 8.94
 Please state the organisation's average time-to-recruit in weeks for substantive vacancies for each staffing group during the financial year: 70.95 - - - - -
 Please indicate which staff groups, if any, your trust uses value/behavioural-based recruitment for: Executive level Only
 Please note as we do not record time to hire at staff group level we have provided the Trust average.

508 Performance/
 22/08/2016 Activity

I am researching HR within the NHS.
 Under the FOI act, please complete all of the questions disclosed in the attached. Please provide all of this information in excel format by completing and returning the spreadsheet provided. Please provide this information for each of the last two full financial years (i.e. 2014/15 and 15/16), as indicated by the two tabs of the spreadsheet. Where questions are not applicable or no spend has occurred, please leave the fields blank and complete all other questions.

See spreadsheet attached

511 22/08/2016 Finance

Staff Bank

Do you use a nurse bank?

Is it outsourced?

- If yes, who is the provider?
- Is your outsourced bank used via a framework, eg, CCS, HTE, LPP?
- Do you use the bank for other staff groups?
- What was the spend on your staff bank in 2015/2016?

Do you use Agency Nurses?

- What was your spend on agency nurses during 2015/2016?
- Which framework do you use for agency nursing staff? Eg: CCS, HTE, LPP,

NOECPP

- Are you meeting the NHS Improvement price caps on
 - band 5 general nurses
 - band 5 specialist nurses
 - HCAs

Q1: Do you use a nurse bank? – We have our own in-house staff bank service which includes Nurses

Q2: Is it outsourced? – No

Q3: Is your outsourced bank used via a framework, eg, CCS, HTE, LPP? – Not applicable – in-house staff bank service

Q4: Do you use the bank for other staff groups? – Yes, we have many different roles on our staff bank, ranging from Administrators such as ward clerks, Support Workers such as cleaners, porters and catering staff & Allied Health Professionals such as physiotherapists, occupational therapists and laboratory assistants.

Q5: Do you use agency nurses? – Very occasionally we use agency nurses to fill staffing gaps that we are unable to fill with our own bank staff. However, we have been able to reduce the number of agency nurses used as a result of significant recruitment to our in-house staff bank service.

Q6: What was your spend on agency nurses during 2015/2016? – £3.3m on agency for qualified nurses.

Q7: Which framework do you use for agency nursing staff? – We use the Crown Commercial Services (CCS) framework for our Nursing staff.

Q8: Are you meeting the NHS Improvement Price Caps on;

- Band 5 General Nurses
- Band 5 Specialist Nurses
- HCA's

We are meeting the NHS Improvement price cap on 100% of HCA staff we use through agencies, we are meeting the NHS Improvement price cap on the vast majority of band 5 general nurses and meeting the price cap on some of the specialist band 5 nurses in areas such as Emergency Medicine and Neonatal (due to national shortage of these Nurses).

Medical Locums

- What was your agency spend on medical locums during 2015/2016?
- Do you source your locums via:
 - o Mastervend
 - o Managed service
 - o Preferred supplier list
 - o Other (please state)
- Which framework do you use to source your medical locums?
- Are you working to the NHS Improvement rate caps?
- Do you use direct engagement (VAT mitigation)?

AHP/HSS Staff Groups

- What was your spend on agency AHP and HSS during 2015/2016?
- Which framework do you use to source your agency workers in this area?
- Are you working to the NHS Improvement rate caps?

Other staff groups

- What was your agency spend on non clinical staff (not doctors, nurses, HSS or AHP staff) during 2015/2016?
- Which framework do you use to source these staff?
- Which staff groups do you use (eg, admin and clerical, ancillary, IT staff, senior manager interim staff, VSM interims)
- Are you working to the NHS Improvement rate caps?

Medical Locums

- What was your agency spend on medical locums during 2015/2016?
£4,425,963 - please note that these are internal locums
- Do you source your locums via:
 - o Mastervend
 - o Managed service
 - o Preferred supplier list
 - o Other (please state)

Framework approved

- Which framework do you use to source your medical locums?

HTE

- Are you working to the NHS Improvement rate caps?

Yes

- Do you use direct engagement (VAT mitigation)?

AHP/HSS Staff Groups

Yes

- What was your spend on agency AHP and HSS during 2015/2016?

£1,820,159

521 22/08/2016 HR /Staff

Does your organisation:

1. Currently provide – or directs another organisation/ partner to provide - vision screening for children aged 4 to 5?

Yes/No

2. If Yes to question 1, how many children in this age group have you screened in the academic year Sept 2015-July 2016?

Number screened

Number not screened who are eligible.

Total eligible population

3. If Yes to question 1, approximately how many children that have undergone vision screening in the academic year Sept 2015-July 2016, have then been referred on for further investigations?

Number referrals

Does your organisation:

1. Currently provide – or directs another organisation/ partner to provide - vision screening for children aged 4 to 5?

Yes

2. If Yes to question 1, how many children in this age group have you screened in the academic year Sept 2015-July 2016?

Number screened 6632

Number not screened who are eligible. 422

Total eligible population

3. If Yes to question 1, approximately how many children that have undergone vision screening in the academic year Sept 2015-July 2016, have then been referred on for further investigations?

Number referrals 752

Service

537 22/08/2016 Information

538	22/08/2016	Corporate Policy/ Decisions	Please could you provide me with the name, job title and email address of the current director or board member with overall responsibility for the management of medical devices as required by the MHRA policy, Managing Medical Devices April 2014. Many thanks, Niki Whale	The Board Member with overall responsibility for the management of Medical Devices is the Director of Finance. The interim Director of Finance is Mrs Michelle Brown (michelle.brown@elht.nhs.uk)
550	22/08/2016	Service Information	I am seeking to send through a freedom of information request, could you please respond with the person's name, title and direct telephone number of who deals with this East Lancashire Hospitals NHS	Hi Nicky Please send the request to this email address – there are a number of individuals whom the request would be allocated to at the current time. You are welcome to use my details as a contact
479	11/08/2016	Service Information	<p>1) Name of your trust</p> <p>2) Names of the hospitals in your trust</p> <p>3) During the financial years 2011/12, 2012/13, 2013/14, 2014/15, 2015/16 what were the SSI rates (including superficial, deep incisional and organ space infections) at your trust in the following surgical categories:</p> <p>Breast surgery</p> <p>Cardiac Surgery</p> <p>Cranial surgery</p> <p>Gastric surgery</p> <p>Large Bowel surgery</p> <p>Limb amputation</p> <p>Small Bowel surgery</p> <p>Spinal surgery</p> <p>Vascular surgery</p> <p>4) in the same periods and categories, what were the infections recorded</p> <p>5) In the same periods and categories, how many patients in your Trust were readmitted to be treated for SSI</p> <p>6) In the same periods and categories, how much financial reimbursement for readmissions relating to SSIs has your Trust received</p> <p>7) In the same periods and categories how many patients died as a result of SSI where it would be recorded as a cause or contributory factor in a death certificate at your Trust</p> <p>8) In the same period what was your budget for infection prevention and control</p>	<p>1) Name of your trust</p> <p>East Lancashire Hospitals NHS Trust</p> <p>2) Names of the hospitals in your trust</p> <p>This information is available at http://www.elht.nhs.uk/hospitals-and-trust-locations/</p> <p>3) During the financial years 2011/12, 2012/13, 2013/14, 2014/15, 2015/16 what were the SSI rates (including superficial, deep incisional and organ space infections) at your trust in the following surgical categories:</p> <p>Breast surgery</p> <p>Cardiac Surgery</p> <p>Cranial surgery</p> <p>Gastric surgery</p> <p>Large Bowel surgery</p> <p>Limb amputation</p> <p>Small Bowel surgery</p> <p>Spinal surgery</p> <p>Vascular surgery</p> <p>Surveys were not undertaken for these categories during the time period requested with the exception of vascular surgery where the following is recorded:</p> <p>Year and Period No. Operations Inpatient & Readmission Post discharge confirmed Inpatient & Readmission, post-discharge confirmed and patient reported</p> <p>No % No % No %</p> <p>2012 Q3 79 2 2.5 0 0 2 2.5</p> <p>2013 Q3 74 1 1.4 0 0 1 1.4</p> <p>4) in the same periods and categories, what were the infections recorded</p> <p>all showed Meticillin Sensitive S. aureus</p> <p>5) In the same periods and categories, how many patients in your Trust were readmitted to be treated for SSI</p>

481 09/08/2016	Corporate Policy/ Decisions	<p>1. Total number of all types of blood pressure monitors in your institution (e.g. 1000 blood pressure monitors overall)</p> <p>2. Can you please list all the types of blood pressure monitors and its quantities (e.g. NIBP - x20, SpO2 - x20), its brands (e.g. Omron - x20, Criticare - x20, Datascope - x20), and models (e.g. Criticare 506DXN - x10, Criticare 507DXN - x10, Datascope Accutorr + x20). We would like to ask you kindly if you can state this information in a separate spreadsheet document.</p> <p>3. In which departments do you use blood pressure monitors? (e.g. 20 Omron in wards, 20 Criticare in ITU, 20 Datascope in outpatient surgery).</p> <p>4. Types of devices acquired in period of 2014 - 2016 (e.g. 100 Omron monitors in 2014, 150 Criticare monitors in 2015.) if none please state when was the last purchase.</p> <p>5. Minimum and maximum price of blood pressure monitors. If you can not provide this information, please give us an average price of a single blood pressure monitor</p> <p>6. Please provide a full contract with supplier of blood pressure equipment</p> <p>7. Which quality tests or quality standards a blood pressure device must pass in order for you to consider it as a good quality blood pressure monitor (e.g. CE Marked)</p> <p>8. Can you please provide regulations and guidelines that your institution follow (we would like to know about national, local and your own guidelines + regulations (if it also possible can you please attach medical device management action card + medical equipment pre-registration form))</p> <p>9. What creates extra costs for the usage of monitors on a yearly basis? Please break it down and relate the expenditure associated to it (e.g. cuffs = £2.000, hoses = £3.000, maintenance = £5.500)</p> <p>10. Do you provide maintenance in-house or out?</p>	<p>1. Total number of all types of blood pressure monitors in your institution (e.g. 1000 blood pressure monitors overall) Please see spreadsheet attached</p> <p>2. Can you please list all the types of blood pressure monitors and its quantities (e.g. NIBP - x20, SpO2 - x20), its brands (e.g. Omron - x20, Criticare - x20, Datascope - x20), and models (e.g. Criticare 506DXN - x10, Criticare 507DXN - x10, Datascope Accutorr + x20). We would like to ask you kindly if you can state this information in a separate spreadsheet document. Please see spreadsheet attached</p> <p>3. In which departments do you use blood pressure monitors? (e.g. 20 Omron in wards, 20 Criticare in ITU, 20 Datascope in outpatient surgery). Please see spreadsheet attached</p> <p>4. Types of devices acquired in period of 2014 - 2016 (e.g. 100 Omron monitors in 2014, 150 Criticare monitors in 2015.) if none please state when was the last purchase. Brand of BP monitor Quantity ordered A & D Medical 2 Accoson 36 Bokang 6 ERKA 5 Guardian 2 Keeler 1 Lyallite 19 MDF 1 Omron 4 Riester 7</p>
487 09/08/2016	HR /Staff	<p>I would like to ask for the following information under the FOI Act please;</p> <ul style="list-style-type: none"> • Name • Job Title • Email Address • Phone Number • Role: (see below) <p>For the following roles within your organisation;</p> <ul style="list-style-type: none"> • Caldicott Guardian • Senior Information Risk Owner • Information Governance Lead 	<p>Caldicott Guardian - Mrs Rineke Schram, Consultant,catharina.schram@elht.nhs.uk Senior Information Risk Owner - Mrs Michelle Brown, Acting Director of Finance,michelle.brown@elht.nhs.uk Information Governance Lead -Mr Salim Badat, Head of IM&T Strategy,salim.badat@elht.nhs.uk All staff can be contacted through our switchboard on 01254 263555</p>

Can you please let me know under FOI, whether your trust:

- has changed its MRSA screening after the 2014 PHE guidance called 'implementation of modified admission MRSA screening guidance for NHS (2014).
- If so, what was your screening regime?
- If you restricted screening, have MRSA acquisitions (positive screen after 48 hours in hospital or after a negative screen) increased?
- If so, but how much
- Please tell me the number of MRSA bacteraemias for the years 2013/14, 2014/15 and 2015/16
- If you restricted screening and if either MRSA acquisitions or MRSA bacteraemias increased, did you go back to universal screening?
- If you moved to restricted screening and returned to universal screening, how long did you practice restricted screening.

Can you please let me know under FOI, whether your trust:

- has changed its MRSA screening after the 2014 PHE guidance called 'implementation of modified admission MRSA screening guidance for NHS (2014).
- No
- If so, what was your screening regime?
- NA
- If you restricted screening, have MRSA acquisitions (positive screen after 48 hours in hospital or after a negative screen) increased?
- NA
- If so, but how much
- NA
- Please tell me the number of MRSA bacteraemias for the years 2013/14, 2014/15 and 2015/16
- 2013/14 -3, 2014/15 -1, 2015/16 - 1
- If you restricted screening and if either MRSA acquisitions or MRSA bacteraemias increased, did you go back to universal screening?
- NA
- If you moved to restricted screening and returned to universal screening, how long did you practice restricted screening.
- NA

Corporate
Policy/

516 09/08/2016 Decisions

	<p>Data request under the Freedom of Information Act (2001)</p> <p>Most Complementary Alternative Medicine (CAM) provision in the UK currently takes place within the private sector. There is an increase in the provision of Reiki therapy within the National Health Service (NHS), but there is no tangible evidence suggesting evaluations have been undertaken to evaluate its efficacy and benefit to patients. I would like to gather information about the provision of Reiki in the NHS, and the extent to which Reiki has been evaluated within the NHS.</p> <p>Under the Freedom of Information Act (2001), I would like to request the following information from within your trust (Please specify if contracts are delegated to organisations outside of your trust):</p> <ol style="list-style-type: none"> 1. Do you offer complementary therapies within the trust? 2. If yes, do you offer Reiki therapy? 3. Which types of services or departments offer Reiki therapy? 4. Have you conducted a formal evaluation of the Reiki service? If so, please provide brief details. <p>In addition, I would like to gather the following details about the provision of your Reiki service within the trust:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Reason for offering Reiki therapy <input type="checkbox"/> Length of time that Reiki therapy has been offered <input type="checkbox"/> How many sessions of Reiki are provided/patient <input type="checkbox"/> Number of qualified CAM therapists within the service <input type="checkbox"/> Number of qualified Reiki therapists within the service <input type="checkbox"/> Number of referrals to your CAM service <input type="checkbox"/> Number of patients that have accessed your Reiki service <input type="checkbox"/> Details about any psychological outcomes (e.g. anxiety, pain) shown to benefit from Reiki 	<p>We do not offer complimentary therapies to patients as we are not commissioned to provide a service.</p>
527	<p>09/08/2016 Service Information</p> <ol style="list-style-type: none"> 1) Do the nurses communicate among each other by face-to-face or do they use a phone? 2) Do the nurses use phones for any purposes at work? (mobile phone or fixed-line?) 3) If they use a phone, what brand is it? (Is it a DECT phone ?) 	<p>1) Do the nurses communicate among each other by face-to-face or do they use a phone? Both</p> <p>2) Do the nurses use phones for any purposes at work? (mobile phone or fixed-line?) Yes</p> <p>3) If they use a phone, what brand is it? (Is it a DECT phone ?) The Trust uses CISCO telephone systems.</p>
531	<p>09/08/2016 HR /Staff</p>	

Please could you provide the following information regarding your ERP / Finance system: 1.What ERP (Enterprise Resource Management) or Finance system is currently used at the council? 2.When does your contract expire? 3.Do you have any planned upgrades of the software? If so, when? 4.Are you planning to go to market for a different ERP/ Finance system? If so, when? 5.How many users / licenses of the system do you have at the council? 6.Who is the person responsible for your ERP / Finance system? Please provide full name, title and contact information if possible. 7. Do you have a particular business charter in place that encourages your supplier to pay the rest of their supply chain early?

What ERP (Enterprise Resource Management) or Finance system is currently used at the council? efinancials
 2.When does your contract expire? 12 month rolling contract
 3.Do you have any planned upgrades of the software? If so, when? Yes late 2017
 4.Are you planning to go to market for a different ERP/ Finance system? If so, when? Yes
 5.How many users / licenses of the system do you have at the council? Outsourced not known
 6.Who is the person responsible for your ERP / Finance system? Please provide full name, title and contact information if possible. Outsourced
 7. Do you have a particular business charter in place that encourages your supplier to pay the rest of their supply chain early? No

453 08/08/2016 Finance

Information request – 1
 The total amount the Trust spent (calculated as worker’s pay plus agency fee, excluding all VAT and excluding any managed service fees) on Agency Staff (excluding transfer / introduction fees for staff hired on substantive (permanent) contracts via a recruitment agency) during the financial year 2015-16 and from 1st April 2016 to date (specifying end date), broken down by month (formatted MM/YY), category of staff (i.e. Medical Locums, Nursing & Midwifery, AHP, NMNC etc. (please include all staff types)), sub-category or specialty (e.g. General Medicine, Elderly Care, Cardiology etc. for Medical Locums or Theatres, General Nursing, Midwifery, A&E etc. for Nursing & Midwifery and similar categorisation for each of the other categories of staff), grade / band (e.g. Consultant, Associate Specialist, SpR, SHO etc. for Medical Locums and the AFC band for other staff categories).

Information request – 2
 The total number of hours filled by Agency Staff during the financial year 2015-16 and from 1st April 2016 to date (specifying end date), broken down by month (formatted MM/YY), category of staff (i.e. Medical Locums, Nursing & Midwifery, AHP, NMNC etc. (please include all staff types)), sub-category or specialty (e.g. General Medicine, Elderly Care, Cardiology etc. for Medical Locums or Theatres, General Nursing, Midwifery, A&E etc. for Nursing & Midwifery and similar categorisation for each of the other categories of staff), grade / band (e.g. Consultant, Associate Specialist, SpR, SHO etc. for Medical Locums and the AFC band for other staff categories).

Information request – 3
 The number of individual Agency Staff members who worked during each

See pdf documents attached
 Due to the number of agency staff booked through the medical staffing team we are unable to provide the information requested. I have estimated that it will cost more than the appropriate limit to consider your request. The appropriate limit is specified in regulations and for the Trust this is set at £450. This represents the estimated cost of one person spending 2½ working days in determining whether the Trust hold the information, and locating, retrieving and extracting the information. Consequently the Trust is not obliged under Section 12 of the Freedom of Information Act 2000 to respond to your request and we will not be processing your request further.
 If you narrow the scope of your request the Trust may be able to provide the information free of charge because it would costs less than the appropriate limit to do so, although I cannot guarantee that this will be the case. Any reformulated request I receive will be treated as a fresh FOI request

469 08/08/2016 HR /Staff

Please tell me the total outstanding money owed to your trust by foreign patients not entitled to free healthcare in each of the following financial years: a) 2011/12 b) 2012/13 c) 2013/14 d) 2014/15 e) 2015/16

Please also tell me the total amount of debt written off in each of the following financial years for money owed by foreign patients not entitled to free healthcare: a) 2011/12 b) 2012/13 c) 2013/14 d) 2014/15 e) 2015/16

For 2015/16 please provide a breakdown of money owed. For each case, please give details of the nationality of the patient, the treatment/care received and the total cost

Amounts Outstanding 2011-2016

Row Labels Sum of Outstanding Balance

2012 21,017.84
 2014 50,020.89
 2015 10,424.78
 2016 8,935.16
 Grand Total 90,398.67

Amounts Written Off 2011-2016

2012 Data not available
 2013 9,332.00
 2014 -
 2015 6,079.00
 2016 20.00

Outstanding Balance Nationality Treatment Received Total Cost

1,927.59 Pakistan Inpatient Xray BRI Band A £1,927.59
 3,153.74 Pakistan Inpatient Pathology Investigations £3,273.74
 1,285.40 India Pre-op Assessment and Echocardiogram £1,285.40
 423.00 Pakistan Consultation £423.00
 1,730.00 Pakistan Normal Delivery of Baby £1,730.00
 415.43 Pakistan 2 x Antenatal appointments plus scan and pathology test £415.43
 8,935.16

		<p>1. Is East Lancashire Hospitals NHS Trust routinely collecting data on secondary breast cancer?</p> <p>2. If so, how many people were diagnosed with the disease within the Trust in the last twelve months (or for the latest period available)? These should include</p> <p>(a) those who were diagnosed with secondary breast cancer at their first presentation;</p> <p>(b) those for whom their primary breast cancer has progressed and spread to other parts of the body. Please also include the time period this data refers to</p>	<p>1. • If we identify a breast cancer patient with recurrent/metastatic disease from a breast Multidisciplinary Team Meeting (MDT) or if a patient is flagged up to us from elsewhere (e.g. admitted via A&E with a fractured hip that is due to bony metastasis, they would be discussed at MDT, as well as those who are discovered via the Breast Service). A new referral is created on the Somerset Cancer Register (SCR). This is an IT system at ELHT where we record all our cancer patient referrals, diagnosis and treatment details. There is no system that immediately flags patients up to us if they have metastasis discovered by another service – it requires that service to make us aware. This is a limitation of the IT systems in the Trust. However, since the introduction of our Acute Oncology Service, we have much better communication with other services and departments in the Trust.</p> <ul style="list-style-type: none"> • If Breast MDT confirms recurrence the diagnosis is input on the new referral and recorded on our SCR. • Our data is submitted to the Cancer Registry (COSD – Cancer Services & Outcomes Dataset) each month from our SCR. This is a mandatory requirement. • There are also other areas that collect data, directly or indirectly. Breast screening patients’ data is collected routinely and analysed at National, Regional and Screening Centre Level. If there are any issues (e.g. unexpectedly large number of patients dying, low rates of chemotherapy, etc.) we are then asked on an annual basis to audit specific patient notes and complete an enquiry. This is dictated to us by the NHS Breast Screening Quality Assurance Programme, which we are bound to comply. We have had no such issues flagged up to us to evaluate. <p>2. As you will appreciate from the statement above, collecting and recording exact numbers is a challenge. Our Cancer database (Somerset Cancer Database) shows East Lancashire NHS Trust to have 33 cases with recurrence and 15 cases with metastases in the period 1.4.15 – 31.3.16 but we know this is not a true reflection (ie there will have been more cases than this). During the next 12 months I am working with our cancer performance team to look at how we can record this data more accurately. However I must emphasise that this does not reflect on the quality of clinical care delivered to these patients – irrespective of data collection the clinical systems are in place to</p>
483	08/08/2016	Service Information	<p>The contracts was never provided can you do this now please</p> <p>The contract was never provided as this is a commercially confidential document. The information provided in relation to your previous request contains the substantive elements of the contract. If you require information on specific elements of the contract terms please let us know.</p>
488	08/08/2016	ICT	
497	08/08/2016	HR /Staff	<p>Please provide me with an up to date Organisational Structure chart for CAMHS including all manager NAMES, contact details and job titles.</p> <p>Please see pdf attached. All staff members can be contacted through ELCAS reception on 01282 804806.</p>
513	08/08/2016	Pharmacy/ Prescribing	<p>A colleague of mine (sunny.sharma@healthcareinformation.co.uk) submitted a FOI request requesting the information below but never received a response within the 20 working day limit. If a response was generated, could it please be sent again this time to myself, or if it had not been seen to, can the request now be looked at?</p> <p>When are the drugs in the following classes up for review for inclusion in the Joint Medicines Formulary & Traffic Light Index (linked here)?</p> <ul style="list-style-type: none"> - DPP-4 Inhibitors: - SGLT Inhibitors: - GLP-1 Agonists <p>There are no planned review dates at the Lancashire Health Economy Medicines Management Board for any of these classes of medicines:-</p> <ul style="list-style-type: none"> • SGLT-inhibitors: • DPP4-inhibitors: • GLP-1 agonists:

- (a) total number of patients discharged by the Trust between 11pm and 6am in each of the last six financial years
 (b) total number of patients discharged by the Trust in each of the last six years

Question A

Unfortunately due to data quality issues around recorded times on PAS, and batch processes of recording on some wards, we are unable to provide an accurate response to this question.

Question B

The number of discharges by ELHT for the last 6 financial years is:

Fiscal Year	Count
2010/11	133503
2011/12	135960
2012/13	139425
2013/14	142624
2014/15	142328
2015/16	144866

Service

440 04/08/2016 Information

Questions:

1. Payroll Processing Services

This is inclusive of NHS payroll and pension administration services; time/attendance & expense claims and technical payroll processing (e.g. HMRC and other statutory submissions and payroll reconciliation)

2. Transactional Recruitment Services

This relates to the administration of recruitment administration - from approval to conditional offer - through NHS jobs.

3. Resourcing Services
 This relates to the sourcing of permanent candidates (e.g. through NHS Professionals or 3rd party agencies)

a) Who is the Trust's service provider (in-house or 3rd party provider)?

b) If outsourced to a 3rd party provider, what is the name of the service provider you use?

c) If outsourced to a 3rd party provider, what is the value of the contract per annum (excluding transition fee)?

d) If outsourced to a 3rd party provider, what was the transition fee paid?

e) If outsourced to a 3rd party provider, when did the contract start and when is the contract due to expire?

f) If outsourced to a 3rd party provider, is the Trust's intention to re-procure these services through a Trust run OJEU procurement exercise when the current contract expires?

i. If yes, who is the Trust's contact for discussing these services and what are their contact details?

ii. If not, what is the route through which you will contract these services?

1. The contract for payroll services is outsourced and the contract includes other finance functions, it is therefore not possible to provide a figure just for payroll services.

2. We tend to do the majority of recruitment ourselves through our in house recruitment team. We have had some limited use of 3rd party providers for things like overseas recruitment (centrally) or for hard to fill posts (divisionally). Providers for these projects are sourced through our procurement process. For our central projects we have used HCL and TTM.

452 04/08/2016 Finance

g) If the Trust provide these services in-house, does the Trust intend to

454	04/08/2016	Corporate Policy/ Decisions	<ul style="list-style-type: none"> The total amount you spend on Agency Nurses for the financial year 15/16 (April – March) £3,919,302 For the above information to be broken down by banding and specialty (example provided below) <p>See attached pdf</p>	<ul style="list-style-type: none"> The total amount you spend on Agency Nurses for the financial year 15/16 (April – March) £3,919,302 For the above information to be broken down by banding and specialty (example provided below) <p>See attached pdf</p>
464	04/08/2016	Corporate Policy/ Decisions	<p>Request for Information: On 11 May 2016 the NHS Improvement Service issued a Patient Safety Alert regarding Kawasaki Disease which required immediate consideration and subsequent action by all NHS organisations receiving the Alert.</p> <p>Q1 Please can you advise what action has been taken by your Trust in response to the Patient Safety Alert on Kawasaki Disease, issued on 11 May 2016? Q2 Can you confirm for your Trust, if:</p> <p>a) All current and past patients with giant coronary artery aneurysms resulting from Kawasaki Disease have been identified and made aware of the Patient Safety Alert</p> <p>b) Current and past patients with existing or resolved coronary artery aneurysms resulting from Kawasaki Disease have all been identified and notified of the Patient Safety Alert</p> <p>c) You have recalled these past Kawasaki Disease patients seen in the organisation, for assessment and given Patient Specific Protocols where needed</p> <p>Q3 Please can you advise what response your Trust, on receiving the Alert, gave? For your Trust, please can you confirm: Q4 Are the 2013 Kawasaki Disease Management Guidelines; Management of Kawasaki Disease; D Eleftheriou, M Levin, D Shingadia, R Tulloh, NJ Klein, PA Brogan, actively implemented within your Trust? Q5 For your Trust, listing data sets individually, please provide, per calendar year for the period 2006 to 2016 inclusive, the following information:</p> <p>Number of admissions of acute Kawasaki Disease Month of case admission Patient gender Patient ethnicity Age of patient at diagnosis</p>	<p>All areas of the Trust have been alerted to the risk of harm associated with this disease through our NPSA Central Alert System.</p> <p>The level of data you have requested in relation to the sex, ethnicity, age and partial postcode of patients admitted with Kawasaki disease may potentially lead to the identification of individual patients. As the number of patients within each of these categories falls at or below 10. For this reason we are unable to provide the information you have requested in the level of detail requested as we consider this to be sensitive personal information within the meaning of the Data Protection Act and consider that there is insufficient public interest to override our duty to protect the confidentiality of our patients.. We can therefore advise that between the years requested there were 30 male and 23 female patients admitted to the Trust. Over the period requested the ethnic classification of admitted patients was:</p> <p>ANY OTHER WHITE BACKGROUND 1.8% CARIBBEAN 1.8% INDIAN OR BRITISH INDIAN 5.2% MIXED RACE WHITE/ASIAN 1.8% MIXED RACE WHITE/BLACK AFRICAN 1.8% OTHER ASIAN/OTHER BRITISH ASIAN 5.2% PAKISTANI OR BRITISH PAKISTANI 8.6% WHITE BRITISH 71.7%</p> <p>The percentage of patients by age at admission was:</p> <p>0 9.4% 1 7.5% 2 17% 3 21% 4 13% 5 13% 6 6%</p>
468	04/08/2016	HR /Staff	<p>I would like to request information on any post-CCT Doctors currently undergoing training Fellowships or similar advanced training programmes in Gastroenterology within your Trust.</p> <p>Details of all the current doctors partaking in training fellowships (or other similar training programmes for post CCT doctors) within your Ophthalmology departments.</p> <p>Please provide full names of the doctors, their GMC numbers, start dates of current post, end date for current post and the sub-specialist interest they are being trained in</p>	<p>We don't have any records of any post CCT doctors undertaking fellowships etc in Gastro or Ophthalmology</p> <p>We don't have any records of any post CCT doctors undertaking fellowships</p>
472	04/08/2016	HR /Staff		

<p>480 04/08/2016 Information</p> <p>Service</p>	<p>ECOHEALTH LEAGUE</p> <p>1. Policy & Management</p> <p>1.1 Has the Trust got a board approved Sustainable Development Management Plan (SDMP) which meets the SDU guidance issue?</p> <p>Yes</p> <p>No</p> <p>1.2 Have you got an action plan that identifies sustainable targets and Key Performance Indicators (KPI's)?</p> <p>Yes</p> <p>No</p> <p>1.3 Is the Organisations performance against the action plan reported formally to the board?</p> <p>Yes</p> <p>No</p> <p>2. Governance/Staff Engagement</p> <p>2.1 Is there a board level nominated sustainability lead?</p> <p>Yes</p> <p>No</p> <p>2.2 Do you have a Sustainability Manager in post?</p> <p>Yes</p> <p>No</p> <p>2.3 Do you have an Energy Manager in post?</p> <p>Yes</p> <p>No</p> <p>2.4 Does your Sustainability/Energy Manager have any associated professional qualifications and or professional affiliations with CIBSE, IEMA, EI?</p> <p>Yes</p>	<p>1. Policy & Management</p> <p>1.1 Has the Trust got a board approved Sustainable Development Management Plan (SDMP) which meets the SDU guidance issue?</p> <p>Yes</p> <p>1.2 Have you got an action plan that identifies sustainable targets and Key Performance Indicators (KPI's)?</p> <p>Yes</p> <p>1.3 Is the Organisations performance against the action plan reported formally to the board?</p> <p>Yes - through a Board subcommittee</p> <p>2. Governance/Staff Engagement</p> <p>2.1 Is there a board level nominated sustainability lead?</p> <p>Yes</p> <p>2.2 Do you have a Sustainability Manager in post?</p> <p>Yes</p> <p>2.3 Do you have an Energy Manager in post?</p> <p>Yes</p> <p>2.4 Does your Sustainability/Energy Manager have any associated professional qualifications and or professional affiliations with CIBSE, IEMA, EI?</p> <p>No</p> <p>2.5 Within the last twelve months have you undertaken any staff engagement activities?</p>
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1. In your trust, please provide the number of patients treated in the last 12 months who have been diagnosed [any diagnosis position] with neuroendocrine tumours

2. Of these how many have carcinoid syndrome (E34.0)?

3. Of the patients with neuroendocrine tumours (NETs), how many received with the following treatments:

- Somatuline Autogel (lanreotide)
- Somatuline LA (lanreotide)
- Sandostatin LAR (octreotide LAR)
- Octreotide
- Afinitor (everolimus)
- Sutent (sunitinib)

4. Please provide the number of patients treated in the last 12 months who have been diagnosed [any diagnosis position] with acromegaly (ICD10 code E220 or ICD10 code D352), with the following treatments:

- Somatuline Autogel (lanreotide)
- Somatuline LA (lanreotide)
- Sandostatin LAR (octreotide LAR)
- Octreotide
- Somavert (pegvisomant)
- Signifor (pasireotide pamoate)

1. In your trust, please provide the number of patients treated in the last 12 months who have been diagnosed [any diagnosis position] with neuroendocrine tumours

We do not have a specific code for neuroendocrine tumours and are therefore unable to provide this information.

2. Of these how many have carcinoid syndrome (E34.0)?

We do not have a specific code for neuroendocrine tumours and are therefore unable to provide this information.

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- Somatuline Autogel (lanreotide)
- Somatuline LA (lanreotide)
- Sandostatin LAR (octreotide LAR)
- Octreotide
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- Somatuline LA (lanreotide)
- Sandostatin LAR (octreotide LAR)
- Octreotide
- Somavert (pegvisomant)
- Signifor (pasireotide pamoate)

There have been a total of 19 patients treated at the Trust diagnosed with E220 or D352 between

482 04/08/2016 Service Information

*To assist in sourcing the answer to my question specifically in respect of NETs, the below information may be of use.

Please would you indicate the exact number of bottles of the following products that your hospital trust ordered in the last 12 months:

- 2% chlorhexidine in 70% IPA (Ecolab) in 500ml bulk bottles with the manufacturer product code 3059670 and EAN code 4028163058733, and catalogue code MRB 613
- 2% chlorhexidine in 70% IPA (Ecolab) in 200ml bottles with the manufacturer product code 3059650, the EAN code 4028163058757 and catalogue code MRB 620

The MHRA explained that chlorhexidine is classified differently for different presentations. These are:

- Medical Use: Topical disinfectant for clinical use (e.g. pre-operatively)
- Medical Device: Disinfectant for medical equipment
- Biocide: General use as disinfectant (e.g. washing hands)

They further recommend that where an authorised product exists this should be used in preference to another product as only it will be fully supported by risk-benefit analyses as to its use for that specific purpose.

The MHRA highlights that there are health risks associated with using chlorhexidine. Using the appropriately authorised product for its specific intended use, in accordance with the manufacturer's instructions for use, is the best way of minimising harm.

The MHRA updated their guidance note 8 – what is a medicinal product – in March 2016.

- Has the hospital trust considered either or both MHRA guidances?
- At which sub-committee of the board was this MHRA guidance considered?

• Please send through agenda, minutes or paperwork from that committee which demonstrates that the guidance was on the agenda, was presented and

Please would you indicate the exact number of bottles of the following products that your hospital trust ordered in the last 12 months:

- 2% chlorhexidine in 70% IPA (Ecolab) in 500ml bulk bottles with the manufacturer product code 3059670 and EAN code 4028163058733, and catalogue code MRB 613
20 bottles ordered in financial year 2015/16
- 2% chlorhexidine in 70% IPA (Ecolab) in 200ml bottles with the manufacturer product code 3059650, the EAN code 4028163058757 and catalogue code MRB 620
None ordered in 2015/16

The MHRA explained that chlorhexidine is classified differently for different presentations. These are:

- Medical Use: Topical disinfectant for clinical use (e.g. pre-operatively)
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The MHRA updated their guidance note 8 – what is a medicinal product – in March 2016.

- Has the hospital trust considered either or both MHRA guidances?

The guidance was issued via our Central Alert System - a copy of the guidance was sent to each clinical division. Discussion took place with the Infection Control team and all phlebotomists were required to ask patients if they have an allergy prior to blood collection.

The mouthwash used within surgical areas and all staff have been informed of the alerts

NHS trusts are reportedly meant to keep a register of payments from pharmaceutical companies (and other relevant companies) to staff, in case of conflicts of interest [1]. I am requesting a copy of the register for this Trust - which I would hope includes details of all relevant payments to staff and any related potential conflicts of interest. If it would be possible to have this information in an appropriate structured data format - for example, a CSV file - this would be helpful. If this Trust does not have a complete register, I would request: the release of the information on this topic that the Trust does hold; and an explanation of why the Trust does not hold a complete register.

I am also requesting the number of staff members who have been the subject of internal investigations or disciplinary proceedings in relation to purported conflicts of interest, or the failure to declare them, and the outcomes of these investigations or proceedings.

NHS trusts are reportedly meant to keep a register of payments from pharmaceutical companies (and other relevant companies) to staff, in case of conflicts of interest [1]. I am requesting a copy of the register for this Trust - which I would hope includes details of all relevant payments to staff and any related potential conflicts of interest. If it would be possible to have this information in an appropriate structured data format - for example, a CSV file - this would be helpful. If this Trust does not have a complete register, I would request: the release of the information on this topic that the Trust does hold; and an explanation of why the Trust does not hold a complete register.

I am also requesting the number of staff members who have been the subject of internal investigations or disciplinary proceedings in relation to purported conflicts of interest, or the failure to declare them, and the outcomes of these investigations or proceedings.

There have been no disciplinary case in relation to conflict of interest.

The Trust has a policy that declarations of interest are made for all perceived, potential and actual conflicts of interest and all hospitality and sponsorship forms are accompanied by a declaration of interest form.

Following the publication of the payments register by the Association of the British Pharmaceutical Industry (ABPI), in June 2016 we are now in the process of comparing the entries for our organisation against our internal register. Following this, we will be contacting staff in all cases where a declaration has not been made at the time of the payment from the pharmaceutical companies, in order to remind staff about their obligations to declare gifts and hospitality and conflicts of interest. In addition, as part of the process for the regular review of all the Trust policies, we are currently reviewing the policy in relation to gifts, hospitality, sponsorship and declarations of interest. The revised policy will incorporate the findings of the NHS England Task and Finish Group, chaired by Sir Malcolm Grant, when they become available, to ensure best practice.

Please see the attached pdf for the register entries we hold.

Corporate
Policy/

485 04/08/2016 Decisions

1. How many Heart Failure Specialist Nurses did the Trust employ from: 30th June 2015 to 30th June 2016?	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
	0	1	3	4	4	4	4	4	4	3	3
2. How many Heart Failure Specialist Nurses did the Trust employ from 30th June 2006 to 30th June 2007, and every year since (up until the period covered by question 1)?											

486 04/08/2016 HR /Staff

	<p>Under the Freedom of Information Act, please could you provide the following information for East Lancashire Hospitals NHS Trust</p> <p>1. Does the NHS Trust provide arthroplasty (joint replacement services)?</p> <p>2. a) How many patients has the Trust treated for hip replacement in 2011, 2012, 2013, 2014, 2014? Please provide 5 answers, in calendar years. b) How many patients has the Trust treated for hip replacement revision in 2011, 2012, 2013, 2014, 2014? Please provide 5 answers, in calendar years. c) How many patients has the Trust treated for knee replacement in 2011, 2012, 2013, 2014, 2014? Please provide 5 answers, in calendar years. d) How many patients has the trust treated for knee replacement revision in 2011, 2012, 2013, 2014, 2014? Please provide 5 answers, in calendar years.</p> <p>3. a) What is the average length of time patients wait for a hip replacement from referral? b) What is the average length of time patients wait for a hip replacement revision from referral? c) What is the average length of time patients wait for a knee replacement from referral? d) What is the average length of time patients wait for a knee replacement revision from referral?</p> <p>4. a) What is the maximum length of time patients wait for a hip replacement from referral? b) What is the maximum length of time patients wait for a hip replacement revision from referral? c) What is the maximum length of time patients wait for a knee replacement from referral?</p>	<p>1. Does the NHS Trust provide arthroplasty (joint replacement services)? Yes</p> <p>2. a) How many patients has the Trust treated for hip replacement in 2011, 2012, 2013, 2014, 2014? Please provide 5 answers, in calendar years. b) How many patients has the Trust treated for hip replacement revision in 2011, 2012, 2013, 2014, 2014? Please provide 5 answers, in calendar years. c) How many patients has the Trust treated for knee replacement in 2011, 2012, 2013, 2014, 2014? Please provide 5 answers, in calendar years. d) How many patients has the trust treated for knee replacement revision in 2011, 2012, 2013, 2014, 2014? Please provide 5 answers, in calendar years.</p> <p>Number of Procedures Performed 2011 2012 2013 2014 2015</p> <p>2a) Hip Replacements 320 372 374 415 419 2b) Hip replacement revisions 24 29 19 17 11 2c) Knee Replacements 375 405 410 410 409 2d) Knee replacement revisions 22 20 18 10 12</p> <p>3. a) What is the average length of time patients wait for a hip replacement from referral? b) What is the average length of time patients wait for a hip replacement revision from referral? c) What is the average length of time patients wait for a knee replacement from referral? d) What is the average length of time patients wait for a knee replacement revision from referral?</p> <p>3a) Hip Replacements 13 3b) Hip replacement revisions 15 3c) Knee Replacements 11 3d) Knee replacement revisions 16</p> <p>4. a) What is the maximum length of time patients wait for a hip replacement from referral? b) What is the maximum length of time patients wait for a hip replacement revision from referral?</p>
<p>493 04/08/2016</p> <p>Performance/ Activity</p>	<p>I have a Freedom of Information request regarding agreements on "gain share" between the trust and the CCG. A gain share agreement is one 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</p> <p>Are there any "gain share" agreements in place between you the provider and a CCG?</p> <p>Please state "Yes" or "No"</p> <p>If "Yes", then please provide the following details:</p> <p>1. Disease areas CCG included in the "gain share" agreement 2. Names of any specific drugs involved 3. How will savings be apportioned between you the provider and the CCG</p>	<p>There is no gain share in place between the Trust and local CCGs</p>
<p>494 04/08/2016</p> <p>Service Information</p>		

495	04/08/2016	Service Information	<p>Can I please request through the freedom of information to follow those individuals responsible for their given area and reporting line management;</p> <ol style="list-style-type: none"> 1. A full detailed structure of the organisation 2. A full detailed structure of the SMT 3. A full detailed structure of the procurement team. 4. A full detailed structure of the Contract Management operations 5. In list format what are the five highest paid external recruitment agencies with the total amount paid in the last 2 years. 	Please see pdf documents attached
500	04/08/2016	HR /Staff	<p>I am researching HR within the NHS.</p> <p>Under the FOI act, please complete all of the questions disclosed in the attached. Please provide all of this information in excel format by completing and returning the spreadsheet provided. Please provide this information for each of the last two full financial years (i.e. 2014/15 and 15/16), as indicated by the two tabs of the spreadsheet. Where questions are not applicable or no spend has occurred, please leave the fields blank and complete all other questions.</p>	Please see document attached
437	03/08/2016	Pharmacy/ Prescribing	<p>Could you please provide me with the following numbers of patients treated in the last 12 months [latest 12 months possible] with the following drugs for the either dermatology or gastroenterology departments.</p> <p>Number of patients treated Adalimumab Apremilast Etanercept Etanercept Biosimilar Golimumab Infliximab Infliximab Biosimilar Secukinumab Ustekinumab Vedolizumab Others</p>	<p>For the period 01/06/15 to 22/06/16</p> <p>Drug name : patients</p> <p>Adalimumab 337</p> <p>Golimumab 27</p> <p>Vedolizumab 9</p> <p>Ustekinumab 54</p> <p>Secukinumab 7</p> <p>Etanercept 403</p> <p>Infliximab biosimilar 5</p> <p>Infliximab 128</p>
496	29/07/2016	Service Information	<ol style="list-style-type: none"> 1. Details of any hospitals within your Trust which were carrying out scoliosis correction surgery in 2006 2. Whether spinal cord monitoring was available at the hospitals listed in your response to question 1 3. The type of spinal cord monitoring available at the hospitals listed in your response to question 1 	<ol style="list-style-type: none"> 1. Details of any hospitals within your Trust which were carrying out scoliosis correction surgery in 2006 2. Whether spinal cord monitoring was available at the hospitals listed in your response to question 1 3. The type of spinal cord monitoring available at the hospitals listed in your response to question 1 <p>We did not do this procedure – any patients requiring scoliosis correction surgery would be transferred to Preston</p> <p>No spinal cord monitoring offered</p> <p>N/A</p>

	<p>equipment relating to static mattress, servicing, maintenance and fire safety regulations.</p> <p>In relation to Topical Negative Wound Therapy Treatment products</p> <p>a. How is service & maintenance of this equipment dealt with - 3rd party provider, part of current supply contract or in-house? (Please provide specific details)</p> <p>b. If 3rd party provider please state company name</p> <p>c. Is the 3rd party service & maintenance contracted? Yes or No</p> <p>d. If Yes what is the contract term? (Including any extension periods).</p> <p>e. What is the expiry date of this contract?</p> <p>In relation to the manufacture used to provide pressure relief alternating dynamic surface air mattresses to the trust</p> <p>a. Is the service and maintenance of this equipment included as part of any contract? Yes or No</p> <p>b. If No - How is service & maintenance of this equipment dealt with – alternative 3rd party provider or in-house?</p> <p>c. If 3rd party provider please state company name</p> <p>d. Is this 3rd party service contracted? Yes or No</p> <p>e. If Yes what is the contract term? (Including any extension periods).</p> <p>f. What is the expiry date of this contract?</p> <p>g. How is the decontamination of these products managed? In-house or 3rd party provider</p> <p>h. If 3rd party provider please state company name</p> <p>i. Is this 3rd party service contracted? Yes or No</p> <p>j. If Yes what is the contract term? (Including any extension periods).</p> <p>k. What is the expiry date of this contract</p> <p>In relation to the manufacture used to supply profiling bed frames</p>	<p>equipment relating to static mattress, servicing, maintenance and fire safety regulations.</p> <p>In relation to Topical Negative Wound Therapy Treatment products</p> <p>a. How is service & maintenance of this equipment dealt with - 3rd party provider, part of current supply contract or in-house? (Please provide specific details)</p> <p>The service & maintenance is part of the supply contract through NHS SBS framework</p> <p>b. If 3rd party provider please state company name</p> <p>N/A</p> <p>c. Is the 3rd party service & maintenance contracted? Yes or No</p> <p>N/A</p> <p>d. If Yes what is the contract term? (Including any extension periods).</p> <p>N/A</p> <p>e. What is the expiry date of this contract?</p> <p>N/A</p> <p>In relation to the manufacture used to provide pressure relief alternating dynamic surface air mattresses to the trust</p> <p>a. Is the service and maintenance of this equipment included as part of any contract? Yes or No</p> <p>Yes</p> <p>b. If No - How is service & maintenance of this equipment dealt with – alternative 3rd party provider or in-house?</p> <p>N/A</p> <p>c. If 3rd party provider please state company name</p> <p>N/A</p> <p>d. Is this 3rd party service contracted? Yes or No</p> <p>N/A</p> <p>e. If Yes what is the contract term? (Including any extension periods).</p> <p>N/A</p>
<p>433 14/07/2016</p> <p>Corporate Policy/ Decisions</p>	<p>1. Can you provide figures for A&E attendances for the periods: Monday 18 April 2016 – Friday 10 June 2016 Monday 20 April 2015 – Friday 12 June 2015 Monday 29 February 2016 – Friday 15 April 2016 Monday 2 March 2015 – Friday 17 April 2015</p> <p>2. Can you provide figures of attendees with a PR7 postcode to your A&E department for the periods: Monday 18 April 2016 – Friday 10 June 2016 Monday 20 April 2015 – Friday 12 June 2015 Monday 29 February 2016 – Friday 15 April 2016 Monday 2 March 2015 – Friday 17 April 2015</p>	<p>Attendance Date Total Attendances Attendances with Postcode PR7</p> <p>18/04/16 - 10/06/16 27864 45</p> <p>20/04/15 - 12/06/15 27935 13</p> <p>29/02/16 - 15/04/16 24710 10</p> <p>02/03/15 - 17/04/15 23883 26</p>
<p>462 14/07/2016</p> <p>Service Information</p>		

426	13/07/2016	<p>Corporate Policy/ Decisions</p> <p>Please can you now reveal : Public Money spent on legal Fees against whistle blower both in the employment tribunal and legal costs paid to the lawyers and QC during the internal processes Dear East Lancashire Hospitals NHS Trust, Please can you tell provide us the money spent/that will be spent in legal fees in defense/or against Whistle blower Mr A Agarwal HB surgeon a)all legal fees paid and b) outstanding fees due including in the following 1. High court litigation 2. internal disciplinary process 3 employment tribunal 4. General Medical Council processes including in action against Mr Agarwal and in defense of previous medical director and three respondent surgeons 5 Any other legal fees paid or due Please provide to the public 4 The estimate of legal fees to the trust for any pending action in the Employment tribunal /Courts In addition The patients are entitled to know each and every concern that a whistle blower reported about their care (even if the hospital disagrees with the concerns raised) . It is up to the patient to make their own decisions once they receive the information. This is a legal duty under the duty of candor 6. How many patients did the surgeon report concerns about? 7. Can you disclose if each and every patient,regarding whose health and safety failures the surgeon blew the whistle, has been provided a full disclosure of concerns raised about their care 8. Have the patients been provided any external reports about their care .</p>	<p>3. In relation to requests 1-5, the Trust notes that you have asked for: "a)all legal fees paid and b) outstanding fees due" The Trust has interpreted this as a request for: (a) legal fees paid; and (b) legal fees billed but not yet paid. All costs are provided exclusive of VAT and reflect the position as of 11 July 2016. Request 1 – high court litigation Legal fees paid 4. The Trust has incurred and paid legal costs of £28,223.50 in respect of an application for Judicial Review which Mr Agrawal brought against it in May 2015. The Trust was successful in its defence of this action and was awarded its costs, to be agreed between the parties or else determined by way of detailed assessment. The costs process is ongoing. Legal fees billed but not yet paid 5. No fees are outstanding. Request 2 - internal disciplinary process Legal fees paid 6. The Trust has administered no formal capability or disciplinary processes against Mr Agrawal. However, the Trust has incurred and paid legal costs of £99,267.04 in respect of all internal employment related issues related to Mr Agrawal since December 2011. These costs encapsulate the termination of Mr Agrawal's employment in July 2015 and his subsequent appeal, which was not a disciplinary matter but due to a breakdown in working relationships. Legal fees billed but not yet paid 7. Fees of £623.08 are outstanding. Request 3 – employment tribunal Legal fees paid 8. The Trust has incurred and paid legal costs of £293,542.42 since January 2012 in respect of a</p>
457	13/07/2016	<p>HR /Staff</p> <p>Please can you let us know what the Trust as a whole (including hospitals that are run by you) spent on employing agency locum Doctors and Consultants last year</p>	<p>Agency Locum Doctor and Consultant Expenditure Financial Year 01.04.15-31.03.16 Total Expenditure - £4,425,963.02 - ** note that locum expenditure is from ELHT substantive staff that provide additional locum hours.</p>
465	13/07/2016	<p>HR /Staff</p> <p>I would like to request a copy of the following job description: 1. Business Manager 2. Assistant Business Manager If these are written individually for each speciality/directorate then I will have a copy of the most recently drafted version.</p>	<p>Job Descriptions attached</p>

466 13/07/2016 Finance	<p>the total Agency spend within Gastroenterology over the following months,</p> <p>December 2015 January 2016 February 2016 March 2016 April 2016 May 2016</p>	<p>Month Expenditure (£)</p> <p>Dec-15 6,076.66 Jan-16 48,913.75 Feb-16 43,675.77 Mar-16 45,431.96 Apr-16 29,160.28 May-16 59,493.35</p>
467 13/07/2016 Finance	<p>Can you please provide me with the total Agency Locum spend within Ophthalmology from December 2016 to June 2016 within your Trust</p>	<p>Month Expenditure (£)</p> <p>Dec-15 2,940.00 Jan-16 3,375.37 Feb-16 33,196.25 Mar-16 18,225.28 Apr-16 10,248.92 May-16 12,382.01 June 2016 information is not yet available</p>
474 13/07/2016 ICT	<p>1. The number of times the hospital(s)/organisation has faced a ransomware attack, including attacks that were ultimately unsuccessful, since January 2012 to the date of this request. By ultimately unsuccessful, I mean that an email containing ransomware could have been sent to the department, but it did not lead to an infection of the target computer. Please break down this data annually. 2. The number of times the hospital(s)/organisation has successfully been infected with ransomware since January 2012 to the date of this request. 3. The number of times the hospital(s)/organisation paid the attackers since January 2012 to the date of this request. 4. The amount of money the hospital(s)/organisation has paid attackers since January 2012 to the date of this request. Please break down how much was paid annually. 5. Any emails sent or received by the hospital(s)/organisation discussing ransomware attacks. 6. Any internal reports generated in preparation of, or as a result of, a ransomware attack from January 2012 to the date of this request.</p>	<p>1. The number of times the hospital(s)/organisation has faced a ransomware attack, including attacks that were ultimately unsuccessful, since January 2012 to the date of this request. By ultimately unsuccessful, I mean that an email containing ransomware could have been sent to the department, but it did not lead to an infection of the target computer. Please break down this data annually. Once - 05/03/16 - unsuccessful 2. The number of times the hospital(s)/organisation has successfully been infected with ransomware since January 2012 to the date of this request 0 3. The number of times the hospital(s)/organisation paid the attackers since January 2012 to the date of this request. 0 4. The amount of money the hospital(s)/organisation has paid attackers since January 2012 to the date of this request. Please break down how much was paid annually. 0 5. Any emails sent or received by the hospital(s)/organisation discussing ransomware attacks. 0 6. Any internal reports generated in preparation of, or as a result of, a ransomware attack from January 2012 to the date of this request 0</p>

- How many cases have attended A&E with suspected carbon monoxide poisoning between 1st July 2014 - 30th June 2015
- How many children aged 0-18 have attended A&E with suspected carbon monoxide poisoning between 1st July 2014 - 30th June 2015
- How many adults aged 60+ have attended A&E with suspected carbon monoxide poisoning between 1st July 2014 - 30th June 2015
- How many cases have attended A&E with suspected carbon monoxide poisoning between 1st July 2015 - 30th June 2016
- How many children aged 0-18 have attended A&E with suspected carbon monoxide poisoning between 1st July 2015 - 30th June 2016
- How many adults aged 60+ have attended A&E with suspected carbon monoxide poisoning between 1st July 2015 - 30th June 2016
- How many cases have been treated in A&E with suspected carbon monoxide poisoning between 1st July 2014 - 30th June 2015
- How many children aged 0-18 have been treated in A&E with suspected carbon monoxide poisoning between 1st July 2014 - 30th June 2015
- How many adults aged 60+ have been treated in A&E with suspected carbon monoxide poisoning between 1st July 2014 - 30th June 2015
- How many cases have been treated in A&E with suspected carbon monoxide poisoning between 1st July 2015 - 30th June 2016
- How many children aged 0-18 have been treated in A&E with suspected carbon monoxide poisoning between 1st July 2015 - 30th June 2016
- How many adults aged 60+ have been treated in A&E with suspected carbon monoxide poisoning between 1st July 2015 - 30th June 2016

Age band
 Between dates 0 - 18 19 - 59 60+ Total
 01 /07/ 14 - 30/06/15 30 47 7 84
 01/07/15 - 30/06/16 32 65 21 118

Service

476 13/07/2016 ICT	<p>1) Is your IT Service Management function and associated software application based In house or Outsourced to a 3rd Party?</p> <p>2) If this In House, is this an On Premise or a SaaS solution?</p> <p>3) Please provide the full name and version of the ITSM software application in use?</p> <p>4) What is the lifetime value of the contract and over how many years? Please provide high level % in terms of software, maintenance and services.</p> <p>5) As part of the existing contract how many support operatives (agents) are licenced/subscribed to use the solution? (These are individuals who work on the desk in resolver groups, not customers using a Self Service function)</p> <p>6) When is the contract due for renewal?</p> <p>7) How was the current solution procured – directly with the Vendor, through a Framework or via G Cloud?</p> <p>8) What are your published procurement thresholds for tendering purposes?</p> <p>9) What is the Authorities strategy with regards to Cloud solutions as opposed to In House installations?</p> <p>10) Has the organisation ever procured through the G Cloud Framework?</p>	<p>1) Is your IT Service Management function and associated software application based In house or Outsourced to a 3rd Party?</p> <p>In house</p> <p>2) If this In House, is this an On Premise or a SaaS solution?</p> <p>On premises</p> <p>3) Please provide the full name and version of the ITSM software application in use?</p> <p>Sostenutos v4</p> <p>4) What is the lifetime value of the contract and over how many years? Please provide high level % in terms of software, maintenance and services.</p> <p>£141,000</p> <p>5) As part of the existing contract how many support operatives (agents) are licenced/subscribed to use the solution? (These are individuals who work on the desk in resolver groups, not customers using a Self Service function)</p> <p>34</p> <p>6) When is the contract due for renewal?</p> <p>2017</p> <p>7) How was the current solution procured – directly with the Vendor, through a Framework or via G Cloud?</p> <p>NHS Procurement Framework</p> <p>8) What are your published procurement thresholds for tendering purposes?</p> <p>As per national agreement</p> <p>9) What is the Authorities strategy with regards to Cloud solutions as opposed to In House installations?</p> <p>No defined strategy</p> <p>10) Has the organisation ever procured through the G Cloud Framework?</p> <p>Yes</p>												
471 08/07/2016 Finance	Please could you confirm the contract end date for your Finance and Accounting service currently provided by ELFS.	The current contract is on a rolling 12 months basis.												
456 05/07/2016 Information	<p>1. In relation to (i) 2013/14, (ii) 2014/15 and (iii) 2015/16 financial year please provide me with the number of operations cancelled at your Trust on the day of operation or admission where the reason is recorded as there being no post-operative bed available for the patient.</p> <p>2. For each year please state if possible how many of these cancellations were due to the fact that there was no critical care bed or intensive care bed available rather than the unavailability of a general ward bed?</p> <p style="text-align: center;">Service</p>	<table border="1"> <thead> <tr> <th></th> <th>13/14</th> <th>14/15</th> <th>15/16</th> </tr> </thead> <tbody> <tr> <td>ICU/HDU Bed Unavailable</td> <td>24</td> <td>15</td> <td>13</td> </tr> <tr> <td>Ward bed unavailable</td> <td>80</td> <td>130</td> <td>153</td> </tr> </tbody> </table>		13/14	14/15	15/16	ICU/HDU Bed Unavailable	24	15	13	Ward bed unavailable	80	130	153
	13/14	14/15	15/16											
ICU/HDU Bed Unavailable	24	15	13											
Ward bed unavailable	80	130	153											

<p>Service 447 04/07/2016 Information</p>	<p>1. Do all patients, who are diagnosed with bowel cancer under the age of 50 years in your trust, have a molecular screening test for Lynch Syndrome, such as immunohistochemistry or microsatellite instability testing, carried out on tumour tissue? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2. If yes, at what stage does this testing take place? Does it take place: <input type="checkbox"/> Pre treatment i.e. at diagnosis (on a biopsy of the tumour) <input type="checkbox"/> Post treatment i.e. test is carried out on the tumour resection specimen</p> <p>3. Is this test carried out as a reflex test i.e. automatically or upon referral? <input type="checkbox"/> Reflex <input type="checkbox"/> Referral via MDT <input type="checkbox"/> Referral via Genetics Centre <input type="checkbox"/> Referral via GP <input type="checkbox"/> Other (please explain)</p> <p>4. Which of the following molecular tests does your trust use to identify people who could have Lynch syndrome: <input type="checkbox"/> Microsatellite Instability (MSI) <input type="checkbox"/> Immunohistochemistry (IHC) <input type="checkbox"/> BRAF and MLH1 <input type="checkbox"/> Other</p> <p>5. Are the results of this reflex test communicated to the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. If no such reflex test is in place, do you have information on whether there are any plans to introduce molecular testing for Lynch syndrome?</p>	<p>Following discussion at the Colorectal MDT patients with Colorectal Cancer who are under 50 are referred to the Genetics team at Manchester (Manchester Centre for Genomic Medicine, St Mary's Hospital, Manchester) by their surgeon The genetics team then decide who requires molecular testing which is done by immunohistochemistry also at Manchester. We do not do reflex testing at the minute Any change would be done via the Network</p>
<p>Service 413 01/07/2016 Information</p>	<p>What is the longest continual stretch of days that have been lost to delayed discharge by one patient in: a) 2012/13 b) 2013/14 c) 2015/16</p>	<p>What is the longest continual stretch of days that have been lost to delayed discharge by one patient in: a) 2012/13 94 days b) 2013/14 182 days c) 2015/16 259 days</p>

421	01/07/2016	Service Information	<ol style="list-style-type: none"> 1. How many patients yearly are seen in type 1 and type 3 A&Es? Please provide the separate figures. 2. Is the type 3 A&E managed by the Trust or an external organisation, for instance a social enterprise or private company? 3. Who is employed in type 3 A&E (GPs, other doctors, ENPs, ANPs, HCAs)? 4. Does type 3A&E deal with <ol style="list-style-type: none"> a. Minor injuries (requiring X ray for instance)? b. GP type patients? c. Both? 5. Has type 3 A&E got an access to X-ray facilities? 6. Is the Trust paid according to the national tariff for A&Es or is the tariff modified? 7. Is the Type 3 A&E paid according to the national tariff for Type 3 A&Es? 8. Where are type 1 and type 3 A&Es localised in the Trust? 9. Is type 3 A&E in the same building as type 1 A&E? If no how far apart are they approximately? 10. Is there a 'Minors' or 'See and Treat' area or similar area for treatments of minor injuries, within the type 1 A&E, separate from type 3 A&E? <ol style="list-style-type: none"> a. If yes, are the patients seen there treated as type 1 A&E patients for funding/tariff purposes? b. How many patients are seen in this area in total annually? If no statistics available please provide an approximate amount estimated by the Clinical Lead of the department. c. How big is the activity with regards to particular HRG codes in this area. For example how many patients with VB08Z code are seen annually? Please provide figures for all A&E HRG codes. 	<ol style="list-style-type: none"> 1. How many patients yearly are seen in type 1 and type 3 A&Es? Please provide the separate figures. Type 1 - 111,885 Type 3 - 84930 Between 1st April 2015 and 31st March 2016 2. Is the type 3 A&E managed by the Trust or an external organisation, for instance a social enterprise or private company? By the Trust 3. Who is employed in type 3 A&E (GPs, other doctors, ENPs, ANPs, HCAs)? 4. Does type 3A&E deal with <ol style="list-style-type: none"> a. Minor injuries (requiring X ray for instance)? b. GP type patients? c. Both? 5. Has type 3 A&E got an access to X-ray facilities? 6. Is the Trust paid according to the national tariff for A&Es or is the tariff modified? We are mainly paid according to the National tariff, we have one modified tariff in place for patient attendances at the urgent care centre. 7. Is the Type 3 A&E paid according to the national tariff for Type 3 A&Es? 8. Where are type 1 and type 3 A&Es localised in the Trust? 9. Is type 3 A&E in the same building as type 1 A&E? If no how far apart are they approximately? 10. Is there a 'Minors' or 'See and Treat' area or similar area for treatments of minor injuries, within the type 1 A&E, separate from type 3 A&E? <ol style="list-style-type: none"> a. If yes, are the patients seen there treated as type 1 A&E patients for funding/tariff purposes? b. How many patients are seen in this area in total annually? If no statistics available please provide
438	01/07/2016	Corporate Policy/ Decisions	<ul style="list-style-type: none"> • What proportion of hospital departments use telemedicine (the remote diagnosis and treatment of patients by means of telecommunications technology)? Please provide as a proportion (eg 7/20) and list the departments. • Overall, has the feedback regarding telemedicine from patients and clinicians been positive or negative? • Do you have any plans to expand the use of telemedicine across the hospital or bring in any new telemedicine technologies? 	<p>The only pure telemedicine solution currently used in the Trust is via the north west Telestroke initiative. Our clinical teams , via the Stroke network and supported by Virgin media, use remote diagnosis and treatment to provide immediate care to stroke patients in the acute phase of their condition. Very positive feedback.</p> <p>No other well defined telemedicine programme currently exists.</p>

Please can you send me the organisation's Local Area Network (LAN) contract, which may include the following:

- Support and Maintenance- e.g. switches, router, software etc
 - Managed
 - Installation
 - Cabling
1. Existing Supplier: Who is the current supplier?
 2. Annual Average Spend for Supplier: What is the annual average spending on the supplier above? If there is more than one supplier please split the annual averages spend for each supplier.
 3. Number of Users: Please can you provide me with the number of users this contract covers. Approximate number of users will also be acceptable.
 4. Number of Sites: The number of sites where equipment is supported by these contract.
 5. Contract Type: Managed, Maintenance, Installation, Software
 6. Hardware Brand: What is the hardware brand of the LAN equipment?
 7. Contract Description: Please provide me with a brief description of the overall contract.
 8. Contract Duration: What is the duration of the contract is and can you please also include any extensions this may include.
 9. Contract Expiry Date: When does the contract expire?
 10. Contract Review Date: When will the organisation is planning to review the contract?
 11. Responsible Officer: Who within the organisation is responsible for each of these contract(s) please provide me with contact details including name, job title, contact number and email address?

Please can you send me the organisation's Local Area Network (LAN) contract, which may include the following:

- Support and Maintenance- e.g. switches, router, software etc
 - Managed
 - Installation
 - Cabling
- The Trust is considering the application of s36 to exempt the provision of this information. This involves conducting a public interest test and we hope to return to you with the outcome of this exercise within 7 working days.
1. Existing Supplier: Who is the current supplier? BT
 2. Annual Average Spend for Supplier: What is the annual average spending on the supplier above? If there is more than one supplier please split the annual averages spend for each supplier. £42K
 3. Number of Users: Please can you provide me with the number of users this contract covers. Approximate number of users will also be acceptable. The contract for support is for hardware and software
 4. Number of Sites: The number of sites where equipment is supported by these contract.2
 5. Contract Type: Managed, Maintenance, Installation, Software Support
 6. Hardware Brand: What is the hardware brand of the LAN equipment? Cisco
 7. Contract Description: Please provide me with a brief description of the overall contract. Maintenance 4th Line support
 8. Contract Duration: What is the duration of the contract is and can you please also include any extensions this may include.1year
 9. Contract Expiry Date: When does the contract expire? June 2016
 10. Contract Review Date: When will the organisation is planning to review the contract? As above
 11. Responsible Officer: Who within the organisation is responsible for each of these contract(s) please provide me with contact details including name, job title, contact number and email address?

Please can you provide the following contract information with regards to the Trust's telephone system (VOIP or PBX) for Hardware and Software maintenance and support:

1. Contract Type: Maintenance, Managed, Shared (If so please state orgs)
2. Existing Supplier: If there is more than one supplier please split each contract up individually.
3. Annual Average Spend: The annual average spend for this contract and please provide the average spend over the past 3 years
4. Number of Users:
5. Hardware Brand:
6. Application(s) running on PBX/VOIP systems:
7. Telephone System Type: PBX, VOIP etc
8. Contract Duration: please include any extension periods.
9. Contract Expiry Date: Please provide the day/month/year.
10. Contract Review Date: Please provide the day/month/year.
11. Contract Description: Please provide a brief description of the overall service provided under this contract
12. Contact Detail of the person from with the organisation responsible for each contract including full Contact details
13. If the service support area has more than one provider for telephone maintenance then can you please split each contract up individually for each provider.

Please can you provide the following contract information with regards to the Trust's telephone system (VOIP or PBX) for Hardware and Software maintenance and support:

1. Contract Type: Maintenance, Managed, Shared (If so please state orgs) Maintenance
2. Existing Supplier: If there is more than one supplier please split each contract up individually. Daisey
3. Annual Average Spend: The annual average spend for this contract and please provide the average spend over the past 3 years
£38,600 x 3 = £115,800
4. Number of Users: 5600
5. Hardware Brand: Cisco
6. Application(s) running on PBX/VOIP systems: N/A
7. Telephone System Type: PBX, VOIP etc VoIP
8. Contract Duration: please include any extension periods. Annual
9. Contract Expiry Date: Please provide the day/month/year. 10th July 2016
10. Contract Review Date: Please provide the day/month/year. As above
11. Contract Description: Please provide a brief description of the overall service provided under this contract Fourth Line support
12. Contact Detail of the person from with the organisation responsible for each contract including full Contact details Head of ICT (01254 263555)
13. If the service support area has more than one provider for telephone maintenance then can you please split each contract up individually for each provider. N/A
14. If the maintenance for telephone systems is maintained in-house can you please provide:

<p>368 30/06/2016 ICT</p>	<ol style="list-style-type: none"> 1. Who is your current provider of Financial Systems support and implementation services? 2. When does the contract expire? 3. Who should I contact if I wish to supply training on your financials systems? 4. Who is your current provider of Procurement Systems support and implementation services? 5. When does the contract expire? 6. Who should I contact if I wish to supply training on your procurement systems? 7. Who is your current provider of Human Resources Systems support and implementation services? 8. When does the contract expire? 9. Who should I contact if I wish to supply training on your HRMS systems? 10. What Applications are you running for: <ul style="list-style-type: none"> o Finance? o HR? o Payroll? o Project? o CRM? o Manufacturing? o Sourcing? o Invoice Scanning Tool? o Are you using Config Snapshot? o What BI Tool are you using? 11. What versions of the above Applications are you running? 12. When was your last Application upgrade? 13. Are you planning another upgrade in the next 12-18 months? 	<ol style="list-style-type: none"> 1. Who is your current provider of Financial Systems support and implementation services? IBM through ESR 2. When does the contract expire? As this is a national NHS system there is no contract end date 3. Who should I contact if I wish to supply training on your financials systems? N/A as a full support package is provided as part of the national system 4. Who is your current provider of Procurement Systems support and implementation services? NHS East Lancashire Financial Services (ELFS) 5. When does the contract expire? We have a rolling one year forward commitment with ELFS 6. Who should I contact if I wish to supply training on your procurement systems? Not applicable - All training is carried out in-house 7. Who is your current provider of Human Resources Systems support and implementation services? Electronic Staff Record through IBM 8. When does the contract expire? As this is a national NHS system there are no contractual end dates 9. Who should I contact if I wish to supply training on your HRMS systems? A full support package for system updates, training and issue support is in place from IBM as part of the national contract. 10. What Applications are you running for: <ul style="list-style-type: none"> o Finance? ESR o HR? IBM applications o Payroll? Not known - provided by ELFS o Project?
<p>422 30/06/2016 Decisions</p> <p>Corporate Policy/</p>	<p>We note that you provided the Emergency Department Back Pain Assessment and Management Tool. We would be grateful if you could confirm whether there are any guidelines setting out the situations in which this tool must be used. If not, can you confirm if this is expected to be used in every case of a patient attending A&E with back pain.</p> <p>We also note that you have provided the guidelines for the management of malignant spinal cord compression. Are there any guidelines for the management of benign spinal cord compression or non-malignant spinal cord compression?</p>	<p>We encourage the juniors to use the appropriate bundles for patients attending with certain conditions to try to ensure good documentation and adherence to best practice/trust policy. There are no specific guidelines for non-malignant spinal cord compression. The trust has a set of Internal Professional Standards for MRI referrals from the emergency department. (Guidelines for Management of MSCC)</p>

Please provide me with the following record information:

1. Do you have an Electronic Fax Management System (A Fax Server)?
2. How many manual fax machines do you have?
3. Who is the Manufacturer of your MultiFunction Printers, and who maintains them?
4. Who is the manufacturer of your Telephony system and who maintains it?
5. What is the job title of the person responsible for your Fax policy/strategy?

Question 1: No

Question 2: 205

Question 3: The manufacturers for multifunctional devices within the Trust are Canon and Ricoh. Maintenance is carried out in house.

Question 4: Cisco - in house, Daisy for fourth line support

Question 5: Associate Director of Performance and Informatics

439 30/06/2016 Procurement

Please could we request the following information under the FOI act, (or by another means if you believe that is more appropriate.).

- a copy of the patient inter-hospital transfer document/proforma and guidelines used by your trust.
- The number of incidents reported involving the transfer of surgical patients between hospitals or trusts between March 2015-March 2016.
- The number of surgical patients transferred between hospitals or trusts between March 2015-March 2016.

Corporate
Policy/

442 30/06/2016 Decisions

Please could we request the following information under the FOI act, (or by another means if you believe that is more appropriate.).

- a copy of the patient inter-hospital transfer document/proforma and guidelines used by your trust.

Enclosed

- The number of incidents reported involving the transfer of surgical patients between hospitals or trusts between March 2015-March 2016.

9

- The number of surgical patients transferred between hospitals or trusts between March 2015-March 2016.

175

I am writing to you to request some information about your Telecoms and IT infrastructure. I politely request information on your current provider for the following services, the contract end dates, and the approximate spend for each

- 1) Your Mobile and Fixed Calls and Lines providers? Contracts end date
- 2) Your Audio / Video Conferencing provider, if any? Contract end date
- 3) Your telephony and communications provider (e.g. Avaya, Cisco, Mitel) and current maintainer? Contract end date
- 4) Your current Contact Centre and Inbound Calls provider? Contract end date
- 5) Your current WAN provider? Contract end date
- 6) Your current LAN provider and maintainer? Contract end date
- 7) Your current Internet provider? Contract end date
- 8) Your current corporate networking provider (E.G HP, Cisco)? Contract end date
- 9) Your current security provider (E.G McAfee, Checkpoint, Juniper)? Contract end date
- 10) Your current datacenter provider? Contract end date
- 11) Who is responsible for ICT in the organisation and what are their contact details

- 1) Your Mobile and Fixed Calls and Lines providers? Contracts end date
Moble EE end date July 2018.
Lines: Virgin Media June 2018, BT May 2017, Vodafone August 2016
- 2) Your Audio / Video Conferencing provider, if any? Contract end date
Virgin Media end date October 2018
- 3) Your telephony and communications provider (e.g. Avaya, Cisco, Mitel) and current maintainer?
Contract end date
Cisco maintenance Daisy end date July 2017
- 4) Your current Contact Centre and Inbound Calls provider? Contract end date
Arc – Contract end July 2017
- 5) Your current WAN provider? Contract end date
Virgin Media Oct 2018
- 6) Your current LAN provider and maintainer? Contract end date
N/A Maintained in house
- 7) Your current Internet provider? Contract end date
Virgin Media October 2018
- 8) Your current corporate networking provider (E.G HP, Cisco)? Contract end date
Cisco – Contact end date is N/A managed in-house
- 9) Your current security provider (E.G McAfee, Checkpoint, Juniper)? Contract end date
Checkpoint December 2016
- 10) Your current datacenter provider? Contract end date
N/A Datacentres Managed In House
- 11) Who is responsible for ICT in the organisation and what are their contact details
Associate Director of Performance and Informatics (01254 263555)

449 30/06/2016 ICT

I am writing to inquire on the pay rates for a staff nurse (Band 5) working within the Trust as a Bank nurse and also the pay rates for an agency nurse. I am currently working for a healthcare agency and would like to transfer to the staff bank based within the Trust. The agency have informed me that the pay rates on the overtime rule for the Trust changed two weeks ago.

I note that there is a current vacancy for a Bank Nurse which I am keen to apply but I would be most grateful if you could help and if it is possible to provide details for the pay rates.

A Band 5 Registered Nurse who also holds an employment contract at the Trust will be paid the same hourly rate as their substantive role. A Bank only nurse will be paid at Grade Step 3 (point 18) - £23363pa. All agencies pay different rates but with effect from 1st July the amount a band 5 agency worker working in the NHS can earn hourly will be capped at £16.29 (Day), £21.18 (Night /Saturday) or £26.07 (Sunday).
(Bank workers cannot work via an Agency at the same Trust)

455 30/06/2016 HR /Staff

<p>448 28/06/2016 Service Information</p>	<p>Broken down by each year from 2010 onwards:</p> <ol style="list-style-type: none"> 1. The number of maternity patients classed as high risk, classed as low risk, and classed as intermediate risk (or any other categories) when each patient's record was last updated 2. The maternity unit's policy on referrals to midwife led units for each year: specifically the factors considered high risk (such as specific BMI, sexual activity, specific age threshold, previous history etc). If policies are not available for each year please provide the most recent versions available. 3. The name of the database software used to store information on maternity patients (e.g. Euroking, etc) and the data dictionary for that data. A data dictionary is merely a list of the column names (fields) used to store the data, such as risk classification, risk factor etc. 	<p>Year Standard Intermediate Intensive 2013 4082 2852 415 2014 3287 3263 578 2015 3190 3388 621</p> <p>There is no set policy on referrals to midwifery led units each woman is assessed and advised based on personal choice and the clinical picture.</p> <p>K2 The data dictionary relates directly to the items required from the national minimum data set for maternity services.</p>
<p>450 28/06/2016 Corporate Policy/ Decisions</p>	<p>Please send us the following details</p> <ul style="list-style-type: none"> • What manufacturer telephone system are you using? • How many extensions are there on your telephone system? • Who maintains your telephone system? • When does your telephone system maintenance contract expire? • Are you using Lync or Skype for Business? 	<p>What manufacturer telephone system are you using? Cisco Call Manager BT/Nortel ISDX (Fallback Phones)</p> <ul style="list-style-type: none"> • How many extensions are there on your telephone system? 7000 Cisco phones approx 2000 Fallback analogue phones approx • Who maintains your telephone system? Cisco Call Manager - Daisy Group ISDX- BT • When does your telephone system maintenance contract expire? Contract expires July 2016 - in the process of renewal • Are you using Lync or Skype for Business? Lync

A list of all agencies the trust uses for temporary workers (Med Locums).
A breakdown of monetary spend per agency for the last 12 months.

Supplier Name Spend April 2015 - March 2016 (£)
Accident and emergency agency 883,800
Agenda recruitment -
Ambition recruitment -
Athona 193,800
Capital care -
career online t/a locum direct/mylocum 25,000
Castlerock resourcing -
CES locums -
Direct medics 45,000
Doctors on call/Global Medics 453,600
DRC Locums 35,400
Evergood associates 21,900
First medical staffing 27,800
Fresh recruitment -
HCL doctors limited 60,000
Holt doctors limited 8,400
ID medical 1,537,500
Imperial medical -
Interact medical 285,600
LAK Locums 101,600
Locum direct -
Locum placement group 2,900
Locum People Ltd 38,700
Locumcheck -
Locumlinx 89,200
Maxxima -

405 27/06/2016 HR /Staff

I would be grateful for the following information:
a) Between April 2015 and March 2016, how many patients (on both admitted and non-admitted pathways) who had breached the 18-week Referral to Treatment target were transferred to another NHS provider or an independent sector facility at NHS expense as a result?
b) Between April 2015 and March 2016, how many patients (on both admitted and non-admitted pathways) who would otherwise have breached the 18-week Referral to Treatment target were transferred to another NHS provider or an independent sector facility as a result?

We do not have a record of any patients being transferred to other organisations as a result of a breach of the 18 week RTT target

Service
427 27/06/2016 Information

- The total amount you spend on Agency Locum Doctors for the financial year 15/16 (April – March)
- For the above information to be broken down by grade and specialty (example provided below)

Specialty FY1/2 ST1/2 ST3-6 Staff Grade Consultant
 A&E
 Medicine
 Anaesthetics
 Medicine
 Surgery
 Paeds
 Pathology
 O & G
 Ophthalmology

Total locum doctor expenditure for 2015-16 (April 2015 - March 2016) £4,425,963

** Please note that these are substantive staff that work within ELHT

Speciality	Associate	Specialist	Clinical Fellows	FYs	Locum	Registrar	Speciality Doctor	STs	Grand Total
A&E	38,713	60,034	293,597	54,151	143,739	180,568	770,802		
Anaesthetics	2,389	7,253	51,266	21,427	76,881	61,829	221,045		
Clinical Lab Medicine		271,554	534	272,087					
ELCAS	259,099	386	259,485						
Haematology	1,017	1,683	450	7,842	10,992				
Medicine	5,985	12,182	217,852	963,434	24,191	9,280	263,018	1,495,942	
Neonatal	-	5,254	487	11,330	25,268	42,339			
Obs & Gynaecology	3,823	58,905	3,970	42,177	108,875				
Ophthalmology	26,895	750	27,065	29,997	55,288	11,401	151,396		
Paediatrics	13,148	13,367	65,693	30,150	9,100	125,306	256,763		
Radiology	-3,486	207,982	16,533	221,029					
Research & Development		15,466	15,466						
Surgery	13,440	14,628	130,387	293,540	5,395	11,573	130,778	599,741	
Grand Total	45,223	86,674	510,064	2,466,911	114,374	321,999	880,718	4,425,963	

432 27/06/2016 HR /Staff

Corporate Policy/

I would like to request a copy of the Trust FOI procedure

Please find attached our current FOI policy which is being reviewed in light of changes in the FOI structure.

458 27/06/2016 Decisions

I formally request the medical records for the 5th and 6th of January 2013 for A & E and Coronary Care Unit showing that ST3 Shelley Gatre (then she was ST3) either examined or treated my late wife Mrs Rita O'Brien h/n : 3209310 as I cannot find any record/documentation in the 163 pages of records/documentation that you originally sent to me in 2013. Please do not send me your normal reply " you've had all the records " as the records/documentation I am requesting are not amongst them so either you omitted to send them or they do not exist

Dear MrO'Brien

Thank you for your request for information. Your request was received on 27/06/2016 and I am dealing with it under the terms of the Freedom of Information Act 2000.

Under Section 21 of the Act, we are not required to provide information in response to a request if it is already reasonably accessible to you. The information you requested is available to you under the provisions of the Access to Health Records Act. I have therefore provided below the details of the correct department to address your query:

Medical Records

Royal Blackburn Hospital

Haslingden Road

Blackburn

BB2 3HH

SubjectAccessRequests@elht.nhs.uk is the appropriate email address.

If you do have difficulty in accessing the information or if you have any queries about this letter please contact me.

Please remember to quote the reference number above in any future communications.

If you are unhappy with the service you have received in relation to your request and wish to make a complaint or request a review of your decision you should write to the Deputy Chief Executive at the above address.

If you are not content with the outcome of your complaint you may then apply to the Information Commissioner for a decision. Generally the ICO cannot make a decision unless you have exhausted the complaints procedure provided by the Trust. The Information Commissioner can be contacted at Wycliffe House

Water Lane

Wilmslow

Cheshire

SK9 5AF

Corporate
Policy/

459 27/06/2016 Decisions

The GMC Registration number of Registrar Shelley Gatrete who was ST3 on 6/1/2013 in A&E at Blackburn Royal Hospital.

Dear Mr O'Brien

Thank you for your request for information. Your request was received on 27/06/2016 and I am dealing with it under the terms of the Freedom of Information Act 2000.

Under Section 21 of the Act, we are not required to provide information in response to a request if it is already reasonably accessible to you. The information you requested is available to you from the General Medical Council website. I have also provided below the details of the correct department to address your query:

Information Access team
General Medical Council
3 Hardman Street
Manchester
M3 3AW
Fax 0161 923 6201
Email:foi@gmc-uk.org.

If you do have difficulty in accessing the information or if you have any queries about this letter please contact me.

Please remember to quote the reference number above in any future communications.

If you are unhappy with the service you have received in relation to your request and wish to make a complaint or request a review of your decision you should write to the Deputy Chief Executive at the above address.

If you are not content with the outcome of your complaint you may then apply to the Information Commissioner for a decision. Generally the ICO cannot make a decision unless you have exhausted the complaints procedure provided by the Trust. The Information Commissioner can be contacted at Wycliffe House

Water Lane
Wilmslow
Cheshire

Corporate
Policy/
460 27/06/2016 Decisions

please could you tell me how much your hospital trust spends per annum (the latest financial year available)
On the following products/services
Printers
Photocopiers
Managed Print Services
Ink & Toner
Onsite and Offsite Storage of electronic Data

please could you tell me how much your hospital trust spends per annum (the latest financial year available)
On the following products/services
Printers £22,755
Photocopiers Included in above cost of Printers
Managed Print Services N/A
Ink & Toner £28,396
Onsite and Offsite Storage of electronic Data £500k renewed existing SAN, Offsite £39k

420 24/06/2016 Procurement

Number of staff within the organisation
 Total number of sites under your estate - including hospitals, dentists, doctors.
 Please give a breakdown of each below:
 Hospitals
 Dentists
 Doctors
 Annual IT spend - last financial year
 IT Budget - next financial year
 Number of PC's within the IT network
 Number of Laptop/Mobile Devices
 Name of main IT Contact
 Plans for new sites over the next 3 years (please provide detail below)
 Equipment/Software Make Model Year Purchased Planned Replacement
 Date Original Cost Incumbent Supplier Framework Used to Procure
 Network - Core Switches
 Network - Edge Switches
 Network - Wireless
 Firewall
 Storage Area Network (SAN)
 Servers/Hosts
 Backup - Hardware
 Backup - Software
 Backup - Service
 Email System

Number of staff within the organisation 7400
 Total number of sites under your estate - including hospitals, dentists, doctors. Please give a breakdown of each below:
 Hospitals 5
 Dentists Nil
 Clinics 2
 Annual IT spend - last financial year 1.2M
 IT Budget - next financial year 3.93M
 Number of PC's within the IT network 5200
 Number of Laptop/Mobile Devices 1000
 Name of main IT Contact Head of ICT
 Plans for new sites over the next 3 years Nil
 Network - Core Switches Cisco Cat 6509/Nexus 7200 2000/2014 In Progress £124k VMB Crown Commercial Services
 Network - Edge Switches Cisco Cat 3560 Various On going replacement Plan Various VMB Crown Commercial Services
 Network - Wireless Cisco Controller 5508, Aeronet 1142 Various In Progress £130k VMB Crown Commercial Services
 Firewall CheckPoint 4800 NGFW 2015 Renewed 2015 £55k Softcat Crown Commercial Services
 Storage Area Network (SAN) EMC/ HP VNC , P48,43 2016/2012 Renewed 2016 £500k CDW Crown Commercial Services
 Servers/Hosts HP Chassis/Blades BL46C 2012 No Decision Made £52k HP Crown Commercial Services
 Backup - Hardware HP D2D 2012 2017/18 £70k HP Crown Commercial Services
 Backup - Software Microsoft Backup Exec 2012 2017/18 Part of licencing agreement BDS Crown Commercial Services
 Backup - Service Micosoft 2017/18 Part of licencing agreement BDS Crown Commercial Services

434 24/06/2016 ICT

I am writing to request under the freedom of information act some details regarding surgery carried out across NHS Trusts in the last five years

1. Please advise how many Diastasis Recti operations have been carried out in your health trust the last five years, with a breakdown of how many per year?
2. How many abdominoplasty Surgeries have been carried out in your health trust in the last five years, with a breakdown of how many per year?
3. Please advise how many Diastasis Recti operations with a hernia have been carried out in your health trust in the last five years, with a breakdown of how many per year?

Please provide me as detailed information as you can

1. Please advise how many Diastasis Recti operations have been carried out in your health trust the last five years, with a breakdown of how many per year?
 - a. A total of one in the last five years, carried out in 2015
2. How many abdominoplasty Surgeries have been carried out in your health trust in the last five years, with a breakdown of how many per year?
 - a. A total of one in the last five years, carried out in 2013
3. Please advise how many Diastasis Recti operations with a hernia have been carried out in your health trust in the last five years, with a breakdown of how many per year?
 - a. None in the last five years

Service

435 24/06/2016 Information

	<p>Name of treatment Hospital</p> <p>Disease Description NUMBER OF PATIENTS PER MONTH (if small numbers e.g. 5 or under suppress to 5*</p> <p>Number of patients under the care of your service on the following treatments: Mar-15 Apr-15 May-15 Jun-15 Jul-15 Aug-15 Sep-15 Oct-15 Nov-15 Dec-15 Jan-16 Feb-16 Mar-16 Apr-16</p> <p>Tsyabri Gilenya Interferon beta 1a Interferon beta 1b Copaxone Lemtrada Aubagio Plegridy</p> <p>Number of patients under the care of your service on the following treatments who have had a relapse in the previous 12 months: Mar-15 Apr-15 May-15 Jun-15 Jul-15 Aug-15 Sep-15 Oct-15 Nov-15 Dec-15 Jan-16 Feb-16 Mar-16 Apr-16</p> <p>Tsyabri Gilenya Interferon beta 1a Interferon beta 1b Copaxone Lemtrada Aubagio Plegridy</p>	<p>The Trust does not provide an MS service. The nearest Trust providing this service would be Lancashire Teaching Hospitals Foundation Trust.</p>
<p>430 23/06/2016</p>	<p>Corporate Policy/ Decisions</p>	<p>How many No Resus Orders were issued by your hospital in last 5 years? How many of these patients survived and were thus discharged from your hospital in same above period? Have you a pro forma No Resus Order checklist which you use to see whether patient should be given No Resus Order, please send me a copy? What percentage of your SpR or Specialist Registrars are on the General Medical Council's Specialist Register?</p> <p>The Trust does not record centrally the number of no resus orders agreed. This detail is recorded on individual case notes. The Trust relies on the exemption provided in s 12 of the Act to refuse this element of the request. The Trust treats approximately 600,000 patients per year and examining and retrieving each of the records for the past 5 years would significantly exceed the cost limit of £450 recommended.</p> <p>What percentage of your SpR or Specialist Registrars are on the General Medical Council's Specialist Register? The Trust does not hold this information. The SpR are employed by Pennine Acute Trust who hold their personal files. Pennine Acute Trust can be contacted at By post to the Freedom of Information Co-ordinator, Pennine Acute Hospitals NHS Trust, North Manchester General Hospital, Trust Headquarters, Delaunays Road, Crumpsall, Manchester M8 5RB. Tel: 0161 604 5464. Faxed to the Freedom of Information Co-ordinator on 0161 604 5470 Or you can email your request tofoi.trust@pat.nhs.uk</p>
<p>410 22/06/2016</p>	<p>Corporate Policy/ Decisions</p>	

<p>Corporate Policy/ 431 22/06/2016 Decisions</p>	<p>I would like to know: How many noise-related complaints the organisation has received in the past three years. For each year, I would like to know: The department/ward the noise-related complaint refers to Who made the complaint (patient/relative/staff member etc) The nature of the complaint – i.e. if it is noise from staff, noise from another patient, equipment, building work etc I would also to know if your organisation has a noise policy or any noise-reduction measures in place – for example soft-closing doors, not transferring patients at night, ‘sleep kits’ for patients and so on. I would like the information via email on an excel spreadsheet if possible.</p>	<p>There are no complaints or PALS issues raised by patients or their families recorded by the Trust in relation to noise during the period requested.</p>
<p>265 20/06/2016 Finance</p>	<p>in regard to Blackburn as managed by East Lancashire Hospitals NHS Trust: a) the total actual and projected nominal cash costs of this PFI contract, including all projected adjustments for inflation (reflecting the basis on which the unitary charge is indexed to inflation, as agreed in the contract), along with start date and completion date; b) for each year of the contract, the total actual and projected nominal cash costs of this PFI contract, including all projected adjustments for inflation (reflecting the basis on which the unitary charge is indexed to inflation, as agreed in each contract); c) for each year of the contract, the non-service element of the total actual and projected nominal cash cost of each PFI contract, estimated as above; d) the pre-tax nominal Project Internal Rate of Return and the pre-tax nominal Equity Internal Rate of Return, as calculated at the start of the contract, and as projected by the relevant SPV as of today.</p>	<p>See document attached</p>

in regard to Burnley as managed by East Lancashire Hospitals NHS Trust:

See documents attached

- a) the total actual and projected nominal cash costs of this PFI contract, including all projected adjustments for inflation (reflecting the basis on which the unitary charge is indexed to inflation, as agreed in the contract), along with start date and completion date;
- b) for each year of the contract, the total actual and projected nominal cash costs of this PFI contract, including all projected adjustments for inflation (reflecting the basis on which the unitary charge is indexed to inflation, as agreed in each contract);
- c) for each year of the contract, the non-service element of the total actual and projected nominal cash cost of each PFI contract, estimated as above;
- d) the pre-tax nominal Project Internal Rate of Return and the pre-tax nominal Equity Internal Rate of Return, as calculated at the start of the contract, and as projected by the relevant SPV as of today.

327 20/06/2016 Finance

2014/15

How many deliveries of babies took place at your hospital in 2014-15?
How many babies were delivered vaginally?
What percentage of births were by caesarean sections?
How many births took place in women with BMI>40?
How many births took place in women with BMI>50?
How many elective caesarean sections were in women with BMI >40?
How many emergency caesarean sections were in women with BMI >40?
How many elective caesarean sections were in women with BMI >50?
How many emergency caesarean sections were in women with BMI >50?
Is there a special protocol for caesarean sections in women with high BMI?
(Yes/No)
Please indicate if your hospital uses the following methods for retraction during caesarean sections in women with high BMI? (Yes/No)
Extra Doctor
Extra Midwife
Ribbon gauze retractor
Mobius retractor
Alexis retractor
Surgisleeve retractor
Traxi retractor
Any other (please specify):
How many women were readmitted to hospital for breakdown of caesarean section wound? (ICD10 codes O90.0 &O90.2
How many readmissions for ICD10 codes O90.0 &O90.2 were for women with BMI>40?
How many women were readmitted to hospital for ICD code 086.0?

How many deliveries of babies took place at your hospital in 2014-15? 6418
How many babies were delivered vaginally? 4811
What percentage of births were by caesarean sections? 24.2%
How many births took place in women with BMI>40? <5
How many births took place in women with BMI>50? <5
How many elective caesarean sections were in women with BMI >40? 30
How many emergency caesarean sections were in women with BMI >40? 42
How many elective caesarean sections were in women with BMI >50? <5
How many emergency caesarean sections were in women with BMI >50? <5
Is there a special protocol for caesarean sections in women with high BMI? No – not specific to CS and high BMI but there is a specific protocol for care of an obese pregnant lady which includes considerations throughout her pregnancy and the development of a specific individualised plan for the birth depending on her circumstances, clinical presentation and BMI.
Please indicate if your hospital uses the following methods for retraction during caesarean sections in women with high BMI? (Yes/No)
Extra Doctor
Extra Midwife – not routinely although depending on BMI there would be additional staff available for moving and handling
Ribbon gauze retractor
Mobius retractor
Alexis retractor
Surgisleeve retractor
Traxi retractor
Any other (please specify):
How many women were readmitted to hospital for breakdown of caesarean section wound? (ICD10 codes O90.0 &O90.2 0

Service
381 20/06/2016 Information

Within your trust how many unique patients with Advanced Prostate Cancer (C61X) have been treated in the past 12 months?

How many patients with Advanced Prostate Cancer have received?

Abiraterone (Zytiga)

Cabazitaxel (Jevtana)

Docetaxel (Taxotere)

Enzalutamide (Xtandi)

Radium-223 (Xofigo)

Bicalutamide (Casodex)

Within your trust how many unique patients with Hepatocellular Carcinoma (C220) have been treated in the past 12 months?

How many patients with with Hepatocellular Carcinoma have received?

Bevacizumab (Avastin)

Everolimus (Afinitor)

Lapatinib (Tyverb)

Sorafenib (Nexavar)

Sunitinib (Sutent)

Within your trust how many unique patients with Gastrointestinal Stromal Tumours (C269) have been treated in the past 12 months?

How many patients with with Gastrointestinal Stromal Tumours have received?

Dasatinib (Sprycel)

Imatinib (Glivec)

Nilotinib (Tasigna)

Pazopanib (Votrient)

Regorafenib (Stivarga)

Sorafenib (Nexavar)

Sunitinib (Sutent)

Number of individual Patients admitted with a Primary diagnosis of Prostate Cancer (C61) 329

Number of individual Patients admitted with a Primary or secondary diagnosis of Prostate Cancer (C61) 758

The information provided here is accurate to the best of our abilities but is extracted from the electronic prescribing system which does not link to the pharmacy computer system - there may be weaknesses in the data.

Within your trust how many unique patients with Advanced Prostate Cancer (C61X) have been treated in the past 12 months?

2 patients recorded as stage X. (83 patients with no stage data recorded)

How many patients with Advanced Prostate Cancer have received?

Of the 2 patients recorded as stage X, none of these drugs were prescribed within ELHT

Abiraterone (Zytiga)

Cabazitaxel (Jevtana)

Docetaxel (Taxotere)

Enzalutamide (Xtandi)

Radium-223 (Xofigo)

Bicalutamide (Casodex)

Of the 83 patients with no recorded staging 10 had a prescription for Docetaxel at ELHT and 9 patients had an administration at ELHT

1 had a prescription for Cabazitaxel at ELHT and zero patients had an administration at ELHT

Within your trust how many unique patients with Hepatocellular Carcinoma (C220) have been treated in the past 12 months?

8 patients

How many patients with with Hepatocellular Carcinoma have received?

Bevacizumab (Avastin) 0

412 20/06/2016 Service Information	<p>1. If your trust has (a) midwife-led birth ward/unit(s), on what date did the ward/unit(s) open (Year and month is fine)?</p> <p>2. In the event that a patient admitted to commence delivery on a midwife-led birth unit/ward has to be transferred to a consultant-led unit, please list the facilities you have the option to transfer them to and provide the distance between the midwife-led unit and consultant-led unit in miles. If they are located on the same site as each other please say so.</p> <p>3. How many mothers were admitted to commence delivery in each midwife-led unit in each of the following years (if applicable): 2011-12, 2013-13, 2013-14, 2014-15 and 2015-16?</p> <p>4. How many mothers who started delivery in each midwife-led unit completed their delivery there in each of the following years (if applicable): 2011-12, 2013-13, 2013-14, 2014-15 and 2015-16?</p> <p>5. How many mothers who started delivery in each midwife-led unit were transferred to hospital/consultant-led unit during delivery in each of the following years (if applicable): 2011-12, 2013-13, 2013-14, 2014-15 and 2015-16? I am seeking information on those who had to be moved to one of the facilities you listed in answer to question 2, above.</p> <p>6. For each of the years in question 5, above, please provide the list of reasons for transfer and give the percentage of transfers for each reason.</p> <p>7. How many mothers commenced delivery at home (a planned home birth) in</p>	<p>1</p> <p>Birth centre Date opened Blackburn Birth Centre September 2010 Burnley Birth Centre November 2010 Rossendale Birth Centre January 2011</p> <p>2</p> <p>Consultant-led unit: Burnley Birth Suite at LWNC</p> <p>Miles between each birth centre to Burnley Birth Suite:</p> <p>Birth centre Distance to Birth Suite Blackburn Birth Centre 15 miles Burnley Birth Centre Same site Rossendale Birth Centre 11 miles</p> <p>3 - 15 Note: System giving full details of births does not hold information relating to transfers before birth, only actual location of birth</p> <p>Place of Birth 2011/2012 2012/2013 2013/2014 2014/2015 2015/2016 Birth Suite at LWNC 3347 3378 3233 3014 2985 Theatre at LWNC 1225 1268 1378 1424 1557 TOTAL Consultant Led Unit 4572 4646 4611 4438 4542</p>
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I have a Freedom of Information request regarding biologics and biosimilar prescribing. Could you please provide me with the following numbers of patients treated in the last six months with the following drugs for any condition.

Treatment Total Patients

Abatacept (Orencia)
Adalimumab (Humira)
Apremilast (Otezla)
Certolizumab Pegol (Cimzia)
Etanercept (Enbrel)
Etanercept biosimilar (Benepali)
Golimumab (Simponi)
Infliximab (Remicade)
Infliximab biosimilar (Inflectra)
Infliximab biosimilar (Remsima)
Rituximab (MabThera)
Secukinumab (Cosentyx)
Ixekizumab (Taltz)
Tocilizumab (RoActemra)
Ustekinumab (Stelara)
Vedolizumab (Entyvio)

Abatacept (Orencia) 24
Adalimumab (Humira) 299
Apremilast (Otezla) 0
Certolizumab Pegol (Cimzia) 66
Etanercept (Enbrel) 371
Etanercept biosimilar (Benepali) 0
Golimumab (Simponi) 24
Infliximab (Remicade) 233
Infliximab biosimilar (Inflectra) 8
Infliximab biosimilar (Remsima) 0
Rituximab (MabThera) 292
Secukinumab (Cosentyx) 3
Ixekizumab (Taltz) 0
Tocilizumab (RoActemra) 68
Ustekinumab (Stelara) 56
Vedolizumab (Entyvio) 18

Pharmacy/

415 20/06/2016 Prescribing

For the purposes of this request we define children and young adults as being between the ages of 0 and 25 years.

1. The information request:

Please can you provide us with the following information:

- the (a) budget and (b) expenditure for all mental health services.
- the (a) budget and (b) expenditure for Child and Adolescent Mental Health (CAMHS) services (total spend) - if you attribute to a CAMHS Tier 1-4 please specify.
- the (a) budget and (b) expenditure for mental health urgent and emergency care (including mental health crisis care) for children and young people - if only total spend is available please approximate proportion that is spent on children and young adults.
- any additional, discretionary monies (a) budgeted for and (b) spent on child, adolescent or young adult mental health - please specify source.

We are requesting information for the financial years: 2010/11, 2011/12, 2012/13, 2014/15, 2015/16, 2016/17.

And if available - we are also requesting the projected budget (or settlement) for the financial years covering the remainder of Future in Mind and the Five Year Forward View for Mental Health, which includes: 2017/18, 2018/19, 2019/2020, 2020/21.

2. Clarifications:

If the requested information does not relate to your activity, please answer 'not applicable' (n/a).

If you share a budget with another organisation, please specify:

For the purposes of this request we define children and young adults as being between the ages of 0 and 25 years.

1. The information request:

Please can you provide us with the following information:

- the (a) budget and (b) expenditure for all mental health services.
- NA
- the (a) budget and (b) expenditure for Child and Adolescent Mental Health (CAMHS) services (total spend) - if you attribute to a CAMHS Tier 1-4 please specify.

East Lancashire Child and Adolescent Services (ELCAS) are a Tier 3 CAMHS Service.

Financial Year Budget (£) Actual (£)

2010/11 4,013,900 4,013,900

2011/12 3,918,000 3,918,000

2012/13 3,827,000 3,827,000

2013/14 3,885,100 3,885,100

2014/15 3,803,900 3,803,900

2015/16 4,076,700 4,076,700

- the (a) budget and (b) expenditure for mental health urgent and emergency care (including mental health crisis care) for children and young people - if only total spend is available please approximate proportion that is spent on children and young adults.

- any additional, discretionary monies (a) budgeted for and (b) spent on child, adolescent or young adult mental health - please specify source.

We are requesting information for the financial years: 2010/11, 2011/12, 2012/13, 2014/15, 2015/16, 2016/17.

1) Maintenance/support contracts for vehicle telematics?
2) Makes and models for all vehicles can you also put this with the supplier of the vehicles?

1) Maintenance/support contracts for vehicle telematics?
2) Makes and models for all vehicles can you also put this with the supplier of the vehicles?

Make Model Reg No. Base
bradshaw ELECTRIC FB3000 AE16 DFG LEASED RBH Porters
FORD Transit SWB AV110SE Loan Store
FORD Transit SWB AV110SG Loan Store
VW TRANSPORTER BF15NWR MORTUARY
VW TRANSPORTER DH65 RNN MORTUARY
Ford Transit DN11 CVP Loan Store
Ford Transit High Top DN11CVS Loan Store
FORD TRANSIT LWB High Top DN11MWL Loan Store
FORD Transit High top DN11MWO Loan Store
PEUGEOT 207 1.6 92 S [AC] SW 5DR ESTATE DX60EPV Alphabet (GB) Ltd
Ford Fiesta - 1.25 Studio 5dr Hatchback EK61FVB Alphabet (GB) Ltd
Ford Fiesta - 1.25 Studio 5dr Hatchback EX61EFC Alphabet (GB) Ltd
Ford Transit FN12FRP Loan Store
Ford Transit FN12FRR Loan Store
FIAT 35 MAXI MINIBUS GN10LSL STEPPING STONES
Ford Transit HN11LCT Loan Store
LAND ROVER DEFENDER 4X4 110 TURBO UTILITY J785AUG
Ford Transit Box van MK13 ENL
Vauxhall Combo MX58 VPZ Loan Store
FORD FOCUS ESTATE 1.8 TCDI` PE07YWR
FORD TRANSIT 350 PE09GXW
FORD TRANSIT CONNECT L 200 TD SWB PE55OVM
TOYOTA LAND CRUISER AMAZON GX TD ESTATE PF02XST

428 20/06/2016 Parking
Transport/ Car

Under the Freedom of Information act, please could you give the names and email address of the person responsible for the following roles:
Phlebotomy Service Manager
Patient Experience Lead
Transformation Lead
Outpatient Appt. Manager

Phlebotomy Service Manager - Karen Lucas
Patient Experience Lead - Margaret Davey
Transformation Lead - Catherine Labbett
Outpatient Manager - Jacqui Booth

All of these individuals can be contacted via switchboard on 01254 263555. Due to an increasing number of "phishing" emails the Trust no longer provides email addresses for individuals below the level of very senior manager. The email for our procurement department which will make all decisions in relation to purchase of services and goods is isprocurementhelpdesk@elht.nhs.uk

428 20/06/2016 HR /Staff

436	20/06/2016	<p>Service Information</p> <p>Which of the following operations are performed at your trust? 1. Laparoscopic cholecystectomy 2. Inguinal hernia repair (open and/or laparoscopic) 3. Diagnostic laparoscopy If so, can you please inform me as to whether your trust uses standardised/pre-printed consent forms for each procedure.</p>	<p>Which of the following operations are performed at your trust? 1. Laparoscopic cholecystectomy 2. Inguinal hernia repair (open and/or laparoscopic) 3. Diagnostic laparoscopy If so, can you please inform me as to whether your trust uses standardised/pre-printed consent forms for each procedure.</p> <p>All of the above procedures are performed at the Trust and there is a standard consent form which the consultants complete with patients during the consent process.</p>
416	17/06/2016	<p>Corporate Policy/ Decisions</p> <p>Within your health trust how many patients are currently [within the past 6 months] being treated for Colorectal Cancer? Of these how many are treated with the following therapies; Bevacizumab Cetuximab Panitumumab Aflibercept Oxaliplatin Irinotecan 5-Fluorouracil Irinotecan with 5-fluorouracil (5FU) and folinic acid [FOLFIRI] Oxaliplatin with 5-fluorouracil (5FU) and folinic acid [FOLFOX] Capecitabine and oxalipatin (CAPOX / XELOX) Capecitabine and irinotecan (CAPIRI)</p>	<p>Within your health trust how many patients are currently [within the past 6 months] being treated for Colorectal Cancer? Number of individual patients admitted with a primary or secondary diagnosis of colo-rectal cancer between 01/10/15 and 31/03/16 = 254 according to our Patient Administration System There were 286 patients prescribed drugs treatments for colorectal cancer according to our chemotherapy prescribing systems. Of these how many are treated with the following therapies; Bevacizumab Cetuximab Panitumumab Aflibercept Oxaliplatin Irinotecan 5-Fluorouracil Irinotecan with 5-fluorouracil (5FU) and folinic acid [FOLFIRI] Oxaliplatin with 5-fluorouracil (5FU) and folinic acid [FOLFOX] Capecitabine and oxalipatin (CAPOX / XELOX) Capecitabine and irinotecan (CAPIRI) This information is not available from our chemotherapy prescribing system which does not give us this information by chemotherapy treatment type</p>
424	17/06/2016	<p>Corporate Policy/ Decisions</p> <p>I'm getting in touch today to enquire when the next review dates are for the following classes of drugs within the East Lancashire Health Economy Medicines Management Board? To be clear, I do not need previous review dates for these classes of drugs.</p> <ul style="list-style-type: none"> • SGLT-inhibitors: • DPP4-inhibitors: • GLP-1 agonists: 	<p>There are no planned review dates at the Lancashire Health Economy Medicines Management Board for any of these classes of medicines:-</p> <ul style="list-style-type: none"> • SGLT-inhibitors: • DPP4-inhibitors: • GLP-1 agonists:

1. Do you conduct multi-parametric MRI (mpMRI) scans (using T2-weighted, diffusion-weighted and dynamically enhanced sequences) before prostate biopsies?

If no, it would be helpful to know what the main reasons are:

If yes, it would be helpful if you can you provide an estimate of the percentage of men who receive an mpMRI scan before prostate biopsy:

2. How many scanners do you have available to use for mpMRI scans before prostate biopsy?

3. For each individual scanner used for mpMRI scans before prostate biopsy, please provide the following:

- Make
- Model
- Magnetic field strength
- Age
- When the scanner is due to be replaced

4. How many mpMRI scans before prostate biopsy do you estimate you carry out per year?

- 0
- Up to 50
- 50 -100
- 100 – 250
- 250 – 500
- 500 – 750
- 750 – 1000
- More than 1000

5.i. Do you intend to increase the number of mpMRI scans before prostate biopsy following the first results from the large clinical trial PROMIS?

1. Do you conduct multi-parametric MRI (mpMRI) scans (using T2-weighted, diffusion-weighted and dynamically enhanced sequences) before prostate biopsies?

Yes

If no, it would be helpful to know what the main reasons are:

If yes, it would be helpful if you can you provide an estimate of the percentage of men who receive an mpMRI scan before prostate biopsy:

70%

2. How many scanners do you have available to use for mpMRI scans before prostate biopsy?

2

3. For each individual scanner used for mpMRI scans before prostate biopsy, please provide the following:

- Make Philips
- Model Intera - Master Gradients
- Magnetic field strength 1.5T
- Age 13years
- When the scanner is due to be replaced Within next 2 years
- Make Siemens
- Model Aera
- Magnetic field strength 1.5T
- Age 2 years
- When the scanner is due to be replaced 2021

4. How many mpMRI scans before prostate biopsy do you estimate you carry out per year?

Up to 50

5.i. Do you intend to increase the number of mpMRI scans before prostate biopsy following the first results from the large clinical trial PROMIS?

Please provide:

1. The total amount paid in waiting list initiative payments (and other higher rate additional payments for weekend and evening work) to consultants for the following financial years:

- ii) 2013-14
- iii) 2014-15
- iv) 2015-16

2. The five highest totals of such payments paid to individual consultants, stating the name and job title of each consultant, and how many hours they worked, for the following financial years:

- i) 2013-14
- ii) 2014-15
- iii) 2015-16

3. The maximum hourly rate and the minimum hourly rate for such payments for each of following financial years:

- i) 2013-14
- ii) 2014-15
- iii) 2015-16

4.

Please provide:

1. The total amount paid in waiting list initiative payments (and other higher rate additional payments for weekend and evening work) to consultants for the following financial years:

- ii) 2013-14 £642,951.52
- iii) 2014-15 £1,258,434.63
- iv) 2015-16 £1,659,427.53

2. The five highest totals of such payments paid to individual consultants, stating the name and job title of each consultant, and how many hours they worked, for the following financial years:

i) 2013-14

Name £ Title Hours worked

Withheld under s40(2)	33,521.65	Consultant	Not available
Withheld under s40(2)	33,597.32	Consultant	Not available
Withheld under s40(2)	35,352.71	Consultant	Not available
Withheld under s40(2)	72,548.70	Consultant	Not available
Withheld under s40(2)	73,594.38	Consultant	Not available

ii) 2014-15

Name £ Title Hours worked

Withheld under s40(2)	41,496.86	Consultant	Not available
Withheld under s40(2)	42,131.32	Consultant	Not available
Withheld under s40(2)	43,748.83	Consultant	Not available
Withheld under s40(2)	77,117.06	Consultant	Not available
Withheld under s40(2)	101,850.29	Consultant	Not available

- 1) A full list of all private and independent sector organisations currently contracted to provide NHS services for your Trust, what service they provide and at which of your sites?
- 2) The value and duration of each of the contracts
- 3) The number of staff transferred to the contracting organisation as a result
- 4) A list of any current commissioning contracts out for tender
- 5) A list of any other services that the Trust is considering putting out to tender in the future

Material Subcontractors for NHS Standard Contract 15/16v1

Provider Service
Bolton Hospitals NHS Trust, Dowling House, Royal Bolton Hospital, Minerva Road, Farnworth, Bolton, BL4 0JR NTD & Downs

BTS- NHS Blood & Transplant, 2 Sterling Court, Capitol Park, Topcliffe Lane, Tingley, Wakefield, WF3 1EL Blood Products

RCI Fixed Costs
Delivery
HCI HLA-B27
Misc
Lab Anti
Central Manchester & Manchester Children's University Hospital NHS Trust, P.O. Box 177, Manchester, M13 0ZY Newborn

Willing
Cytogenetics
Microbiology
Molecular Genetics
Biochemistry
FV Leiden Screen
Haematology
Molecular Oncology
Type 3 assays
Misc
Andrology
Radiology
EEG (Medicine)
Radiology MRI

Corporate
Policy/

1. Are off frame work agencies used to cover nurse shifts?
2. On a month by month basis, what was your spend on agencies supplying off frame work nurses from 1st November 2015 to date? Please break down this information by RGN, ITU, CRITICAL, ODP'S, SCRUBS, PAEDS, HDU, A&E, AMU, ADVANCED NURSE PRACTITIONER, HCA'S ETC. If this is not possible then please break down by nurse bands.
3. Which agencies supply off frame work nurses?
4. On a month by month basis, how many times was the break glass clause used from 1st November 2015 to date?
5. Please pick 10 random shifts which were filled via off frame work agencies between 1st November 2015 to date and provide the following for each of the 10 shifts picked at random (it is not essential to name the specific agencies which relate to the chosen shifts):
 - Amount that was paid to the agency to fill each shift or the hourly rate paid to the agency
 - Number of hours in the shift
 - Date shift filled
 - The type of nurse used to fill the shift e.g. RGN, ITU, HDU, CRITICAL, A&E, PAEDS etc
 - The type of shift or shift start time e.g. Long Day or Long Night or alternatively shift start time e.g. 08:00 etc.

1. Are off frame work agencies used to cover nurse shifts?
No
2. On a month by month basis, what was your spend on agencies supplying off frame work nurses from 1st November 2015 to date? Please break down this information by RGN, ITU, CRITICAL, ODP'S, SCRUBS, PAEDS, HDU, A&E, AMU, ADVANCED NURSE PRACTITIONER, HCA'S ETC. If this is not possible then please break down by nurse bands.
NA
3. Which agencies supply off frame work nurses?
NA
4. On a month by month basis, how many times was the break glass clause used from 1st November 2015 to date?
NA
5. Please pick 10 random shifts which were filled via off frame work agencies between 1st November 2015 to date and provide the following for each of the 10 shifts picked at random (it is not essential to name the specific agencies which relate to the chosen shifts):
 - Amount that was paid to the agency to fill each shift or the hourly rate paid to the agency
 - Number of hours in the shift
 - Date shift filled
 - The type of nurse used to fill the shift e.g. RGN, ITU, HDU, CRITICAL, A&E, PAEDS etc
 - The type of shift or shift start time e.g. Long Day or Long Night or alternatively shift start time e.g. 08:00 etc.

please will you provide me with details regarding the Non-Nursing Managers, all Nursing Staff, all Health Care Workers, all Volunteers and all Admin Support Staff staffing levels utilised specifically in the Accident and Emergency Department's, Outpatients Department's and Maternity Departments at the Royal Blackburn Hospital and the Burnley General Hospital sites (as applicable) in the month of March for the years 2014, 2015 and 2016.

Please will you list the information requested, where applicable, as follows :
>

ROYAL BLACKBURN HOSPITAL

Accident and Emergency departments:

March 2014 - Non-Nursing Managers =, Nurses =, Health Care Workers =, Volunteers =, Admin Support Staff =

March 2015 - Non-Nursing Managers =, Nurses =, Health Care Workers =, Volunteers =, Admin Support Staff =

March 2016 - Non-Nursing Managers =, Nurses =, Health Care Workers =, Volunteers =, Admin Support Staff =

Outpatients Departments & Wards:

March 2014 - Non-Nursing Managers =, Nurses =, Health Care Workers =, Volunteers =, Admin Support Staff =

March 2015 - Non-Nursing Managers =, Nurses =, Health Care Workers =, Volunteers =, Admin Support Staff =

March 2016 - Non-Nursing Managers =, Nurses =, Health Care Workers =, Volunteers =, Admin Support Staff =

Maternity Departments & Wards:

March 2014 - Non-Nursing Managers =, Nurses =, Health Care Workers =, Volunteers =, Admin Support Staff =

March 2015 - Non-Nursing Managers =, Nurses =, Health Care Workers =,

2014 2015 2016 2014 2015 2016

ROYAL BLACKBURN HOSPITAL ROYAL BLACKBURN HOSPITAL BURNLEY GENERAL HOSPITAL
Accident and Emergency departments:

Non-Nursing Managers 3.00 0.00 1.00 0.00 0.00 0.00 Band 6+ Admin & Clerical
Nurses 76.04 81.00 92.46 21.81 35.00 34.70

Health Care Workers 31.00 28.00 26.97 0.00 3.00 3.72

Volunteers # # 4.00 # # 1.00

Admin Support Staff 12.64 18.00 18.64 6.60 7.00 7.56

Outpatients Departments & Wards: 435 Clinical Outpatients L4

Non-Nursing Managers 0.00 1.00 2.00 0.00 3.00 1.00 Band 6+ Admin & Clerical
Nurses 9.04 10.00 8.88 9.03 8.00 9.02

Health Care Workers 13.23 12.08 14.44 11.92 11.71 11.22

Volunteers # # 12.00 # # 1.00

Admin Support Staff 65.44 54.00 56.87 122.88 129.00 134.68 includes Health Records (was under Patient admin)

Maternity Departments & Wards:

Non-Nursing Managers 0.00 0.00 0.00 1.00 1.00 0.00 Band 6+ Admin & Clerical
Nurses 39.05 33.44 30.32 182.25 188.75 182.63

Health Care Workers 3.77 3.89 4.41 49.05 50.70 52.51

Volunteers # # 8.00 # # 39.00

Admin Support Staff 1.53 1.53 2.06 12.96 14.95 13.81

	<p>I would like information on your organisation's gifts and hospitality register (or equivalent).</p> <p>I would like a breakdown in the last five years, items which have been logged on your organisation's gifts and hospitality register by staff, detailing:</p> <p>Date item was declared</p> <p>Description of item</p> <p>Reason for the gift/hospitality</p> <p>Value</p> <p>Whether the item was accepted or declined</p> <p>Additionally, does your organisation have a monetary limit on gifts (ie gifts worth under £50 are allowed) and can cash gifts ever permitted?</p>	<p>I attach the breakdown of the gifts and hospitality register for the East Lancashire Hospitals NHS Trust from 2011 to date, detailing the date the item was declared, description of the item, reason for the gift/hospitality, value and whether the gift/hospitality was accepted or declined. You would notice from the attached spreadsheet that various items of sponsorship are also included. The reason for this is because the Trust uses one declaration form for hospitality and sponsorship and for completeness of disclosure we have included details of all forms submitted in the last five years. There is a £50 limit on gifts. All gifts with a monetary value of more than £50 or several gifts worth a total of over £100 received from the same or closely related source in a 12 months period must be declared. Cash gifts are not permitted.</p> <p>We are currently reviewing the Trust policy and practices in relation to the declarations of gifts, hospitality and sponsorship to ensure that a robust system is in place and to ensure compliance with best practice. The review of the disclosure forms is also under way to make them more user friendly whilst ensuring that all the relevant data about the disclosure is provided. The revised policy will be presented to the Board at the end of July for approval and the new declaration forms will be used from 1 August 2016. We are also planning a series of awareness raising approaches to ensure that all staff in the Trust are reminded about their obligations to declare gifts, hospitality and sponsorship and to promote the revised policy and new forms.</p>	<p>Corporate Policy/</p> <p>411 15/06/2016 Decisions</p>
<p>419 15/06/2016 Finance</p>	<p>Firstly, How much, if any, of your capital budget was converted into revenue budget in the financial year of 2015/16?</p> <p>Secondly, how much income was budgeted from the sale of assets in the financial year of 2015/16, and how much income was actually received from these sales?</p>	<p>A: During the 2015/16 financial year, the Trust received non-recurrent revenue of £19.3m from the Department of Health following a capital to revenue exercise, supported by HM Treasury.</p> <p>A: While the 2015/16 Trust revenue budget did not include any income from the sale of assets, the Trust incurred losses of £21k on the sale of assets in 2015/16. These losses related principally to the sale of two assets for a combined total of £137k.</p>	
<p>423 15/06/2016 Information</p>	<p>Service</p>	<p>Please tell me what are the clinics (ailment / ailment category clinics) for outpatients your dermatology department runs and what specific weekday they are run on.</p>	<p>The information requested already exists in the public domain by going to: http://www.nhs.uk/services/hospitals/services/service/defaultview.aspx?id=97928</p>

<p>389 09/06/2016 Decisions</p> <p>Corporate Policy/</p>	<p>1. Does the Trust have a Prostate Cancer and/or Urological Cancer Multi-disciplinary team (MDT)?</p> <p>MDT Name Yes/No If Yes please provide Members names and/or roles Name Role</p> <p>2. We would like to understand how the Trust deals with the treatment of Prostate Cancer, and therefore we would like to request any documents that are used to cover this treatment area e.g. Referral Pathways / Care Pathways.</p> <p>3. If yes, when is/are the document(s) expected to be reviewed?</p> <p>4. Please can you confirm whether we are permitted to reuse any information provided under the Open Government Licence?</p> <p>We (IMS Health) request permission to re-use as a part of an independent analysis into the treatment of patients with Prostate Cancer, which has been commissioned by one of our clients. The contents of the report will not be made available publically, but may be used by other IMS Health Group entities and service suppliers. The information in the report will be presented in a factual manner with all publication details staying true to the publisher.</p> <p>We acknowledge that information provided may be protected by copyright and will include a copyright statement to this effect at the end of any information we publish if requested by you.</p>	<p>ELHT has a urology MDT and also links into the cancer network urology meeting. The lead clinician of the ELHT urology MDT is Mr I Campbell.</p> <p>Other members of the Urology MDT comprise:</p> <p>One Urology Surgeon, One Clinical Oncologist, One Imaging Specialist, One Histopathologist, One Urology Nurse Specialist, One MDT Co-ordinator.</p> <p>The Trust follows the Cancer Network clinical guidelines. A copy is available at -http://www.gmlscscn.nhs.uk/index.php/networks/cancer/network-groups-2/urology.</p> <p>Please could you contact the Cancer Network at Preston Business Centre regarding this; A contact name is Scott Alker Email contact is: Alker Scott (NHS ENGLAND) (scott.alker@nhs.net)</p>
<p>401 09/06/2016 Decisions</p> <p>Corporate Policy/</p>	<p>Lancashire Telegraph reported that between July 2014 and July 2015 Ms Vasco-Knight worked on a number of 'quality and efficiency' projects for the trust at a day rate of £1000 (One Thousand Pounds).</p> <p>http://www.lancashiretelegraph.co.uk/news/14495288.Probe_into___financial___allegations_against___1_000_a_day__consultant/</p> <p>1. Please disclose the total cost to the trust of Ms Vasco-Knight's services in the above period.</p> <p>2. Please disclose who provided the references which the trust relied upon in employing Ms Vasco-Knight.</p> <p>3. Please advise if Ms Vasco-Knight was paid via a "tax efficient" vehicle, or as an employee of the trust.</p>	<p>Paula Vasco-Knight was recruited in 2014, via a specialist healthcare management recruitment agency to work on specific projects that will realise savings in the region of £1.2m. We paid the healthcare management recruitment agency £159,000 for 2014/15 and £89,000 for 2015/16. This included the agency's administration fee.</p>

414 09/06/2016 HR /Staff	I am currently conducting some market research and I wondered if you could tell me if you currently use an e-rostering system? And if so, the value of the contract, and how long the contract for this is for?	I wondered if you could tell me if you currently use an e-rostering system? Yes And if so, the value of the contract, and how long the contract for this is for? Total Value of Contract: 209k until 2021 (three way consortium) Length of Contract: New contract from 01st April 2016 for 6 years																				
418 09/06/2016 Corporate Policy/ Decisions	I would like the admission figures of hospital admission for people with COPD. I would like the admission numbers for 2014, 2015 and 2016 to date	<table border="1"> <thead> <tr> <th>Admission Year</th> <th>Primary Diagnosis Code</th> <th>Description</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>2014-2015</td> <td>J44</td> <td>Chronic Obstruction Pulmonary Disease</td> <td>2029</td> </tr> <tr> <td>2015-2016</td> <td>J44</td> <td>Chronic Obstruction Pulmonary Disease</td> <td>1995</td> </tr> <tr> <td>2016-2017</td> <td>J44</td> <td>Chronic Obstruction Pulmonary Disease</td> <td>204</td> </tr> <tr> <td colspan="3">TOTAL</td> <td>4228</td> </tr> </tbody> </table>	Admission Year	Primary Diagnosis Code	Description	Total	2014-2015	J44	Chronic Obstruction Pulmonary Disease	2029	2015-2016	J44	Chronic Obstruction Pulmonary Disease	1995	2016-2017	J44	Chronic Obstruction Pulmonary Disease	204	TOTAL			4228
Admission Year	Primary Diagnosis Code	Description	Total																			
2014-2015	J44	Chronic Obstruction Pulmonary Disease	2029																			
2015-2016	J44	Chronic Obstruction Pulmonary Disease	1995																			
2016-2017	J44	Chronic Obstruction Pulmonary Disease	204																			
TOTAL			4228																			
409 08/06/2016 Corporate Policy/ Decisions	<p>1) Since March 2013 when the Secretary of State asked NHS trusts to ensure their compromise (settlement) agreements were compatible with a spirit of transparency, the trust has implemented one agreement which contained a clause preventing disclosure of the existence of the agreement.</p> <p>2) Since February 2015 when Sir Robert Francis advised NHS bodies that clauses "banning signatories from disclosing the existence of a settlement agreement" were "unnecessarily draconian and restrictive", the trust has implemented five agreements which contained a clause preventing the disclosure of the existence of the agreements.</p> <p>The numbers do not make sense as (1) preceded (2), and should not be a smaller figure. I would be grateful if the trust would check accuracy.</p> <p>In response to my question about whether all settlement agreements since February 2015 have been personally reviewed by the Chief Executive, as per Sir Robert Francis' advice, the trust response is that all agreements are 'approved by the Executive Team'. I would be grateful for clarification of whether this means that you personally reviewed the contents of the agreements.</p>	<p>Dear Dr Alexander</p> <p>Thank you for your email seeking further clarification following your original freedom of information request, and our responses.</p> <p>We now have a clearer understanding of your requirements and are happy to provide the following explanation.</p> <p>Since 2011/12 this Trust has issued 109 compromise or settlement agreements; 100 of these were issued before the guidance from the Secretary of State that you refer to (64 in 2011/12 and 36 in 2012/13). The remaining 9 were issued in 13/14 (1) and 15/16 (8). Seven of these nine cases did not include a confidentiality clause that covered the agreement itself. Since the introduction of the guidance, the Trust considers in every case whether or not such a clause is necessary, and the precise terms vary from case to case. We have included such a clause on two occasions since 2013. As already advised, nothing in any confidentiality clause (including the two occasions mentioned here) prejudices a person's rights under the Public Information Disclosure Act or any obligations they may have to raise concerns about patient safety.</p> <p>You ask whether I have personally reviewed each settlement agreement and I can confirm that all these agreements are considered by both the Executive Team which I lead, and approved by our Remuneration and Terms of Service Committee of the Trust Board where I am in attendance.</p> <p>This Trust was one of the first to appoint a staff guardian; we have signed up to the RCN 'Speak Out Safely' campaign and we are highly rated in terms of staff engagement. Patient safety is our priority. I am sure you will agree that this Trust complies with both the spirit and the letter of guidance around compromise / settlement agreements. We fully support people's right to 'whistleblow' and we strongly encourage all staff to raise any genuine concerns they may have.</p>																				

<p>237 07/06/2016 Information</p> <p>Service</p>	<p>Name of Trust Name of Trust's CCG</p> <p>Freedom of Information: Elective Surgery 1. Which Regional/Area Team does your hospital belong to? Please tick ONE of the following options: North East North West West Midlands East Midlands Yorkshire and the Humber East of England South West South East London</p> <p>2. Please set out the number of individual elective procedures that took place in your Trust in 2015 for the following categories –</p> <p>Procedure Number Hip Replacement Knee Replacement Hernia Operations Adenoid Operations Gallstone Operations Tonsillectomies</p>	<p>Freedom of Information: Elective Surgery 1. Which Regional/Area Team does your hospital belong to? Please tick ONE of the following options: North East North West x West Midlands East Midlands Yorkshire and the Humber East of England South West South East London</p> <p>2. Please set out the number of individual elective procedures that took place in your Trust in 2015 for the following categories –</p> <p>Procedure Number Hip Replacement 400 Knee Replacement 421 Hernia Operations 722 Adenoid Operations 88 Gallstone Operations 889 Tonsillectomies 478 Cataract Operations 2734 Bariatric Surgery 4 Gender Reassignment Surgery 0</p>
<p>360 07/06/2016 Information</p> <p>Service</p>	<p>Which commercial organisations are permitted to promote or distribute their products or the products of other organisations in the Trust's maternity wards; what revenues accrue to the Trust from that activity; and what evidence is there that patients welcome such activity? Where possible could we have the figures for the revenues accrued over the last 5 years?</p>	<p>Which commercial organisations are permitted to promote or distribute their products or the products of other organisations in the Trust's maternity wards; Bounty what revenues accrue to the Trust from that activity; see below and what evidence is there that patients welcome such activity? Feedback from patients indicate that they welcome the photograph service that Bounty provide on the ward. Where possible could we have the figures for the revenues accrued over the last 5 years? 2011/12 - £10,164.74 2012/13 - £13,189.89 2013/14 - £8,529.64 2014/15 - £9,839.33</p>

Dear Sir

Within your trust how many intra-vitreous vials/implants have been used in the latest 4 months, if possible between January to April 2016
Please state the number of vials dispensed from your pharmacy in this period, if the number for wet AMD is not known, then regardless of reason for use.
Lucentis (ranibizumab) Injections Avastin (bevacizumab) Injections Eylea (aflibercept) Injections Illuvien (Fluocinolone) Impants Ozudex (Dexamethasone) Implants
Total Vials / Implants
Vials / Impants for Wet Age Related Macular Degeneration (wAMD)

Within your trust how many intra-vitreous vials/implants have been used in the latest 4 months, if possible between January to April 2016

21

Product Description	Total Qty
BEVACIZUMAB 100mg/4mL INJECTION	36
BEVACIZUMAB 400mg/16mL INJECTION	32
DEXAMETHASONE 700microgram INTRAVITREAL IMPLANT	5
AFLIBERCEPT 4mg/0.1mL INJECTION	733
RANIBIZUMAB 0.5mg/0.05mL SYRINGE	1409

377 07/06/2016 Pharmacy/
Prescribing

1) What are the Hospital names and locations that form part of the Trust? (please provide details) This information is available on our website at <http://www.elht.nhs.uk/>
2) Which framework is utilized for purchasing such as SBS or the NHS Supply Chain
3) By which method is this procured?
4) What is the name of the manufacture used to provide Topical Negative Wound Therapy Treatment?
*Smith-Nephew
*KCI
*Talley
*Other (please provide names)
5) Is the provision of this equipment contracted? Yes or No
The following questions are only applicable if the supply of Topical Negative Wound Therapy to the hospital trust is contracted.
6) How long is the current contract?
7) When does the current contract expire?
8) As a result of the tender did you change provider?
9) What date did your current contract start?
10) What is the term of the contract (including any extension periods)?
11) Please provide the financial value of the contract in the last 12 months of the previous contract including total value and periods covered.
12) Please provide the financial value for the first 12 months of the current contract in place.
13) Please provide contact details for the procurement officer responsible for this type of tender at each hospital site (if more than one location applicable)
14) What is the name of the manufacture used to provide pressure relief

1) What are the Hospital names and locations that form part of the Trust? (please provide details) This information is available on our website at <http://www.elht.nhs.uk/>
2) Which framework is utilized for purchasing such as SBS or the NHS Supply Chain
3) By which method is this procured?
4) What is the name of the manufacture used to provide Topical Negative Wound Therapy Treatment?
*Smith-Nephew
*KCI
*Talley
*Other (please provide names)
Smith & Nephew on NHS SBS framework
5) Is the provision of this equipment contracted? Yes or No
Yes
The following questions are only applicable if the supply of Topical Negative Wound Therapy to the hospital trust is contracted.
6) How long is the current contract?
4 years
7) When does the current contract expire?
April 2020
8) As a result of the tender did you change provider?
No
9) What date did your current contract start?
01/05/2016
10) What is the term of the contract (including any extension periods)?
01/05/2016 to 30/04/2020 - No extension periods
11) Please provide the financial value of the contract in the last 12 months of the previous contract including total value and periods covered.

379 07/06/2016 Procurement

383	07/06/2016	Corporate Policy/ Decisions	<p>In relation to the junior doctor contract</p> <p>1) Is the trust on course to implement the new contract in August 2016?</p> <p>2) What steps the trust has taken to discuss with junior doctors working within it or under lead employer arrangements about the implementation of the contract and the perspective of trainees?</p> <p>3) Has the trust advertised / is planning to advertise for the new guardian role(s)? If so please supply further information about the job specification, essential requirements and person specification.</p> <p>In addition I would be grateful if you could provide any materials pertaining to the implementation of the new contract within your trust. This should include but not be limited to</p> <p>4) New rota designs (with comparisons from before)</p> <p>5) Any modelling relating to the effects for the trust (including cost impact, levels of staffing across the week, impact upon training)</p> <p>6) Details of any plans to change services offered in order to implement 7 day services as a result of this contract change.</p> <p>7) Any correspondence from or to NHS employers, Health Education England or the local deanery regarding contract implementation.</p>	<p>In relation to the junior doctor contract</p> <p>1) Is the trust on course to implement the new contract in August 2016?</p> <p>The Trust was on course to implement the contract in August 2016 but following the recent agreement with the BMA on new terms we have suspended work on preparing for the introduction (from 3 August 2016) of the contract published on 31 March 2016 pending the outcome of the BMA referendum. This is in line with national guidance</p> <p>2) What steps the trust has taken to discuss with junior doctors working within it or under lead employer arrangements about the implementation of the contract and the perspective of trainees?</p> <p>None – see above</p> <p>3) Has the trust advertised / is planning to advertise for the new guardian role(s)? If so please supply further information about the job specification, essential requirements and person specification.</p> <p>The role has been advertised and appointed to using the national template job description and person specification (see attached)</p> <p>In addition I would be grateful if you could provide any materials pertaining to the implementation of the new contract within your trust. This should include but not be limited to</p> <p>4) New rota designs (with comparisons from before)</p> <p>Work currently suspended – see 1</p> <p>5) Any modelling relating to the effects for the trust (including cost impact, levels of staffing across the week, impact upon training)</p> <p>Work currently suspended – see 1</p> <p>6) Details of any plans to change services offered in order to implement 7 day services as a result of this contract change.</p> <p>Not known at this stage</p> <p>7) Any correspondence from or to NHS employers, Health Education England or the local deanery regarding contract implementation.</p> <p>We can confirm that we have received correspondence from NHS Employers in relation to contract implementation. However we request you approach them as the authors. We can confirm we have</p>
385	07/06/2016	Corporate Policy/ Decisions	<p>Please could you tell me who all the previous owners of Accrington Victoria Hospital have been and when it was sold.</p>	<p>The Trust does not hold this information - this will be available from the Land Registry at https://eservices.landregistry.gov.uk/www/wps/portal/!ut/p/b1/04_Sj7QwNjc3tTQxN9SP0I_KSyzLTE8syczPS8wB8aPM4o2NLEwMDU2MPCyMzcwNPE3d3I0NQ0yNDUyM9YNT8_RzoxwVATVX64s!/</p> <p>The postcode for the hospital, which you will need for your search is BB5 6AS</p>

1a. Approximately how many members of staff do you have?
 1b. Approximately how many contractors have routine access to your information?
 (see www.suresite.net/foi.php for clarification of contractors if needed)
 2a. Do you have an information security incident/event reporting policy/guidance/management document(s) that includes categorisation/classification of such incidents?
 2b. Can you provide me with the information or document(s) referred to in 2a? (This can be an email attachment of the document(s), a link to the document(s) on your publicly facing web site or a 'cut and paste' of the relevant section of these document(s))
 3a. Do you know how many data protection incidents your organisation has had since April 2011? (Incidents reported to the Information Commissioners Office (ICO) as a Data Protection Act (DPA) breach)
 Answer: Yes, No, Only since (date):
 3b. How many breaches occurred for each Financial Year the figures are available for?
 Answer FY11-12: FY12-13: FY13-14: FY14-15:

4a. Do you know how many other information security incidents your organisation has had since April 2011? (A breach resulting in the loss of organisational information other than an incident reported to the ICO, eg compromise of sensitive contracts or encryption by malware.)
 Answer: Yes, No, Only since (date):
 4b. How many incidents occurred for each Financial Year the figures are available for?
 Answer FY11-12: FY12-13: FY13-14: FY14-15:

1a: Approximately 8000 staff within the Trust
 1b: This information is not recorded centrally.
 2a: Yes
 2b: This is publically available from the ICO web site
 3a/3b:
 2011 = 0
 2012 = 0
 2013 = 0
 2014 = 0
 2015/16 = 4
 4a/4b: No cyber security incidents reported. Note figures only available from 2015-16.
 5a: Yes Only Since: 2015
 5b: 2015 = 1
 6a: Yes
 6b : 2015 = 1

386 07/06/2016 Incidents

1. From 1st April to the 30th April 2016 how many nursing staff shifts fell outside of Monitor guidelines?
 2. From 1st April to the 30th April 2016 how many AHP shifts fell outside of Monitor guidelines?
 3. From 1st April to the 30th April 2016 how many medical locum shifts fell outside of Monitor guidelines?

1. From 1st April to the 30th April 2016 how many nursing staff shifts fell outside of Monitor guidelines?
 271
 2. From 1st April to the 30th April 2016 how many AHP shifts fell outside of Monitor guidelines?
 0
 3. From 1st April to the 30th April 2016 how many medical locum shifts fell outside of Monitor guidelines?
 392

395 07/06/2016 HR /Staff

1. Is the Trust currently under contract with regards to pressure area care mattresses? If so with who?
2. When is this contract due to end?
3. How many mattresses are in the contract?
4. Is this a rental or a purchase contract?
5. Does the contract cover the servicing of these?
6. Does this contract cover bariatric as well?
7. Does the contract include beds?
8. If not who is this contract held with?
9. How many static (foam) mattresses on average does the Trust purchase in a year?
10. Which manufacturers mattresses do you use and Is this under contract?
Who is the main Tissue Viability Nurse for the Foundation Trust?
11. Who is the main Procurement Manager for the Trust?
12. Who would manage the procurement of mattresses within the trust?
13. Does the Trust receive any decontamination service for beds and mattresses?
14. If so with who?
15. How many inpatient beds are there at each site?

1. Is the Trust currently under contract with regards to pressure area care mattresses? If so with who?
Yes, Siemens and Singers
2. When is this contract due to end?
31/5/2017
3. How many mattresses are in the contract?
778
4. Is this a rental or a purchase contract?
Lease
5. Does the contract cover the servicing of these?
Servicing is carried out in-house
6. Does this contract cover bariatric as well?
No
7. Does the contract include beds?
No
8. If not who is this contract held with?
Arjo Huntleigh / Talley
9. How many static (foam) mattresses on average does the Trust purchase in a year?
Mattresses are leased not purchased as a general rule
10. Which manufacturers mattresses do you use and Is this under contract? Who is the main Tissue Viability Nurse for the Foundation Trust?
Arjo Huntleigh / Talley (both are contracted)
Tissue Viability Nurse: Elizabeth White
11. Who is the main Procurement Manager for the Trust?
Sandra Cockell
12. Who would manage the procurement of mattresses within the trust?
Elizabeth White

1) What is the accounting software that the Trust use?
 2) Who is the Trust's service provider (in-house or 3rd party provider)?
 a. If outsourced to a 3rd party provider, what is the name of the service provider you use?
 b. If outsourced to a 3rd party provider, how long did the transition to the service provider take?
 c. If outsourced to a 3rd party provider, was the transition fee paid prior to the service start date and what was the transition price paid?
 d. If outsourced to a 3rd party provider, what is the value of the service contract per annum?
 e. If outsourced to a 3rd party provider, when did the contract start and when is the contract due to expire?
 f. If outsourced to a 3rd party provider, is the Trust's intention to re-procure these services through a Trust run OJEU procurement exercise when the current contract expires?
 i. If not, what is the route through which you will contract these services?
 g. If the Trust provide these services in-house, does the Trust intend to investigate outsourcing these services in the next 12 months?
 3) What is the volume of Accounts Payable invoices processed per annum by the Trust?
 4) What is the volume of Accounts Receivable invoices processed per annum by the Trust?

1) What is the accounting software that the Trust use?
 E Financials
 2) Who is the Trust's service provider (in-house or 3rd party provider)?
 3rd party provider
 a. If outsourced to a 3rd party provider, what is the name of the service provider you use?
 ELFS Shared Services
 b. If outsourced to a 3rd party provider, how long did the transition to the service provider take?
 Not known due to length of time contract in place
 c. If outsourced to a 3rd party provider, was the transition fee paid prior to the service start date and what was the transition price paid?
 Not known due to length of time contract in place
 d. If outsourced to a 3rd party provider, what is the value of the service contract per annum?
 £1,018,000
 e. If outsourced to a 3rd party provider, when did the contract start and when is the contract due to expire?
 Financial services - a one year rolling contract to NHS East Lancashire Financial Services
 Payroll Services - The Countess of Chester's framework for Payroll Services expires 31.03.2019
 f. If outsourced to a 3rd party provider, is the Trust's intention to re-procure these services through a Trust run OJEU procurement exercise when the current contract expires?
 Yes
 i. If not, what is the route through which you will contract these services?
 NA
 g. If the Trust provide these services in-house, does the Trust intend to investigate outsourcing these services in the next 12 months?
 NA
 3) What is the volume of Accounts Payable invoices processed per annum by the Trust?
 NA

399 07/06/2016 Finance

Radiology
 Could you tell me how many of the following procedures were performed within Radiology during 2014?
 a. Angioplasty
 b. Fibroid Embolization
 c. Diagnostic Angiograms
 How many closure devices were used for each of those procedures?
 How many closure devices were used in total within radiology during 2014?
 Cardiology
 How many Diagnostic Angiograms were performed during 2014?
 How many of those procedures used a closure device and how many of those were a femoral closure device?

Could you tell me how many of the following procedures were performed within Radiology during 2014?
 a. Angioplasty 594
 b. Fibroid Embolization 0
 c. Diagnostic Angiograms 8944
 How many closure devices were used for each of those procedures? 1 per procedure
 How many closure devices were used in total within radiology during 2014? 8580
 Cardiology
 How many Diagnostic Angiograms were performed during 2014? 1559
 How many of those procedures used a closure device and how many of those were a femoral closure device? 1497 and 57 femoral closure devices

Service
 402 07/06/2016 Information

<p>Service 403 07/06/2016 Information</p>	<ul style="list-style-type: none"> • Catchment population of your trust by age (in brackets of 10 years) – e.g. total of 250,000 people of which 20,000 are within 10-20 years old • Number of patients in each age bracket of 10 years (e.g. 50-60, 60-70) undergoing cataract surgery. • Source of referrals (GP, optician, hospital, other) for cataract surgery for each financial year between 2006 and 2016 o Has e-Referrals (i.e. choose and book) been implemented? o What is the nature of your referral management system (if any)? o How many referrals by GPs, Opticians, Hospital Doctors or Others are received by the referral management system for cataract surgery, and how many of these are declined? • Mean and median waiting times from referral to cataract surgery for each financial year between 2006 and 2016 • Total volume of injections for macular degeneration performed per financial year - between 2006 and 2016 o If recorded, please also provide number of unique patients receiving injections per financial year <p>My hope is that this data is readily available as I believe most of it is sent to HSCIC by all Trusts on a yearly basis.</p>	<p>Catchment population of your trust by age (in brackets of 10 years) – e.g. total of 250,000 people of which 20,000 are within 10-20 years old See attached</p> <ul style="list-style-type: none"> • Number of patients in each age bracket of 10 years (e.g. 50-60, 60-70) undergoing cataract surgery. See attached • Source of referrals (GP, optician, hospital, other) for cataract surgery for each financial year between 2006 and 2016 See attached o Has e-Referrals (i.e. choose and book) been implemented? Yes o What is the nature of your referral management system (if any)? Referrals are processed by eReferrals onto ELHT's Patient Administration System o How many referrals by GPs, Opticians, Hospital Doctors or Others are received by the referral management system for cataract surgery, and how many of these are declined? See attached • Mean and median waiting times from referral to cataract surgery for each financial year between 2006 and 2016 See attached • Total volume of injections for macular degeneration performed per financial year - between 2006 and 2016 See attached o If recorded, please also provide number of unique patients receiving injections per financial year See attached
<p>Performance/ 408 07/06/2016 Activity</p>	<p>1) How many times has the hospital (or a hospital run by the trust) been on 'Black Alert' in the past 5 years? a) Can I please have a total for each year.</p>	<p>1) How many times has the hospital (or a hospital run by the trust) been on 'Black Alert' in the past 5 years? 0 a) Can I please have a total for each year. 0</p>
<p>400 31/05/2016 ICT</p>	<p>Please provide the following information:</p> <ol style="list-style-type: none"> 1. Annual IT Budget Please provide split between: <ul style="list-style-type: none"> o Capital Expenditure o Revenue Expenditure 2. How much of your capital expenditure is spent on outsourced IT services? Provide split between: <ul style="list-style-type: none"> o Capital Expenditure o Revenue Expenditure 3. What is your anticipated capital refresh budget for data centre investment? 	<p>Please provide the following information:</p> <ol style="list-style-type: none"> 1. Annual IT Budget Please provide split between: <ul style="list-style-type: none"> o Capital Expenditure £3.9m o Revenue Expenditure Pay £4.3m Non Pay 2.8m 2. How much of your capital expenditure is spent on outsourced IT services? Provide split between: <ul style="list-style-type: none"> o Capital Expenditure o Revenue Expenditure <p>No outsourced OT services. We use ad hoc consultancy for specific projects at a cost of approx. £50k per annum</p> 3. What is your anticipated capital refresh budget for data centre investment? £900k (inc SAN)

	<p>1. What is your overall IT Budget for 2016/17? 2. Do you run a shared IT service with any other government/NHS entities? 3. Do you have a BRM Programme in place in your IT Department (IT Business Relationship Management, IT Business Partner, Business Liaison)? 4. If you do have a programme, how many BRM's/IT Business Partners/etc are currently employed by the Trust</p>	<p>1. What is your overall IT Budget for 2016/17? Pay £4.3m Non Pay 2.8m Capital £3.9m 2. Do you run a shared IT service with any other government/NHS entities? No 3. Do you have a BRM Programme in place in your IT Department (IT Business Relationship Management, IT Business Partner, Business Liaison)? No 4. If you do have a programme, how many BRM's/IT Business Partners/etc are currently employed by the Trust NA</p>
<p>404 31/05/2016 ICT</p>	<p>Junior doctors in England took industrial action on eight days between January and April 2016. In this Freedom of Information request we are seeking information on the impact the action had on the trusts.</p> <p>1. In total how many a) operations and procedures b) outpatient appointments did the Trust postpone as a result of the action? 2. How many of the a) operations and procedures b) outpatient appointments did the Trust rearrange and carry out within one month of the postponement? 3. How much did your Trust spend on extra agency/locum staff to cover absent junior doctors a) On the eight strike days b) At a later date to run 'catch-up' clinics related to the strike? (NB: this is about strike cover, so please don't include agency/locum staff filling long-term vacancies) 4. How much did your Trust spend on overtime payments to nursing or medical staff to cover absent junior doctors a) On the eight strike days b) At a later date to run 'catch-up' clinics related to the strike? (NB: this is about strike cover, so please don't include agency/locum staff filling long-term vacancies) 5. How many 'days of in lieu' were accrued by staff working extra shifts a) On the eight strike days b) At a later date to run 'catch-up' clinics related to the strike?</p>	<p>1. In total how many a) operations and procedures b) outpatient appointments did the Trust postpone as a result of the action? a) No definitive figure available b) 887 2. How many of the a) operations and procedures b) outpatient appointments did the Trust rearrange and carry out within one month of the postponement? The data is not held in a format that would enable this information to be provided - there is no specific coding for cancellations as a result of industrial action. 3. How much did your Trust spend on extra agency/locum staff to cover absent junior doctors a) On the eight strike days b) At a later date to run 'catch-up' clinics related to the strike? (NB: this is about strike cover, so please don't include agency/locum staff filling long-term vacancies) The Trust did not employ locums to cover striking staff as this is illegal. Consultant colleagues provided cover. 4. How much did your Trust spend on overtime payments to nursing or medical staff to cover absent junior doctors a) On the eight strike days b) At a later date to run 'catch-up' clinics related to the strike? (NB: this is about strike cover, so please don't include agency/locum staff filling long-term vacancies) No overtime was paid to any staff to cover striking doctors. Catch up clinics will be arranged alongside other activity so the Trust is unable to provide a response that would specifically relate to the effects of the strike.</p>
<p>406 31/05/2016 Corporate Policy/ Decisions</p>	<p>Would you kindly supply me with the GROSS total number of UNIQUE PAGE VIEWS your website received for the period 1 April 2015 to 30 April 20i6, inclusive. I do not need details of the individual page views, SOLELY THE GROSS TOTAL for the above period.</p>	<p>The number of unique page visits for the time period in question is 300, 259</p>
<p>392 25/05/2016 Service Information</p>		

We ask that you confirm as follows:-

1. Whether the Trust has a policy/set of guidelines for identifying patients with potential cauda equina syndrome. If so, please provide a copy of the policy/guidelines in place in January/February 2016.
2. Whether the Trust has a policy/set of guidelines for the referral/treatment of patients with suspected cauda equina syndrome. If so, please provide a copy of the policy/guidelines in place in January/February 2016.
3. Whether the Trust has a policy/set of guidelines setting out the time limits for performing urgent MRI scans following referral from A&E. If so, please provide a copy of the policy/guidelines in place in January/February 2016.

Documents attached

394 25/05/2016 Service Information

In your Trust please supply the number of patients currently treated for Uveitis with a biologic treatment, including those on a Patient Access Scheme.

Please state the number of Uveitis patients treated, and where possible by each biologic drug:

- Adalimumab
- Etanercept
- Infliximab
- Rituximab
- Other biologics

How many Psoriasis patients have been treated in the last 6 months with Fumaric acid esters (Fumaderm), If your trust can't supply patients, please supply the number of packs of tabs

The information requested is not recorded in the pharmacy system against indication and so we are unable to supply all the information requested.

The table below provides a response to the final question as again we do not store or record the information as requested

Product Description	Total Qty	Total Pack
FUMADERM 120mg TABLETS pack of 70	9576	136.8
FUMADERM 30mg TABLETS pack of 40	1376	34.4

390 24/05/2016 Pharmacy/ Prescribing

	<p>Corporate Policy/ Decisions</p>	<p>The trust discloses high usage of clauses in compromise agreements which prevent the disclosure of the very existence of the compromise agreements (in common parlance, "super-gags"). It is in fact the highest number of super-gags used by a trust that I have come across to date.</p> <p>Please could you advise:</p> <p>1) How many such clauses, if any, were implemented by the trust after March 2013 (when the Secretary of State asked NHS trusts to review and ensure that use of compromise agreements was consistent with a spirit of transparency).</p> <p>2) How many such clauses, if any, were implemented by the trust after February 2015 (when Sir Robert Francis advised through his report of the Freedom to Speak Up Review that such clauses were "draconian" and unhelpful).</p> <p>3) Since February 2015, have you as Chief Executive personally reviewed all trust compromise agreements to ensure that they are not unduly restrictive, as per Sir Robert Francis' recommendations from the Freedom to Speak Up Review.</p>	<p>Dear Ms Alexander</p> <p>Thank you for your request for further information following our response to our FOI request dated 19th May.</p> <p>It seems our response requires some explanation in order to give it a clear context. You asked us how many compromise agreements the Trust has entered into in the last five years, and the number given to you was 109. However, since the legislation changed on 29th July, 2013, this Trust no longer issues 'compromise agreements' but instead, in line with ACAS code of practice, enters into 'settlement agreements'. The 109 refers to all compromise and settlement agreements in the five year period.</p> <p>Of those 109, 105 relate to Mutually Agreed Resignation Schemes (MARS). This is a form of voluntary severance which enables employees, in agreement with their employer, to choose to leave their employment voluntarily and receive a severance payment. The scheme, which is approved by NHS Trust Development Authority, and developed in accordance with nationally approved guidelines, has successfully supported the Trust to create opportunities for staff who would otherwise have faced redundancy. National guidance says that severance payments under the MARS scheme should be formalised by a 'settlement agreement' that sets out the financial and all other terms on which the employment relationship will end.</p> <p>The remaining four cases relate to compulsory redundancies and agreements were necessary in these instances to ensure transparency in relation to the redundancy packages.</p> <p>None of the 109 agreements included provision for any non-contractual payments. All agreements include a standard confidentiality clause that protects both the employer and employee. This makes it explicitly clear to the employee, within the written agreement, that this does not prevent them from raising legitimate concerns about patient safety, or other issue, in the public interest under the terms of PIDA.</p> <p>Our response to you, which you have interpreted as this Trust issuing 'super gags', has understandably caused you some surprise and you have sought further information which, in</p> <p>http://www.elht.nhs.uk/corporate-publications.htm</p>
<p>397 23/05/2016</p>	<p>Corporate Policy/ Decisions</p>	<p>Please provide the following information:</p> <ul style="list-style-type: none"> • 1. Most current Annual Report • 2. Most current organisation Business Plan 	
<p>398 19/05/2016</p>	<p>Corporate Policy/ Decisions</p>		

We are currently doing some research around the procurement of medical equipment within NHS Trusts in the United Kingdom and require information that relates to the organisation's live contracts around the procurement of medical equipment.

<http://my.supplychain.nhs.uk/Catalogue/contract>

1. Airway Management
2. Anaesthetic oxygen and resuscitation
3. Audiology
4. Cannula and catheters
5. Cardiology
6. Clinical departments
7. Clinical products
8. Continence care
9. Dental consumables
10. Drapes and gowns
11. Neuromodulation
12. Operating theatre products
13. Ophthalmics
14. Orthopaedics
15. Pathology
16. Patient monitoring
17. Pressure area care
18. Rehabilitation
19. Stoma care
20. Urology
21. Woman and child/sexual health promotion
22. Wound management

112 18/05/2016 Procurement

1. The number of letters issued by your Trust threatening legal proceedings if a patient does not leave. Please include specific details of any laws referred to in each.

- 1) No letters have been issued
- 2) No letters have been issued
- 3) No eviction notices or court orders have been requested

2. How many letters has your Trust issued threatening legal proceedings if a patient does not vacate a hospital bed/ward on 2013/14, 2014/15, 2015/16. Please include specific details of any laws referred to in each if different from Question 1.

3. Number of cases an eviction notice or court order for possession of a bed been served by your trust in 2013/14, 2014/15, 2015/16. Please include specific details of any laws referred to in each if different from Questions 1 and 2.

Corporate
Policy/

208 18/05/2016 Decisions

<p>224 18/05/2016</p> <p>Corporate Policy/ Decisions</p>	<p>Please can you advise me in regards to the last 5 years:</p> <p>1) How many compromise agreements has the Trust entered into with staff or former staff?</p> <p>2) How many of these compromise agreements require staff members not to disclose the existence of the compromise agreement itself?</p> <p>3) How many of these compromise agreements contain non-disparagement clauses that require staff members not to criticise the employees of the Trust?</p> <p>4) How many of these compromise agreements were entered into by the Trust with staff who had previously made public interest disclosures, (whether or not these were raised by formally invoking the Trust's whistleblowing policy)?</p> <p>5) If staff who have entered into a compromise agreement with the Trust were to voice concerns about reprisal by the Trust for whistleblowing, would the Trust consider this to be an actionable breach of non-disparagement clauses, or would it consider the raising of such concerns to be qualifying disclosures under PIDA?</p>	<p>Please can you advise me in regards to the last 5 years:</p> <p>1) How many compromise agreements has the Trust entered into with staff or former staff? 109</p> <p>2) How many of these compromise agreements require staff members not to disclose the existence of the compromise agreement itself? All</p> <p>3) How many of these compromise agreements contain non-disparagement clauses that require staff members not to criticise the employees of the Trust? All</p> <p>4) How many of these compromise agreements were entered into by the Trust with staff who had previously made public interest disclosures, (whether or not these were raised by formally invoking the Trust's whistleblowing policy)? None</p> <p>5) If staff who have entered into a compromise agreement with the Trust were to voice concerns about reprisal by the Trust for whistleblowing, would the Trust consider this to be an actionable breach of non-disparagement clauses, or would it consider the raising of such concerns to be qualifying disclosures under PIDA? If concerns are raised under PIDA then they would be addressed as such and there is a section within all our settlement agreements which explains that nothing in the agreement shall prejudice their rights under PIDA or any obligations they have to raise concerns about patient safety.</p>
<p>367 18/05/2016</p> <p>Corporate Policy/ Decisions</p>	<p>Please can you tell me: How many times in March 2015 were your trust hospitals under a red or black alert? Please state which hospitals were affected and how long each hospital was affected. This request only applies to acute hospitals. If you do not operate red or black alert systems please ignore this request.</p>	<p>Black alert is major incident which is a whole health economy response There have been none since March 2015 We do not record how many times we are on red alert</p>
<p>382 18/05/2016</p> <p>Performance/ Activity</p>	<p>How many data sharing agreements or information sharing agreements does the trust currently have with private organisations to share patient files or records? 2 - For each, please state i) the organisation concerned, ii) the number of patients involved and iii) the purpose of the agreement. 3 - Please also specify whether patients were asked beforehand if their information could be shared or whether the agreement was made on the basis of implied consent.</p>	<p>1. Trust has 31 data sharing agreements in place. 2. We cannot provide the organisations names and details as this is confidential. - 21 of these were for "Shared Care" purposes. - 6 of these were for secondary care purposes. - 2 were for Research - 2 were for admin purposes 3. Each of the data sharing agreements address the requirement for consent from patients/clients. Note, we don't use implied consent anymore but 3 of the existing agreements were drawn up using implied consent as they involved devolving care previously provided by the Trust to another NHS trust.</p>

<p>388 18/05/2016</p>	<p>Corporate Policy/ Decisions</p> <p>Thank you for the information you sent but we omitted to ask how much the maintenance contracts are per annum for each scanner.</p>	<ul style="list-style-type: none"> Who has the service maintenance contract for the scanners - is it the supplier or an external service company? <p>All have maintenance contracts with the supplier.</p> <ul style="list-style-type: none"> Siemens Somatom Definition AS, Managed Equipment Scheme Siemens Somatom Sensation (16 slice) Managed Equipment Scheme 2 x Toshiba Aquillion Prime 9year agreed maintenance to be invoiced annually = £369,949.19 																																																																	
<p>216 16/05/2016</p>	<p>Service Information</p> <p>The dates (day, month , year) that the following units temporarily closed their doors to new maternity patients from 1st April 2004 onwards (or the earliest date available, if this is later)</p> <p>Rosendale Birth Centre from Burnley General Hospital</p> <p>The Central Birth Suite, Lancashire Women and Newborn Centre from Burnley General Hospital</p> <p>Blackburn Birth Centre from Chorley and South Ribble Hospital</p> <p>The date (month, year) of the opening of Burnley Birth Centre from Burnley General Hospital</p> <p>The dates (day, month , year) that Burnley Birth Centre temporarily closed their doors to new maternity patients from 1st April 2004 onwards (or the earliest date available, if this is later)</p> <p>Bank/agency spend on midwifery staff for each month from April 2010 onwards (or the earliest date available, if this is later).</p>	<p>The dates (day, month , year) that the following units temporarily closed their doors to new maternity patients from 1st April 2004 onwards (or the earliest date available, if this is later)</p> <p>Rosendale Birth Centre from Burnley General Hospital</p> <p>Not closed</p> <p>The Central Birth Suite, Lancashire Women and Newborn Centre from Burnley General Hospital</p> <p>Diversions on one occasion for two hours</p> <p>Blackburn Birth Centre from Chorley and South Ribble Hospital</p> <p>Information not held by the East Lancashire Hospitals NHS Trust</p> <p>The date (month, year) of the opening of Burnley Birth Centre from Burnley General Hospital</p> <p>22/11/2010</p> <p>The dates (day, month , year) that Burnley Birth Centre temporarily closed their doors to new maternity patients from 1st April 2004 onwards (or the earliest date available, if this is later) Never</p> <p>Bank/agency spend on midwifery staff for each month from April 2010 onwards (or the earliest date available, if this is later). Information is available from 2012/13 onwards as below:</p> <table border="1"> <thead> <tr> <th></th> <th>2015/16</th> <th>2014/15</th> <th>2013/14</th> <th>2012/13</th> </tr> </thead> <tbody> <tr> <td>April</td> <td>16,453</td> <td>11,970</td> <td>30,897</td> <td>10,720</td> </tr> <tr> <td>May</td> <td>19,456</td> <td>18,295</td> <td>7,511</td> <td>5,909</td> </tr> <tr> <td>June</td> <td>28,265</td> <td>11,430</td> <td>11,309</td> <td>4,380</td> </tr> <tr> <td>July</td> <td>26,357</td> <td>16,739</td> <td>5,266</td> <td>17,021</td> </tr> <tr> <td>August</td> <td>22,999</td> <td>15,899</td> <td>22,649</td> <td>19,164</td> </tr> <tr> <td>September</td> <td>24,386</td> <td>21,380</td> <td>7,438</td> <td>7,935</td> </tr> <tr> <td>October</td> <td>24,844</td> <td>15,959</td> <td>7,613</td> <td>24,167</td> </tr> <tr> <td>November</td> <td>20,550</td> <td>24,173</td> <td>3,157</td> <td>10,044</td> </tr> <tr> <td>December</td> <td>21,473</td> <td>16,892</td> <td>9,602</td> <td>6,776</td> </tr> <tr> <td>January</td> <td>27,658</td> <td>16,384</td> <td>11,491</td> <td>15,971</td> </tr> <tr> <td>February</td> <td>25,051</td> <td>17,005</td> <td>16,195</td> <td>10,120</td> </tr> <tr> <td>March</td> <td>37,010</td> <td>21,952</td> <td>14,340</td> <td>11,408</td> </tr> </tbody> </table>		2015/16	2014/15	2013/14	2012/13	April	16,453	11,970	30,897	10,720	May	19,456	18,295	7,511	5,909	June	28,265	11,430	11,309	4,380	July	26,357	16,739	5,266	17,021	August	22,999	15,899	22,649	19,164	September	24,386	21,380	7,438	7,935	October	24,844	15,959	7,613	24,167	November	20,550	24,173	3,157	10,044	December	21,473	16,892	9,602	6,776	January	27,658	16,384	11,491	15,971	February	25,051	17,005	16,195	10,120	March	37,010	21,952	14,340	11,408
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<p>304 16/05/2016</p>	<p>Service Information</p> <p>'I am looking for information relating to any operations carried out that were concerned with Maxillofacial with particular emphasis on double jaw surgery, mandibular correction surgery.</p> <p>I am looking for the info that relates to the years of January 2012 to December 2015 inclusive and that shows how many operations were conducted, how many were successful and how many were involved with complications such as stroke etc.</p>	<p>We do not record information in relation to complications but have provided the information in relation to Max Fac Operations below</p> <p>Bimaxillary Osteotomy 22</p> <p>Sagital split mandibular osteotomy 38</p>																																																																	

I'd like to request a break down of agency spend from the trust under the freedom of information act.

I'd like to know:

- Agency spend for nursing from November 2015 to date
- Agency spend which exceeds the price caps proposed by Monitor & TDA which are reported as breeches or 'break glass' agency usage
- How many hours are being worked by agency nursing staff that are charged outside the Monitor cap
- A list of suppliers who are supplying staff outside of the cap
- A list of suppliers the trust is using in total for nursing staff
- Could I have a breakdown of the hourly charge rate that other agencies charge the trust for nursing staff
- What niche areas have spend and the amounts. Eg: what is the agency spend in Theatres, Midwifery, General nursing, ITU, Neonates, Paediatrics, A&E and Mental Health

Agency spend for nursing from November 2015 to date
£1,107,303.13

- Agency spend which exceeds the price caps proposed by Monitor & TDA which are reported as breeches or 'break glass' agency usage
- How many hours are being worked by agency nursing staff that are charged outside the Monitor cap

Weekly average 600 hours

- A list of suppliers who are supplying staff outside of the cap

Pulse

- A list of suppliers the trust is using in total for nursing staff

Atlantis Medical Ltd

Careproviders

TNA Medica

ID Medical

DRC Locums

First Point Healthcare

Hays PLC

HCL

Key Care & Support Manchester

Medacs Healthcare

Medicure Professionals Ltd

Meridian Business Support

Total Assist

Your World Recruitment

- Could I have a breakdown of the hourly charge rate that other agencies charge the trust for nursing staff

£22.32 per hour for Band 5

	<p>Bed Management Hospedia EPTS 2014-09-01 Analytics (PLICS) Bellis Jones Hill Prodacapo 2015-03-31 Dep A&E CSC Clinicom 2015-03-31 Dep Maternity K2 Medical Systems Athena 2015-03-31 Dep Pathology CSC Telepath 2015-03-31 Dep Pharmacy EMIS Health Ascribe Pharmacy 2015-03-31 Dep Theatres Trisoft TheatreMan 2015-03-31 Diagnostic Reporting HSS CRIS 2015-03-31 Discharge Letters Sunquest ICE 2015-03-31 Document Management Civica WinDIP 2015-03-31 Finance Prodacapo Prodacapo 2015-03-31 Integration Platform Orion Health Rhapsody 2015-03-31 Oncology Varian Medical Systems Aria 2015-03-31 Order Comms Sunquest ICE 2015-03-31 PAS CSC Clinicom 2015-03-31 Scheduling Trisoft TheatreMan 2015-03-31</p>	<p>Bed Management Hospedia EPTS 2014-09-01 October 2018 Analytics (PLICS) Bellis Jones Hill Prodacapo 2015-03-31 31/3/2016 Dep A&E CSC Clinicom 2015-03-31 31/03/2017 Dep Maternity K2 Medical Systems Athena 2015-03-31 31/3/2017 Dep Pathology CSC Telepath 2015-03-31 June 2016 Dep Pharmacy EMIS Health Ascribe Pharmacy 2015-03-31 April 2017 Dep Theatres Trisoft TheatreMan 2015-03-31 Theatre web client (August 2010) Theatre software (October 2016) and SSDMAN (September 2016) Diagnostic Reporting HSS CRIS 2015-03-31 31/03/2017 Discharge Letters Sunquest ICE 2015-03-31 31/3/2017 Document Management Civica WinDIP 2015-03-31 31/03/2017 Finance Prodacapo Prodacapo 2015-03-31 31/3/16 Integration Platform Orion Health Rhapsody 2015-03-31 March 2016 Oncology Varian Medical Systems Aria 2015-03-31 Order Comms Sunquest ICE 2015-03-31 31/3/2017 PAS CSC Clinicom 2015-03-31 31/3/2017 Scheduling Trisoft TheatreMan 2015-03-31 31/03/207</p>
<p>84 13/05/2016 Procurement</p>	<p>Have you deployed commercial IT software products to automate your policies around patient observation and the capturing of vital signs for early-warning of deterioration? 2. If your answer to Question 1 is YES, please confirm the commercial names of these software products and confirm the date when their current support contracts will expire.</p>	<p>We have not currently deployed a system but have commissioned one which is being implemented this year. The system is the Hospedia extramed product.</p>
<p>301 13/05/2016 Corporate Policy/ Decisions</p>	<p>1. Does your Trust employ one or more renal Multidisciplinary team (MDT)? 2. If yes, does this team include an Interventional Radiologist (IR)? 3. Does your Trust employ a Specialist to look into access problems with AV fistulas?</p>	<p>1. Does your Trust employ one or more renal Multidisciplinary team (MDT)? No this service is provided by Lancashire Teaching Hospitals NHS Trust. We have 2 consultants who attend the MDT who are employed by the Trust 2. If yes, does this team include an Interventional Radiologist (IR)? Yes 3. Does your Trust employ a Specialist to look into access problems with AV fistulas? The two consultants hold mini clinics on the dialysis units at Accrington and Burnley to specifically trouble shoot dialysis access problems.</p>
<p>355 13/05/2016 Service Information</p>		

1. What type of operating table is used in the theatres within the Trust (i.e. OSI/Jackson Table, Allen Table etc...)?
2. How many theatres are there at each of the hospitals within the trust

1. What type of operating table is used in the theatres within the Trust (i.e. OSI/Jackson Table, Allen Table etc...)?

We use a number of different tables:

ALM (Lightweight)

Eschmann

Eschmann J3

Eschmann MR

Eschmann T20

Maquet

Maquet Alphamaxx

Maquet Alphastar

Maquet Alphastar Plus

Merivaara

OSI pain table

Stille Scandia 3000

2. How many theatres are there at each of the hospitals within the trust?

There are 11 theatres at Royal Blackburn Hospital and 13 at Burnley General Hospital.

Service

366 13/05/2016 Information

I am doing some research and would like the following information about your trust.

Please can you give me the contact details for the HR person that deals with Locum appointments.

Please can I have their full name, job title, email address and direct dial telephone number

Head of Medical Staffing

Medical Staffing Team

01254 734166

371 13/05/2016 HR /Staff

I would like to make a Freedom of Information request for information on contracts relating to the main suppliers of Primary Hip and Knee replacement products.

Specifically, I would like answered for each of Hip and Knees:

Primary* Hips

Question Example Value (replace)

Current contract(s) start and end date for primary knees? Start: 21 May 2015, End: 20 May 2016

Is there an option to extend? Yes/No

If so, what is the extension length? 18 months

Contract route (tender/framework/direct) Tender/Framework/Direct

The name of main supplier? Smith & Nephew

(for more than one contract please use multiple lines)

Primary* Knees

Question Example Value (replace)

Current contract(s) start and end date for primary knees? Start: 21 May 2015, End: 20 May 2016

Is there an option to extend? Yes/No

If so, what is the extension length? 18 months

Contract route (tender/framework/direct) Tender/Framework/Direct

The name of main supplier? Smith & Nephew

*'Primary' in this sense refers to products used in the replacement of Hip or Knee (as opposed to 'Revision' of existing replacements)

Hips

Value of contract: £453k

Contract start date: DePuy: 1 November 2015, Stryker: 1 November 2015

Contract end date: DePuy: 31 October 2018, Stryker: 31 October 2017

Is there an option to extend?: No

Contract route: Framework

Names of main Suppliers: DePuy and Stryker

Knees

Value of contract: £519k

Contract start date: DePuy: 1 November 2015, Stryker: 1 November 2015

Contract end date: DePuy: 31 October 2018, Stryker: 31 October 2017

Is there an option to extend?: No

Contract route: Framework

Names of main Suppliers: DePuy and Stryker

Please tell me how many consultant obstetricians are employed by the trust?

2. If possible, please tell me how many were employed by the trust at the end of the following financial years: a) 2009-10 b) 2005-6?

3. Please tell me how many consultant obstetricians were onsite (not including on call) on Wednesday March 23rd 2016 at 3pm?

4. Please tell me how many consultant obstetricians were onsite (not including on call) on Sunday March 20th 2016 at 3pm?

5. Please tell me how many consultant obstetricians were onsite (not including on call) on Wednesday 23rd March 2016 at midnight?

6. Please also tell me how many overseas visitors you treated in the maternity unit in the calendar year 2015 who were not eligible for free NHS care?

7. With reference to the above question, please state the highest bill accrued by an overseas visitor in the maternity unit which has not yet been repaid?

8. Please provide as many details as possible about the patient, the babies and the care without compromising confidentiality

Please tell me how many consultant obstetricians are employed by the trust? 17

2. If possible, please tell me how many were employed by the trust at the end of the following financial years: a) 2009-10 b) 2005-6?

a) 6

b) 6

3. Please tell me how many consultant obstetricians were onsite (not including on call) on Wednesday March 23rd 2016 at 3pm? 6

4. Please tell me how many consultant obstetricians were onsite (not including on call) on Sunday March 20th 2016 at 3pm? 0

5. Please tell me how many consultant obstetricians were onsite (not including on call) on Wednesday 23rd March 2016 at midnight? 0

6. Please also tell me how many overseas visitors you treated in the maternity unit in the calendar year 2015 who were not eligible for free NHS care? 3

7. With reference to the above question, please state the highest bill accrued by an overseas visitor in the maternity unit which has not yet been repaid? £3,346.00

8. Please provide as many details as possible about the patient, the babies and the care without compromising confidentiality Caesarean Section

- 1) How many advanced paediatric nurse practitioners do you have working within paediatric emergency department
- 2) Are there guidelines or restrictions in job description to what the advanced paediatric nurse practitioners (do they see children who present with minor injuries, minor and major illness /trauma and resuscitation?)
- 3) Are all Advanced paediatric nurse practitioners trained at masters level?
- 4) What band (on agenda for change) are the advanced nurse practitioners?
- 5) What shift pattern do the advanced paediatric nurse practitioners have?

- 6) Do advanced paediatric nurse practitioners have protected supervision and / or CPD time if so how many hours?

UCC Burnley

- 1- We currently have one part-time APNP in the BUCC. She is employed through Family care division and supports the department by trying to deflect un-necessary admissions, educate families and carers who bring their children to the dept and support staff with paediatric learning. She also links with professionals and in primary care with regards to education in managing Childrens minor illnesses. She also rotates to do occasional sessions in GP surgeries.
- 2- The APNP sees a variety of children from 0-16yrs of age with undifferentiated undiagnosed illness.
- 3- She is trained to Masters level.
- 4- She is Band 8a AfC scale
- 5- 8-4 or 12-9pm
- 6- She does not have any regular protected time whilst on BUCC. however development needs identified at personal development review are included as required- more in the summer months where possible

ED/UCC RBH

We have x 3 trainee APNP's

We have 2 full time APNPs who support the department by trying to deflect un-necessary admissions, educate families and carers who bring their children to the dept and support staff with paediatric learning. They also links with professionals and in primary care with regards to education in managing Childrens minor illnesses and rotate to do occasional sessions in GP surgeries.

	<p>(1) Are staff in your Trust made aware (through circulated information, training, or any other mechanism) that, in accordance with the Modern Slavery Act 2015 s52 and Modern Slavery Act 2015 (Duty to Notify) Regulations 2015 (SI 2015/1743) (Regulations), they are encouraged to submit any suspected cases of modern slavery and human trafficking using the MS1 form to the National Crime Agency?</p> <p>If YES:</p> <p>(2)(a) Do you provide any training to staff on undertaking this voluntary submission process, including any training that takes place in conjunction with the National Referral Mechanism and Safeguarding requirements?</p> <p>(2)(b) If recorded, how many MS1 form were submitted by persons in your Trust to the National Crime Agency since the inception of the Modern Slavery Act last year?</p> <p>If NO:</p> <p>(3)(a) Is the development of advice on the process of using the MS1 form alongside the National Referral Mechanism and Safeguarding forthcoming?</p> <p>(3)(b) Are you planning on requiring staff to complete the Human Trafficking Programme for NHS healthcare staff via the Electronic Staff Record (ESR)?</p>	<p>(1) Are staff in your Trust made aware (through circulated information, training, or any other mechanism) that, in accordance with the Modern Slavery Act 2015 s52 and Modern Slavery Act 2015 (Duty to Notify) Regulations 2015 (SI 2015/1743) (Regulations), they are encouraged to submit any suspected cases of modern slavery and human trafficking using the MS1 form to the National Crime Agency?</p> <p>YES – STAFF WOULD REPORT IN TOTHE TRUST SAFEGUARDING TEAM WHO WOULD REFER TO LOCAL LEAD AGENCIES, AND ALSO THROUGH THE NATIONAL REFERRAL MECHANISM TO THE NATIONAL CRIME AGENCY</p> <p>If YES:</p> <p>(2)(a) Do you provide any training to staff on undertaking this voluntary submission process, including any training that takes place in conjunction with the National Referral Mechanism and Safeguarding requirements?</p> <p>YES – THEY WOULD REPORT IT THROUGH THE INTERNAL SAFEGUARDING CHANNELS WHO WOULD THEN LINK IN WITH OTHER AGENCIES AND REFER THROUGH THE NATIONAL REFERRAL MECHANISM</p> <p>(2)(b) If recorded, how many MS1 form were submitted by persons in your Trust to the National Crime Agency since the inception of the Modern Slavery Act last year?</p> <p>NONE DIRECTLY – HAVE BEEN INVOLVED IN 1 CASE.</p> <p>If NO:</p> <p>(3)(a) Is the development of advice on the process of using the MS1 form alongside the National Referral Mechanism and Safeguarding forthcoming?</p> <p>(3)(b) Are you planning on requiring staff to complete the Human Trafficking Programme for NHS healthcare staff via the Electronic Staff Record (ESR)?</p>
<p>319 12/05/2016 Decisions</p>	<p>Corporate Policy/</p> <p>a) the trust's total spend on services by Hempsons (whether these relate to legal services, investigations, training, sub-contracting consultants or investigators or any other services).</p> <p>b) what proportion of this total amount has been spent in cases where staff members had previously made public interest disclosures, and how many such cases were handled by Hempsons.</p> <p>d) how many of these cases involving Hempsons in which staff members had previously made public interest disclosures ended in dismissal of the staff concerned.</p> <p>e) how many trust compromise agreements has Hempsons handled in the last 5 years.</p>	<p>Corporate Policy/</p> <p>a) the trust's total spend on services by Hempsons (whether these relate to legal services, investigations, training, sub-contracting consultants or investigators or any other services). £684,503</p> <p>b) what proportion of this total amount has been spent in cases where staff members had previously made public interest disclosures, and how many such cases were handled by Hempsons. 0</p> <p>d) how many of these cases involving Hempsons in which staff members had previously made public interest disclosures ended in dismissal of the staff concerned. 0</p> <p>e) how many trust compromise agreements has Hempsons handled in the last 5 years. 0</p>
<p>350 12/05/2016 Decisions</p>		

<p>Corporate Policy/ Decisions</p> <p>380 12/05/2016</p>	<p>1) In the past 12 months, have you suspended any acute services because of a shortage of doctors or nurses to staff the service? If yes: a) Which services were suspended? b) How many suspensions have there been? c) What was the longest period a service was suspended for? 2.) Intensive care services: Are any ITU beds closed? If yes: a) How many times in the past 12 months have ITU beds had to be closed?</p>	<p>1) In the past 12 months, have you suspended any acute services because of a shortage of doctors or nurses to staff the service? No If yes: a) Which services were suspended? b) How many suspensions have there been? c) What was the longest period a service was suspended for? 2.) Intensive care services: Are any ITU beds closed? If yes: a) How many times in the past 12 months have ITU beds had to be closed?</p>
<p>Service Information</p> <p>118 11/05/2016</p>	<p>How many operations have been cancelled for non-clinical reasons IN THE 3 DAY BEFORE a patient was due to be admitted? Out of those cancellations, how many were rescheduled within 1 month? How many operations have been cancelled for non-clinical reasons ON THE DAY a patient was due to be admitted? Out of those cancellations, how many were rescheduled within the statutory time limit – eg 28 days? Please provide this data by month for 2013, 2014, 2015 and 2016 - up to and including March 2016. The following should be included in the figures for ‘operations’: • All planned or elective operations and day surgery For ‘non-clinical reasons’ please include a break-down of the following: • Bed-ward not available • Staff unavailable • Emergency operations taking priority • Maintenance needed on equipment • Patient unavailable • Admin error</p> <p>Regarding hospital operations cancelled in the 3 days BEFORE a patient is due to be admitted, we are aware that this data is not required by government.</p> <p>We are also aware that these cancellations aren’t required to be rescheduled within 1 month. However we are keen to see how many are.</p> <p>That is why we are asking for this data via FOI. The BBC wants to gather data for</p>	<p>‘We do not routinely collate data on cancelled operations except for the national data requirements. All cancelled operations are managed by our elective admissions team who ensure all patients receive a rebooked date within a short timescale where possible and to the choice of the patient The national info is published here: https://www.england.nhs.uk/statistics/statistical-work-areas/cancelled-elective-operations/cancelled-ops-data/</p>

325	11/05/2016	<p>Corporate Policy/ Decisions</p> <p>. Could you please tell me how many beds there are at each of the hospitals in the EAST LANCASHIRE HOSPITALS NHS TRUST? (I would prefer any replies to be directed to this email address).</p>	<p>Accrington Victoria Hospital 18 Burnley General Hospital 247 Clitheroe Community Hospital 32 Pendle Community Hospital 72 Royal Blackburn Hospital 695 ELHT total 1064</p>
361	11/05/2016	<p>Incidents</p> <p>The number of serious untoward incidents (SUIs) recorded by the Trust for the reporting period 2015-2016. The data should be provided so that it is clear how many of these incidents were recorded at each of the establishments (hospitals or other medical establishments) operated by the Trust. If you are unable to establish how many SUIs were recorded at each of the establishments (hospitals or other medical establishments) under the control of the Trust for one of multiple of the above periods, please provide the total figure for the Trust as a whole. If you have a total figure for SUIs recorded by the Trust and are able to establish the totals recorded by some (but not all) of the establishments (hospitals or other medical establishments) operated by the Trust, please provide what information you have in this regard.</p>	<p>Royal Blackburn Hospital 57 Burnley General Hospital 15 Pendle Community Hospital 1 Accrington Victoria Hospital 1 Community Premises 2 Residential Care Home / Group Home / NHS Nursing Home 1 Patient's or staff's residence 2 Total 79</p>
370	11/05/2016	<p>Corporate Policy/ Decisions</p> <p>Please could you tell me who owns Accrington Victoria Hospital and how long they have been the owners of the Building. Also who owns the Land on which it is built?</p>	<p>Accrington Victoria Hospital and the land on which it is built has been owned by East Lancashire Hospitals Trust since 2011.</p>
234	10/05/2016	<p>Incidents</p> <p>1. In 2015, how many times were security guards called to deal with patients with dementia? 2. If possible, please state the reason in each case. 3. If possible, please state what extra equipment was used such as handcuffs or restraints.</p>	<p>1) ELHT do not routinely collect that data. The medical condition of the patient is not a field captured on the incident report. . 2) As above 3) Neither ELHT or our contracted guards use mechanical restraints on patients.</p>

1) How many physical attacks have there been on premises owned by your Trust in each of the last five financial years by patients on
a) patients
b) staff
c) visitors?

2) How many physical attacks have there been on premises owned by your Trust in each of the last five financial years by staff on
a) patients
b) staff
c) visitors?

3) How many physical attacks have there been on premises owned by your Trust in each of the last five financial years by visitors on
a) patients
b) staff
c) visitors?

By 'physical attacks' I mean any physical attack by one person on another person reported to or collected by your trust, or reported by your trust to the police or any other law enforcement agency.

1) How many physical attacks have there been on premises owned by your Trust in each of the last five financial years by patients on
a) patients Not recorded
b) staff 6,116,178,180,174
c) visitors? Not recorded

2) How many physical attacks have there been on premises owned by your Trust in each of the last five financial years by staff on
a) patients not recorded
b) staff 0,0,1,0,0
c) visitors? not recorded

3) How many physical attacks have there been on premises owned by your Trust in each of the last five financial years by visitors on
a) patients not recorded
b) staff not recorded
c) visitors? not recorded

There have been an additional 161 incidents defined as "assault other" during the time period. Unfortunately it is not possible to state which of the categories requested these assaults fall into. By 'physical attacks' I mean any physical attack by one person on another person reported to or collected by your trust, or reported by your trust to the police or any other law enforcement agency.

61 09/05/2016 Incidents

1. How many junior doctors employed in hospitals covered by your Trust were signed off work because of anxiety/stress/depression or other psychiatric illnesses in each of the following years: a) 2011, b) 2012, c) 2013, d) 2014 and e) 2015 (If the same employee was off over a period where it changes years, please count them once in both years)

2. Please give the total number of working days lost through junior doctor absence because of anxiety/stress/depression or other psychiatric illnesses in each of the following years: a) 2011, b) 2012, c) 2013, d) 2014 and e) 2015
To clarify, the term 'junior doctor' refers to all doctors working for your Trust, who are NOT consultants. This includes:

- Foundation Year 1
- Foundation Year 2
- Specialist Trainee Year 1-8
- Junior Clinical Fellow
- Senior Clinical Fellow
- Educational Fellow
- Research Fellow

1. How many junior doctors employed in hospitals covered by your Trust were signed off work because of anxiety/stress/depression or other psychiatric illnesses in each of the following years: a) 2011, b) 2012, c) 2013, d) 2014 and e) 2015

0
(If the same employee was off over a period where it changes years, please count them once in both years)

2. Please give the total number of working days lost through junior doctor absence because of anxiety/stress/depression or other psychiatric illnesses in each of the following years: a) 2011, b) 2012, c) 2013, d) 2014 and e) 2015

0
To clarify, the term 'junior doctor' refers to all doctors working for your Trust, who are NOT consultants. This includes:

- Foundation Year 1
- Foundation Year 2
- Specialist Trainee Year 1-8
- Junior Clinical Fellow
- Senior Clinical Fellow
- Educational Fellow
- Research Fellow

65 09/05/2016 HR /Staff

1. Please supply details you have of any formal/informal agreements with the organisation " NHS NORTHERN TRAINING GROUP" aka "Northern TAG" also identifiable as:

NHS Northern Training Group Hotel Services,
NHS Northern Training Group Estates,
NHS Northern Training Group FACILITIES.

Website Details:

<http://www.northerntag.org.uk>

Twitter account Details:

<https://t.co/TXHvWnhpET>

2. Please supply details if any, that you hold of, minutes or records of the bi-monthly meetings held by the above NHS NORTHERN TRAINING GROUPS.

3. Please supply details if have you ever paid invoices between 2008 & 2015 Inc., in relation to the activities of the above mentioned groups to::

The Wrightington Hotel & Country Club
The Wrightington Conference Centre NHS
Preston Marriott
The Castle Green Hotel Kendal
Cranage Hall Cheshire
Brockholes Preston
The Low Wood Hotel Windermere
The Swan Hotel Newby Bridge Cumbria
The Thistle Haydock

We can confirm that we have not used this company and have not paid any invoices to them.

Position Name Email address/tel. number
CCO/CEO
CCIO
Clinical IT Lead
CIO/IT Director
Deputy IT Director
Caldicott Guardian

Position Name Email address/tel. number
CCO/CEO (Chief Exec Officer)
Position Name: Chief Executive
Email address:Kevin.Mcgee@elht.nhs.uk
tel. number: 01254 263555
CCIO (Chief Clinical information Office)
Position Name : Senior Manager
Email address:David.Tansley@elht.nhs.uk
tel. number:01254 263555

Clinical IT Lead
Position Name : Consultant
Email address:Tom.Newton@elht.nhs.uk
tel. number:01254 263555
CIO/IT Director
Position Name : Associate Director of Performance & Informatics
Email address:Mark.Johnson@elht.nhs.uk
tel. number:01254 263555
Deputy IT Director
Position Name : Senior Manager
Email address:Petra.Wood@elht.nhs.uk,Andrew.Holden@elht.nhs.uk
tel. number:01254 263555
Caldicott Guardian
Position Name : Consultant
Email address:Catharina.Schram@elht.nhs.uk
tel. number:01254 263555

I would be grateful if you could let me have the following information, for two separate years: 2014 and 2015.

1) The number of medication errors recorded by the Trust for each of these two years.

2) The number of these incidents for each of these two years that were recorded as causing:

- no harm
- low harm
- moderate harm
- severe harm
- death

3) The number of errors for each of these two years attributed to:

- prescribing error
- dispensing error or
- any other cause

4) The number of errors for each of these two years attributed to:

- the prescribing or dispensing of the wrong dose, or
- the prescribing or dispensing of the wrong medicine.

5) The number of incidents for each of these two years in which the Trust has paid financial compensation to patients or relatives of patients in respect of medication errors, and the total paid in compensation for each of these two

I would be grateful if you could let me have the following information, for two separate years: 2014 and 2015.

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- prescribing error
- dispensing error or
- any other cause

4) The number of errors for each of these two years attributed to:

- the prescribing or dispensing of the wrong dose, or
- the prescribing or dispensing of the wrong medicine.

5) The number of incidents for each of these two years in which the Trust has paid financial compensation to patients or relatives of patients in respect of medication errors, and the total paid in compensation for each of these two years in respect of medication errors.

6) Finally, does the Trust have a named medication safety officer, and when was this post established and filled?

2014 – 1692 2015 - 1604

2014 2015

1443 1485

99 112

11 6

173 09/05/2016 ICT	<ol style="list-style-type: none"> 1. Name of your Organisation – 2. Name of your IT Provider - 3. Total number of staff within your IT Department – 4. Total number of beds you have across your sites – 5. Do you have a A&E Department - 6. Total spend on IT by your organisation – 7. Total spend on Hardware by your organisation – 8. Total Spend on Software by your organisation - 9. Planned spend on IT by your organisation for 16/17 - 10. Number of sites supported – 11. Number of users supported – 12. The total number of computers within the organisation - 13. The total number of smartphones within the organisation - 14. The total number of tablet devices within the organisation – 	<ol style="list-style-type: none"> 1. Name of your Organisation – East Lancashire Hospitals NHS Trust 2. Name of your IT Provider – N/A 3. Total number of staff within your IT Department – 160 including business intelligence, data quality, systems, support 4. Total number of beds you have across your sites – 1, 083 – including acute, community, rehab, critical care, maternity 5. Do you have a A&E Department - Yes 6. Total spend on IT by your organisation – During what period 7. Total spend on Hardware by your organisation – During what period 8. Total Spend on Software by your organisation - During what period 9. Planned spend on IT by your organisation for 16/17 - £1.2m 10. Number of sites supported – 10 11. Number of users supported – 6000 12. The total number of computers within the organisation - 5600 13. The total number of smartphones within the organisation - 268 14. The total number of tablet devices within the organisation – 164 15. Any of the functions of your IT Department are provided by a third party – Yes/No No 16. And if yes to the above how much does this service cost and when is it due for renewal ? N/A 17. Details of whether IT security and/or Information Governance is provided by an in-house team or by a third party (number of staff in each team please) – if by a third party please state who provides the service and when the contract expires – IT security (2) and IG (3) is run in-house Please provide the additional below information based on the manufacturer used, license expiry, and license cost including duration for each of the following IT security areas within the organisation: <ul style="list-style-type: none"> • Manufacturer: 18. Desktop anti-virus – Identifying the type of anti-virus software could potentially open this organization to cyber-attacks through known vulnerabilities therefore will not be disclosed.
235 09/05/2016 Incidents	<ol style="list-style-type: none"> 1. In 2015, how many times were police called to hospital premises within the Trust? 2. If possible, could you break this down into how many visits by police were related to acts by a) patients b) visitors c) staff d) other (please specify if possible) 3. If possible, for incidents involving acts by patients, please state how many related to patients with dementia. 	<ol style="list-style-type: none"> 1) The trust does not record the number of times Police are 'called' to our premises. They do not attend all these incidents. The police may attend in relation to incident not involving the trust and these are not recorded. It may be more beneficial for the request is made to Lancs Police who should record all their visits to our premises and the reasons. 2) As above 3) This information is not recorded

358	09/05/2016	Corporate Policy/ Decisions	<p>1) How many public health funerals has this NHS Trust arranged each year from 2010 to 2015?</p> <p>2) How much money has this NHS Trust spent on public health funerals each year from 2010 to 2015?</p> <p>3) What was the most expensive, and the cheapest, public health funeral this NHS Trust arranged during 2010-2015? How much did each cost?</p> <p>4) What was the age and gender of the youngest person and oldest person to be given a public health funeral from 2010-2015?</p> <p>5) How many burials were there during 2010-2015? How many cremations were there during 2010-2015?</p> <p>6) Where does this NHS Trust bury/cremate a person for a public health funeral?</p> <p>7) How many times is an unmarked grave used?</p>	<p>1) to 2)2010 2 Funerals £2042.00</p> <p>2011 3 Funerals £3,397.00</p> <p>2012 No Funerals</p> <p>2013 1 Funeral £1,368.00</p> <p>3) Information is not held at this level of detail</p> <p>4) Information is not held at this level of detail</p> <p>5)From 2014 the council took over up to 6th April 2016</p> <p>6)In the area that they live in.</p> <p>7)We don't do burials</p>
363	09/05/2016	Service Information	<p>1 - How many women aged 50 and over gave birth in any of your maternity units in a) 2016 to date, b) 2015 and c) 2014?</p> <p>2 - If possible, for each year please tell me how many of these women had IVF abroad.</p>	No women over 50 gave birth in the maternity units during the period
378	09/05/2016	Finance	<p>"Please provide information on the financial position, for 2014/15 and 2015/16 for i) the trust/CCG ii) all NHS hospitals within the trust and iii) the mental health trusts. Please set out the gross assets and liabilities in each case and whether the Trust was in surplus or deficit and the level thereof."</p>	We have attached our annual accounts for 2014/15. The final accounts for 2015/16 are currently undergoing the audit process and we anticipate they will be available for publication in September 2016.

1) If your trust has been provided with, or carried out any estimates on, the overall one-off cost to the trust for the implementation of the new contract. This would include one-off costs such as introduction of new payroll systems, training of staff etc. If so, please can you provide this information and the overall costing for the new junior doctor contract introduction.

2) If the trust has been provided with, or carried out any estimates on, the ongoing cost or benefit to the Trust of the new junior doctor contract. This would be from ongoing changes in salaries, reduction in locum costs or work patterns etc. If so, please provide this information. Please state where any ongoing costs or benefits over the current junior contract are anticipated.

3) Finally, please state if the trust plans to make any changes to any of the junior doctor rotas following the introduction of the new junior doctor contract. If the trust does plan to make changes, please estimate:

a. the percentage of current junior doctor rotas that are aiming to be changed

b. A very brief (one-line) summary of what these changes are (eg more working in the evenings)

1) If your trust has been provided with, or carried out any estimates on, the overall one-off cost to the trust for the implementation of the new contract. This would include one-off costs such as introduction of new payroll systems, training of staff etc. If so, please can you provide this information and the overall costing for the new junior doctor contract introduction.

2) If the trust has been provided with, or carried out any estimates on, the ongoing cost or benefit to the Trust of the new junior doctor contract. This would be from ongoing changes in salaries, reduction in locum costs or work patterns etc. If so, please provide this information. Please state where any ongoing costs or benefits over the current junior contract are anticipated.

1 & 2 No work has been carried out to date to assess 1 or 2

3) Finally, please state if the trust plans to make any changes to any of the junior doctor rotas following the introduction of the new junior doctor contract. If the trust does plan to make changes, please estimate:

a. the percentage of current junior doctor rotas that are aiming to be changed - 50% approximately

b. A very brief (one-line) summary of what these changes are (eg more working in the evenings) – The changes will be due to the new safety rules that are being implemented. We don't know what they will be yet as we need to meet with the divisions.

Corporate
Policy/

5 03/05/2016 Decisions

Question 1
Please can you confirm what your total spend on Allied Health Professional (AHP) agency staff was during the financial year April 2015-January 2016?
Can you please break this financial information down by AHP specialism:

- Arts Therapists,
- Chiropodist/Podiatrist,
- Dietician,
- Occupational Therapist,
- Physiotherapist,
- Prosthetist / Orthotist,
- Imaging Professionals,
- Speech / Language Professionals.

Question 2
Please can you confirm the names of the organisation/s you procure temporary Allied Health Professionals (AHP) from and the total spend for each organisation/s. To provide additional clarity on my request, 'temporary Allied Health Professionals' is to mean all persons who are AHPs and are not on permanent contracts of employment with the Board, but are supplied via employment agencies.

The agencies we use are

- Globe locums
- Careproviders
- RIG Recruitment
- Maxxima
- Your World
- Piers Meadow
- Pulse
- Reed Healthcare
- Sanctuary Personnel
- TLTP

90 03/05/2016 HR /Staff

<p>124 03/05/2016 HR /Staff</p>	<p>In the year 2015, in your trust how many pay banding appeals for junior doctors were there? How many were successful? And how many (total) junior doctors were involved?</p> <p>Following each of these appeals, how many resulted in a change in working pattern or extra staff/doctors being hired?</p> <p>Very roughly, how many junior doctor have you employed in 2015?</p>	<p>In the year 2015, in your trust how many pay banding appeals for junior doctors were there? 0 How many were successful? 0 And how many (total) junior doctors were involved? 0 Following each of these appeals, how many resulted in a change in working pattern or extra staff/doctors being hired? 0 Very roughly, how many junior doctor have you employed in 2015? Average WTE in post 139</p>
<p>176 03/05/2016 Finance</p>	<p>Please can you advise me how much your pay a consultant within your Trust for a waiting list initiative, whether this be a sessional payment or an hourly payment.</p>	<p>We pay our consultants £500 per waiting list which is a session of 4 hours</p>
<p>226 03/05/2016 Information Service</p>	<p>1. Does your hospital internally use 'ward-to-ward' and/or 'emergency / critical departments-to-ward' transfer ready-made forms? If so please send me a blank copy of the ready-made form or quote the data on the ready-made forms.</p> <p>2. Does your hospital externally use 'ward/emergency / critical departments-to-other Trusts/nursing home/residential home' transfer ready-made forms? If so please send me a blank copy of the ready-made form or quote the data on the ready-made forms.</p> <p>3. Please tell me who completes, authorises and signs the empty fields on the ready-made forms in questions 1. and 2. above?</p> <p>4. If hospital consultant authorises but does not have to sign the ready-made forms in questions 1. and 2. above, where is their authorisation record kept?</p> <p>5. What happens if there is no hospital consultant there in ward/departments to sign the ready-made forms in questions 1. and 2. above?</p> <p>6. What about 'ward/department-to-isolated room' in the ward/department transfers - is there a ready-made form form? If so please send me a blank copy of the ready-made form or quote the data on the ready-made forms. Please tell me who completes, authorises and signs the empty fields on this ready-made form? If hospital consultant authorises but does not have to sign the ready-made form, where is their authorisation record kept? What happens if there is no hospital consultant there to sign the ready-made form?</p>	<p>2. Does your hospital externally use 'ward/emergency / critical departments-to-other Trusts/nursing home/residential home' transfer ready-made forms? If so please send me a blank copy of the ready-made form or quote the data on the ready-made forms. Where these transfers take place they are undertaken by North West Ambulance Staff usually. Their FOI contact is https://www.nwas.nhs.uk/talking-to-us/freedom-of-information/information-request-form/</p>

<p>320 03/05/2016</p>	<p>Corporate Policy/ Decisions</p>	<p>For East Lancashire Hospitals NHS Trust (and any previous iterations of it) the number of early breast cancer cases treated at the Trust with TARGETed Intraoperative Radiotherapy (also known as Intrabeam or TARGIT IORT) for each year from January 2000 to the date of this request. Please identify the number of cases in each year which were delivered as part of a clinical trial and the number which were delivered as treatment which was not part of a clinical trial. For the Trust, the date at which the Trust or Clinical Commissioning Group purchased equipment able to deliver TARGETed Intraoperative Radiotherapy, the price paid for that equipment and the name of the organisation from whom it was purchased</p> <p>The Trust does not use this therapy as it is not NICE recommended except in the context of clinical trials, and we are not involved in any.</p>
<p>328 03/05/2016</p>	<p>Corporate Policy/ Decisions</p>	<p>Contracts/Agreements relating to the supply of Gas which may include the following:</p> <ul style="list-style-type: none"> • Natural Gas Supply • Gas Heating / Boiler Maintenance • Installation of Gas Central Heating Systems <p>2. Contracts/Agreements relating to the supply of Electricity which may include the following:</p> <ul style="list-style-type: none"> • Street Lighting • Electricity Supply (Half Hourly) • Electricity Supply (Non Half Hourly) • Corporate Electricity Supply <p>3. Contracts/Agreements relating to the supply of Water which may include the following:</p> <ul style="list-style-type: none"> a. Supply of Water b. Waste Water <p>Contract Information- For each of the types of the contract that I am requesting please can you send me the following information. Please remember if there is more than one provider can you please split the contract information up for each individual provider?</p> <ol style="list-style-type: none"> 1. Unique Contract Key: Please can you provide me with a unique reference quote that relates to each contract. 2. Current Provider: If there is more than one provider please split the contract information individually. 3. Annual Average Spend: Please can you send me the average spends over the last three years. Approximate spend is also acceptable. 4. Contract Duration: Duration of the contract/agreement and can you please <p>East Lancashire Hospitals NHS Trust currently utilise Crown Commercial Service framework for electricity and gas. Contract details e.g. duration, contract description and current providers etc. can be obtained from Crown Commercial Service website. United Utilities are the sole supplier of water and sewerage services to North West of England. The current providers for electricity, gas and water at the Trust are British Gas, Corona Energy and United Utilities respectively. Please see below annual spend for the last three financial years.</p> <p>The responsible officer for this contract is Stephen Glaser who is Space Utilisation and Energy Manager at the Trust. Stephen can be contacted on 01254 733115, or alternatively by email at Stephen.glaser@elht.nhs.uk</p>

- the total number of operations cancelled/postponed, and a breakdown of the reasons for the cancellations/postponements (including medical and non-medical reasons such as staff shortages, unavailability of beds, etc), across the following periods across the East Lancashire Hospitals NHS Trust:

- between the hours of 8am on Wednesday 9th March 2016 to 8am on Friday 11th March 2016
- between the hours of 8am on Wednesday 2nd March 2016 to 8am on Friday 4th March 2016
- between the hours of 8am on Wednesday 9th September to 8am on Friday 11th September 2016

Cancelled Operations (On the Day)

8.00am, Wednesday 9th September 2015 and 8.00am Friday 11th September 2015
 8.00am, Wednesday 2nd March 2016 and 8.00am Friday 4th March 2016
 8.00am, Wednesday 9th March 2016 and 8.00am Friday 11th March 2016

CharterCancelDescription 09/09/2015 - 11/09/2015 02/03/2016 - 04/03/2016 09/03/2016 - 11/03/2016 Grand Total

INAPPROPRIATE TIME (EMERGENCY PATIENTS ONLY) 1 1

OTHER (HOSPITAL CANCELLED - CLINICAL) 1 1

SURGEON NOT AVAILABLE 1 1 2

INAPPROPRIATELY LISTED 1 1

OTHER (HOSPITAL CANCELLED - NON CLINICAL) 1 1

PRE-OP GUIDANCE NOT FOLLOWED 1 1

Grand Total 2 2 3 7

Service

335 03/05/2016 Information

- What is the hourly parking rate at Trust-controlled or owned car parks?
- How many spaces are available in Trust-controlled or owned car parks?
- Who operates the car parks?
- Please provide details of any discounts/exemptions offered to patients.
- How much money was raised in each of the last three financial years from parking revenue? Please provide a breakdown for 2013/14, 2014/15, 2015/16.
- How many parking fines were issued in each of the last three financial years? Please provide a breakdown for 2013/14, 2014/15, 2015/16.
- How much money was raised from parking fines in each of the last three financial years? Please provide a breakdown for 2013/14, 2014/15, 2015/16.
- What percentage (if any) of the parking revenue is diverted to the car park operator?
- What is the remaining money raised from parking and received by the Trust used for?

- Average hourly rate for patient/visitors at Royal Blackburn Hospital (RBH) and Burnley General Hospital (BGH) - £1.90
 - Average hourly rate for staff at RBH and BGH – £0.06
 - Pendle Community Hospital (PCH), Accrington Victoria Hospital (AVH) and Clitheroe Community Hospital (CCH) have free patient/visitor and staff parking
- Patient/visitor and staff car parking spaces at RBH is 1920 and 498 of those are designated disabled car parking spaces
 - Patient/visitor and staff car parking spaces at BGH is 932 and 77 or those are designated disabled car parking spaces
 - Patient/visitor and staff car parking spaces at PCH is 38 and 6 or those are designated disabled car parking spaces
- RBH – Indigo UK Services Ltd
 - BGH – ENGIE FM
 - PCH, AVH and CCH – ELHT
- Blue badge holders – Free car parking
 - Cancer patients coming for cancer treatment – Free car parking
 - Staff day passes - £1.50 per day
 - Compulsory Resident Medical Staff – Free car parking under Health Circular (85)19
 - Drivers will be able to park temporarily (for up to 10 minutes) free of charge in order to deliver a patient in need of emergency treatment to the Emergency Department.
 - Volunteers – Free car parking
 - Motor Cycles – Free car parking if not parked in a full car park space
- Not applicable to the Trust, is a part of the PFI Contract

Transport/ Car

357 03/05/2016 Parking

Can you provide answers for 2011-2012, 2012-2013, 2013-2014, 2014-2015 and 2015-2016 please.

How many babies were born with neonatal abstinence syndrome (showing signs of drug addiction because of their mother taking drugs during pregnancy) at hospitals run by your trust during each financial year?
If you run more than one hospital please breakdown the figures for each hospital.

Less than five babies with neonatal abstinence syndrome were born across our hospital sites in each of the years. The Trust will not release information that may lead to the identification of patients or their families either directly or by aggregation of information that may already be in the public domain.

Service

73 28/04/2016 Information

I would like to gain accurate figures on reported physical assaults against staff in and around the hospital and the type of assault committed please for 2015 / 16

Further I would like to gain contact details for:

LSMS

Security Manager

Health & Safety Manager

1) In the period 1/4/16 to 31/3/16 there were assaults at the following hospitals;

		Clinical Assaults	Non clinical
Assaults			
Accrington Victoria	3	1	
Burnley General	28	16	
Clitheroe	12	8	
Pendle	9	0	
Royal Blackburn	102	36	

2) My contact details are below

Alan Jones is the H&S Adviser

Jed Morris is the LSMS and Security Manager

The email convention for the Trust is `firstname.surname@elht.nhs.uk` and both can be contacted through our switchboard on 01254 263555

3) The data is collected in or around May each year (NHSP send out a request for the data) and is normally published in November each year. I don't have exact dates for 2016

108 28/04/2016 Incidents

1. How many people with MS in East Lancashire, broken down by CCG (including the source for this number):
 - a. Relapsing-Remitting MS
 - b. Primary Progressive MS
 - c. Secondary Progressive MS
 - d. Benign MS
 - e. Unconfirmed Type
2. The percentage of each of 1a, 1b, 1c, 1d, and 1e who receive an annual review by a healthcare professional with expertise in MS, and its complications (NICE guidelines (CG 186).
3. The current waiting times targets for accessing an appointment with a Consultant Neurologist with MS expertise for:
 - a. New appointments
 - b. Follow up appointments
4. The number of Individual Funding Requests (IFRs) received for each of the below treatments
5. The number of people with MS currently being prescribed the following licensed treatments for multiple sclerosis
 - a. Avonex (Beta interferon – 1a)
 - b. Aubagio® (Teriflunomide)
 - c. Betaferon (Interferon beta 1b)
 - d. Botox (Botulinum toxin)
 - e. Copaxone (Glatiramer Acetate)
 - f. Extavia (Beta interferon – 1b)
 - g. Fampyra® (Fampridine)
 - h. Gilenya (Fingolimod)
 - i. Lemtrada (Alemtuzumab)

The Trust does not hold the information requested as the MS service in this area is provided by Lancashire Teaching Hospitals Trust. Their contact for Freedom of Information requests is isfreedomofinformation@lthtr.nhs.uk

		<p>For each scanner operated anywhere by your Trust</p> <p>Q1. Equipment type (CT or MRI)?</p> <p>Q2. Manufacturer?</p> <p>Q3. Model?</p> <p>Q4. Located in which hospital within Trust?</p> <p>Q5. Acquisition year?</p> <p>Q6. How it was financed (owned by Trust, leased or held under Managed Equipment Service ('MES') arrangements)?</p> <p>Q7. If MES, which provider do you use?</p> <p>Q8. What year will the equipment be replaced?</p> <p>Q9. Is maintenance done by the Trust, by the Manufacturer or by 3rd party provider?</p> <p>Q10. If 3rd party provider which provider do you use?</p> <p>Q11. What is the annual maintenance cost for the relevant scanner?</p> <p>Q12. What are the operational hours of the equipment?</p>	<p>CT A</p> <p>Make & Model: Siemens SOMATOM Sensation 40</p> <p>Site: Royal Blackburn Hospital</p> <p>Value: MES Siemens</p> <p>Annual Maintenance costs: MES</p> <p>Weekly operating hours: 24/7</p> <p>No. of examinations 16230</p> <p>Bought/Replaced/Disposed & Date & Reason: Installed 2007</p> <p>CT B</p> <p>Make & Model: Siemens Somatom Sensation (16 slice)</p> <p>Site: Royal Blackburn Hospital</p> <p>Value: Managed Equipment Scheme (MES)</p> <p>Annual Maintenance costs: covered by MES Siemens</p> <p>Weekly operating hours: Mon – Frid 9am-5pm extra lists run at weekends when capacity issues.</p> <p>No. of examinations 6424</p> <p>Bought/Replaced/Disposed & Date & Reason: Bought 2004</p> <p>CT C</p> <p>Make & Model: Toshiba Aquillion Prime</p> <p>Site: Burnley General Hospital</p> <p>Value:</p> <p>Annual Maintenance costs: 9year agreed maintenance to be invoiced annually = £369,949.19</p> <p>Weekly operating hours: Mon – Thurs 9am – 8pm Frid 9-5pm</p> <p>No. of examinations 6235</p> <p>Bought/Replaced/Disposed & Date & Reason: Bought 2014</p> <p>MRI A</p> <p>Make & Model: Siemens Magnatom Symphony 1.5T</p> <p>Site: Royal Blackburn Hospital</p>
321	28/04/2016	Corporate Policy/ Decisions	
353	28/04/2016	Service Information	<p>Will you offer stable and suitable ectopic patients with low HCGs of under 1500 expectant management?</p> <p>Will you offer stable and suitable ectopic patients with low HCGs of under 1500 expectant management? Yes</p>
356	28/04/2016	Corporate Policy/ Decisions	<p>We are currently reviewing the information we hold on NHS Trusts and would like to know who the Director of Finance for your Trust is.</p> <p>I would be grateful also if you could confirm your Director of Finance's full contact details including the telephone number and e-mail address for correspondence related to your Trust.</p> <p>Mr Jonathan Wood Deputy Chief Executive and Director of Finance Jonathan.wood@elht.nhs.uk 01254 26355 Trust Headquarters Royal Blackburn Hospitals Haslingden Road Blackburn BB2 3HH</p>

1. Do you currently have an Electronic Patient Record system(s) in place?

2. Can you provide a name for the system(s)?

3. How much are you currently spending on this system annually for licensing and support fees?

4. What is the date of contract expiry for the system(s)?

5. How many users? (An estimation if unsure)

6. How is your system hosted?

7. Who is responsible for your local implementation of the objectives set out by the NHS in the Five Year Forward View?

Name:

Title:

1. Do you currently have an Electronic Patient Record system(s) in place? No

2. Can you provide a name for the system(s)?

NA

3. How much are you currently spending on this system annually for licensing and support fees?

NA

4. What is the date of contract expiry for the system(s)?

NA

5. How many users? (An estimation if unsure)

NA

6. How is your system hosted?

NA

7. Who is responsible for your local implementation of the objectives set out by the NHS in the Five Year Forward View?

Name: Jonathan Wood

Title: Deputy Chief Executive/ Director of Finance

	<p>Please provide us with the following information:</p> <ol style="list-style-type: none"> 1. The total number of children and young people diagnosed with cerebral palsy by East Lancashire Hospitals NHS Trust within each of the last five years. 2. The total working-time equivalent (WTE) number of specialist staff employed by East Lancashire Hospitals NHS Trust from the following disciplines, trained to work with children and young people with cerebral palsy: <ol style="list-style-type: none"> a. Paediatric speech and language therapists b. Paediatric physiotherapists c. Paediatric occupational therapists 3. The total working-time equivalent (WTE) number of: <ol style="list-style-type: none"> a. Health visitors b. Specialist health visitors for children with special needs <p>employed by East Lancashire Hospitals NHS Trust.</p> 4. A copy of your care pathway for children and young people with cerebral palsy. 5. A copy of your service framework for children and young people with cerebral palsy. 	<ol style="list-style-type: none"> 2. The total working-time equivalent (WTE) number of specialist staff employed by East Lancashire Hospitals NHS Trust from the following disciplines, trained to work with children and young people with cerebral palsy: <ol style="list-style-type: none"> a. Paediatric speech and language therapists b. Paediatric physiotherapists c. Paediatric occupational therapists <p>We don't have any OT staff - all paediatric OT staff are employed by Lancashire Care FT.</p> 3. The total working-time equivalent (WTE) number of: <ol style="list-style-type: none"> a. Health visitors 0 FTE b. Specialist health visitors for children with special needs 0 FTE <p>employed by East Lancashire Hospitals NHS Trust.</p> <ul style="list-style-type: none"> • We do not see a need for a formalised care pathway. The largest cohort are picked up by the neonatologist and referred to the community paediatricians. At the same time these children are seen by the physio team who do sessions even when the children are in the neonatal unit and early signposting is done for therapy interventions to the CDC's. We work within the current framework of seeing these children within 16 weeks of referral but most early children are already under a therapist Children who are late in presentation who have not had a significant neonatal event are seen by the community paediatricians and differentiated as to what is causing the problems and appropriate therapy interventions planned with physio and OT as relevant. • We have 2 visiting paediatric neurologists who give us tertiary opinions and look at scans as needed. • There was a tone management multi disciplinary group which met to formalise the best way in managing children with cerebral palsy using the NICE (!145). This group has formalised the hip surveillance pathway which is enclosed. • We also run tone clinics at Burnley and Blackburn – 1 clinic is each location once a month which is attended by the community paediatricians with an interest in tone management, physiotherapist
<p>25 27/04/2016 Performance/ Activity</p>	<p>6. Whether there is a specific timescale set out in your care pathway for referral</p> <ul style="list-style-type: none"> • Number of shifts offered to Agencies for each role, monthly for the last 12 months. • Number of shifts filled by Agency for each role, monthly for the last 12 months. 	
<p>42 27/04/2016 HR /Staff</p>		

TREATMENT OF ECTOPIC PREGNANCY IN YOUR UNIT. HOSPITAL

In relation to the last 12 months:

Do you offer systemic methotrexate as a first-line treatment to women who are able to return for follow-up and who have all of the following:

- no significant pain, and an unruptured ectopic pregnancy with an adnexal mass smaller than 35 mm with no visible heartbeat
- a serum hCG level less than 1500 IU/litre?

Do you offer the choice of either methotrexate or surgical management to women with an ectopic pregnancy who have a serum hCG level of at least 1500 IU/litre and less than 5000 IU/litre, who are able to return for follow-up and who meet all of the following criteria:

- no significant pain and an unruptured ectopic pregnancy with an adnexal mass smaller than 35 mm with no visible heartbeat?

What percentage of women have surgical treatment of their ectopic pregnancy performed by laparotomy?

What percentage of women have surgical treatment of their ectopic pregnancy completed laparoscopically?

What percentage of women have surgical treatment of their ectopic pregnancy initiated laparoscopically and converted to laparotomy?

Do you always have the correct equipment available to allow the laparoscopic treatment of ectopic pregnancy?

Do you perform salpingectomy for women with an ectopic pregnancy and no clear risk factors for infertility?

Do you perform salpingotomy for women with risk factors for infertility?

Please estimate the % of surgeons operating on ectopic pregnancies who you think can competently and confidently perform a salpingotomy?

What equipment / organizational / training issues could improve the

TREATMENT OF ECTOPIC PREGNANCY IN YOUR UNIT. HOSPITAL

In relation to the last 12 months:

Do you offer systemic methotrexate as a first-line treatment to women who are able to return for follow-up and who have all of the following:

- no significant pain, and an unruptured ectopic pregnancy with an adnexal mass smaller than 35 mm with no visible heartbeat Yes
- a serum hCG level less than 1500 IU/litre? Yes

Do you offer the choice of either methotrexate or surgical management to women with an ectopic pregnancy who have a serum hCG level of at least 1500 IU/litre and less than 5000 IU/litre, who are able to return for follow-up and who meet all of the following criteria: Yes

- no significant pain and an unruptured ectopic pregnancy with an adnexal mass smaller than 35 mm with no visible heartbeat? Yes

What percentage of women have surgical treatment of their ectopic pregnancy performed by laparotomy? <1%

What percentage of women have surgical treatment of their ectopic pregnancy completed laparoscopically? >99%

What percentage of women have surgical treatment of their ectopic pregnancy initiated laparoscopically and converted to laparotomy? <1%

Do you always have the correct equipment available to allow the laparoscopic treatment of ectopic pregnancy? Yes

Do you perform salpingectomy for women with an ectopic pregnancy and no clear risk factors for infertility? not necessarily

Do you perform salpingotomy for women with risk factors for infertility? not necessarily

Please estimate the % of surgeons operating on ectopic pregnancies who you think can competently and confidently perform a salpingotomy? 100%

What equipment / organizational / training issues could improve the laparoscopic treatment of your patients with an ectopic pregnancy? none

I am writing to obtain information about the use of specific high technology medical equipment by your trust in the year 2015.

To outline my query as clearly as possible, I am requesting details on the hospitals use of:

- i. LINAC (linear accelerator)
- ii. PET (Positron Emission tomography)
- iii. CT (Computerised tomography)
- iv. MRI (Magnetic Resonance Imaging)
- v. Lithotripters

For each of the above machines which the hospital has had on site either presently or at any time since January 2015, please answer the following:

1. Please state the make and model of the machine,
2. The hospital in which it is located
3. Its value (an insurance valuation is fine. If unavailable, please state the nature of the valuation provided)
4. Annual maintenance costs
5. Expected weekly operating hours (ie Siemens MRI: 09:00 - 17:00 M-F, etc)
6. The number of separate uses of the machine in 2015 (for example, LINAC – 3000 separate uses; Lithotripter – 5000 separate uses)
7. Whether the machine has been bought, replaced, or disposed of during this timeframe
 1. The date of such an event
 2. The reason

Please ensure that for each of the questions 1-7 it is clear to which machine the data relates. If you have, for example, two MRI scanners of the same brand,

CT A

Make & Model: Siemens SOMATOM Sensation 40

Site: Royal Blackburn Hospital

Value: MES

Annual Maintenance costs: MES

Weekly operating hours: 24/7

No. of examinations 16230

Bought/Replaced/Disposed & Date & Reason: Installed 2007

CT B

Make & Model: Siemens Somatom Sensation (16 slice)

Site: Royal Blackburn Hospital

Value: Managed Equipment Scheme (MES)

Annual Maintenance costs: covered by MES

Weekly operating hours: Mon – Frid 9am-5pm extra lists run at weekends when capacity issues.

No. of examinations 6424

Bought/Replaced/Disposed & Date & Reason: Bought 2004

CT C

Make & Model: Toshiba Aquillion Prime

Site: Burnley General Hospital

Value:

Annual Maintenance costs: 9year agreed maintenance to be invoiced annually = £369,949.19

Weekly operating hours: Mon – Thurs 9am – 8pm Frid 9-5pm

No. of examinations 6235

Bought/Replaced/Disposed & Date & Reason: Bought 2014

MRI A

Make & Model: Siemens Magnatom Symphony 1.5T

Site: Royal Blackburn Hospital

	<p>1. Does the Trust have a discharge policy in place that requires patients to leave hospital after a specified period of time, if they are medically fit but remain in hospital because they (or their family) have been unable to:</p> <p>a. Choose a preferred residential or nursing home? b. Arrange a care package at home? c. Find suitable alternative housing (e.g. sheltered/retirement housing, extra care)?</p> <p>Please provide copies of any relevant policy documents.</p> <p>2. How many patients have been affected by this policy in the past 12 months? Please provide an overall number, and if possible also provide a breakdown by:</p> <p>a. Age (over 65 or under 65) b. Reason for the policy being enacted (as in question 1)</p> <p>3. Does the Trust have plans to develop such a policy within the next 12 months?</p>	<p>We currently have a Discharge Policy that was reviewed and updated in 2015. The next review is due December 2016. However, this is a generic policy covering all aspects of Discharge. It doesn't specifically deal with how long we keep patients in a hospital setting. Therefore we do not have any record of activity under point 2.</p> <p>The questions in this FOI would appear to relate to the Home of Choice Policy which we don't currently have in place. However, following national guidance (which we will adopt) the System Resilience Group will consider and approve a locally adapted health and social care Policy which will be introduced later this spring.</p>
<p>147 27/04/2016</p> <p>Corporate Policy/ Decisions</p>	<p>1. Number of trust employees that have worked under tier 2 (general) of the points based visa system every year since January 2010.</p> <p>2. Number of nurses and midwives that have worked under tier 2 (general) of the points based visa system every year since January 2010.</p>	<p>1. Number of trust employees that have worked under tier 2 (general) of the points based visa system every year since January 2010. 72</p> <p>2. Number of nurses and midwives that have worked under tier 2 (general) of the points based visa system every year since January 2010. 0</p>
<p>158 27/04/2016</p> <p>HR /Staff</p>	<p>1. Number of inpatient episodes of haemorrhoid surgeries done within the trust (broken down by hospital if there is more than one site) in the time period 1st January 2015 – 31st December 2015. If possible I would like the data broken down by types of procedure as set out below:</p> <ul style="list-style-type: none"> Number of Haemorrhoidectomies (OPCS Code H51.1) Number of Stapled Haemorrhoidectomies (OPCS Code H51.3) Number of Rubber Band Ligation of Haemorrhoid (OPCS H52.4) Number of Haemorrhoidal Artery Ligations (OPCS Code L70.3) these may be identified by having the L70.3 code plus additional coding of Y53.2 and H53.8 <p>2. Number of Outpatient Episodes for Rubber Band Ligation of Haemorrhoid (OPCS H524)</p>	<p>January - December 2015 Burnley General Hospital Royal Blackburn Hospital Rossendale Hospital</p> <p>Number of Haemorrhoidectomies (OPCS Code H51.1) 28 20 0</p> <p>Number of Stapled Haemorrhoidectomies (OPCS Code H51.3) 0 <5 0</p> <p>Number of Rubber Band Ligation of Haemorrhoid (OPCS H52.4) 155 154 71</p> <p>Number of Haemorrhoidal Artery Ligations (OPCS Code L70.3) plus Z37.8) <5 <5 0</p> <p>Number of Outpatient Episodes for Rubber Band Ligation of Haemorrhoid (OPCS H524) 25 85 73</p>
<p>159 27/04/2016</p> <p>Performance/ Activity</p>		

a) The number of serious untoward incidents (SUIs) recorded by the Trust for the reporting period 2011-2012. The data should be provided so that it is clear how many of these incidents were recorded at each of the establishments (hospitals or other medical establishments) operated by the Trust.

b) The number of serious untoward incidents (SUIs) recorded by the Trust for the reporting period 2012-2013. The data should be provided so that it is clear how many of these incidents were recorded at each of the establishments (hospitals or other medical establishments) operated by the Trust.

c) The number of serious untoward incidents (SUIs) recorded by the Trust for the reporting period 2013-2014. The data should be provided so that it is clear how many of these incidents were recorded at each of the establishments (hospitals or other medical establishments) operated by the Trust.

d) The number of serious untoward incidents (SUIs) recorded by the Trust for the reporting period 2015-2015. The data should be provided so that it is clear how many of these incidents were recorded at each of the establishments (hospitals or other medical establishments) operated by the Trust.

a) The number of serious untoward incidents (SUIs) recorded by the Trust for the reporting period 2011-2012. The data should be provided so that it is clear how many of these incidents were recorded at each of the establishments (hospitals or other medical establishments) operated by the Trust. 156

b) The number of serious untoward incidents (SUIs) recorded by the Trust for the reporting period 2012-2013. The data should be provided so that it is clear how many of these incidents were recorded at each of the establishments (hospitals or other medical establishments) operated by the Trust. 2

c) The number of serious untoward incidents (SUIs) recorded by the Trust for the reporting period 2013-2014. The data should be provided so that it is clear how many of these incidents were recorded at each of the establishments (hospitals or other medical establishments) operated by the Trust. 46

d) The number of serious untoward incidents (SUIs) recorded by the Trust for the reporting period 2015-2015. The data should be provided so that it is clear how many of these incidents were recorded at each of the establishments (hospitals or other medical establishments) operated by the Trust. 108

Who is the Trust's current supplier for their Electronic Patient Record?
 - What is the contract start and end date for the Electronic Patient Record?
 - Who is the Trust's current supplier for your Patient Administration System?
 - What is the contract start and end date for the Patient Administration System?
 - When are you due to start looking to re-procure your clinical systems?
 - Who is the Trust's current Chief Clinical Information Officer?
 - Which member of the board is responsible for IT?
 - As part of planning for the replacement of PAS how much has your organisation assigned a specifically for data migration to offset the risks to revenue generation post go-live of the new system?
 - How many FTEs does the Trust employ to clean data and handle data quality problems?
 - Does the Trust use any external organisation to provide tools and /or services for data quality improvements?
 - What is the estimated cost of cleaning data for statutory reporting ?
 - What is the estimated cost of cleaning data for clinical risk avoidance?
 - Who is responsible within your organisation for identifying the technical requirements for systems that support sustainability plans as described in the Five Year Forward View?

Who is the Trust's current supplier for their Electronic Patient Record?
 The Trust does not currently have an EPR
 - What is the contract start and end date for the Electronic Patient Record?
 NA
 - Who is the Trust's current supplier for your Patient Administration System?
 CSC
 - What is the contract start and end date for the Patient Administration System?
 The Trust is currently on rolling yearly contracts with the existing PAS supplier - current expiry date April 2017
 - When are you due to start looking to re-procure your clinical systems?
 When approval to proceed to full business case has been granted by NHS Improvement
 - Who is the Trust's current Chief Clinical Information Officer?
 Dr Tom Newton
 - Which member of the board is responsible for IT?
 Mr Jonathan Wood
 - As part of planning for the replacement of PAS how much has your organisation assigned a specifically for data migration to offset the risks to revenue generation post go-live of the new system?
 Not applicable at this stage
 - How many FTEs does the Trust employ to clean data and handle data quality problems?
 The Trust employs 9 whole time staff whose main duties focus on handling and cleansing data quality.
 - Does the Trust use any external organisation to provide tools and /or services for data quality improvements?
 No
 - What is the estimated cost of cleaning data for statutory reporting ?
 Not quantifiable - the main driver in improving data quality is to ensure accurate information to

182 27/04/2016 ICT

1. The financial 'control total' that the trust has been asked to sign up to for 2016-17. This number was sent to trusts by Monitor/TDA in mid-January, and asked for a response by February 8. Please provide the number stated by Monitor/TDA in their letter.
 2. The trust's draft surplus/deficit plan before the above letter was received.
 3. If the trust has now agreed a control total for 2016-17, please state what it is (if different to 1.)
 4. If it is not agreed, please state the figure requested by the trust.
 5. Has the trust been allocated any 'transformation' funding for 2016-17? If so how much? (If the total is not agreed, please state the amount which has been stated initially by Monitor/TDA.)
 6. Has the trust been allocated any 'sustainability' funding for 2016-17? If so how much? (If the total is not agreed, please state the amount which has been stated initially by Monitor/TDA.)

1. The financial 'control total' that the trust has been asked to sign up to for 2016-17. This number was sent to trusts by Monitor/TDA in mid-January, and asked for a response by February 8. Please provide the number stated by Monitor/TDA in their letter. £3.8m deficit
 2. The trust's draft surplus/deficit plan before the above letter was received. £16.3m deficit
 3. If the trust has now agreed a control total for 2016-17, please state what it is (if different to 1.) £3.8m deficit agreed
 4. If it is not agreed, please state the figure requested by the trust.
 5. Has the trust been allocated any 'transformation' funding for 2016-17? If so how much? (If the total is not agreed, please state the amount which has been stated initially by Monitor/TDA.)
 6. Has the trust been allocated any 'sustainability' funding for 2016-17? If so how much? (If the total is not agreed, please state the amount which has been stated initially by Monitor/TDA.) £12.5m

187 27/04/2016 Finance

Names of all agencies used for the supply of Non-Medical, Non-Clinical staff from 19th October 2015 to present date, along with individual spend for each agency, across all sites?

Customer/Supplier Name	Total
ADC EXSAL LTD	1,400.00
ADECCO UK LTD	1,519.26
AGC CONSULTANCY LTD	25,711.14
BLUESKY PFI LTD	6,400.00
BROOK STREET (UK) LTD	41,211.31
HAYS ACCOUNTANCY PERSONNEL	85,428.54
JANET EDWARDS	6,028.60
JOBSEARCH EMPLOYMENT AGENCY	2,955.13
M.A.TRACEY	3,207.55
MANPOWER	53,003.18
MAX 20 LTD	18,645.38
MERIDIAN BUSINESS SUPPORT	130,408.92
PFI HEALTHCHECK	23,040.00
PULSE HEALTHCARE LTD	771.55
SPRING PERSONNEL	64,806.97
THE PLACEMENT GROUP (UK) LTD	842.77
TIMOTHY JAMES CONSULTING LTD	18,138.12
TRAC.SYSTEMS	3,596.00
VENN GROUP LTD	6,068.96
Grand Total	493,183.38

How many nursing shifts (for nurses of any grade) have you needed to cover with agency staff from 31st March 2015, to 31st March 2016?

How much did you spend in total on agency staff between 31st March 2015 and 31st March 2016?

Did you use Medacs Healthcare plc to provide temporary nursing cover from 31st March 2015 to 31st March 2016, and if so how much did you pay them in total?

Did you use Mayday Healthcare plc to provide temporary nursing cover from 31st March 2015 to 31st March 2016, and if so how much did you pay them in total?

Did you use Imperial Medical Staffing to provide temporary nursing cover from 31st March 2015 to 31st March 2016, and if so how much did you pay them in total?

Did you use Thornbury Nursing Services to provide temporary nursing cover from 31st March 2015 to 31st March 2016, and if so how much did you pay them in total?

Did you use Team 24 Healthcare to provide temporary nursing cover from 31st March 2015 to 31st March 2016, and if so how much did you pay them in total?

From 31st March 2015 to 31st March 2016, what is the highest day rate you have paid for an agency nurse shift and to which agency was this paid?

Are there any duties that an agency nurse would not be allowed to carry out that

How many nursing shifts (for nurses of any grade) have you needed to cover with agency staff from 31st March 2015, to 31st March 2016? 7483

How much did you spend in total on agency staff between 31st March 2015 and 31st March 2016? £3,919,302

Did you use Medacs Healthcare plc to provide temporary nursing cover from 31st March 2015 to 31st March 2016, and if so how much did you pay them in total?

£62,045

Did you use Mayday Healthcare plc to provide temporary nursing cover from 31st March 2015 to 31st March 2016, and if so how much did you pay them in total?

£71,288

Did you use Imperial Medical Staffing to provide temporary nursing cover from 31st March 2015 to 31st March 2016, and if so how much did you pay them in total?

NA

Did you use Thornbury Nursing Services to provide temporary nursing cover from 31st March 2015 to 31st March 2016, and if so how much did you pay them in total?

£73,175

Did you use Team 24 Healthcare to provide temporary nursing cover from 31st March 2015 to 31st March 2016, and if so how much did you pay them in total?

NA

From 31st March 2015 to 31st March 2016, what is the highest day rate you have paid for an agency nurse shift and to which agency was this paid?

£67.45 per hour on a bank holiday

Are there any duties that an agency nurse would not be allowed to carry out that a staff nurse of the same rank would be?

All registered nurse and midwives have a professional responsibility to work within the realms of their individual experiences and scope of professional practice. It would be their responsibility to

"Question 1
 Do you have a KTP laser for use in Cholesteatoma surgeries? Yes/No" "Question 2
 If you are planning on getting one soon, what date are you planning on getting one? If not relevant, leave blank" "Question 3
 If you already have the KTP laser for cholesteatoma surgeries:
 a), is it routinely available for cholesteatoma surgeries – Yes/No
 " "Question 3b
 If you already have the KTP laser for cholesteatoma surgeries:
 b) is it maintained and staff trained to use it? Yes/No
 " "Question 4
 Are there any issues that are preventing you from routinely using the KTP laser?"
 "Question 5
 Are you doing your tympanoplasty surgery for cholesteatoma as a day case for adults?" "Question 5
 Are you doing your tympanoplasty surgery for cholesteatoma as a day case for CHILDREN?" Q6: If it is mainly day case, why is it not an overnight stay?
 "Question 7
 Are you doing your mastoidectomy surgery for cholesteatoma as a day case for ADULTS?" "Question 7
 Are you doing your mastoidectomy surgery for cholesteatoma as a day case for CHILDREN?" Q8 If it is mainly day case, why is it not an overnight stay? Question 9 What is your standard follow up period of time, in months, for a 'second look' following tympanoplasty? Question 10 Are you routinely using CT or MRI to gauge the extent of cholesteatoma growth? CT/MRI Question 11 Do you have a cholesteatoma leaflet? Yes/No If so, please attach. Question 12 Would you like to be involved in the clinical advisory group? – If yes – put name. Question 13

Question 1
 Do you have a KTP laser for use in Cholesteatoma surgeries? Yes
 Question 2
 If you are planning on getting one soon, what date are you planning on getting one? If not relevant, leave blank
 Question 3
 If you already have the KTP laser for cholesteatoma surgeries:
 a), is it routinely available for cholesteatoma surgeries – Yes
 Question 3b
 If you already have the KTP laser for cholesteatoma surgeries:
 b) is it maintained and staff trained to use it? Yes
 Question 4
 Are there any issues that are preventing you from routinely using the KTP laser?No
 Question 5
 Are you doing your tympanoplasty surgery for cholesteatoma as a day case for adults? Yes
 Question 5
 Are you doing your tympanoplasty surgery for cholesteatoma as a day case for CHILDREN?Yes
 Q6: If it is mainly day case, why is it not an overnight stay? Not necessary
 Question 7
 Are you doing your mastoidectomy surgery for cholesteatoma as a day case for ADULTS? Yes
 Question 7
 Are you doing your mastoidectomy surgery for cholesteatoma as a day case for CHILDREN? Yes
 Q8 If it is mainly day case, why is it not an overnight stay? Not necessary
 Question 9 What is your standard follow up period of time, in months, for a 'second look' following tympanoplasty? For follow up patients we review at post surgery 6/52 and further 3/12
 Question 10 Are you routinely using CT or MRI to gauge the extent of cholesteatoma growth? CT/MRI Yes

1. How many reported Information Governance or Information Security events occurred at your trust?

This should include all reported events, including never events, near misses and where an event was reported but there was no evidence of breach. Please provide information on the previous 12 months available and broken down on a monthly basis.

2. How many Information breaches were reported to the Information Commissioners office?

Please provide information on the previous 12 months available and broken down on a monthly basis.

3. Did any of the information events in question 2 relate to the loss or exposure of patient information?

a. If so, how many events?

b. How many of the incident included 'high risk confidential information' on the incident grading matrix.

4. How many formal information sharing agreements are in place with:

a) Community Services?

b) Primary care services (such as GPs)?

c) Social care and wider government services?

d) Other organisations?

5. Of the sharing agreements, how many are for information transfers by:

a. Electronic transfer

b. Physical transfer

1. How many reported Information Governance or Information Security events occurred at your trust?

This should include all reported events, including never events, near misses and where an event was reported but there was no evidence of breach. Please provide information on the previous 12 months available and broken down on a monthly basis.

March 2015 = 55

April 2015 = 55

May 2015 = 70

June 2015 = 71

July 2015 = 78

Aug 2015 = 68

Sept 2015 = 86

Oct 2015 = 86

Nov 2015 = 56

Dec 2015 = 54

Jan 2016 = 55

Feb 2016 = 73

2. How many Information breaches were reported to the Information Commissioners office?

Please provide information on the previous 12 months available and broken down on a monthly basis.

April 2015 = 1

Aug 2015 = 2

Oct 2015 = 1

1. Considering patient entertainment systems in your hospital trust, can you confirm the number of beds which are serviced by:
o Communal TV unit _____
2. How many individual beds are serviced by:
o TV _____
o Video-On-Demand service _____
o Telephone _____
o Games _____
o Wi-Fi _____
3. Can you confirm who are the third-party vendors who provide the media systems in question (1) and (2) above _____
4. Do you have Wi-Fi available for patients, and how much does it cost per hour/per use? _____
5. Which, if any, of the following services does the trust use?
o Patient flow / bed management software _____
o Patient medical records software (EPR/PAS software such as Lorenzo or equivalent) _____
o Bedside software for clinical use by medical staff – electronic access to charts, medication etc. _____
o Hospital management software at bedside, such as electronic Meal Ordering for patients _____
6. Which vendors do you use for each of those items in (5) above

1. Considering patient entertainment systems in your hospital trust, can you confirm the number of beds which are serviced by:
o Communal TV unit _____
Bedside terminals are used and there are few if any standalone TV
2. How many individual beds are serviced by:
o TV _____
o Video-On-Demand service _____
o Telephone _____
o Games _____
o Wi-Fi _____
Hospedia terminals serve 930 beds
3. Can you confirm who are the third-party vendors who provide the media systems in question (1) and (2) above
Hospedia
4. Do you have Wi-Fi available for patients, and how much does it cost per hour/per use?

We have free wifi in paediatric areas and public areas. We do not have details of any charges by Hospedia
5. Which, if any, of the following services does the trust use?
o Patient flow / bed management software Yes _____
o Patient medical records software (EPR/PAS software such as Lorenzo or equivalent) PAS - no EPR
o Bedside software for clinical use by medical staff – electronic access to charts, medication etc. Yes
o Hospital management software at bedside, such as electronic Meal Ordering for patients No
6. Which vendors do you use for each of those items in (5) above
Hospedia, Extramed
EPMA- Ascribe, PAS - CSC _____

	<p>We have identified through Patient Environment di Action Teams (PEAT) and Patient-led assessments of the care environment (PLACE) surveys that the hospital PENDLE COMMUNITY HOSPITAL was assessed on the following dates: 14-Jan-11 , 16-Jan-12 , 15-May-13 , 21-May-14 , 09-Mar-15. We would like to ask, under the Freedom of Information Act 2000:</p> <ol style="list-style-type: none"> 1. Are the dates recorded correctly, if not could your please provide us the correct ones. 2. Whether the cleaning service, during that period, was contracted-out to an outside contractor or was delivered in house. 3. The annual amount of money spent for the cleaning service. 4. The name(s) of the company(s) which provided theses services, if contracted-out. 5. The number of staff employed, annually, for the cleaning service. 6. The complete text of all communications between all cleaning-service provider(s)), both if they were outside contractors or internal ones, and the hospital trust management within six weeks of the above listed assessment dates. 	<ol style="list-style-type: none"> 1. These dates are accurate 2. In house 3 £218,100 4 NA 5 8.32 Whole Time Equivalents 6 All communications are submitted on the Department of Health EFM system and are in the public domain. All outcomes from inspections are sent directly to the area and Domestic Services to action if required. The documents submitted as part of the PLACE assessments can be viewed on the Health and Social Care Information website together with the annual ERIC returns.
<p>347 27/04/2016</p> <p>Service Information</p>	<p>We have identified through Patient Environment di Action Teams (PEAT) and Patient-led assessments of the care environment (PLACE) surveys that the hospital BURNLEY GENERAL HOSPITAL was assessed on the following dates: 12-Jan-11 , 11-Jan-12 , 18-Jun-13 , 14-May-14 , 20-May-15. We would like to ask, under the Freedom of Information Act 2000:</p> <ol style="list-style-type: none"> 1. Are the dates recorded correctly, if not could your please provide us the correct ones. 2. Whether the cleaning service, during that period, was contracted-out to an outside contractor or was delivered in house. 3. The annual amount of money spent for the cleaning service. 4. The name(s) of the company(s) which provided theses services, if contracted-out. 5. The number of staff employed, annually, for the cleaning service. 6. The complete text of all communications between all cleaning-service provider(s)), both if they were outside contractors or internal ones, and the hospital trust management within six weeks of the above listed assessment dates. 	<ol style="list-style-type: none"> 1 The dates are correct 2 In house 3 £1,576,500 4 MA 5 66.67 Whole time equivalents 6 All communications are submitted on the Department of Health EFM system and are in the public domain. All outcomes from inspections are sent directly to the area and Domestic Services to action if required. The documents submitted as part of the PLACE assessments can be viewed on the Health and Social Care Information website together with the annual ERIC returns.
<p>348 27/04/2016</p>	<p>Corporate Policy/ Decisions</p>	

We have identified through Patient Environment di Action Teams (PEAT) and Patient-led assessments of the care environment (PLACE) surveys that the hospital ROYAL BLACKBURN HOSPITAL was assessed on the following dates: 10-Jan-11 , 09-Jan-12 , 23-Apr-13 , 11-Mar-14 , 13-May-15. We would like to ask, under the Freedom of Information Act 2000:

1. Are the dates recorded correctly, if not could your please provide us the correct ones.
2. Whether the cleaning service, during that period, was contracted-out to an outside contractor or was delivered in house.
3. The annual amount of money spent for the cleaning service.
4. The name(s) of the company(s) which provided theses services, if contracted-out.
5. The number of staff employed, annually, for the cleaning service.
6. The complete text of all communications between all cleaning-service provider(s)), both if they were outside contractors or internal ones, and the hospital trust management within six weeks of the above listed assessment dates.

1 The dates are correct

2 In house

3 £3,594,375

4 NA

5 155.15 Whole Time Equivalent

6 All communications are submitted on the Department of Health EFM system and are in the public domain. All outcomes from inspections are sent directly to the area and Domestic Services to action if required. The documents submitted as part of the PLACE assessments can be viewed on the Health and Social Care Information website together with the annual ERIC returns.

Corporate
Policy/

349 27/04/2016 Decisions

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

1. Enterprise Resource Planning Software Solutions (ERP)
2. Customer Relationship Management (CRM) Solutions
3. Human Resources (HR) and Payroll Software Solutions
4. Finance Software Solutions

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

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

1. Software Category: ERP, CRM, HR, Payroll, Finance
2. Software Supplier: Can you please provide me with the software provider for each contract?

Gunn/2016 FW: Software Information

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

1. Software Category: ERP, CRM, HR, Payroll, Finance

HR / Payroll:

Electronic Staff Record System (ESR)

Health Roster (E-Roster)

The Learning Hub (L&D)

2. Software Supplier: Can you please provide me with the software provider for each contract?

ESR – IBM

Health Roster – Allocate

The Learning Hub - Totoro

3. Software Brand: Can you please provide me with the actual name of the software. Please do not provide me with the supplier name again please provide me with the actual software name.

ESR – IBM

Health Roster – Allocate

The Learning Hub - Totoro

1. For each of the past five calendar years (2011 to 2015) what is the total number of women who have been discharged from maternity units/birthing centres between the hours of 00.00 hours and 06.00 hours after having live births?

Please note I would like an individual figure for each year rather than an overall total.

2. I would also like details on the times of day mothers are discharged from your maternity units/birthing centres after giving birth, during 2015.

For 2015 I would like the number of mothers who have given live births discharged for each hour of the day;

-Between 00.00 hours and 00.59 hours

-Between 1.00 hours and 01.59 hours

-Between 02.00 hours and 02.59 hours and so on to complete the 24 hour period.

Please note that discharge time recording is reliant on accurate data input on wards.

Many ward entries are batched, added some days or even weeks later, and errors are left uncorrected.

Discharge time is the same as the time of death if a patient dies in hospital.

Self discharge patients are those who have taken their own discharge against medical advice

Daycase patients who are still recorded as inpatients at 23:59 are automatically discharged

	<p>1. The number of nurses (all grades) currently directly employed by the Trust whose actual pay (i.e. not pro rata) is below £35,000 per year.</p> <p>2. Of the staff referred to in response to question 1, how many are on Tier 2 visas?</p> <p>3. Of the staff referred to in response to question 2, how many started working in the UK after April 2011?</p> <p>If the information for question 3 is not held (or would be impossible to locate within the section 12 cost limit), please ignore it and answer question 4 instead:</p> <p>4. Of the staff referred to in response to question 2, how many started working for the Trust (preferably including any predecessor Trusts, if the Trust is the product of a merger) after April 2011?</p> <p>If the information for question 2 is not held (or would be impossible to locate within the section 12 cost limit), please ignore questions 2-4 and answer questions 5 and 6 instead:</p> <p>5. Of the staff referred to in response to question 1, how many are not nationals of member states of the European Economic Area?</p> <p>6. Of the staff referred to in response to question 5, how many started working for the Trust (preferably including any predecessor Trusts, if the Trust is the product of a merger) after April 2011?</p>	<p>1. The number of nurses (qualified and unqualified) and healthcare assistants currently directly employed by the Trust (including zero hours and casual staff) who are on Tier 2 visas under the Points Based Immigration system.</p> <p>1</p> <p>2. Of the staff referred to in response to question 1, how many started working in the UK after April 2011?</p> <p>1</p> <p>3. Of the staff referred to in response to question 2, how many are paid below £35,000 per year (including zero hours and casual staff)? "Pay" here means full-year gross pay including enhancements (e.g. shift pay, overtime pay) for the year 2014/15 (or if hired since the start of 2014/15, please use forecast full-year gross pay including enhancements for 2015/16 based on payments during the year to date). Please note that I am seeking actual pay - if a staff member is paid £19,000 per year for working 0.5 FTE (assuming no enhancements), please consider their pay to be £19,000, not the £38,000 they would be paid were they working 1.0 FTE. Please separate the question 3 data between nurses and healthcare assistants (unless this would breach the Data Protection Act, in which case please provide a combined total).</p> <p>1</p> <p>If the information for question 2 is not held (or would be impossible to locate within the section 12 cost limit), please ignore questions 2 and 3 and answer questions 4 and 5 instead:</p> <p>4. Of the staff referred to in response to question 1, how many started working for the Trust (preferably including any predecessor Trusts, if the Trust is the product of a merger) after April 2011?</p> <p>As Q2</p> <p>5. Of the staff referred to in response to question 4, how many are paid below £35,000 per year (including zero hours and casual staff)? "Pay" here means full-year gross pay including enhancements (e.g. shift pay, overtime pay) for the year 2014/15 (or if hired since the start of 2014/15, please use forecast full-year gross pay including enhancements for 2015/16 based on</p>
<p>52 26/04/2016 HR /Staff</p>	<ul style="list-style-type: none"> How much did your organisation spend on legal fees in the financial year 2015? Do you have a panel of preferred legal providers? If yes, what year was this panel appointed? 	<p>How much did your organisation spend on legal fees in the financial year 2015? 32,600</p> <ul style="list-style-type: none"> Do you have a panel of preferred legal providers? If yes, what year was this panel appointed? Yes, 2013
<p>75 26/04/2016 Finance</p>	<p>on your company spend, annual usage and company currently supplying you with the clinical waste bag ties, or plain bag ties, this is normally handled by either procurement, supplies or porters, please can you also advise the person who we would deal with and their contact details.</p>	<p>NHS Supply chain are the current Supplier of clinical waste bag ties to the Trust. The annual usage for 2015-16 was 41 packs of 100. If you wish to discuss this further please email Janet Harwood-Rawcliffe onjanet.harwoodrawcliffe@elht.nhs.uk</p>
<p>59 25/04/2016 Procurement</p>		

	<p>My FOI request is to find out how much of your service and budget you dedicate towards speech therapy within your NHS trust, specifically when treating Parkinson's patients. If this is too specific I am happy for it to just cover speech therapy in general.</p> <p>I would like a response to the queries below</p> <ul style="list-style-type: none"> - How much of your budget in monetary and percentage terms is allocated to support for Parkinson's? - Do you provide speech therapy within your Parkinson's services? - If so, how much of of your budget in monetary and percentage terms was allocated to speech therapy services in 2010, 2011, 2012, 2013, 2014, and 2015? - How regularly do Parkinson's patients have access to NHS funded speech therapy? - How many Parkinson's patients have you treated on average over the past five years? - How many speech therapists do you provide funding for? Has this number increased or decreased in the past five years? 	<p>In December 2012 the adult speech and language therapy services from the former East Lancashire PCT and Blackburn with Darwen PCT merged to form one Pennine Lancashire service under East Lancashire Hospitals NHS Trust.</p> <p>Data relating to patient referral numbers and staffing levels for this patient group are not readily available prior to this merger.</p> <p>Current SLT service provision</p> <p>Patients with Parkinson's Disease are seen as part of the generic community caseload in East Lancashire and Blackburn with Darwen, and, if required, as in-patients in Royal Blackburn Hospital, Burnley General Hospital, Pendle Community Hospital, Accrington Victoria Hospital and Clitheroe Community Hospital.</p> <p>Total SLT staffing levels:</p> <p>19.5wte SLTs</p> <p>1.8wte SLT Assistants</p> <p>2.92wte Admin & Clerical</p> <p>Proportion of SLT staffing allocated to community services:</p> <p>East Lancashire: 4.4 wte (mixed grades)</p> <p>Blackburn with Darwen: approx. 1.0wte (mixed grades)</p> <p>Service provided</p> <p>The service for people with Parkinson's Disease is for both communication and swallowing difficulties. The management pathway (which has been shortlisted for an ELHT Star Award 2016) includes:</p> <ul style="list-style-type: none"> - Individual assessment and therapy - Group therapy - Drop in clinics for review - Multi-disciplinary liaison <p>Number of patients referred</p> <p>The service does not collect data specifically by diagnosis of Parkinson's Disease.</p>	
<p>211 25/04/2016</p>	<p>Service Information</p>	<p>I'm looking to receive details on how many patients have been admitted to hospital with injuries caused by e-cigarettes since 2013. Can this please be broken down into separate figures for 2013, 2014, 2015 and 2016 so far.</p>	<p>This information is not held as injuries from e-cigarettes is not separately recorded</p>
<p>309 25/04/2016</p>	<p>Service Information</p>	<ul style="list-style-type: none"> • How many CT scanners are in your hospitals? • Who is the manufacturer of them and what is their model? • Who has the service maintenance contract for the scanners - is it the supplier or an external service company? 	<ul style="list-style-type: none"> • How many CT scanners are in your hospitals? 4 • Who is the manufacturer of them and what is their model? Siemens Somatom Definition AS, Siemens Somatom Sensation (16 slice) 2 x Toshiba Aquillion Prime • Who has the service maintenance contract for the scanners - is it the supplier or an external service company? All have maintenance contracts with the supplier
<p>311 25/04/2016</p>	<p>Service Information</p>		

I was wondering whether you would be able to provide for the hospitals within your trust information on the following 4 areas if you possess it:

1. The number of beds in the hospital.
2. The total internal floor area of all descriptions.
3. The total number of rooms of all description.
4. The total number of operating theatres.
5. Total distance of corridors.
6. Age of the premises (construction).

Please note the information provided is based on the data submitted to Department of Health (ERIC Data) in 2014/15.

Also Estates is in the middle of compiling the same data for 2015/16 which will be available most probably in July 2016.

Site Name Site Code

BURNLEY GENERAL HOSPITAL RXR10
ROYAL BLACKBURN HOSPITAL RXR20
PENDLE COMMUNITY HOSPITAL RXR50
ACCRINGTON VICTORIA HOSPITAL RXR60
CLITHEROE HOSPITAL RXR70

1. The number of beds in the hospital.

Areas Unit RXR10 RXR20 RXR50 RXR60 RXR70

Available beds No. 198 680 72 18 32

2. The total internal floor area of all descriptions.

Gross internal site floor area M² 70,489 96,654 6,302 7,450 4,212

3. The total number of rooms of all description.

Total Number of rooms No. 4,216 4,369 367 470 276

4. The total number of operating theatres.

Total Number of Operating Theatres No. 22 14 0 0 0

5. Total distance of corridors.

Total Distance of corridors M 287 353 106 176 87

6. Age of the premises (construction).

Age Profile Unit RXR10 RXR20 RXR50 RXR60 RXR70

Age profile - 2015 to present % 0.00 0.00 0.00 0.00 0.00

Age profile - 2005 to 2014 % 34.00 56.20 0.00 0.00 100.00

Age profile - 1995 to 2004 % 13.00 5.71 0.00 1.00 0.00

Service

338 25/04/2016 Information

1. Does your Hospital perform Endomyocardial (EMB) Biopsy procedures?
2. If yes, How many Endomyocardial (EMB) Biopsy procedures were performed in:
 - a. 2014
 - b. 2015
3. What was your Trust's spend on Endomyocardial Biopsy in:
 - a. 2014
 - b. 2015
4. Does your Hospital perform Biopsy to diagnose Amoeloid Cardiomyopathy?
5. If yes, How many Amoeloid Biopsy procedures were performed in:
 - a. 2014
 - b. 2015
6. What was your Trust's spend on Endomyocardial Biopsy in:
 - a. 2014
 - b. 2015

The Trust does not perform endomyocardial biopsy procedures.

Service

344 25/04/2016 Information

1. On what date (month and year) did Royal Blackburn Hospital start to provide primary Percutaneous Coronary Interventions?
2. If applicable, over what period did Royal Blackburn Hospital provide a primary Percutaneous Coronary Intervention weekday service (less than 24 hours a day, 7 days a week)? Please provide a date range (month, year to month, year) Over this period, what hours did the weekday service operate?
3. If applicable, over what period did Royal Blackburn Hospital provide a primary Percutaneous Coronary Intervention service that operates 24 hours a day 7 days a week? Please provide a date range (month, year to month, year).
4. Does Royal Blackburn Hospital collaborate with another Trust to provide 24/7 primary Percutaneous Coronary Intervention coverage? If so, which Trusts are involved in this collaboration.

The Trust does not provide a PCI service.

Service

345 25/04/2016 Information

<p>346 25/04/2016</p>	<p>Corporate Policy/ Decisions</p> <p>Does your dermatology department have nurses trained to draw bloods from outpatients in outpatient clinics? Does your dermatology department have dermatologists trained to draw bloods from outpatients in outpatient clinics? Does your dermatology department have access to tubes, syringes/needles in the department to draw bloods from outpatients in outpatient clinics and someone who collects or sends tubes to your bloods lab department etc? Does your dermatology department draw either whole bloods, serum, plasma or draw only whole bloods but they put on the label that a whole blood-based test or serum-based test or plasma-based test is required to your bloods lab department etc? (by the way there are tubes with clot activator for serum after they are spun. There are tubes with clot inhibitor for plasma after they are spun)</p>	<p>Does your dermatology department have nurses trained to draw bloods from outpatients in outpatient clinics? Yes Does your dermatology department have dermatologists trained to draw bloods from outpatients in outpatient clinics? Yes Does your dermatology department have access to tubes, syringes/needles in the department to draw bloods from outpatients in outpatient clinics and someone who collects or sends tubes to your bloods lab department etc? Yes Does your dermatology department draw either whole bloods, serum, plasma or draw only whole bloods but they put on the label that a whole blood-based test or serum-based test or plasma-based test is required to your bloods lab department etc? (by the way there are tubes with clot activator for serum after they are spun. There are tubes with clot inhibitor for plasma after they are spun) Whole bloods are drawn.</p>
<p>329 22/04/2016</p>	<p>Corporate Policy/ Decisions</p> <p>Please provide contact details as listed below for Chief Finance Officer (CFO), Chief Information Officer (CIO)/Head of IT, Chief Executive (CEO), Director of Resources, Medical Director, Caldicott Guardian Where you don't have exact job title as above, please provide equivalent or if your Trust does not hold such a position please advise.</p> <ul style="list-style-type: none"> • Full Name • Job Title • Email • Telephone • Postal Address 	<p>In response to your Freedom of Information request, the information you require is held in the public domain. Please visit our organisation structures at the East Lancashire Hospitals NHS Trust website at http://www.elht.nhs.uk/organisational-structures.htm The email convention for staff is <code>forename.surname@elht.nhs.uk</code> and the switchboard number is 01254 263555 who will transfer you to the relevant individual required.</p>

1. Do you have/use an Electronic Document Management System for your Medical Records? If so, what is the name of it? How many users currently use the Electronic Document Management System?
2. Are your Medical Records currently being scanned? If so, is this being done within your organisation or by an external company? If scanning is being done by an external company can you provide their name?
3. Do you have/use an Electronic Patient Record (EPR) system? If so, what is the name of it?
4. Do you have/use a Clinical Portal or/and a Patient Portal? If so, what are the name(s) of it?

1. Do you have/use an Electronic Document Management System for your Medical Records? If so, what is the name of it? How many users currently use the Electronic Document Management System?
No
2. Are your Medical Records currently being scanned? If so, is this being done within your organisation or by an external company? If scanning is being done by an external company can you provide their name?
No - the only medical records scanned within the Trust at present are 'Well babies', these are scanned in house by each ward (4 in total) using Windip which is supplied by Civica
3. Do you have/use an Electronic Patient Record (EPR) system? If so, what is the name of it?
No
4. Do you have/use a Clinical Portal or/and a Patient Portal? If so, what are the name(s) of it?
We have a clinical portal that is under development and use the Orion platform for this.

- 1a. Do you provide a surgical appliance service for inpatients? Yes No
1b. Do you provide a surgical appliance service for outpatients? Yes No

If you have answered yes to either or both of the above, please answer the following:

2. How many patients did you see during this time period: Apr 14 to Mar 15 Apr 15 to Dec 15
Inpatients
Outpatients
3. How much did you spend on the appliances provided? Apr 14 to Mar 15 Apr 15 to Dec 15
Inpatients
Outpatients
4. Do you recharge the referrer for the cost of the appliance? Yes No
5. Which Orthotics companies do you use?

- 1a. Do you provide a surgical appliance service for inpatients?
Yes

- 1b. Do you provide a surgical appliance service for outpatients?
Yes

If you have answered yes to either or both of the above, please answer the following:

2. How many patients did you see during this time period: Apr 14 to Mar 15 Apr 15 to Dec 15 for Inpatients and Outpatients
1/4/14 to 31/3/15 – 9420 outpatient attendances
1/4/15 to 31/12/15 – 7188 outpatient attendances
Inpatient attendances not available.
3. How much did you spend on the appliances provided? Apr 14 to Mar 15 Apr 15 to Dec 15 for Inpatients and Outpatients
1/4/14 to 31/3/15 £785,847.00
1/4/15 to 31/12/15 £579,105.00
Combined figure for inpatients and outpatients. Breakdown not available.
4. Do you recharge the referrer for the cost of the appliance?
No
5. Which Orthotics companies do you use?

Supplier Name
A Algeo Ltd

Service

Under the guidelines of the GMC & NHS on LCP in the case of Mrs Rita O'Brien who was a patient in Royal Blackburn Hospital between the 5/1/2013 and 12/1/2013. under the Freedom of Information act 2000 I now formally request the documentation of proof that a Best Interest of the Patient meeting took place with the hospital staff and the family present together with written consent forms from the patient or the family allowing the withdrawal of treatment and allowing the patient to be placed on the LCP.

Further to your request for information dated 4/5/2016 I can confirm that the information you requested is being withheld under the Freedom of Information Act 2000.

You requested:

Under the guidelines of the GMC & NHS on LCP in the case of Mrs Rita O'Brien who was a patient in Royal Blackburn Hospital between the 5/1/2013 and 12/1/2013. under the Freedom of Information act 2000 I now formally request the documentation of proof that a Best Interest of the Patient meeting took place with the hospital staff and the family present together with written consent forms from the patient or the family allowing the withdrawal of treatment and allowing the patient to be placed on the LCP.

The exemption applied is s.21 of the Act which states that a public authority is exempt from providing the information requested where it is reasonably accessible to the applicant, including where this is information which the public authority is obliged to communicate to you under any other enactment. This information would be available to you under the provisions of the Access to Health Records Act 1990. This is an absolute exemption and the requirement to fulfil the public interest test is not necessary.

I understand that you have already taken the opportunity to apply for the records of the late Mrs O'Brien and that these have been made available to you. In order to comply with our duty to offer assistance to you under the Freedom of Information Act our Assistant Director of Patient Experience will retrieve and examine the notes on your behalf to identify where the information is recorded. If you feel this would be of assistance to you, please contact me to provide your consent for the retrieval and examination of your late wife's notes.

233 21/04/2016 Incidents

I would like to receive all the information you have that is specific to the Portering department at burnely general hospital. With regards to number of tasks completed a year, this broken down into patient movement and none patient movement, along with the financial information (budget), both pay and none pay for the department, this information can be summarised.

Along with the information above i would like to see a job description of the tasks that the porters have to complete as part of there role.

The information we are able to provide is detailed below and in the attached:

- Table below detailing tasks split into patient movement and non-patient movement (BGH)
- Budget for pay and non-pay below (BGH)
- Job description attached.

	2015	2016
April	951	1025
May	970	1057
June	938	890
July	879	894
August	986	1008
September	1104	
October		
November		
December		
January		
February		
Patient Movement	951 1025 970 1057 938 890 879 894 986 1008 1104	
Non Patient Movement	1393 2465 2575 2765 2539 2807 3284 2850 2836 3255 3111	
Total	2344 3490 3545 3822 3477 3697 4163 3744 3822 4263 4215	

Pay	£446,951 for 18.94 WTE
Non Pay	£6,889
Total	£453,840

9 20/04/2016 HR /Staff

1. In your organisation, how many patients diagnosed with Chronic Myeloid Leukaemia (CML) have been treated in calendar year 2015?

2. Of these patients, how many are currently being treated with each of the following tyrosine kinase inhibitors (TKIs)?

- Dasatinib (Sprycel)
- Imatinib (Glivec)
- Nilotinib (Tasigna)
- Ponatinib (Iclusig)
- Bosutinib (Bosulif)

3. If possible, of these patients on a TKI, how many have had treatment with a previous TKI?

4. In your organisation, how many patients diagnosed with Philadelphia positive (Ph+) Acute Lymphoblastic Leukaemia (ALL) have been treated in calendar year 2015?

5. Of these patients how many are currently being treated with each of the following TKIs?

- Dasatinib (Sprycel)
- Imatinib (Glivec)
- Nilotinib (Tasigna)
- Ponatinib (Iclusig)
- Bosutinib (Bosulif)
- Other (i.e. not on a TKI)

Please see the summary below based on information taken from our electronic prescribing systems. Please note the numbers in questions 1 & 4 refers to patients who have been prescribed treatment on our electronic chemotherapy prescribing system who have an ICD-10 diagnosis code that matches the question. Potentially other forms of treatment not prescribed through this EPMA system may have been given.

With regards to question 3 we have only been able to give information about prior treatment that had occurred during the search period, i.e. 2015, therefore patients may have received other lines of treatment prior to what they were on in 2015 (e.g. Treatment switched in 2012 to the current treatment).

1. In your organisation, how many patients diagnosed with Chronic Myeloid Leukaemia (CML) have been treated in calendar year 2015? – 19 with icd code 92.1*

2. Of these patients, how many are currently being treated with each of the following tyrosine kinase inhibitors (TKIs)?

- Dasatinib (Sprycel) - 3
- Imatinib (Glivec) - 6
- Nilotinib (Tasigna) - 10
- Ponatinib (Iclusig) nil
- Bosutinib (Bosulif) nil

3. If possible, of these patients on a TKI, how many have had treatment with a previous TKI? - None in the same year

4. In your organisation, how many patients diagnosed with Philadelphia positive (Ph+) Acute Lymphoblastic Leukaemia (ALL) have been treated in calendar year 2015? – none with icd code 83.5*

Pharmacy/

I would be grateful if you could provide me with the following information for the period between 1 January 2013 to 31 December 2015 for activity taking place within the main hospital setting, excluding community services, home visits and telephone consultations.

Document Priestman 300316

1) Number of clinics split by;

- day of the week they take place
- whether they are consultant led, nurse led or AHP led or other
- specialty of the clinic

2) Number of outpatient attendances split by;

- day of the week they attended
- whether the attendance was for a consultant led, nurse led, AHP led or other clinic
- specialty of the clinic

3) Number of ward attendances split by;

- day of the week they attended
- specialty of the attendance
- whether they attended in core hours or outside of core hours*

4) Number of A&E / walk in attendances split by;

- day of the week they attended
- whether or not they then went on to be admitted
- whether they attended in core hours or outside of core hours*

Performance/

17 20/04/2016 Activity

Good morning.

We are trying to gather some market research into international nurses coming into the area for our dissertation at Salford university. We have some basic questions we were hoping you could help answer:

- does Blackburn operate an international nurse program I.e. Do they recruit from abroad?
- how many are recruited at once and how often are they recruited?
- how long is the program planned to run for into the future?
- are the nurses provided with complementary accommodation when they initially arrive in the country? If so, for how long?
- does the hospital currently work with any landlords in finding accommodation for the nurses?

does Blackburn operate an international nurse program I.e. Do they recruit from abroad? Yes we do recruit nurses from abroad

- how many are recruited at once and how often are they recruited? There is no set pattern in terms of how often they are recruited or how many are recruited
- how long is the program planned to run for into the future? At this point there are no further plans to go abroad to recruit nurses, this however may be subject to change
- are the nurses provided with complementary accommodation when they initially arrive in the country? If so, for how long? We are anticipating some Filipino nurses to join the Trust imminently. The Trust will pay for the first 2 months of accommodation but will claw back month 2 over an agreed period from their salary
- does the hospital currently work with any landlords in finding accommodation for the nurses? Procurement are enquiring with local landlords the availability of accommodation

Corporate Policy/

27 20/04/2016 Decisions

	could I ask for the figures fro amputations in the Blackburn with Darwen area over the last 10 year due to diabetes please?	Year Count
		2006 10
		2007 11
		2008 16
		2009 9
		2010 16
		2011 17
		2012 17
		2013 29
		2014 14
		2015 22
44	<p>Performance/ 20/04/2016 Activity</p>	
	<p>please could you provide me with the number of people who have missed:</p>	<p>the number of people who have missed:</p>
	<p>1. one outpatient appointment (either first or subsequent attendance)</p>	<p>1. one outpatient appointment (either first or subsequent attendance) 28092 in 2014/15, 29233 in 2015/16</p>
	<p>2. two outpatient appointments (either first or subsequent attendance)</p>	<p>2. two outpatient appointments (either first or subsequent attendance) 8104 in 2014/15, 8175 in 2015/16</p>
	<p>3. three outpatient appointments (either first or subsequent attendance)</p>	<p>3. three outpatient appointments (either first or subsequent attendance) 2683 in 2014/15, 2618 in 2015/16</p>
	<p>4. four outpatient appointments (either first or subsequent attendance)</p>	<p>4. four outpatient appointments (either first or subsequent attendance) 1023 in 2014/15 and 1074 in 2015/16</p>
	<p>5. five or more outpatient appointments (either first or subsequent attendance) for each of the past two years, 2014/15 and 2015/16.</p>	<p>5. five or more outpatient appointments (either first or subsequent attendance) 988 in 2014/15, 1041 in 2015/16</p>
	<p>Please provide information as a spreadsheet or CSV.</p>	
72	<p>Performance/ 20/04/2016 Activity</p>	

A breakdown of your Board membership showing gender, and ethnic background and age range broken into separate categories for:

- Chairman
- Non- executive directors
- Executive directors

Age range should be specified for each category as follows.

Age of Board Members

Identifier Years of age

A1 18-39

A2 40-49

A3 50-59

A4 60-69

A5 70 and over

Ethnic Background should be specified according to the following classifications set out by the Office for National Statistics.

Ethnicity

Identifier Standard Office of National Statistics (ONS) Ethnicity Classifications

1 Arab

2 Asian/ Asian British: Indian

3 Asian/ Asian British: Pakistani

4 Asian/ Asian British: Bangladeshi

5 Asian/ Asian British: Chinese

6 Black/ African/ Caribbean/ Black British: African

7 Black/ African/ Caribbean/ Black British: Caribbean

Category Age Identifier Gender Ethnic Background

Chairman A4 60-69 = 1 Female = 1 White: English/Welsh/Scottish/Northern Irish/Cornish/British = 1

Non-Executives A2 40-49 = 2

A3 50-59 = 1

A4 60-69 = 2 Male = 4

Female = 1 White: English/Welsh/Scottish/Northern Irish/Cornish/British = 5

Executive Directors A2 40-49 = 2

A3 50-59 = 5 Male = 5

Female = 2 White: English/Welsh/Scottish/Northern Irish/Cornish/British = 7

83 20/04/2016 HR /Staff

- 1) How many patients aged 18 and under have undergone bariatric surgery in the last 3 years? Please break down how many per year.
- 2) How young was the youngest patient?
- 3) How many of those patients have also undergone surgery to remove excess skin as a result of that bariatric surgery? Please break down by year.

There are no patients aged 18 and under who have undergone bariatric surgery in the last three years at East Lancashire Hospitals NHS Trust.

Performance/

105 20/04/2016 Activity

Q1) How many adult patients do you have on your audiology database?
A1)

Q2) How many qualified audiology staff do you have?
(Please include audiologists and clinical scientists here)
A2)

Q3) How many non-qualified audiology staff do you have?
(Please only include those that are paid and directly support audiologists - e.g. technicians that provide hearing aid repairs. Please exclude volunteers and administrative support)
A3)

Q4) Do you use volunteers in any part of the patient pathway?
A4)

0 Yes (please explain how – e.g. aftercare provided by a charity:)
0 No

Q5) What % of patients that are referred to you for a hearing assessment are referred from ENT and what % are referred directly from their GP?

FREEDOM OF INFORMATION REQUEST - PROVIDERS

1

Provider Name:

INFORMATION REQUESTED

NOTES:

Adult refers to patients aged 18 and over that are managed by audiology (e.g. noise and age-related hearing loss and people discharged from ENT). NB. we appreciate that in most cases this will simply cover Direct Access Audiology patients

Prices and activity refer to the NHS financial year 2014/15 -i.e. historical data

Q1) How many adult patients do you have on your audiology database?

A1)

73290

Q2) How many qualified audiology staff do you have? (Please include audiologists and clinical scientists here)

A2)

15

Q3) How many non-qualified audiology staff do you have? (Please only include those that are paid and directly support audiologists - e.g. technicians that provide hearing aid repairs. Please exclude volunteers and administrative support)

A3)

1

Q4) Do you use volunteers in any part of the patient pathway?

A4)

Yes (please explain how – e.g. aftercare provided by a charity: Charity name: 'Bridging the Gap' for minor Hearing Aid repair)

No

Q5) What % of patients that are referred to you for a hearing assessment are referred from ENT and

- 1) The name of your trust
- 2) Since 1st April 2015 until 1st March 2016 how many patients using your services have been identified as not 'ordinarily resident' in the UK under the Department of Health guidelines on 'Guidance on implementing the overseas visitor hospital charging regulations 2015'? See link below
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/496951/Overseas_visitor_hospital_charging_accs.pdf
- 3) Since 1st April 2015 until 1st March 2016 how much money has the Trust spent on the care of patients identified as not 'ordinarily resident' in the UK?
- 4) Since 1st April 2015 until 1st March 2016 out of those patients identified as not 'ordinarily resident' in the UK, how much money has the Trust claimed back for their care?
- 5) Since 1st April 2015 until 1st March 2016 out of those patients identified as not 'ordinarily resident' in the UK, how many have been asked to repay the costs for their care?
- 6) Since 1st April 2015 until 1st March 2016 out of those patients identified as not 'ordinarily resident' in the UK, how many of those who have been asked to repay the costs for their care have not yet paid?

- 1) The name of your trust East Lancashire Hospitals NHS Trust
- 2) Since 1st April 2015 until 1st March 2016 how many patients using your services have been identified as not 'ordinarily resident' in the UK under the Department of Health guidelines on 'Guidance on implementing the overseas visitor hospital charging regulations 2015'? See link below
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/496951/Overseas_visitor_hospital_charging_accs.pdf 38
- 3) Since 1st April 2015 until 1st March 2016 how much money has the Trust spent on the care of patients identified as not 'ordinarily resident' in the UK? £39,460.01
- 4) Since 1st April 2015 until 1st March 2016 out of those patients identified as not 'ordinarily resident' in the UK, how much money has the Trust claimed back for their care? £28,252.26
- 5) Since 1st April 2015 until 1st March 2016 out of those patients identified as not 'ordinarily resident' in the UK, how many have been asked to repay the costs for their care? 9
- 6) Since 1st April 2015 until 1st March 2016 out of those patients identified as not 'ordinarily resident' in the UK, how many of those who have been asked to repay the costs for their care have not yet paid? 6

181 20/04/2016 Finance

The total patients treated with the following conditions:

- Wet age-related macular degeneration (AMD)
- Diabetic macular oedema (DMO)
- Macular oedema secondary to retinal vein occlusion, branch (branch RVO)
- Macular oedema secondary to retinal vein occlusion, central (central RVO)
- Myopic choroidal neovascularization (mCNV)

The volume of use of the following treatment options:

- Ranibizumab
- Bevacizumab
- Aflibercept
- Dexamethasone intravitreal implant
- Fluocinolone acetonide intravitreal implant
- Laser Therapy

I would like this information for the period March 2015 to February 2016, broken down by month

Number of Patients admitted with a Primary or secondary Diagnosis

Diag Code	Diagnosis Description	Mar 15	Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16
H35.3	Degeneration of macula and posterior pole	93	77	72	91	80	72	66	88	67	82	80	71
H36.0 A	Diabetic retinopathy	63	55	44	74	80	75	76	86	81	80	77	96
H34.8	Other retinal vascular occlusions	<5	<5	0	6	<5	<5	5	5	<5	<5	<5	<5
H35.0	Background retinopathy and retinal vascular changes	<5	<5	<5	<5	<5	<5	<5	6	<5	6	<5	<5

Please note that the information on injection use is not recorded against the clinical indication. As such we cannot complete the second tab of the spread sheet.

Pharmacy/
1 19/04/2016 Prescribing

1. Do you provide or promote the use of any mobile applications by your patients/service users? If so please answer the following questions for each application, if known.
 - a. Name of application
 - b. Software supplier
 - c. Number of users associated with the trust.
2. Do you use any patient self-check-in or information kiosks, if yes please answer the following questions for each application, If known
 - a. The Area in the hospital the system is used
 - b. The primary function of the system
 - c. The System supplier
 - d. Number of Users per year
 - e. Cost of each system 2014/15 and year to date 2015/16.
3. Please supply the name and email address of the persons in post for each of the following roles:
 - a. Head/Director of IM&T
 - b. Head/Director of Transformation or person responsible for delivery of Cost Improvement Scheme
 - c. Senior Manager responsible for Cancer Services and/or Outpatients

1. Do you provide or promote the use of any mobile applications by your patients/service users? If so please answer the following questions for each application, if known.

No

 - a. Name of application
 - b. Software supplier
 - c. Number of users associated with the trust.
2. Do you use any patient self-check-in or information kiosks, if yes please answer the following questions for each application, If known

Yes

 - a. The Area in the hospital the system is used
Outpatients
 - b. The primary function of the system
Outpatient check in
 - c. The System supplier
Intouch with health
 - d. Number of Users per year
Please clarify if this requires the number of people accessing the system as one patient may access the system more than once?
 - e. Cost of each system 2014/15 and year to date 2015/16.
Full year annual maintenance costs for 2014/15 & 2015/16 = £35,648.72
3. Please supply the name and email address of the persons in post for each of the following roles:
 - a. Head/Director of IM&T
Mark Johnson -Mark.Johnson@elht.nhs.uk
 - b. Head/Director of Transformation or person responsible for delivery of Cost Improvement Scheme
Martin Hodgson -Martin.Hodgson@elht.nhs.uk

Performance/

Under the Freedom of Information Act I would like to request the following information for the 2014-15 and 2015-16 financial years:

No ophthalmology procedures were carried out on overseas visitors during this time period

1. How many ophthalmology procedures were carried out on overseas residents in a) 2014-15 and b) 2015-16?

2. Of these how many were emergency and therefore given priority for treatment in a) 2014-15 and b) 2015-16?

3. What was a) the total cost of these procedures b) the highest individual cost of such a procedure in a) 2014-15 and b) 2015-16?

4. What were the associated translation costs in a) 2014-15 and b) 2015-16?

5. a) How many of these patients were identified as having been chargeable patients, i.e. not entitled to receive free NHS care in a) 2014-15 and b) 2015-16?

b) What was the total cost of treating those chargeable patients in a) 2014-15 and b) 2015-16?

6. Of that cost, how much was actually paid by the chargeable patients in a) 2014-15 and b) 2015-16?

Performance/

I am collating information regarding hospitals and the falls prevention/monitors that they have in place.

Please could I request the following information:

1. Which hospitals in the trust have the following wards:

Elderly Care

Stroke

Dementia

Names: _____

2. What are your published figures for reported in-patient falls for the period January 2013 – December 2015?

Year 2013: _____ Year 2014: _____ Year 2015: _____

3. Do any of the hospitals within the trust use any of the following (please state which product for which hospital):

Turun TABS Falls Monitor

Alert-It

Sensorcare Bed Systems

Other (please name _____)

4. Has there been a significant number of false alarms with any of the falls prevention devices?

Turun TABS Falls Monitor yes/no

1. Which hospitals in the trust have the following wards:

Elderly Care - All 5 hospitals – Royal Blackburn Hospital, Burnley General Hospital, Pendle Community Hospital, Accrington Victoria Hospital, Clitheroe Community Hospital

Stroke RBH and PCH (B2 and Marsden Ward at PCH)

Dementia RBH C5

Names: _____ Ribblesdale Ward

CCH _____

2. What are your published figures for reported in-patient falls for the period January 2013 – December 2015? (See attached)

Year 2013: _____ Year 2014: _____ Year 2015: _____

3. Do any of the hospitals within the trust use any of the following (please state which product for which hospital):

Turun TABS Falls Monitor

Alert-It

Sensorcare Bed Systems-Ribblesdale Ward CCH

Currently trialling the sensor care alarms as part of the falls collaborative, completed on 1 ward at present due to trial on another ward, unable to comment on the questions below due to the early trial of these. Chair and bed alarms are used at Clitheroe Hospital.

4. Has there been a significant number of false alarms with any of the falls prevention devices?

Turun TABS Falls Monitor yes/no

Alert-It yes/no

Sensorcare Bed Systems yes/no -At times have not alerted when patient has taken pressure off the device both in bed and in the chair.

Other yes/no

If significant, is the hospital/s still using the equipment?

Yes No- Not at present due to equipment expiry and non-stock available

214	19/04/2016	Service Information	<p>Name of hospital. Please complete Post code of hospital. Please complete Do you have an ENT department at your acute hospital? Do you perform inpatient or daycase ENT procedures at your hospital? Do you perform cholesteatoma surgery at your hospital? If you do not perform cholesteatoma surgery at your hospital, which hospital do you refer patients to? Full name please If you refer patient to another hospital for cholesteatoma surgery, do they have their follow ups at your hospital or at the other hospital? If you refer patient to another hospital for cholesteatoma surgery, do they have their audioogy appointments at your hospital or at the other hospital? If you refer your cholestetatoma patients to another hospital, please state the reasons. Thank you If you receive referrals for cholesteatoma surgery from other hospitals, please list the full names of the hospitals that refer to you.</p>	<p>Name of hospital. Please complete Post code of hospital. East Lancashire Hospitals NH Trust, Royal Blackburn Hospital, BB2 3HH</p> <p>Do you have an ENT department at your acute hospital? Yes we do have an ENT department</p> <p>Do you perform inpatient or daycase ENT procedures at your hospital? We perform both inpatient and day case procedures</p> <p>Do you perform cholesteatoma surgery at your hospital? yes we do patients undergo mastoid surgery in attempt to clear the disease from the mastoid bone If you do not perform cholesteatoma surgery at your hospital, which hospital do you refer patients to? Full name please NA If you refer patient to another hospital for cholesteatoma surgery, do they have their follow ups at your hospital or at the other hospital? NA If you refer patient to another hospital for cholesteatoma surgery, do they have their audioogy appointments at your hospital or at the other hospital? NA If you refer your cholestetatoma patients to another hospital, please state the reasons. NA</p>
227	19/04/2016	Service Information	<p>please tell me what happens if you get patients for ITU / ICU / HDU but they are full with other patients, what do you do?</p>	<p>We would keep the patient in the critical care bay in theatre recovery and care for them there until a bed became available. We have not transferred a patient out of the Trust simply due to capacity in the last 24 months.</p>
318	19/04/2016	Service Information	<p>If you could please provide your most recent information on the following it would be appreciated: Unexpected deaths Bounce backs to ITU / higher acuity Readmission rates</p>	<p>If you could please provide your most recent information on the following it would be appreciated: Unexpected deaths Bounce backs to ITU / higher acuity Readmission rates</p>
324	19/04/2016	HR /Staff	<p>Please could you tell me who is the current Clinical Lead for orthopaedics?</p>	<p>The clinical director for orthopaedics is Mr Qas Choudry</p>
202	18/04/2016	Service Information	<p>The Information Commissioner has received a complaint stating that no response has been received to an information request submitted to your organisation on 3 December 2015. We enclose a copy of this request for your information.</p>	<p>Refusal to release attendance records but email released</p>

<p>203 18/04/2016 Service Information</p>	<p>We would like to request the following information regarding the administration of gonadorelin (GnRH) analogues (also known as LHRH analogues) for the treatment of prostate cancer within: East Lancashire Hospitals NHS Trust</p> <p>1 Within your organisation, which healthcare professional (role) clinically recommends the LHRH that is prescribed?</p> <p>2 Which healthcare professional (role) within your organisation usually administers the first injection?</p> <p>3 Where is the first injection usually given (hospital or primary care)?</p> <p>4 Which healthcare professional (role) within your organisation usually administers subsequent injections?</p> <p>5 Where are subsequent injections usually given (hospital or primary care)?</p> <p>6 For subsequent injections, does the patient still remain under the care of the hospital (eg attends hospital clinics although injections are given in primary care), and if so, for how long?</p> <p>7 If injections are administered in primary care, what recommendation/advice</p>	<p>1 Within your organisation, which healthcare professional (role) clinically recommends the LHRH that is prescribed? This is recommended via the consultant urologist or the clinical nurse specialist after consultation with the consultant urologist</p> <p>2 Which healthcare professional (role) within your organisation usually administers the first injection? Usually administered by GP in community</p> <p>3 Where is the first injection usually given (hospital or primary care)? Primary care</p> <p>4 Which healthcare professional (role) within your organisation usually administers subsequent injections? Primary care</p> <p>5 Where are subsequent injections usually given (hospital or primary care)? Primary care</p> <p>6 For subsequent injections, does the patient still remain under the care of the hospital (eg attends hospital clinics although injections are given in primary care), and if so, for how long? Usually attends long term follow up until the patient is stable then discharged to gp</p> <p>7 If injections are administered in primary care, what recommendation/advice comes from the hospital?</p>
<p>210 18/04/2016 Finance</p>	<p>Please provide us with the FULL (NOT summary) financial statements/annual accounts (with Independent Auditor's Report) of your trust for the following years as we have been unable to locate these from your website or other sources.</p> <p>a. 2007/08 b. 2008/09 c. 2009/10 d. 2010/11 e. 2011/12 f. 2012/13 g. 2013/14 h. 2014/15</p>	<p>Documents attached</p>

<p>221 18/04/2016</p>	<p>Service Information</p> <p>) How many instances of emergency vehicles (E.G police cars, fire engines, ambulances) needing roadside assistance were recorded between 2004-15? If the data doesn't stretch back to 2004, please use the earliest you have.</p> <p>2) In such cases, was the cost of recovery paid to a 3rd party? If so, what is the current call out charge?</p>	<p>Information not held as this organisation is a hospital</p>
<p>222 18/04/2016</p>	<p>Corporate Policy/ Decisions</p> <p>I would like to know how the Trust knows whether it will be visited by external agencies either for inspection or reviews such as accreditation bodies. If there is a policy for this please could this be sent as I am researching this as part of my PhD on Management of the NHS.</p>	<p>All external visits and accreditations are recorded as an Appendix as part of a standing item (External Review Reports Update) on the Clinical Effectiveness Committee which meets a minimum of 8 times a year. The appendix Master sheet is held centrally by the Risk Manager.</p> <p>This committee is a sub-group of the Patient Safety and Governance Committee which reports to the Board again, a minimum of eight times per year.</p> <p>This committee is made up as follows:</p> <p>Membership</p> <p>3 Non-Executive Directors including a Non- Executive Chair of the Committee</p> <p>Director of Operations</p> <p>Chief Nurse</p> <p>Medical Director</p> <p>Director of Finance</p> <p>Quorum</p> <p>Four members, one of which must be a clinician and two of which will be Non-Executive Directors.</p> <p>A quorum must be maintained at all meetings. Members are expected to attend all meetings but will attend at least 75% of meetings. Members who are unable to attend will arrange for the attendance of a nominated deputy, whose attendance will be recorded in the minutes, making clear on whose behalf they attend.</p> <p>Attendance</p> <p>The Associate Director of Patient Safety and Governance and the Company Secretary will</p>

	<p>) In each of the last 5 years, how many times has the ICD-10 code “N94.8” (other specified conditions associated with female genital organs and menstrual cycle) been logged?</p> <p>2) In each of the last 5 years, how many times has the ICD-10 code “R102” (pelvic and perineal pain) been logged?</p> <p>3) In each of the last 5 years, how many patients have received a laparoscopy (HRG codes “MA08Z”, “MA09Z” and “MA10Z”)?</p> <p>4) Does your trust have a list of symptoms for which you give a laparoscopy?</p> <p>5) What is the cost to the trust of a) an individual laparoscopy b) laparoscopy on an annual basis?</p>	<p>Please find below the information requested for q1 – q3 below 2011/12 2012/13 2013/14 2014/15 2015/16 Number of admissions with primary or secondary diagnosis of N94.8 29 15 26 30 24 Number of admissions with primary or secondary diagnosis of R10.2 137 123 113 102 103 Number of admissions with HRG code of MA08Z , MA09Z ,MA10Z 961 1014 1106 1162 1051 There is no list of symptoms for a laparoscopy - this will depend on the individual treatment plan for each patient No information is held in relation to the final question you have requested - information is not recorded at this level of detail.</p>
<p>229 18/04/2016</p> <p>Service Information</p>	<p>Corporate Policy/ Decisions</p> <ul style="list-style-type: none"> • Did the East Lancashire Hospitals NHS Trust pay for a NLA (Newspaper Licensing Agency) or CLA (Copyright Licensing Agency) media license in 2013-2014? • If so, how much was paid for the licenses in 2013-2014 (please provide the figures separately)? • Did the East Lancashire Hospitals NHS Trust pay for other media licenses (similar to the NLA or CLA) in 2013-2014? Please list any other media licenses that were subscribed to and how much was paid for them in 2013-2014. 	<ul style="list-style-type: none"> • Did the East Lancashire Hospitals NHS Trust pay for a NLA (Newspaper Licensing Agency) or CLA (Copyright Licensing Agency) media license in 2013-2014? Yes • If so, how much was paid for the licenses in 2013-2014 (please provide the figures separately)? £2663.00 • Did the East Lancashire Hospitals NHS Trust pay for other media licenses (similar to the NLA or CLA) in 2013-2014? Please list any other media licenses that were subscribed to and how much was paid for them in 2013-2014. None
<p>131 14/04/2016</p> <p>Service Information</p>	<ol style="list-style-type: none"> 1. Does your organisation use/perform Viscosupplementation injections? 2. If so, how much does your trust spend each year on Viscosupplementation? 3. Which brand(s) Viscosupplement do you use? 	<p>in the last twelve months we did not issue or use any of these preparations in the Trust</p>

1. Do you keep exemption data, covering overseas visitors?
2. How many exempt overseas visitor patients did you treat since 1 April 2015 to 1 March 2015?
3. How many European (EEA) "ordinarily resident" (OR) patients did you treat since 1 April 2015 to 1 March 2015?
4. Of those in question 3, how many received maternity care?
5. Of those in question 3, how many received treatment at a department other than maternity? Please break the total down by department. Include up to 5 most popular departments.
6. Of those in Q3, please state the 5 most popular treatments received by European (EEA) "ordinarily resident" (OR) patients since 1 April 2015 – 1 Mar 2016, and give numbers for each treatment if known.
7. Do you have an Overseas Visitors Department? Y/N
8. If so, how many Overseas Visitors Officers (OVOs)/ Overseas Visitor Managers (OVMs) do you employ? (full-time equivalent)
9. Are your OVOs/OVMs dedicated to working solely at your Overseas Visitors Department, or do they also work in other departments? If so please state which other departments they work in.
10. Do you share any of your OVOs/OVMs with other trusts? If so how many and with which trusts?
11. Are your OVOs/OVMs all resident in your trust, or do they work off-site?

- Name of Trust
- Q1 - Do you keep exemption data, covering overseas
- Q2 - How many exempt overseas visitor patients did you
- Q3 - How many European (EEA) "ordinarily resident"
- Q4 - 4. Of those in question 3, how many received maternity
- Q5 - Of those in question 3, how many received treatment at a department other than maternity? Please break the total down by department. Include up to 5 most popular departments.
- Q 6 - Of those in Q3, please state the 5 most popular treatments received by European (EEA) "ordinarily resident" (OR) patients since 1 April 2015 – 1 Mar 2016, and give numbers for each treatment if known.
- Q7 - Do you have an Overseas Visitors Dept - Y/N?
- Q8 - If so, how many Overseas Visitors Officers (OVOs)/
- Q9 - Are your OVOs/OVMs dedicated to working solely at your Overseas Visitors
- Q10 - Do you share any of your OVOs/OVMs with
- Q11 - 11. Are your OVOs/OVMs all resident in your trust, visitors?

82 11/04/2016 Finance

We would be grateful if you could send us a copy of the Stroke Guidelines that were in operation from the 8th August 2010 for your Hospital.

Documents attached

We would also be grateful if you could answer the following questions:-

1. When did you introduce any form of Stroke Thrombolysis at the Royal Blackburn Hospital?
2. When did you have access to any form of Stroke Thrombolysis with the local Hospitals?
3. When did you introduce a 9 till 5 Monday to Friday Stroke Thrombolysis service at the Royal Blackburn Hospital?
4. When did you have access to the Telestroke Thrombolysis services across Lancashire and Cumbria?

Corporate
Policy/

220 11/04/2016 Decisions

339 11/04/2016	<p>I'm getting in touch today to enquire when the review dates are for the following classes of drugs within the East Lancashire Health Economy Formulary? All three classes are included in the Endocrine system.</p> <ul style="list-style-type: none"> • SGLT-inhibitors • DPP4-inhibitors • GLP-1 agonists 	<p>We are unable to provide the information requested as there are no set dates for review of our formulary.</p>
323 01/04/2016	<p>Corporate Policy/ Decisions</p> <ol style="list-style-type: none"> 1) How many staff work at the trust? 2) How many car parking spaces are there? 3) How many staff members use car parking facilities each day? 4) Do staff pay to park? <ol style="list-style-type: none"> 5) If so, how much to they currently pay if they pay by a) salary sacrifice b) daily <p>(please state if staff on different bands or pay grades pay different amounts to park. Please state what these amounts are)</p> 5) Please state what the charges were for both salary sacrifice and daily parking in 2014/5 6) Please state what the charges were for both salary sacrifice and daily parking in 2013/4 7) Please state what the charges were for both salary sacrifice and daily parking in 2012/3 8) Please state what the charges were for both salary sacrifice and daily parking in 2011/2 9) What is the total amount paid by staff for parking at the trust in 2014/5 10) What is the total amount paid by staff for parking at the trust in 2013/4 11) What is the total amount paid by staff for parking at the trust in 2012/3 12) What is the total amount paid by staff for parking at the trust in 2011/2 <p>Corporate Policy/ Decisions</p>	<ol style="list-style-type: none"> 1) How many staff work at the trust? 7819 2) How many car parking spaces are there? BGH 506 and RBH 730 4) Do staff pay to park? Yes 5) If so, how much to they currently pay if they pay by a) salary sacrifice Not available at ELHT b) daily monthly charge is £13.84 for FT and £7.84 PT <p>(please state if staff on different bands or pay grades pay different amounts to park. Please state what these amounts are)</p> <ol style="list-style-type: none"> 5) Please state what the charges were for both salary sacrifice and daily parking in 2014/5 £9.50 for FT and £7.13 for PT per month 6) Please state what the charges were for both salary sacrifice and daily parking in 2013/4 £9.50 for FT and £7.13 for PT per month 7) Please state what the charges were for both salary sacrifice and daily parking in 2012/3 £9.50 for FT and £7.13 for PT per month 8) Please state what the charges were for both salary sacrifice and daily parking in 2011/2 £9.50 for FT and £7.13 for PT per month 9) What is the total amount paid by staff for parking at the trust in 2014/5 £355,254 10) What is the total amount paid by staff for parking at the trust in 2013/4 £332,662 11) What is the total amount paid by staff for parking at the trust in 2012/3 £314,892 12) What is the total amount paid by staff for parking at the trust in 2011/2 £304,842

37	Performance/ 31/03/2016 Activity	<p>How many diabetes-related amputations have there been over the last five years?</p> <p>Please break down by calendar year, for:</p> <p>2011 2012 2013 2014 2015</p> <p>2. Of the diabetes related amputations above, how many of the patients were aged 25 or under? Please break down by years stated above.</p> <p>3. How many diabetes related amputations were recorded in patients under the age of 18? Again, please break down by the years stated above.</p> <p>If possible, I would like this information (just for under 18's) broken down individually by age for the last five years.</p> <p>However, if this is not possible - please include the age of the youngest patient to have a diabetes related amputation at your trust.</p>	<p>Year Count per year</p> <p>2011 15 2012 15 2013 27 2014 14 2015 10 Grand Total 81</p> <p>The youngest person from the above patients was 35 at the time of discharge.</p>
161	31/03/2016 Finance	<p>Please provide costs claimed by Ahmedia ltd for your trust staff unable to attend their Healthcare Strategy Forum over the last 4 years.</p> <p>Ahmedia offer 'complimentary' tickets to attend but if staff fail to attend incur costs of over £2000.</p>	We have incurred no charges.
12	Performance/ 23/03/2016 Activity	<p>From the 1st January 2015 up to and including the 31st December 2015;</p> <p>1 - How many people were treated in your Accident and Emergency Department for issues relating to the taking of novel psychoactive substances (aka Legal high's)?</p> <p>2 – What are the age and sexes of those treated?</p> <p>3 - What was the age and sex of the youngest patient?</p> <p>4 – What was the age and sex of the oldest patient?</p> <p>5 - What is the average cost of treating patients who have taken novel psychoactive substances (Legal high's)?</p>	Information not held

1) Do you have a master vendor (MV) arrangement in place for the supply of medical locums? If so please state the name of the provider used (Medacs, Holt, A&E Agency etc.)

2) Please state the utilisation rate that has been achieved through the master vendor in the last 12 months. This is the total value of locum spend supplied by the master vendor itself in the last 12 months as a percentage of total locum spend in the same period.

3) Does the trust use a direct engagement model to engage locum staff? If so please state the name of the company used (Liaison PwC, 247 Time, Brookson, HB Retinue, Medacs etc.)?

4) Do you run a weekly payroll for medical bank?

5) Does the trust use rostering software (Allocate, Smart etc.)? If so please state the name of the company used, and the total amount that the trust has spent on rostering in 2014/15.

Please provide all subsequent information split by the following staffing categories. Please include all spend outside of the specified categories as "other".

- Nursing & HCA's
- Medical & Dental
- AHP's
- Other

1) Do you have a master vendor (MV) arrangement in place for the supply of medical locums? If so please state the name of the provider used (Medacs, Holt, A&E Agency etc.)

No we do not have a master vendor we use 63 agencies that are registered on the HTE framework
2) Please state the utilisation rate that has been achieved through the master vendor in the last 12 months. This is the total value of locum spend supplied by the master vendor itself in the last 12 months as a percentage of total locum spend in the same period.

N/A

3) Does the trust use a direct engagement model to engage locum staff? If so please state the name of the company used (Liaison PwC, 247 Time, Brookson, HB Retinue, Medacs etc.)?

Stafflow, Liaison

4) Do you run a weekly payroll for medical bank?

No

5) Does the trust use rostering software (Allocate, Smart etc.)? If so please state the name of the company used, and the total amount that the trust has spent on rostering in 2014/15.

NO, although we have the DRS system but do not utilise this fully

Please provide all subsequent information split by the following staffing categories. Please include all spend outside of the specified categories as "other".

- Nursing & HCA's
- Medical & Dental
- AHP's
- Other

6) Please state the trusts expenditure on agency staff in 2014/15 split by the above staff categories.

Agency:

Medical & Dental - £7,252,706

Nursing & HCA's - £3,585,466

AHP's - £1,683,695

Other - £2,982,241

1.
Does your NHS Trust use any outside company, individual or organisation to transcribe patient letters, records or any other patient information?

If so:

2.
Please give the names of the companies/ individuals/ organisations used, their addresses and the countries in which they are based.

3.
Please give the dates during which they have been employed to carry out these services by your Trust.

4.
Please state exactly what services the company/ individual/ organisation is contracted to do for the trust.

5.
In what form is the patient information sent to the company/ individual/ organisation?

6.
On how many occasions was patient information sent to the company/ individual/ organisation? Please give the figure for each of the past three years.

7.

Our Trust does not use any outside company, individual or organisation to transcribe patient letters, records or any other patient information.

. How many staff currently employed at your trust (across all areas) hold a criminal record?

Please break down these numbers by profession/sector: e.g. nurses, doctors, midwives, etc.

If a breakdown by profession is not possible, then instead, please simply supply the figures broken down by:

- i) Medical staff (e.g. doctors, nurses, etc.)
- ii) Non medical staff (e.g. porters, admin, security, cleaners, etc.)

Please provide a full list of the convictions these criminal records relate to, again breaking down by profession (or medical and non-medical staff if that is how you have provided the information in (1.))

Providing you hold this information: please supply figures for 'spent' convictions. I would be grateful if this information could be provided separately.

The Trust has in place a robust pre-employment checking process. If a post requires a Disclosure and Barring Service check the successful interview candidate is required to complete this through the DBS online service. The candidate's ID evidence is checked by our recruitment team and entered onto our electronic recruitment system. Each application goes through a four stage process of checking with the DBS. In the event that a relevant caution or conviction is disclosed by the DBS check, the applicant's documents are checked and collated and a discussion between recruitment staff, the Divisional Human Resources Business Partner and the recruiting manager will result in a decision whether to withdraw the offer of employment. The relevant documentation will be completed and stored on the individual's personnel file if the offer is not withdrawn. The form does not hold details of the conviction. If a decision is made to withdraw the offer, the electronic records would hold the same information as that for any other candidate.

We are therefore not in a position to provide responses to the requests you have made. The trust has approximately 7,000 staff. Details of any criminal convictions are held only on the paper copy of a personnel file held in the department in which an individual works. The retrieval and inspection of all files for all staff employed by the Trust to provide responses to the specific questions you pose would exceed the appropriate limit within the meaning of section 12 of the Freedom of Information Act. We base this on an extremely conservative estimate of 15 minutes to retrieve and examine each personnel file for 7,000 staff would equate to 1,750 hours of time expended on this request. Public authorities are expected to spend no more than 18 hours in dealing with any individual request.

In order to advise and assist you, in line with the estimate provided above, the Trust would be able to provide a review of approximately 50 to 70 personnel files located within a particular department within the time scale set out in the Act.

Please could you provide me with further information relating the supply of agency staff (Locums). I would be grateful if you could please provide the following information for EACH FINANCIAL YEAR FROM 2012, 2013, 2014, 2015:	2012
	2013
	2014
	2015
• Spend on Locum/Agency Doctors & Medical Locums	Medics
	4,434,945
• Spend on Locum/Agency Nursing staff	4,723,784
	7,408,578
• Spend on Locum/Agency Paramedics & Emergency Services Personnel	7,252,706
	Nursing
	324,908
2012 2013 2014 2015	2,128,591
Medical	3,637,711
Nursing	3,585,466
Paramedic	Paramedics
	NA
	NA
	NA
	NA

	<p>please can you provide me with the amount spent on employing agency/temporary/locum doctors in A&E departments, and the number of FTE roles covered by agency doctors, if possible for each month in 2014 and 2015, or for 2014 and for 2015 as whole years.</p> <p>Please can you provide me with the number of FTE doctors working in the A&E department, if possible for each month in 2014 and 2015, or for 2014 and for 2015 as whole years.</p> <p>If possible, please provide a breakdown between junior doctors and consultants.</p>	<p>Doctor Type Year Month Sum of WTE Sum of Month Actuals Consultant 2014 January 4.16 68,841.00 February 6.00 78,458.00 March 5.75 77,806.00 April 5.38 74,735.00 May 3.00 70,424.00 June 5.14 65,761.00 July 5.01</p>
68 17/03/2016 Finance		<p>East Lancashire Hospitals Trust takes its duty to protect patient confidentiality very seriously. As a result it is our policy not to provide specific figures in requests of this type where this may lead to identification of patients or their families either directly or from aggregating this data with other information in the public realm.</p> <p>2014-2015 <5 maternal deaths 2013-2014 0 maternal deaths 2012-2013 0 maternal deaths 2011-2012 0 maternal deaths 2010-2011 <5 maternal deaths 1994-1995 0 maternal deaths</p>
336 17/03/2016 Corporate Policy/ Decisions	Please send me a copy of audited accounts for year end 2014-15 and 2015-16	Documents attached
228 16/03/2016 Corporate Policy/ Decisions		

213	14/03/2016	Service Information	<p>Question 1: Please complete the following table for your patients, showing the number of procedures in the first, second or third position (please sum all instances) for a diagnosis of cholesteatoma in any position, per consultant, split into 18 and over and under 18s and then into whether the spell involved an overnight stay or was a daycase, from 1st April 2014 – 31st March 2015.</p> <p>For your ease the following have been provided:</p> <ul style="list-style-type: none"> • Template to complete - attached • Procedure codes – as a tab on the spreadsheet • ICD codes for cholesteatoma – H71, H604, H950 • An example SQL code has been provided to answer this query - as a tab on the spreadsheet <p>Please note patients may have more than one relevant procedure code in the first three procedure codes, please sum all instances where these codes appear even if patients are double counted. This is because we are looking at the number of procedures and not the number of patients.</p> <p>Question 2: Please include a separate count of the number of individual inpatients with a recorded diagnosis of cholesteatoma in any position for the same time period, split by 18 and over, and under 18. Please put the data in the question 2 template.</p> <p>If you have less than 5 patients, would you consider giving the exact number of patients as we want to work out the national prevalence of cholesteatoma?</p> <p>Question 3: Please could you put the total number of patients having a procedure in the last year (ie the number of patients used for question 1) into the question 2 template in the relevant column, broken down by 18 and over and under 18?</p>	Documents attached
310	14/03/2016	Corporate Policy/ Decisions	<p>Under the Freedom of Information Act 2000, please provide me with the following information The cost to the trust for the shuttle bus service from Blackburn to Burnley and how many tender did the trust recived back in the tender process with the name of all company which took part in the tender process in the last round and give information about any Complaint the trust has recived about the bus service in the last 3 year</p>	<p>The cost of shuttle bus service to the Trust is approximately £500k per annum. Three companies took part in the tender process. These were Holmeswood Coaches, Rothbury Motors and Transdev Blasefield.</p> <p>Please refer to the attachment with regards to the information about any complaints the trust has received about the bus service in the last 3 years.</p>
331	14/03/2016	Corporate Policy/ Decisions	<p>Could you please provide me with the structure and names of your Estates and Facilities department.</p> <p>Additionally could you provide contact numbers for the managers for the :</p> <p>Head of Estates</p> <p>Head of Capital projects</p> <p>Head of Facilities</p> <p>Could you also inform me of how many hospital sites you have.</p>	<p>The information we are able to provide is detailed below and in the attachment.</p> <p>Head of Estates 01254 732261</p> <p>Head of Capital projects 01282 804082</p> <p>Head of Facilities 01254 732130</p> <p>Could you also inform me of how many hospital sites you have. Five</p>

1. Does your organisation have an Open Source Strategy?
2. What Software and Technologies did you choose for your Integrated Digital Care Technology Fund funded project/s?
3. Is the software and technology you have used for your project/s an Open Source Product?
4. Does the software / technology interface with another system? If so is the interface based on Open Standards / Open APIs?

1. Does your organisation have an Open Source Strategy? - Not specifically. We do however always consider open source when we are purchasing major software (ie we are in the process of an ePR procurement and have met / had presentations from open source suppliers.
2. What Software and Technologies did you choose for your Integrated Digital Care Technology Fund funded project/s? - We chose caradigm for nursing documentation and supported bedside access using the Hospedia platform. We also used Orion clinical portal for bringing together a range of datasets.
3. Is the software and technology you have used for your project/s an Open Source Product? - No
4. Does the software / technology interface with another system? If so is the interface based on Open Standards / Open APIs? - Apart from HL7, no other API's

36 11/03/2016 ICT

Please can you send me the following contract information with regards to the organisation's telephone system maintenance contract (VOIP or PBX, other) for hardware and Software maintenance and support:

1. Contract Type: Maintenance, Managed, Shared (If so please state orgs)
 2. Existing Supplier: If there is more than one supplier please split each contract up individually.
 3. Annual Average Spend: The annual average spend for this contract and please provide the average spend over the past 3 years for each provider
 4. Number of Users:
 5. Hardware Brand: The primary hardware brand of the organisation's telephone system.
 6. Application(s) running on PBX/VOIP systems: Applications that run on the actual PBX or VOIP system. E.g. Contact Centre, Communication Manager.
 7. Telephone System Type: PBX, VOIP, Lync etc
 8. Contract Duration: please include any extension periods.
 9. Contract Expiry Date: Please provide me with the day/month/year.
 10. Contract Review Date: Please provide me with the day/month/year.
 11. Contract Description: Please provide me with a brief description of the overall service provided under this contract.
 12. Contact Detail: Of the person from with the organisation responsible for each contract full Contact details including full name, job title, direct contact number and direct email address.
- If the service support area has more than one provider for telephone maintenance then can you please split each contract up individually for each provider.
- If the contract is a managed service or is a contract that provides more than just telephone maintenance please can you send me all of the information specified

Contract Type: Maintenance, Managed, Shared (If so please state orgs) N/A

2. Existing Supplier: If there is more than one supplier please split each contract up individually. Daisey
 3. Annual Average Spend: The annual average spend for this contract and please provide the average spend over the past 3 years for each provider
 4. Number of Users: 6000
 5. Hardware Brand: The primary hardware brand of the organisation's telephone system. Cisco
 6. Application(s) running on PBX/VOIP systems: Applications that run on the actual PBX or VOIP system. E.g. Contact Centre, Communication Manager. ARC
 7. Telephone System Type: PBX, VOIP, Lync etc Cisco
 8. Contract Duration: please include any extension periods. 12 months
 9. Contract Expiry Date: Please provide me with the day/month/year. Sept 2016
 10. Contract Review Date: Please provide me with the day/month/year. None set
 11. Contract Description: Please provide me with a brief description of the overall service provided under this contract. Support/Upgrades
 12. Contact Detail: Of the person from with the organisation responsible for each contract full Contact details including full name, job title, direct contact number and direct email address. Head of Information & Communication Technology 01254 263555
- If the service support area has more than one provider for telephone maintenance then can you please split each contract up individually for each provider. N/A
- If the contract is a managed service or is a contract that provides more than just telephone maintenance please can you send me all of the information specified above including the person from with the organisation responsible for that particular contract. N/A
- If the maintenance for telephone systems is maintained in-house please can you provide me with:
- All as above
1. Number of Users:
 2. Hardware Brand: The primary hardware brand of the organisation's telephone system.

49 11/03/2016 Procurement

76	11/03/2016	Performance/ Activity	<ol style="list-style-type: none"> 1. The number of people currently employed by the trust? 2. Who supplies you printer/copier/scanners across the trust? 3: What make and model and how many of each of printers/copiers/scanners do you have in your main printroom and also across the trust? 4. How long are the print services contracts for ? 5. What print management software's do you use across the trust? 6. What scanning software's do you use across the trust? 7. Is it just this site that you do the printing for or is it other sites too? 8. How much do you spend on printing services across the trust? 9. What is the overall cost of the managed print service contract? 10. What document management software's/systems do you use across the trust? 11. What IT provider do you use? 12. How long is the print room contract and when is the current print room contract due to end? 13. Do you have an in house design department? 14. Do you have a in-house mail room? 	<ol style="list-style-type: none"> 1. The number of people currently employed by the trust? This is publically available information produced on a monthly basis on our Trust Board papers – please see link http://www.elht.nhs.uk/Downloads-docs/Trust%20Board/Agenda%20and%20Papers%202016/240216%20Trust%20Board%20Part%201.pdf 2. Who supplies you printer/copier/scanners across the trust? Cannon is the main supplier of photocopiers and MFD's (Multifunctional devices) to the Trust. 3: What make and model and how many of each of printers/copiers/scanners do you have in your main printroom and also across the trust? Procurement Department has record of around 200 photocopiers/MFD's within the Trust. Unfortunately the model numbers for all of these devices are not available but 80% of old photocopiers have been replaced with the latest MFD's from Canon in the last couple of years. 4. How long are the print services contracts for ? We are on North of England CPC framework for Commercial print services. The contract duration is 02/12/2014 – 01/12/2017 with an option to extend for 12 months 5. What print management software's do you use across the trust? The print management software is provide by the suppliers on managed print services contract. 6. What scanning software's do you use across the trust? We use Fujitsu scanners of varying ages and types 7. Is it just this site that you do the printing for or is it other sites too? Printing services are provided for all sites within East Lancashire Hospitals NHS Trust including Burnley General Hospital and Accrington Victoria Hospital. 8. How much do you spend on printing services across the trust? The total spend on printing services from January to December 2015 was approximately £340k. 9. What is the overall cost of the managed print service contract? £328k per annum. 10. What document management software's/systems do you use across the trust?
218	11/03/2016	Finance	<ol style="list-style-type: none"> 1. If so how much money was accounted for in the 2014/2015 financial year as being "losses and special payments"? (Please note I am aware that the loss may have occurred many years earlier but I am interested in items which were accounted for in the last financial year, irrespective or when the loss took place.) Please detail the three largest single amounts within this total, giving a cost for each loss and a detailed description of the claim and the reason for the loss. 2. What was the total paid on claims for property lost by patients and how much related to (i) Dentures, (ii) Spectacles, (iii) jewellery and (iv)Hearing Aids? 	Documents attached

please fill out the below table with the relevant information regarding the Bank Staff (Medical Locums) at your Trust.

The information we are able to provide is detailed below:

Grade Social Pay Rate Unsocail Pay Rate
 Foundation Year 1
 Foundation Year 2
 Registrar (SP1-2)
 Registrar (SP3+)
 Dental Core Training
 I>_ecialty Doctor/Staff Grade
 Associate Specialist
 Consultant

General Medicine Emergency Department Trust - other
 Grade Social Pay Rate Twilight Unsocail Pay Rate Social Pay Rate Twilight Unsocail Pay Rate Social
 Pay Rate Unsocail Pay Rate

Foundation Year 1 £20.76 £20.76 £20.76 £20.76 £20.76 £20.76 £20.76 £20.76
 Foundation Year 2 £35.00 £35.00 £35.00 £35.00 £35.00 £35.00 £35.00 £35.00
 Registrar (SP1-2) £40.00 £40.00 £40.00 £40.00 £40.00 £40.00 £40.00 £40.00
 Registrar (SP3+) £50.00 £59.00 £65.00 £50.00 £59.00 £65.00 £50.00 £50.00

113 10/03/2016 HR /Staff

1. What (if any software) do you use to monitor/process FOI requests?
2. Is that software externally purchased, if so please can you provide the name of the company
3. Please provide the cost of purchasing it or the cost of the internal development
4. What software do you use to look after your orginsations assets?
5. Is that software externally purchased, if so please can you provide the name of the company
6. Please provide the cost of purchasing it or the cost of the internal development

The cost of the system was £3,740 as a one off and a further £2,340 annual charge. We purchased the module in March 14 and the annual cost was for 01/03/14 – 31/03/15. The annual charge in 15/16 was lumped together for the whole of Datix.

Service
 315 10/03/2016 Information

.) How many children (aged 15 and under) have attended services at your trust to get tested for sexually transmitted diseases?

Please provide the total number for each year – and in addition, break down by age (age band is adequate if the numbers are small).

2.) Please provide the total number of STD tests that came back positive in children under 16 over the last five years – and again, please break down by year, age, - as well as the type of STDs that were diagnosed.

3.) If this has not been made clear in the above response – what is the specific age of the youngest child to be diagnosed with an STD over the last five years – and what was the STD?

5.) Within these figures, please also include the numbers of children who were found to have an STD when using hospital services for other services.

4.) Please separately provide the total number of children under 16 who were diagnosed with HIV over the last five years – with a breakdown of ages for each year. This includes children who were found to have HIV when attending hospital for another matter.

< 16 yrs No.of Pts Tested No.of Pts (+ve) result

2011 83 43

2012 49 15

2013 53 26

2014 76 25

2015 52 14

2.) Please provide the total number of STD tests that came back positive in children under 16 over the last five years – and again, please break down by year, age, - as well as the type of STDs that were diagnosed.

Please see table above

3.) If this has not been made clear in the above response – what is the specific age of the youngest child to be diagnosed with an STD over the last five years – and what was the STD?

We are not prepared to release this information as it may lead to the identification of patients either from the data alone or from the data combined with other information that may be available to any member of the public.

5.) Within these figures, please also include the numbers of children who were found to have an STD when using hospital services for other services.

Please see table above

4.) Please separately provide the total number of children under 16 who were diagnosed with HIV over the last five years – with a breakdown of ages for each year. This includes children who were found to have HIV when attending hospital for another matter.

Included in the table above.

Service

317 10/03/2016 Information

How do you monitor patient Co2 within all your Trust: For example Resuscitation, Theatres (including cath. labs, endoscopy suites etc.), Emergency Departments and Adult, Paediatric and Neonatal care areas.

Wherever possible, I would like disclosure of;

The Brand of the monitor (or other technology) the quantity and their age.

Location Method of CO2 measurement Brand of Monitor Age of Monitor Number of monitor

ED Resus In-line sampling Welch Allyn* 9 years 8

Operating theatres

-Theatre Side-stream analysis Philips Less than one year Approximately

60 (Inc. recovery)

Operating theatres

-Anaesthetic rooms Side-stream analysis Philips Less than one year Approximately

30

Critical Care Unit In-line sampling Draeger* 9 years 20

NICU N/A GE Healthcare 5 years 20

Endoscopy Suite In-line sampling Philips Less than one year 1

Cath Lab n/a n/a n/a n/a

*due to be replaced in 2016 by Philips.

Service

91 09/03/2016 Information

<p>132 09/03/2016 Pharmacy/ Prescribing</p>	<p>1) We have the following guideline document relating to CMPA prescribing listed for your organisation.</p> <p>East Lancashire - A quick reference guide for GPs on prescribing infant formulas (March 2013)</p> <p>Please confirm if this is up-to-date and still in use?</p> <p>2) If the above document is no longer used, please provide a link to, or a copy of, the most up-to-date guidelines referenced by your organisation.</p>	<p>1) We have the following guideline document relating to CMPA prescribing listed for your organisation.</p> <p>East Lancashire - A quick reference guide for GPs on prescribing infant formulas (March 2013)</p> <p>Please confirm if this is up-to-date and still in use?</p> <p>This guide is available to GPs via the local Health Economy website: http://www.elmmb.nhs.uk/search/?q=infant+formulas+</p>
<p>133 09/03/2016 Pharmacy/ Prescribing</p>	<p>Does your trust treat patients with biosimilar infliximab, either Remsima or Inflectra ?</p> <p>If your trust does treat patients with a biosimilar, how many patients are currently being treated ?</p> <p>If your trust does NOT treat patients with a biosimilar, do you plan to start using them ?</p>	<p>Does your trust treat patients with biosimilar infliximab, either Remsima or Inflectra ? no</p> <p>If your trust does treat patients with a biosimilar, how many patients are currently being treated ? na</p> <p>If your trust does NOT treat patients with a biosimilar, do you plan to start using them ? yes</p>

- Is there training provided to non-clinical, front-facing staff about human trafficking and modern slavery in your Trust?
- If training is delivered in your Trust, which staff receive or are eligible to receive this training? Is the training compulsory and how is attendance / completion measured? What format does this training take (e.g. e-learning, face-to-face, etc.)? How long does the training take to complete?
- If there is no training in your Trust, is human trafficking incorporated into a safeguarding training programme or policy? If it is part of a safeguarding programme, does that programme also include a section on the Prevent policy?
- For either stand-alone training or training which is incorporated into a safeguarding programme or policy (please specify which): Are staff trained in potential clinical indicators for human trafficking victims? Are staff trained in who to refer a potential human trafficking case to? Are staff trained on the questions to ask to ascertain whether a patient is a victim of human trafficking? How often is the training completed?

Safeguarding training within the Trust is compliant with the following document (Published by the Royal College of Paediatrics and Child Health 2014 on behalf of all contributing organisations)
Safeguarding children and young people:
roles and competences for health care staff
INTERCOLLEGIATE DOCUMENT
Third edition: March 2014

The Intercollegiate Document specifies the actual content of the Safeguarding Children training required, which staff members complete which level, and how much time is spent at that level of training. Staff have to attend this training once every 3 years. This is recorded and managed through Learning and Development and compliance is reported monthly through the Nursing and Midwifery Forum and also quarterly through the Internal Safeguarding Board. A target of over 80% compliance has been consistently achieved across the Trust.

The issues are covered within all levels of Safeguarding Children Training, including the e-learning packages that are available for Levels 1 and 2.

Human Trafficking and Modern Slavery is also covered in the face-to-face Safeguarding Adult Training, which is delivered to reflect The Care Act 2014. This is classed as 'essential' for clinical staff, but not mandatory. The Safeguarding Adult Mandatory training within the Trust has been a basic awareness and signposting to the Safeguarding Team and Policies available. The Adult Intercollegiate Document due for publication 2016 will strengthen the safeguarding training which will be mandatory at a higher level and this is being planned for, again including e-learning options. The Safeguarding Policies make reference to Human Trafficking, however there is also a stand-alone policy also.

There is also a resource folder for Human Trafficking and Slavery on the Safeguarding Intranet page which can be accessed by all staff.

Staff are made aware that cases for Human Trafficking are referred in the first instance to the Trust Safeguarding Team using established processes. These are escalated to the Lead Agency for

Corporate
Policy/

1. Designation/ job title of Board members and the Executive directors with their voting or non-voting status as at year end (31 March) for each of the following years

- 2010/11
- 2011/12
- 2012/13
- 2013/14
- 2014/15
- 2015/16 (current/in post - not at year end)

For the Executive directors, please use their job titles. For Non- executive directors, other than the Chair, please use Non-executive 1, 2 etc.

2. Gender of Board members and the Executive directors for the above requested years

For Example:

Example 2010/11 year

No Designation/ Job title Gender Voting or Non voting

Chief Executive M Voting

Medical Director F Voting

Chair M Voting

Non-executive director 1 F Non voting

Please refer to our annual reports on our website which has all the information for the years requested and is available at the following link - <http://www.elht.nhs.uk/corporate-publications.htm>
Please note that we are not required to give the information as it is readily available in the public realm and falls within the exception provided in s 21.

Please could you send me the agency locum spend for the trust for the last financial year. I would like the spend for doctors only.

Please include the agency spend in each specialty breaking it down into the different grades (SHO, Middle Grade, Consultant).

Please could you also provide the spend on introductory fees for doctors for each specialty based on Doctors taken onto NHS contracts.

Sum of Actuals
L4 CC Name
9AN - Level 9 Account Name
Total
Acute Medicine
Locum - Consultant
1,281
Non Trust Staff - Assoc. Spec.
1,600
Non Trust Staff - Ho
376
Non Trust Staff - Staff Grade
7,753
Acute Medicine Total
11,010
Anaesth & Critical Care
Locum - Associate Specialist
4,490
Locum - Staff Grade
10,127
Non Trust Staff - Consultant
277,461
Non Trust Staff - Registrar
9,654
Non Trust Staff - Sho
1,410
Anaesth & Critical Care Total

1. Please enter the name of your Trust.

2. Does your Trust have a policy to ensure that all staff fully and objectively inform all patients of all their treatment options and offer them a choice of treatment? Please tick the appropriate box below

Yes
No
Don't know

If yes, please could you send us a copy of your policy.

3. How do you monitor your staff to ensure that all patients are properly and objectively informed? [Please tick all answers that apply]

Carry out patient surveys to ensure they have been given all the information about all their treatment options?
We have patient information leaflets available all treatments on our web site
We send patient information leaflets about all treatments options before their outpatient clinic so they can discuss them with their doctor
We include questions on patient information and treatment options in all patient surveys
We have a policy and expect all staff to comply
We do not have a policy and do not think this important
It is up to the individual clinician
Other (please specify)

4. How many complaints has your Trust received in the last 2 years about lack of patient information and choice of treatment?

5. NICE Clinical and Diagnostic Guidelines set minimum standards that patients would expect for the quality of their healthcare. Does your Trust have a policy to ensure that all your staff comply with all NICE Clinical and Diagnostic Guidelines?

1. Please enter the name of your Trust.
East Lancashire Hospitals NHS Trust

2. Does your Trust have a policy to ensure that all staff fully and objectively inform all patients of all their treatment options and offer them a choice of treatment? Please tick the appropriate box below

Yes
No
Don't know

If yes, please could you send us a copy of your policy. Please see attached.

3. How do you monitor your staff to ensure that all patients are properly and objectively informed? [Please tick all answers that apply]

Carry out patient surveys to ensure they have been given all the information about all their treatment options?
We have patient information leaflets available all treatments on our web site
We send patient information leaflets about all treatments options before their outpatient clinic so they can discuss them with their doctor
We include questions on patient information and treatment options in all patient surveys
We have a policy and expect all staff to comply
We do not have a policy and do not think this important
It is up to the individual clinician
Other (please specify)

4. How many complaints has your Trust received in the last 2 years about lack of patient information and choice of treatment?
34 - Information 3 - choice of treatment - please note, complaints are only logged by main subject of complaint so the figures relate to main subject only

5. NICE Clinical and Diagnostic Guidelines set minimum standards that patients would expect for the quality of their healthcare. Does your Trust have a policy to ensure that all your staff comply with all

- | | |
|--|---|
| <p>1. How many reported incidents involving formaldehyde and/or Formalin have occurred in the last 3 years at your trust? Please provide numbers of staff and patients involved in such incidents</p> <p>2. How many reported illnesses or injury due to formaldehyde and/or formalin has your trust had?</p> <p>3. Has your trust ever been subject to legal proceedings due to exposure to formaldehyde and and/or formalin? Please supply numbers of incidents</p> <p>4. Does your trust have a policy or procedure in place to reduce exposure to formaldehyde and/or formalin in the treatment room setting whilst harvesting biopsy samples? If so please supply</p> <p>5. Does your trust have a policy to purchase the safest practicable solution to reduce harmful exposure to Formaldehyde and/or formalin? If so please supply details</p> | <p>1. Four incidents have been reported involving formalin/formaldehyde in the reporting period.</p> <p>2. The reported harm for each incident is</p> <ul style="list-style-type: none"> a) None/Insignificant b) Low/Minor c) No harm – impact prevented d) Low/Minor <p>3. None in the last three years</p> <p>4. Unable to answer this. Each department is required to assess substances which they use under the COSHH Regulations 2002. A new system of COSHH recording and assessment is to be implemented in the coming months following the procurement of an on-line management system.</p> <p>5. Procurement would be guided by the technical lead on defining the specification in line with their technical requirements, and this would include but not limited to the safest way to handle, store the item etc.</p> |
|--|---|

148 08/03/2016 Incidents

- | | |
|--|---|
| <p>1) In each of the last three calendar years how many women a year are diagnosed with Pelvic Congestion Syndrome (PCS)?</p> <p>2) In each of the last three calendar years how many women have received a diagnostic test for PCS?</p> <p>3) On average how many diagnostic tests do women presenting with pelvic pain receive prior to formal diagnosis?</p> <p>4) What information is offered to women who present with pelvic pain?</p> <p>5) On average, how much money a year is spent on diagnostic tests for women presenting with pelvic pain?</p> | <p>Unfortunately, we are unable to provide the information as it is not held in the detail requested for the data figures. In terms of question 4, we do not have written information on pelvic pain. We would take a history and attempt to get a diagnosis. We have written information on laparoscopy if offered as a diagnostic procedure and specific conditions ie endometriosis.</p> |
|--|---|

Service

150 08/03/2016 Information

Please would you provide your temporary and permanent non-medical, non-clinical agency staffing spend for the last 12 months.

Would you also provide a list of the agencies used and demonstrate the spend by agency?

East Lancashire Hospitals NHS Trust
Finance Department

Author: Title:

FOI Requestor:

Date:

Agency

Grand Total

ADECCO UK LTD	10,904
AGC Consultancy Ltd	220,192
BROOK STREET (UK) LTD	198,821
CAMLYN ASSOCIATES LIMITED	22,964
31,680	167,618
FIRST ASSIST SERVICES LTD	270
FIRST CLINICAL	18,840
FORREST RECRUITMENT LTD	6,011
HAYS ACCOUNTANCY PERSONNEL	99,455
HEALTH INSIGHT	60,967
HUNTER HEALTHCARE RESOURCING LTD	307,268
IMPART HEALTH LTD	23,584
81,327	
JOBSEARCH EMPLOYMENT AGENCY	13,495
LABMED	
22,726	
3,208	
MANPOWER	24,448
MAX 20 LTD	201,066
MERIDIAN BUSINESS SUPPORT	26,044
16,250	14,850

168 08/03/2016 Finance

In the Trauma & Orthopaedic surgery department in your trust, I would like to know if you have a printed ERP (Enhanced Recovery Protocol) for Knee Replacement Surgery? This can be for Total Knee Replacement, Unicompartmental Knee Replacement or Patellofemoral Replacement.

If you do have a printed ERP Protocol, can you please send me a copy of it to this address.

Documents attached

Service

225 08/03/2016 Information

1a)

Does your Trust offer patients the option of paying for cataract surgery procedures (often referred to as 'self-funding' or 'self-pay'), by which we mean cases NOT paid for by insurance companies but rather directly by individuals themselves)?

Information not held

Yes No

1b)

If yes to 1a, how many procedures were carried out and how many patients were treated in the last 12 months (for which data is available)?

Number of procedures performed in last 12 months Number of patients treated in the last 12 months

Self-funded cataract surgery

2a)

If yes to 1a, what is the cost charged to patients for self-funded cataract surgery?

<p>Context I am seeking information on your trust's provision of acute learning disability liaison nurses.</p> <p>Request I would like to request disclosure of the following information:</p> <p>1. Does your trust currently directly employ a learning disability liaison nurse(s)?</p> <p>2. If you have directly employed one or more learning disability liaison nurses in the last five years, how many have you employed, what bands/levels are they and how many hours per week do they work? Please provide this information for 2011, 2012, 2013, 2014, and 2015.</p> <p>3. Do you currently directly employ a consultant learning disability nurse? If not, do you have any plans to employ one in the future?</p> <p>4. If you do not currently directly employ a learning disability liaison nurse, do you have any plans in place to employ one in the future?</p> <p>5. Does your trust currently host an acute liaison nurse(s) who may be employed by specialist learning disability services?</p> <p>6. If you have hosted one or more learning disability liaison nurses in the last five years, how many have you employed and what bands/levels are they and how many hours per week do they work? Please provide this information for 2011, 2012, 2013, 2014, and 2015.</p> <p>128 03/03/2016 HR /Staff</p>	<p>1. Does your trust currently directly employ a learning disability liaison nurse(s)? Yes employed since 3rd August 2015</p> <p>2. If you have directly employed one or more learning disability liaison nurses in the last five years, how many have you employed, what bands/levels are they and how many hours per week do they work? Please provide this information for 2011, 2012, 2013, 2014, and 2015. N/A</p> <p>3. Do you currently directly employ a consultant learning disability nurse? If not, do you have any plans to employ one in the future? Not at present.</p> <p>4. If you do not currently directly employ a learning disability liaison nurse, do you have any plans in place to employ one in the future? N/A</p> <p>5. Does your trust currently host an acute liaison nurse(s) who may be employed by specialist learning disability services? Previously hosted acute liaison nurse employed by specialist learning disability services from September 2003.</p> <p>6. If you have hosted one or more learning disability liaison nurses in the last five years, how many have you employed and what bands/levels are they and how many hours per week do they work? Please provide this information for 2011, 2012, 2013, 2014, and 2015. N/A</p> <p>7. If you do not currently employ or host a learning disability liaison nurse, do you have any plans in place to employ or host one in the future N/A</p>								
<p>Question 1: Please provide the number of a.) renal cell carcinoma clinical nurse specialist b.) uro-oncology clinical nurse specialists, and c.) urology clinical nurse specialists currently employed by your Trust</p> <p>Question 2: Please provide the number of patients currently treated for renal cell carcinoma at your Trust (between 01/01/15 to 31/12/15)</p> <p>167 03/03/2016 HR /Staff</p>	<p>Question 1: We have two full time CNSs and a full time Assistant CNS (3.0 WTE) who support patients with renal cell carcinoma, uro-oncology and urology cancer throughout their pathways currently employed by your Trust</p> <p>Question 2: We had 70 patients diagnosed between 01/01/15 to 31/12/15 the majority of which will have been treated in the same time frame (excluding one or two diagnosed in December, who may have actually had treatment in January).</p> <p>Hospital admissions between 01/01/15 - 31/12/15</p> <table border="1"> <thead> <tr> <th>Number of Admissions</th> <th>Number of Patients</th> </tr> </thead> <tbody> <tr> <td>Primary diagnosis of Renal Cell Carcinoma (C64.X)</td> <td>188 84</td> </tr> <tr> <td>Secondary diagnosis of Renal Cell Carcinoma (C64.X)</td> <td>99 27</td> </tr> <tr> <td>Total</td> <td>287 111</td> </tr> </tbody> </table>	Number of Admissions	Number of Patients	Primary diagnosis of Renal Cell Carcinoma (C64.X)	188 84	Secondary diagnosis of Renal Cell Carcinoma (C64.X)	99 27	Total	287 111
Number of Admissions	Number of Patients								
Primary diagnosis of Renal Cell Carcinoma (C64.X)	188 84								
Secondary diagnosis of Renal Cell Carcinoma (C64.X)	99 27								
Total	287 111								

212	03/03/2016	Service Information	<p>I would like the figures of:</p> <ul style="list-style-type: none"> • Cases of antibiotic resistant bacterial infections in the hospital from 2010 onward, by calendar year. 	Withdrawn for non response to request for clarification
238	03/03/2016	Finance	<p>during the period from the 1st of January 2015 until the 1st of January 2016.</p> <ol style="list-style-type: none"> 1. The amount invoiced for overseas visitors' care during that period. Of this, I would like to know, if possible, the amount invoiced to a UK address. 2. The amount of money that was recouped by the overseas visitor management team during the same period. 	Unfortunately, we are unable to give the information requested as we do not have a team or individual who is solely responsible for recouping overseas visitors costs.
239	03/03/2016	Finance	<p>during the period from the 1st of January 2015 until the 1st of January 2016. Please provide a close estimate of the cost of the overseas team during that period. This cost could include salaries, but also overheads including facilities and equipment used.</p>	Unfortunately, we are unable to give the information requested as we do not have a team or individual who is solely responsible for recouping overseas visitors costs.
312	03/03/2016	Finance	<p>I would like to know about charges made in accordance with the Immigration Act 2014 within your trust during the period from the 1st of January 2015 until the 1st of January 2016.</p> <ol style="list-style-type: none"> 1. The amount invoiced for overseas visitors' care during that period. Of this, I would like to know, if possible, the amount invoiced to a UK address. 2. The amount of money that was recouped by the overseas visitor management team during the same period. 	Unfortunately, we are unable to give the information requested as we do not have a team or individual who is solely responsible for recouping overseas visitors costs.
313	03/03/2016	Corporate Policy/ Decisions	<p>I would like to know about the financing of the overseas visitor management team at your trust during the period from the 1st of January 2015 until the 1st of January 2016. Please provide a close estimate of the cost of the overseas team during that period. This cost could include salaries, but also overheads including facilities and equipment used.</p>	Unfortunately, we are unable to give the information requested as we do not have a team or individual who is solely responsible for recouping overseas visitors costs.

For each calendar year between 2007 and 2015 inclusive, broken down by month for 2014 and 2015, please state:

1. The number of overseas patients who were not entitled to NHS treatment (under the overseas patient regulations existing at the time), who were treated by the Trust
2. The total combined cost (of that treatment) that the Trust was entitled to recoup from those patients
3. Of the patients data provided in response to question 1, the number of patients who still owe money to the Trust
4. Of the cost figures provided in response to question 2, the amount of money that has to date been recouped from those patients by the Trust
5. Of the cost figures provided in response to question 2, the amount of money that has to date been recouped not from the patients, but from other NHS organisations (including NHS England and the Department of Health)
6. The total income of the Trust each year (does not need to be broken down by month)
7. The name of any debt collection agency currently hired by the Trust to recoup money from overseas patients who were not entitled to NHS treatment, when they were hired for this role, how much they have been paid for this role, and how much money they have recouped from overseas patients since they were

Q7 - We currently hire CCI Legal to recover debt that is outstanding after a certain point. CCI take a 10% commission on all debt recovered. The monies recovered are under the Q7 column.

50 01/03/2016 Performance/
Activity

- 1) In the calendar year 2015,
 - a. please state how much medicine was discarded by the hospital due to being passed its expiry date? (please say what the medicine was and how much was thrown away (defined by weight))
 - b. Please state the cost of this discarded medicine.
 - c. Please state how much equipment was discarded by the hospital due to being passed its expiry date (please say what the equipment was, including but not limited to items such as bandages or needles, and how many of each item were thrown away)
 - d. Please state the cost of this discarded equipment.
2.
 - a - d) Same for 2014.
3.
 - a - d) Same for 2013

Withdrawn for non response to request for clarification

121 01/03/2016 Performance/
Activity

Context
I am seeking information about people who have been physically restrained while patients in your trust.

As the Hospital does not directly employ any Security Guards the answer to this request is NIL. Security Staff are employed by our PFI partner.

Request
I would like to request the following information for your trust for each of the last five years:

1. How many patients have been physically restrained by hospital security staff
 - a. Please list a breakdown of the reasons why
2. How many patients with a learning disability have been physically restrained by hospital security staff
 - a. Please list a breakdown of the reasons why
3. How many times have the police been called because of the behaviour of a patient
 - a. Please list a breakdown of the reasons why
 - b. Please outline what action was taken by the police
4. How many times have the police been called because of the behaviour of a patient with a learning disability
 - a. Please list a breakdown of the reasons why
 - b. Please outline what action was taken by the police

127 01/03/2016 Incidents

- Are your linen and laundry services outsourced? If so, who by?
- What volumes of linen do you need washed and processed each week?
 - When does your contract with your existing linen service provider end?
 - Is there an option to extend your current contract?
 - What is your spend on linen services per year?
 - do you make use of reusable sterile linen? (for example reusable tray wraps or surgical gowns)
 - who manages the linen on site?

- Are your linen and laundry services outsourced? If so, who by? No, in-house
- What volumes of linen do you need washed and processed each week? As an Acute Hospital this varies on a week to week basis and we are therefore unable to provide the information requested.
 - When does your contract with your existing linen service provider end? N/a
 - Is there an option to extend your current contract? N/a
 - What is your spend on linen services per year? As this is an internal department of the Trust we are unable to provide a specific quantifiable amount that is spent solely on linen services
 - do you make use of reusable sterile linen? (for example reusable tray wraps or surgical gowns) Yes
 - who manages the linen on site? Lynn Fort

Service
130 01/03/2016 Information

I would like to request data on the number of inpatient Laparoscopic Hernia Surgery Episodes done within your trust during the period 1st January 2015 – 31st December 2015. In particular I would like the results broken down by numbers of surgeries done for the following:

1. T20.2 Primary repair of inguinal hernia using prosthetic material (There is usually an additional code of Y75.1 OR Y75.2 assigned to indicate the surgery was done laparoscopically)
2. T21.2 Repair of recurrent inguinal hernia using prosthetic material (There is usually an additional code of Y75.1 OR Y75.2 assigned to indicate the surgery was done laparoscopically)
3. T24.2 Repair of umbilical hernia using prosthetic material (There is usually an additional code of Y75.1 OR Y75.2 assigned to indicate the surgery was done laparoscopically)
4. T25.2 Primary repair of incisional hernia using insert of prosthetic material (There is usually an additional code of Y75.1 OR Y75.2 assigned to indicate the surgery was done laparoscopically)
5. T26.2 Repair of recurrent incisional hernia using insert of prosthetic material (There is usually an additional code of Y75.1 OR Y75.2 assigned to indicate the surgery was done laparoscopically)
6. T27.2 Repair of ventral hernia using insert of prosthetic material (There is usually an additional code of Y75.1 OR Y75.2 assigned to indicate the surgery was done laparoscopically)

Laparoscopic Hernia Surgery Episodes during 2015

Laparoscopic Hernia Surgery Patients

- Laparoscopic primary repair of inguinal hernia using prosthetic material 40
- Laparoscopic repair of recurrent inguinal hernia using prosthetic material 2
- Laparoscopic repair of umbilical hernia using prosthetic material 4
- Laparoscopic primary repair of incisional hernia using insert of prosthetic material 16
- Laparoscopic repair of recurrent incisional hernia using insert of prosthetic material 6
- Laparoscopic repair of ventral hernia using insert of prosthetic material 6

Performance/

We should like to request the following information relating to infection prevention & control and electronic patient monitoring systems dating from 2015 onwards. Ideally the information should be based on data from the whole NHS Trust however, if it is more convenient to give individual hospital data then please do so. Please make a copy of the table attached for each site you wish to send data regarding.

Question Answer	Comments (if any)
Q1 Please indicate the budget set aside for infection control in 2015/16 £	
Q2 Please indicate the budget set aside for infection control in 2016/17 £	
Q3 Are hand wash audits within your infection control plans? Yes No (please delete as necessary)	
Q4 What % of the budget is allocated to hand hygiene? %	
Q5 What frequency are ward hand hygiene audits undertaken? Weekly Monthly Other:	
Q6 Please indicate the number of staff allocated to each hand hygiene audit per department.	
Q7 Does the Trust currently use an electronic real time patient monitoring system? Yes No (please delete as necessary)	
Q8 Are the Trust currently exploring the possibility of using an electronic real time patient monitoring system? Yes No (please delete as necessary)	

The information we are able to provide is detailed in the attachment.

What is the anticipated timeline for when your Trust shall focus upon these challenges?

1. Improving patient length of stay by improving patient flow through the Trust with the support of best practice guidance:

- It is currently a focus
- 2017-2018
- 2018-2019
- Not a priority

2. Reducing prescribing and medication errors by improving utilisation of e-prescribing with the support of best practice guidance:

- It is currently a focus
- 2017-2018
- 2018-2019
- Not a priority

3. Reducing inappropriate ordering of tests and investigations by utilising computerised order entry with the support of best practice guidance:

- It is currently a focus
- 2017-2018
- 2018-2019
- Not a priority

What is the anticipated timeline for when your Trust shall focus upon these challenges?

1. Improving patient length of stay by improving patient flow through the Trust with the support of best practice guidance:

- It is currently a focus - Yes
- 2017-2018
- 2018-2019
- Not a priority

2. Reducing prescribing and medication errors by improving utilisation of e-prescribing with the support of best practice guidance:

- It is currently a focus - Yes
- 2017-2018
- 2018-2019
- Not a priority

3. Reducing inappropriate ordering of tests and investigations by utilising computerised order entry with the support of best practice guidance:

- It is currently a focus - Yes
- 2017-2018
- 2018-2019
- Not a priority

How will your Trust realise the improvements to these problems:

Corporate
Policy/

Altogether we are retrieving attendance data from over 70 EDs in England and Wales and we are looking for the following data (in spreadsheet format) for all ASSAULT-RELATED attendances at ED departments between 1 Jan 2015 - 31 Dec 2015 (inclusive):
 Date of ED attendance,
 Age (or date of birth),
 Gender,
 AND the yearly count for all ED attendances.
 Would it be possible to send us this data please?

Attendances at A&E following an alleged assault in 2015
 SEX ageband Jan 15 Feb 15 Mar 15 Apr 15 May 15 Jun 15 Jul 15 Aug 15 Sep 15 Oct 15 Nov 15 Dec 15 Total

Female	<18	<10	<10	12	<10	11	13	<10	<10	<10	17	13	<10	18-19	<10	<10	<10	<10	<10	<10	12	<10	<10	20-29	19	15	23	24	22	15	28	29	16	21	26	17	30-39	13	18	<10	11	17	14	<10	28	<10	22	16	15	40-49	10	10	11	12	18	20	25	<10	<10	22	11	<10	50-59	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	60-69	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	70-79	<10	<10	<10	>80	<10	<10	<10													
Female Total												878																																																																																															
Male	<18	27	29	43	33	27	27	41	16	28	25	21	23	18-19	10	<10	18	<10	20	<10	<10	11	13	11	10	<10	20-29	82	53	83	41	63	62	58	80	56	56	54	70	30-39	35	48	39	34	28	41	38	22	33	37	51	27	40-49	23	21	33	26	26	23	42	29	25	26	31	18	50-59	10	20	19	13	13	16	18	14	<10	<10	20	<10	60-69	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	70-79	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	<10	>80	<10	<10	<10
Male Total												2210																																																																																															
Grand Total												3088																																																																																															

1. What was the total cost for your trust, including fees and any other on-costs, for midwives supplied by an agency, broken down by the months in the table below?

Total Cost for Midwives Supplied by an Agency (£)
2015
January
February
March
April
May
June
July
August
September
October
November
December

2. What was the cost for your trust for the fees and any other on-costs, for midwives supplied by an agency, broken down by the months in the table below?

Cost for Fees and Other On-Costs for Midwives Supplied by an Agency (£)
2015
January
February

East Lancashire Hospitals NHS Trust
Finance Department
Author:
Finance

Title:
Royal College of Midwives
FOI Requestor:
Amy Leversidge
Date:
17/02/16

1. What was the total cost for your trust, including fees and any other on-costs, for midwives supplied by an agency, broken down by the months in the table below?

Total Cost for Midwives Supplied by an Agency (£)
2015
January
-
February
-

East Lancashire Hospitals do not use Agency Midwives
March

-
April
-
May
-
June
-

1, The number of NHS staff who have been injured as a result of caring for patient that is classed as large / obese / with a high BMI / barbaric patient over the following dates:

Information not held

a. 1 Jan 2011 to 31 Dec 2011

b. 1 Jan 2012 to 31 Dec 2012

c 1 Jan 2013 to 31 Dec 2013

d Jan 2014 to 31 Dec 2014

e Jan 2015 to 31 Dec 2015

For each staff member, I wish to know the following:

2, The nature of injury the staff member sustained (For example – broken back, sprained ankle,

3, How the injury was sustained (For example – patient fell on staff member while lifting etc)

4, How long (if any) the staff member needed off work

1. How many patients have waited more than 12 hours in your A and E department in the last 3 years. Please break this down per month. To be clear, this is since the patient arrived in A and E, not since decision to admit.
2. How many 12 hour decisions to admit patient did you report to NHS England in the last 3 years, please break this down per month.

This time frame is where you had to report a 12 hour breach to NHS England (it is typically taken after the patient has been in A and E more than 12 hours after decision to admit)
3. How many people came to A and E in the last 3 years, please break this down per month.
Of these total number of patients, how many people were admitted to hospital for an inpatient stay - again please can you give me three years data, broken down per month.
4. Of those people that were admitted, in question 3 how many people breached the 4 hour A and E target, per month for the last 3 years.
5. What was your percentage recorded rate of getting patients seen and out of the department in 4 hours, each month for the last 3 years? ie. percentage of people who meet the 4 hour target.

The information we are able to provide is detailed in the attachment. Please note that we are unable to provide the data in relation to % of admissions via A&E meeting 4 hour target and A&E attendances waiting >12 hours as we do not hold verified data in a format that would enable us to complete the request. Total A&E attendances % meeting 4 hour target

Month	Number of admissions via A&E decisions to admit waiting > 12 hours	Percentage	Total A&E attendances
Jan 13	14203	95.44%	3204 0
Feb 13	13031	93.58%	2939 0
Mar 13	14902	90.06%	3373 0
Apr 13	14637	92.23%	3270 0
May 13	15137	96.10%	3221 0
Jun 13	14787	97.00%	3100 0
Jul 13	17203	95.33%	3267 0
Aug 13	15652	91.25%	3151 0
Sep 13	14939	92.99%	2842 0
Oct 13	15144	92.09%	2900 0
Nov 13	14394	92.79%	2897 0
Dec 13	14719	90.82%	3211 0
Jan 14	14526	92.20%	3017 0
Feb 14	13890	95.43%	3027 0
Mar 14	16587	93.92%	3233 0
Apr 14	16016	97.35%	3002 0
May 14	17363	97.71%	3273 0
Jun 14	17121	96.91%	3052 0

89 23/02/2016 Performance/ Activity

Please provide the spend on locum agency ahp and hss staff broken down by the below disciplines and, if applicable whether the spend is in an acute or community setting for the period 1st October 2014 – 30th September 2015.

- Occupational Therapists
- Physiotherapists
- Speech & Language Therapists
- Dietitians
- Pharmacists
- Radiography to include Diagnostic, CT, MRI, Nuc Med
- Radiotherapists
- Sonographers

Occupational Therapists	£299,793
Physiotherapists	£696,960
Speech & Language Therapists	£8,045
Dietitians	£0
Pharmacists	£0
Radiography to include Diagnostic, CT, MRI, Nuc Med	£178,769
Radiotherapists	£0
Sonographers	£265,692

180 23/02/2016 Finance

<p>241 19/02/2016</p>	<p>Corporate Policy/ Decisions</p> <p>Can you tell me:</p> <ul style="list-style-type: none"> • If the trust has been asked to prepare an estate strategy as part of the government's One Public Estate programme? • If the trust has prepared this strategy please send me a copy • if the trust has paid external consultants to complete the strategy, and how much the daily paid rate paid was 	<ul style="list-style-type: none"> • If the trust has been asked to prepare an estate strategy as part of the government's One Public Estate programme? No • If the trust has prepared this strategy please send me a copy N/A • if the trust has paid external consultants to complete the strategy, and how much the daily paid rate paid was N/A
<p>196 18/02/2016 ICT</p>	<p>Which of the following best describes your current situation:</p> <ul style="list-style-type: none"> • No current intention to procure or develop a patient record EDM • Business case developed • Funding ring-fenced/procurement in progress • Commenced EDM implementation • Completed EDM implementation • Other (please specify) <p>If applicable, which option best describes your scanning strategy</p> <ul style="list-style-type: none"> • Archive and active record scanning • Scanning active (presenting) patients only • Forward scanning only • Other (please specify) <p>Roughly how many physical case notes do you have? If known, what is the average sheet count per case note? How many scanned patient records do you have? Who is your EDM Supplier? Who is your PAS/EPR Supplier? What is the name of your CCIO?</p>	<p>Which of the following best describes your current situation:</p> <ul style="list-style-type: none"> • No current intention to procure or develop a patient record EDM X • Business case developed • Funding ring-fenced/procurement in progress • Commenced EDM implementation • Completed EDM implementation • Other (please specify) <p>If applicable, which option best describes your scanning strategy</p> <ul style="list-style-type: none"> • Archive and active record scanning • Scanning active (presenting) patients only • Forward scanning only • Other (please specify) <p>Scanning as part of a wider epR procurement in the future, no plans until 2019.</p> <p>Roughly how many physical case notes do you have? Need further clarification: How many paper notes do we have active at any time? How many paper notes do we have in storage? How many paper notes do we access from storage each ? If known, what is the average sheet count per case note? Not known – impossible to tell as varies between patient. How many scanned patient records do you have? We only scan well babies records and GUM patients. Who is your EDM Supplier? Windip Who is your PAS/EPR Supplier? CSC What is the name of your CCIO? Currently no CCIO (out to advert) – CIO Mark Johnson</p>

		<p>1.) Over the last three calendar years, how many patients have had to wait more than 24 hours in Accident and Emergency departments in hospitals across your trust?</p> <p>Please break down by: i.)2013 ii)2014 iii) 2015</p> <p>2.) Broken down by the same three years above, how many patients have had to wait more than 48 hours in Accident and Emergency departments at hospitals across your trust?</p> <p>This includes patients who came to hospital in an ambulance, and patients who made their own way to Accident and Emergency departments.</p> <p>3.) In the calendar year 2015, what was the longest accident and emergency department wait recorded across your trust? Please provide the name of the hospital this was recorded in.</p>	<p>number of patients waiting over 24 hours number of patients waiting over 48 hours</p> <p>2013 0 0</p> <p>2014 0 0</p> <p>2015 0 0</p> <p>Longest wait in 2015 at Royal Blackburn Hospital</p> <p>2015 17:57</p>
316	18/02/2016	Service Information	
342	18/02/2016	Corporate Policy/ Decisions	<p>Who within your organization is responsible for IT integration, please could this include their name and job title.</p> <p>The contact would be Carl Fairclough, Head of Systems</p>
209	17/02/2016	Service Information	<p>Please provide the number of hip implant revisions the Trust has carried out in the last three years. For your information, a hip implant revision is the surgery carried out on someone who has previously had a hip replacement. The revision involves either resurfacing the device that was initially implanted or replacing it.</p> <p>And, provided it does not exceed the cost limit, please provide information on the initial implant which had to be revised in the revision surgery - namely the type of implant (ie metal-on-metal, ceramic-on-metal etc etc) and the manufacturer.</p> <p>The number of hip implant revisions performed for the last 3 years</p> <p>Revision of replacement of hip</p> <p>2013 2014 2015</p> <p>Number of Revision to hip replacement procedures performed 19 17 11</p> <p>The type of initial implant used is not recorded on our systems. The only way to get this would be to pull the casenotes which would take this FOI over the cost limit.</p>
232	17/02/2016	Service Information	<p>what data you hold on type 2 diabetes</p> <p>Unfortunately, the information that you requested is not held as the FOI appears to be a patient survey.</p>
3	16/02/2016	Procurement	<p>Please could you provide the NIV CPAP & BIPAP Mask usage data for the Trust for the past 6months/12 months. I believe the Trust uses the Respironics PerformaTrak and PerforMax mask.</p> <p>Could you please outline the price the Trust pays for these products?</p> <p>East Lancashire Hospital NHS Trust has ordered a total of around 500 NIV masks in the current financial year to date. The Trust will not provide the information on price as we believe s43 of the FOI Act is engaged and disclosure would prejudice our commercial interests in the open market as this is an ongoing procurement position. Disclosure of the price will directly affect the Trust's ability to obtain value for money. Although s43 is not an absolute exemption we consider that preservation of the Trust's position to trade in a competitive environment outweighs the public interest while this procurement process is ongoing.</p>

<p>115 16/02/2016 Incidents</p>	<p>1. How many dangerous and/or illegal items have been confiscated by staff at hospitals across your trust over the last three years?</p> <p>2. For each year, please provide a full breakdown of items.</p> <p>Please send the information in calendar years (i.e. January-December, for 2013, 2014, and 2015).</p> <p>This may include illegal drugs, and weapons/ potential weapons.</p>	<p>ELHT staff confiscated no weapons or drugs or other items in the time period.</p> <p>However, Police confiscated the following on our sites;</p> <p>2013 – one confiscation of illegal drugs, and one confiscation of illegal drugs and weapons 2014 – one confiscation of illegal drugs 2015 – one confiscation of illegal drugs</p>
<p>194 16/02/2016 Information</p> <p>Service</p>	<p>1)</p> <p>In the 12 months to January 2016 (or to the most recent month available), what was the average waiting time in days (referral to treatment time) for patients awaiting cataract surgery through East Lancashire Hospitals NHS Trust?</p> <p>Period Average waiting time (days) 12 months to January 2016 December 2015 November 2015 October 2015 September 2015 August 2015 July 2015 June 2015 May 2015 April 2015 March 2015 February 2015 January 2015</p> <p>2a)</p> <p>In the last 3 years, how many patients underwent cataract removal surgery at East Lancashire Hospitals NHS Trust?</p> <p>Year Number of patients</p>	<p>1)</p> <p>In the 12 months to January 2016 (or to the most recent month available), what was the average waiting time in days (referral to treatment time) for patients awaiting cataract surgery through East Lancashire Hospitals NHS Trust?</p> <p>Period Average waiting time (days) 12 months to January 2016 77 December 2015 86 November 2015 87 October 2015 77 September 2015 85 August 2015 71 July 2015 65 June 2015 70 May 2015 61 April 2015 72 March 2015 71 February 2015 85 January 2015 87</p> <p>2a)</p> <p>In the last 3 years, how many patients underwent cataract removal surgery at East Lancashire Hospitals NHS Trust?</p> <p>Year Number of patients</p>

1. Who is responsible for Corporate Governance and who operationally manages it?
2. Who is responsible for Clinical Governance and who operationally manages it?
3. Who is responsible for the CIP (Cost Improvement Plans) and who operationally manages it?
4. Who is responsible for the PMO (Project Management Office or Portfolio Management Office or Programme Management Office) and who operationally manages it?
4. Who is responsible for your contracts with the CCGs and who operationally manages it?
5. What Clinical Divisions do you have?

I'm also looking for organisational charts of the teams below the Medical Director and the Director of Nursing (or variations of those job titles), to also include teams relating to Corporate/Clinical Governance, Patient Safety, PALS, Complaints, Risk, Assurance and Information Governance

1. Who is responsible for Corporate Governance and who operationally manages it? Chief Executive as Accountable Officer and Company Secretary for operational management
 2. Who is responsible for Clinical Governance and who operationally manages it? Chief Executive as Accountable Officer and Medical Director for operational management
 3. Who is responsible for the CIP (Cost Improvement Plans) and who operationally manages it? Chief Executive as Accountable Officer and Director of Finance for operational management
 4. Who is responsible for the PMO (Project Management Office or Portfolio Management Office or Programme Management Office) and who operationally manages it? Director of Service Development has responsibility and operational management
 4. Who is responsible for your contracts with the CCGs and who operationally manages it? Chief Executive as Accountable Officer and Director of Service Development for operational management
 5. What Clinical Divisions do you have? Surgical and Anaesthetic Services, Integrated Care Group, Diagnostics and Clinical Support, Family Care
- I'm also looking for organisational charts of the teams below the Medical Director and the Director of Nursing (or variations of those job titles), to also include teams relating to Corporate/Clinical Governance, Patient Safety, PALS, Complaints, Risk, Assurance and Information Governance.
Available online at <http://www.elht.nhs.uk/organisational-structures.htm>

Corporate
Policy/

My name is Dr Stuart Read, and I am a researcher at the University of Bristol. I am interested in the provision of 'reasonable adjustments' for people with learning disabilities accessing NHS hospitals in England.

The purpose of this enquiry is to test the working of the requirements of NHS trusts to make necessary 'reasonable adjustments' for the care of people with learning disabilities as set out in the 'Learning Disability Access' criteria in the Monitor Risk Assessment Framework (2015, p. 56) – please see attached pdf for your reference.

I therefore wish to make a request under the Freedom of Information Act for the following information:

1) Please supply the following figures for your trust for the administrative year 2014/2015 in the table included below.

Total number of patient admissions Number of patients identified and flagged as having a learning disability by your trust (Monitor criterion 1; 2015, p. 57)

Number of admissions to in-patient care (as defined by Hospital Episode Statistics)

Number of out-patient admissions (not including cancelled appointments or those who did not attend their appointments)

Number of patient admissions at accident and emergency

2) Please advise me of website links where I can find any public report(s) of findings of audits of your practices for patients with learning disabilities (Monitor criterion 6; 2015, p. 57) published by your trust since the start of April 2013.

ELHT and other Trusts do not systematically publish all their audit activity in the public domain, these are summarised usually for an annual report shared with the Trust Board and commissioners. National audit activity is published in the public domain and the last completed national audit for Learning disability was a feasibility study undertaken by the Royal College of Psychiatry in 2013/14, this can be accessed using the following link:

<http://www.rcpsych.ac.uk/pdf/Final%20report.pdf>

Audit activity in ELHT includes the National Audit Programme and activity identified by Divisional and Directorates as required i.e. NICE / Local Policy etc. this will in most cases look at procedures and diagnoses rather than individual patient groups.

Corporate
Policy/

I would like to submit a request under the Freedom of Information Act 2000. Withdrawn

How many people within the East Lancashire Hospital Trust's catchment area have missed hospital appointments in 2012, 2013, 2014, 2015?

How many hospital hours does that equate to during 2012, 2013, 2014, 2015?

How much has it cost the Trust in 2012, 2013, 2014, 2015?

How is the Trust tackling the issue?

What are the major concerns about missed appointments – what effect does it have on the hospitals and the way they are run?

Is there a policy on missed appointments for instance three strikes and you're out?

If you subtracted the number of missed appointments from each year (2012, 2013, 2014, 2015) what effect would this have on waiting lists?

How long are hospital waiting lists for 2012, 2013, 2014, 2015?

How much has the Trust spent on promoting messages about missed appointments or public education on this issue during 2012, 2013, 2014, 2015?

103 15/02/2016 Performance/
Activity How many patients are bedblocking (stuck in hospital) at the Trust's hospitals for 2012, 2013, 2014, 2015 waiting for community care?

- (a) Does your trust have a bereavement suite available for use by parents in the event of limited life expectancy of an anticipated birth of a child?
- (b) If the answer to (a) is no, what alternative arrangements are available?
- (c) If the answer to (a) is yes, would parents of a baby who turn up at hospital with a sudden infant death be allowed to use the bereavement suite?
- (d) If the answer is yes to (a) where in relation to the Labour ward is the suite located?
- (e) Do you have bereavement trained midwives? If yes, how many?
- (f) Do you have a trained bereavement councillor at the hospital? If yes, what is the average waiting time to be able access support from that councillor?
- (g) Do you provide any written information to parents following the loss of a baby? If yes, please name the third sector organisation information is provided from.
- (h) Can you list the guidelines around infant death which are implemented by the hospital?
- (i) Does the hospital provide support around funeral arrangements for infants or babies who have died at the hospital?
- (j) Does the hospital advise parents on the advantages of having a post mortem conducted where this is not compulsory?

- (a) Yes we do have two Bereavement Suites which are available for use by parents in the anticipated birth of a child with a limited life expectancy.
- (b) NA
- (c) If parents of a baby were to attend the hospital with a Sudden Infant Death they are most likely to present at the Emergency Department which is on another site in our 'sister' town. (Our services are spread geographically across two towns). It is therefore unlikely that they would then be transferred to the Bereavement Suites within our Maternity Services, particularly as this event would initiate a police investigation and a Coroner is likely to request an urgent Post Mortem examination.
- (d) Our Bereavement Suites are located within our Labour Ward.
- (e) We currently have one Bereavement Support Midwife. The post was new to the Trust in July 2015.
- (f) No. Within our hospital we would refer to external support organisations for any counselling dependent upon the individual needs.
- (g) Yes. Within Maternity services we provide parents with the Stillbirth and Neonatal Death (SANDs) Bereavement pack which contains the 12 publications.
- (h) We have the 'Greater Manchester, Lancashire and South Cumbria Strategic Clinical Networks – Guideline for the Management of Stillbirth', and we also have our own guidelines for 'Management of deliveries before expected viability <24 weeks gestation', 'Fetal loss less than 20 weeks', and 'termination of pregnancy' – these are all underpinned by research.
- (i) The hospital offers burial / cremation for any product resulting from pregnancy loss prior to 24 weeks gestation. Over 24 weeks gestation parents and families are requested to make private funeral arrangements.
- (j) Where a Post Mortem is not required by the Coroner, parents are provided with written information in the format of a SANDs booklet and consent is taken by either a senior doctor or Consultant, or we have two trained midwives who are also able to fully explain in detail the rationale of a Post Mortem. The specialist fetal unit where we send our babies for Post mortem will

1 WITH RESPECT TO MANDATORY MATERNITY TRAINING

1.1 Who manages training? A practice development midwife or the HR department?

1.2 Do you keep a database tracking training? If so, is this part of a trust-wide computer system?

1.3 Which topics do you identify as requiring mandatory maternity training?

1.4 What is the duration of your training? That is, what number of hours and/or sessions of training do you provide per topic?

1.5 How frequently is the training provided per topic?

1.6 How frequently do you mandate that individual staff should attend for re-training? By which method do you deliver this training?

1.7 Is this training provided in-house or do you use external providers?

1.8 Do you use a course assessment form? Yes I No

[If yes- please would you provide us with your course assessment form]

1.9 Do you offer a budget for mandatory training for attendance at external courses for:

Midwives Yes I No Individual annual budget = £

Freedom of information request mandatory maternity training

1.1 A practice development midwife

1.2 there is a speciality specific mandatory training database and this most of this information is also recorded on the Trust training system

1.3 and 1.4 Topics identified as speciality specific mandatory training currently are

Topic Theory Drill

Obstetric haemorrhage 25 minutes 35 minutes

Fetal surveillance 55 minutes X

Severe pre-eclampsia and eclampsia 25 minutes 35 minutes

Shoulder dystocia 15 minutes 35 minutes

Breech 15 minutes 35 minutes combined with cord prolapse

Cord prolapse 15 minutes 35 minutes combined with breech

Maternal collapse 30 minutes Combined with BLS drill

Basic life support 15 minutes 35 minutes includes maternal collapse scenario's

Neonatal life support 25 minutes 35 minutes

Perinatal mental health 45 minutes X

Infant feeding 1 hour X

Perineal trauma 15 minutes X

Detection and referral for small for gestational age 1.5 hours Includes knowledge and skill assessment

Antenatal and newborn screening 45 minutes X

1.5 Theory sessions for obstetric haemorrhage, fetal surveillance, severe pre-eclampsia and eclampsia, shoulder dystocia, breech , cord prolapse , maternal collapse, basic life support and neonatal life support sessions were provided 13 times in 2015. Drill sessions for obstetric haemorrhage, severe pre-eclampsia and eclampsia, shoulder dystocia, breech and cord prolapse,

Corporate
Policy/

26 12/02/2016 Decisions

provide the following information for each financial year from 2009/10 to 2015/16; please include the most recent figures for 2015/16 stating the period covered.

1. The average number of employees within your organisation for each of the financial years listed above on a full-time equivalent basis.
2. The total number of sickness days taken by all your employees in each financial year as above.
3. The total number of sickness days in each financial year over the same period which have been recorded as due to either stress, anxiety, depression or any combination thereof.
4. The financial cost to your organisation in the above financial years of days lost through sickness which have been recorded as due to either stress, anxiety, depression or any combination thereof.

The average number of employees within your organisation for each of the financial years listed above on a full-time equivalent basis.

AVG SIP
2010/11 6318
2011/12 6047
2012/13 6131
2013/14 6467
2014/15 6747
2015/16 6821

The total number of sickness days taken by all your employees in each financial year as above.

The total number of sickness days in each financial year over the same period which have been recorded as due to either stress, anxiety, depression or any combination thereof.

The financial cost to your organisation in the above financial years of days lost through sickness which have been recorded as due to either stress, anxiety, depression or any combination thereof

2010/11 10,794.88 87,283.28 £700,633.42
2011/12 16,157.55 91,697.52 £1,138,980.81
2012/13 17,514.31 92,892.55 £1,294,578.45
2013/14 15,731.95 94,340.30 £1,169,599.27
2014/15 24,951.51 118,046.34 £2,051,303.50
2015/16 19,203.03 91,236.66 £1,435,678.28

I would like to request the following information about the software that you currently have in use.

1. Do you currently have endoscopy reporting software installed?

1.1. If the answer to question 1 is yes, who is the provider of this software?

1.2. If the answer to question 1 is yes, how long did implementing the system take?

2. Do you currently have cystoscopy reporting software installed?

2.1. If the answer to question 2 is yes, who is the provider of this software?

2.2. If the answer to question 2 is yes, how long did implementing the system take?

3. Do you currently have bronchoscopy reporting software installed?

3.1. If the answer to question 3 is yes, who is the provider of this software?

3.2. If the answer to question 3 is yes, how long did implementing the system take?

4. Do you currently have any software installed to support the tracking of long term gastroenterology patients (eg. IBD patients)?

4.1. If the answer to question 4 is yes, who is the provider of this software?

4.2. If the answer to question 4 is yes, how long did implementing the system take?

1. Do you currently have endoscopy reporting software installed? Yes

1.1. If the answer to question 1 is yes, who is the provider of this software? Endosoft

1.2. If the answer to question 1 is yes, how long did implementing the system take?

This project was a while ago, but less than 6 months in total from purchase to installation.

2. Do you currently have cystoscopy reporting software installed? no

2.1. If the answer to question 2 is yes, who is the provider of this software?

no

2.2. If the answer to question 2 is yes, how long did implementing the system take?

no

3. Do you currently have bronchoscopy reporting software installed? Yes

3.1. If the answer to question 3 is yes, who is the provider of this software?

Unisoft Medical Systems

3.2. If the answer to question 3 is yes, how long did implementing the system take?

The current system is very old and is now unsupported, looking to replace in the near future.

4. Do you currently have any software installed to support the tracking of long term gastroenterology patients (eg. IBD patients)?

no

4.1. If the answer to question 4 is yes, who is the provider of this software?

no

4.2. If the answer to question 4 is yes, how long did implementing the system take?

no

5. Do you currently have order communications software installed? Yes

1. Do you have a dedicated policy with a structure of signposting support for staff affected by domestic abuse? If so, please give details.
2. Do you have a dedicated policy with a structure of signposting support for patients affected by domestic abuse? If so, please give details.
3. Do you have a domestic abuse service established within your organisation?
4. If so, state when it was established and give year-on-year figures for referrals/the number of people who use the service.
5. Are staff inducted in the organisation's policy so that they are fully informed of its content and the support available to them as well as patients?
6. How many staff have received training in recognising and supporting victims of domestic abuse in the past year?
7. When was domestic abuse training last reviewed in your organisation?
8. What does the training cover?

1. Do you have a dedicated policy with a structure of signposting support for staff affected by domestic abuse? If so, please give details.
Yes – HR Domestic Abuse Policy for Staff who are affected is available and due for review in June 2017. However, the Trust Safeguarding Team have been instrumental in strengthening and developing the support available for staff and a new policy is in the process of being developed. We have reviewed the Blackpool Policy and their DA Campaign, and we are putting in similar support mechanisms for staff. We have also worked closely with individual staff members who have contributed to what is helpful and supportive to them.
2. Do you have a dedicated policy with a structure of signposting support for patients affected by domestic abuse? If so, please give details.
Yes – DA Policy for Patients in place and due for review in October 2017. Lots of work on-going and more information will be added to the policy before then.
3. Do you have a domestic abuse service established within your organisation?
There was a pilot as part of the IRIS Project where an IDVA came in to the organisation, initially in to the Emergency Department and Urgent Care Centres. This started 3 years ago, and initially the IDVA was provided by The Wish Centre. This changed as from June 2015 and the IDVA was provided from Changing Lives, another DA Service. It evolved so that the IDVA became part of the Trust Safeguarding Team and she covered all clinical areas, seeing in-patients, out-patients and staff. Other local DA services are also used as people are referred on to them after they leave hospital, or if they prefer to see their local service rather than the hospital IDVA.
4. If so, state when it was established and give year-on-year figures for referrals/the number of people who use the service.
Since the change there has been a period of transition so quarterly figures are being collated by Changing Lives. Referrals to other DA services are not recorded as these could be made by any one of our 7500 staff, for patients from across the Trust. In the 14 months to the end of May 2015 there were 164 patients referred through the Hospital IDVA.
5. Are staff inducted in the organisation's policy so that they are fully informed of its content and

Corporate
Policy/

1) Could you please tell me your trusts NHS Spend on all Bariatric Equipment Rental/Lease in the past 3 years?

2014-15 -
2013-14 -
2012-13 -

2) Could you please tell me your trusts NHS Spend on capital purchasing of Bariatric Equipment in the past 3 years?

2014-15 -
2013-14 -
2012-13 -

3) What is your current contractual status if any, if so, who is this with, what is the term of the contract including renewal date? If not under contract, how is this service provided, for example, is this simply on an Ad Hoc basis?

1) Could you please tell me your trusts NHS Spend on all Bariatric Equipment Rental/Lease in the past 3 years?

2014-15 - £20000
2013-14 - £29000
2012-13 - £39000

Please note that the equipment not specified as "bariatric" on purchase orders has not been included in figures, although it may be suitable for bariatric patients. All figures are rounded up to the nearest thousand.

2) Could you please tell me your trusts NHS Spend on capital purchasing of Bariatric Equipment in the past 3 years?

2014-15 - No purchase orders for bariatric equipment from capital budget.
2013-14 - £2500
2012-13 - No purchase orders for bariatric equipment from capital budget.

3) What is your current contractual status if any, if so, who is this with, what is the term of the contract including renewal date? If not under contract, how is this service provided, for example, is this simply on an Ad Hoc basis?

There is no particular contract in place for bariatric equipment, however the Trust utilises NHS SBS framework, "Aids for daily living" for both bariatric and non-bariatric equipment. The contract is due to expire on 31st July 2016. Additional information can be obtained directly from NHS SBS. The Trust also hires bariatric equipment from various suppliers on ad hoc basis.

Service

193 12/02/2016 Information

1) Please state how many full-time (FT) equivalent nurses your trust employs at the following banding levels:

Band Number in 2015 Number in 2014 Number in 2013 Number in 2012 Number in 2011
7 & 8

2) (i) If known, please state how many FT equivalent clinical nurse specialists your trust employs both now and in 2011:

Number of clinical nurse specialists employed at present time Number of clinical nurse specialists employed in 2011

(ii) Areas of clinical practice covered: -----

3) Finally, please state how many FT equivalent nurses your trust currently employs:

Total number of FT nurses employed by your trust at any banding level

The information we are able to provide is in the attachment

Corporate Policy/

330 12/02/2016 Decisions

The information we are able to provide is detailed below:

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

Question 1

Hospital 1 (name)

No. operated No. leased / owned (If Applicable) number provided through a managed equipment provider) Year of manufacture (or installation, if yr of manufacture n/a)

Lab 1 Lab2 Lab3 Lab4 Lab5

Labs primarily serving PCI activity and coronary diagnostics

Labs primarily serving primary pacing & electrophysiology implantations, ablations and diagnostics

Labs primarily serving peripheral vascular angioplasty and diagnostics

All other

- of the above, labs within hybrid catheterisation lab / operating theatre

Hospital 2 (name)

As above

Hospital 3 (name)

As above

Question 2

Please provide the Trust's revenue for the fiscal year 2014/15 from the HRGs below, broken down by source (NHS England or your local CCG) and by category:

Coronary interventional cardiology, Pacing/Electrophysiology, Non-coronary catheter procedures, as follows:

43 25/01/2016 Performance/ Activity

In the past three years, how many cervical screening test requests (previously known as a smear test) have been rejected by you for testing by your NHS clinical pathology labs because the patient was under 24y 6m of age at the time of the sample being collected?

We no longer provide a Cervical screening service in this Trust (ceased in 2010). All our requests are sent to Central Manchester.

175 25/01/2016 Service Information

I would like a year by year breakdown for the last three years (i.e. 3 tests in 2014)

16	22/01/2016	Transport/ Car Parking	<p>A copy of the car park contract (s) for Burnley General Hospital between East Lancs NHS Trust and UK parking Control Ltd</p> <p>A copy of the car park contract (s) for Burnley General Hospital between East Lancs NHS Trust and ' Cofely FM limited' and its associated companies Lend Lease FM Ltd</p> <p>The amount claimed in penalties or fines in the form of Parking Charge Notices (PCNs) since the commencement of the parking contract with UK Parking Control Ltd, Cofely FM Ltd and Lend Lease FM Ltd</p> <p>The amount of revenue retained by the Trust with respect to the above Parking Charge Notices (PCNs) and the amount retained by UK parking control or its appointed Debt Collector (s) since the commencement of the parking contract</p> <p>The amount of revenue retained by the Trust with respect to the above Parking Charge Notices (PCNs) and the amount retained by Cofely FM Ltd or its appointed Debt Collector (s) since the commencement of the parking contract</p> <p>A summary of the charges levied by UKPC Ltd to the trust in consideration of providing parking services since the commencement of the parking contract</p> <p>A summary of the charges levied by Cofely Ltd to the trust in consideration of providing parking services since the commencement of the parking contract</p>	<p>A copy of the car park contract (s) for Burnley General Hospital between East Lancs NHS Trust and UK parking Control Ltd No such contract exists.</p> <p>A copy of the car park contract (s) for Burnley General Hospital between East Lancs NHS Trust and ' Cofely FM limited' and its associated companies Lend Lease FM Ltd No such contract exists.</p> <p>The amount claimed in penalties or fines in the form of Parking Charge Notices (PCNs) since the commencement of the parking contract with UK Parking Control Ltd, Cofely FM Ltd and Lend Lease FM Ltd Commercial in confidence.</p> <p>The amount of revenue retained by the Trust with respect to the above Parking Charge Notices (PCNs) and the amount retained by UK parking control or its appointed Debt Collector (s) since the commencement of the parking contract Nil retained by the Trust.</p> <p>The amount of revenue retained by the Trust with respect to the above Parking Charge Notices (PCNs) and the amount retained by Cofely FM Ltd or its appointed Debt Collector (s) since the commencement of the parking contract Nil.</p> <p>A summary of the charges levied by UKPC Ltd to the trust in consideration of providing parking services since the commencement of the parking contract Nil.</p> <p>A summary of the charges levied by Cofely Ltd to the trust in consideration of providing parking services since the commencement of the parking contract Commercial in confidence.</p> <p>The number of Parking Charge Notices (PCNs) issued to holders of Parking Permits issued by the trust 656 PCN's issued, this figure will include Pay & Display permit holders.</p>																				
62	22/01/2016	Service Information	<p>The number of Parking Charge Notices (PCNs) issued to holders of Parking Permits issued by the trust</p> <p>please could you provide me with the number of unserved meals (ward food wastage) at each of your sites in 2014/15, and what percentage of all meals provided this represents.</p> <p>For plated meal systems, this is the number (calculated over the full menu cycle or 7 days where no menu cycle is used), of unserved in-patient meals remaining at the end of the meals service period expressed as a percentage of the total number of meals provided and available at the commencement of the meal service period. For bulk systems use an apportionment of remaining meals based on visual inspection.</p>	<table border="0"> <thead> <tr> <th>Site</th> <th>Meals served</th> <th>Meals wasted</th> <th>%</th> </tr> </thead> <tbody> <tr> <td>BGH</td> <td>256,986</td> <td>13,936</td> <td>5.42%</td> </tr> <tr> <td>AVH</td> <td>13,140</td> <td>757</td> <td>5.76%</td> </tr> <tr> <td>CCH</td> <td>18,019</td> <td>778</td> <td>4.32%</td> </tr> <tr> <td>RBH</td> <td>406,294</td> <td>39,440</td> <td>9.71%</td> </tr> </tbody> </table>	Site	Meals served	Meals wasted	%	BGH	256,986	13,936	5.42%	AVH	13,140	757	5.76%	CCH	18,019	778	4.32%	RBH	406,294	39,440	9.71%
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I am contacting on behalf of the British Association of Prosthetists and Orthotists. We have 5 Whole Time equivalent Orthotist directly employed in ELHT. BAPO are looking to locate the number of Prosthetists and Orthotists directly employed by East Lancashire Hospitals NHS Trust from 2005 - 2015. We would prefer if these numbers could be broken down into the number of Prosthetists and the number of Orthotists and region of employment if at all possible.

Whilst they are trained both as prosthetists and orthotists they practice solely as orthotists.

156 22/01/2016 HR /Staff

I would be grateful if you could send me an up to date list of Hospital Consultants, by name and department, working within your trust. I have searched your website and cannot seem to find the most current information I am looking for.

Alternatively, please direct me to your online Consultant listing, but please can you confirm that this information is updated regularly?

ICG

Consultant Cardiology Kanarath Balachandran
Consultant Cardiology Amit Chatterjee
Consultant Cardiology John McDonald
Consultant Cardiology Ravi Singh
Consultant Cardiology Scot Garg
Consultant Cardiology Shree Singh
Consultant Cardiology Sanjay Banypersad
Consultant Gastro Yogananda Reddy
Consultant Gastro Alexander Green
Consultant Gastro Shanil Kadir
Consultant Gastro Charles Grimley
Consultant Gastro Vishal Kaushik
Consultant Gastro Damien Lynch
Consultant Gastro Joseph Collum
Consultant Resp Rosalind Green
Consultant Resp Irfan Hafeez
Consultant Resp Saumitra Baksi
Consultant Resp Fawad Zaman
Consultant Resp Stephen Wilson
Consultant Resp Saifudin Khalid
Consultant MfOP Mahiswar Goorah
Consultant MfOP Ray Hyatt
Consultant MfOP Nicholas Roberts
Consultant MfOP Syed Shah
Consultant MfOP Arun Singh

Service

201 22/01/2016 Information

	<p>With regards to the way medical records are currently used in your Trust, which EMRAM* stage are you?</p> <p>If you are unable to tell us the above, can you tell us if your Trust is running, or has signed a contract to run an electronic medical records system that meets the following criteria: Electronic clinical documentation interacts with clinical decision support systems (based on both discrete data elements) AND Electronic closed loop medication administration system.</p> <p>If not, is your trust planning to commission an EMR (which meets criteria set out in Question 2)</p> <p>If you are currently utilizing an EMR, or have commissioned an EMR which is awaiting implementation, did you consider franchising an already implemented EMR from another NHS institution in the UK? If you are currently utilizing an EMR, or have commissioned an EMR which is awaiting implementation: does your EMR allow functional interoperability i.e. transfer of information from at least one other EMR used regionally in primary, secondary or tertiary care?</p> <p>If your trust is planning to commission an EMR or currently has an open tender for an EMR, are you inviting applications for franchised systems from other NHS trusts?</p>	<p>With regards to the way medical records are currently used in your Trust, which EMRAM* stage are you? Stage 4</p> <p>If you are unable to tell us the above, can you tell us if your Trust is running, or has signed a contract to run an electronic medical records system that meets the following criteria: Electronic clinical documentation interacts with clinical decision support systems (based on both discrete data elements) AND Electronic closed loop medication administration system.</p> <p>No</p> <p>If not, is your trust planning to commission an EMR (which meets criteria set out in Question 2) YES</p> <p>If you are currently utilizing an EMR, or have commissioned an EMR which is awaiting implementation, did you consider franchising an already implemented EMR from another NHS institution in the UK? NA If you are currently utilizing an EMR, or have commissioned an EMR which is awaiting implementation: does your EMR allow functional interoperability i.e. transfer of information from at least one other EMR used regionally in primary, secondary or tertiary care? NA</p> <p>If your trust is planning to commission an EMR or currently has an open tender for an EMR, are you inviting applications for franchised systems from other NHS trusts? YES</p> <p>If your trust currently utilizes an EMR, does the contract with the software provider allow for franchising your system to other trusts? NA</p>
219 22/01/2016 ICT	<p>If your trust currently utilizes an EMR, does the contract with the software</p> <p>I am writing to request the Business/Operating Plan (Refresh) 2015-2016 for East Lancashire Hospitals NHST.</p> <p>I would be very grateful if you could forward me this document.</p>	<p>The Trust Annual Plan which describes our business plans for 15/16 has not been through our approvals process to date and is therefore not available for dissemination. Therefore as this is information that is scheduled to be published, I am not able to provide this to you at this stage.</p> <p>The will be published on the Trust webpages, www.elht.nhs.uk in the new year shortly prior to the commencement of the new financial year, 15/16.</p>
183 21/12/2015 Corporate Policy/ Decisions	<p>Was a refresh document not submitted to Monitor for this year 2015-2016 around April/May?</p>	<p>We submitted a business plan 2012 – 2017 which is still current, this is available through the Trust Internet pages, I am advised this is still current and has not been superseded to date.</p>
184 21/12/2015 Corporate Policy/ Decisions		

	<p>How many "A Passion for Patients" publications were printed and at what cost</p>	<p>Dear Dr Coulson</p> <p>Thank you for your letter dated 5th November, though I am sorry you felt compelled to write in such a way in response to our publication 'A Passion for Patients'. I am also surprised you feel a freedom of information request is necessary for us to share the information you are interested in – it isn't. I am more than happy to share this information with you.</p> <p>1000 copies were designed and printed and these cost £825.00. This also includes the formatting to enable us to post the report on our website and intranet from where it has been accessed many times.</p> <p>I do think I should explain to you the reasons for this information being published and shared in this way, and why I believe it is a justifiable expense, even though we are in a very difficult financial climate. It is not that long since the Trust was placed in special measures, and this was a devastating blow to our reputation with both commissioners, and our patients and the public. The organisation's ability to continue was being questioned, staff morale was very low and the local media printed negative stories about the Trust and its services on an almost daily basis. We decided to invest our time heavily in great staff engagement as well as taking a much more professional approach to communications. As part of this, we took every opportunity to share the positive achievements of our staff - they are our greatest asset – and I make no apology for that. We also asked staff to tell us what they are most proud of. This is all captured in our publication 'A Passion for Patients'.</p> <p>We have shared this publication far and wide – across the Trust so it can be seen by staff, patients, visitors and volunteers; across our community so our stakeholders can see the pride we have in our staff and the pride our staff have in themselves; and with our commissioners so that they can share in our confidence for the future.</p>
<p>111 20/11/2015</p>	<p>Corporate Policy/ Decisions</p> <p>Does your trust pay for private medical/health insurance for any members of staff?</p>	<p>I am able to confirm that this Trust does not provide private medical or health insurance to its members of staff.</p>
<p>177 17/11/2015</p>	<p>Corporate Policy/ Decisions</p> <p>If so, please tell me the total spent on it in the past financial year, and the number of staff benefiting</p>	
<p>8 16/11/2015</p>	<p>HR /Staff</p> <p>Please tell me if you have:</p> <ol style="list-style-type: none"> 1) Recruited or advertised for a board member in the past 6 months? This includes permanent, interim or acting 2) If so, what position did you recruit for? 3) If so, what salary did you either agree with this person or put on the advert? Please provide the figure 4) Have any candidates turned down a board level position in the last 6 months because the salary offered was too low? 	<p>the Trust has not recruited any board level members within the last 6 months.</p>
<p>86 16/11/2015</p>	<p>Finance</p> <p>I would like to make a freedom of information request under the FOI act. Please can you provide me with information about the total amounts collected by the Trust/Hospital in relation to the Injury Costs Recovery Scheme per year for the past 5 years.</p>	<p>Apologies for not being able to return to you sooner. On review of your request, we do not receive costs back from insurance companies, if there are NHS recoverable benefits in a civil litigation claim, this is not paid to the individual NHS organisation.</p>

Hello- please may I request details of the quantity of certain urological procedures for the calendar year Jan - Dec 2014 undertaken in your Trust

The procedures and their codes are:-

ESWL - M141

ESWL - M311

PCNL - M164

Ureteroscopy & laser to stone - M271

Lithoclast - M272 & M273

Procedures Performed between 01/01/2014 - 31/12/2014

TYPE Type Description Total

M14.1 EXTRACORPOREAL SHOCK WAVE LITHOTRIPSY OF CALCULUS OF KIDNEY 73

M16.4 PERCUTANEOUS NEPHROLITHOTOMY NEC 17

M27.1 URETEROSCOPIC LASER FRAGMENTATION OF CALCULUS OF URETER 76

M27.2 URETEROSCOPIC FRAGMENTATION OF CALCULUS OF URETER NEC 15

M27.3 URETEROSCOPIC EXTRACTION OF CALCULUS OF URETER 24

M31.1 EXTRACORPOREAL SHOCKWAVE LITHOTRIPSY OF CALCULUS OF URETER 4

Total 209

Service

197 16/11/2015 Information

How many clinical staff has the trust recruited from outside of the UK in 2015 so far?

How many have been allowed to enter and work in the UK by the Home Office?

How many have been blocked by the Home Office from working in the UK?

How many were blocked by the Home Office in 2014?

How many clinical staff has the trust recruited from outside of the UK in 2015 so far?

We have made offers to

- 99 from outside the EEC – not due to start with us until 2016
- 7 from within the EEC – started with us in 2015
- 16 recruited

How many have been allowed to enter and work in the UK by the Home Office?

- 4
- We have requested one CoS for a Sonographer which was granted the person started with us
- We have just requested and been granted three CoS for Cardiac Physiologists
- 12 – remaining 4 were EU

How many have been blocked by the Home Office from working in the UK?

- We requested 100 CoS following our overseas recruitment in the Phillipines – they have been turned down 3 times.
- 2

How many were blocked by the Home Office in 2014?

- None

1. How many a) CT b) MRI scanners does the Trust have?

Information not held

2. a) How many megavoltage linear accelerators does the Trust have?

b) How many of these are capable of

i) IMRT

ii) IGRT?

c) What proportion of

i) all cancer patients

ii) prostate cancer patients

iii) head and neck cancer patients

who have radiotherapy are treated with IMRT or IGRT?

3. Please specify the age of each of the above CT/ MRI/ megavoltage machines.

4. Do you currently have plans to replace any of the above? If so, when do you plan to replace the above and has this been budgeted for?

Service

109 26/10/2015 Information

How many patients from Royal Blackburn Hospital have been transferred to mental health beds outside of Lancashire in the last 12 months?

Information not held

What is the furthest distance a patient has had to travel to get a bed in a hospital or establishment that treats mental health problems in the last 12 months?

Were there any specific reasons why these patients were transferred to beds outside of Lancashire?

Performance/

66 21/10/2015 Activity

What is the job title of the Trust lead for the flu vaccination programme?

Information provided

The East Lancashire Trust was reported by the PHE to have vaccinated 80.2% of direct care staff in 2014/15 which is one of the highest reported figures in England for a General Trust. Is this figure accurate and is there a report or information available to show how the Trust was able to do so well? Please supply a copy of the most recent flu plan for 2015/16.

Do staff receive a free chocolate bar or something similar after receiving the flu vaccine?

I am interested to know if the staff sickness rates increase during the winter months when flu is prevalent, although I realise that for instance in 2014/15 there was a significant mismatch of the vaccine and the actual flu virus. Could I please have a monthly listing of staff sickness from April 2013 to July 2015 for all Trust staff. If possible, are the monthly number of sick days available, or alternatively please supply whatever measure is generally used for staff sickness.

Performance/

110 06/10/2015 Activity

1. How many applications have you had for funding for high cost drugs for non-NICE indications in the last year? Information not held

2. How many of these applications were successful?

3. How much funding has been allocated to high costs drugs for non-NICE indications in the last year?

4. Please indicate the number of applications and funding in the last year for the specified indications below:

Indications

Total Applications Successful Applications Total Funding

Hidradenitis Suppurativa

Juvenile Idiopathic Arthritis

Non-Radiographic Axial Spondyloarthritis

Ulcerative Colitis

57 30/09/2015 Finance

- 1) What is the trust's CIP plan for this year (2015-16), (percentage of projected turnover)?
- 2) What is the trust's CIP plan for this year (2015-16), (£-figure)?
- 3) What proportion of the planned savings are pay, non-pay and income (£)?
- 4) What proportion of these sub-categories are recurrent and non-recurrent (£)?
- 5) What was the trust's CIP plan for 2014-15 (percentage of turnover)?
- 6) What was the trust's CIP plan for 2014-15 (£-figure)?
- 7) What proportion of the planned savings were pay, non-pay and income (£)?
- 8) What savings were actually made in these categories (£)?

- 1) What is the trust's CIP plan for this year (2015-16), (percentage of projected turnover)?
 - 3.5%
- 2) What is the trust's CIP plan for this year (2015-16), (£-figure)?
 - £13.7m
- 3) What proportion of the planned savings are pay, non-pay and income (£)?
 - Pay £3.5m, Non Pay £8.4m and Income £1.8m
- 4) What proportion of these sub-categories are recurrent and non-recurrent (£)?
 - Recurrent £11.4m, Non Recurrent £2.3m
- 5) What was the trust's CIP plan for 2014-15 (percentage of turnover)?
 - 4%
- 6) What was the trust's CIP plan for 2014-15 (£-figure)?
 - £17.4m
- 7) What proportion of the planned savings were pay, non-pay and income (£)?
 - Pay £8.6m , Non Pay £6.3m and Income £2.6m
- 8) What savings were actually made in these categories (£)?
 - Pay £3.0m, Non Pay £6.1m and Income £0.28m

153 29/09/2015 Finance

Service

Please could you tell me how many people with Parkinson's disease have been admitted to secure mental health institutions in your Trust in the last five years?

I can confirm that East Lancashire Hospitals NHS Trust does not operate any secure mental health wards

189 23/09/2015 Information

- How many cases of carbon monoxide poisoning have been treated in the past year (July 2014 - July 2015)?
- How many cases of carbon monoxide poisoning in children aged 0-18 have been treated in the past year (July 2014 - July 2015)?
- How many cases of carbon monoxide poisoning in adults aged 18-25 have been treated in the past year (July 2014 - July 2015)?
- How many cases of carbon monoxide poisoning in adults aged 60+ have been treated in the past year (July 2014 - July 2015)?

Carbon Monoxide Poisoning August 2014 - July 2015
AgeBand

0 -18 19 - 25 26-59 60+ Total

Admissions with confirmed Primary Diagnosis of carbon monoxide poisoning 0 0 2 0 2

attendances at A&E with suspected carbon monoxide poisoning 19 4 25 8 56

cases treated in A&E for carbon monoxide poisoning? 2 1 0 0 3

admitted from A&E with suspected carbon monoxide poisoning for treatment? 3 0 0 0 3

- How many cases have attended A&E in the past year with suspected carbon monoxide poisoning?
- How many children aged 0-18 have attended A&E in the past year with suspected carbon monoxide poisoning?
- How many adults aged 18-25 have attended A&E in the past year with suspected carbon monoxide poisoning?
- How many adults aged 60+ have attended A&E in the past year with suspected carbon monoxide poisoning?

- How many cases have been treated in A&E in the past year (July 2014 - July 2015) for carbon monoxide poisoning?
- How many children aged 0 - 18 have been treated in A&E in the past year (July 2014 - July 2015) for carbon monoxide poisoning?
- How many adults aged 18 - 25 have been treated in A&E in the past year (July

144	17/09/2015	Corporate Policy/ Decisions	<p>1. What happens when a patient dies in the care of the trust and there are no details of the next of kin provided?</p> <p>2. Who tries to locate/trace the next of kin if the information is unknown? (name, department and contact details)</p> <p>3. What are the steps taken to locate the next of kin of the deceased patient?</p> <p>4. What happens when the trust is unable to locate the next of kin?</p> <p>5. If the patient dies within the care of the trust and the next of kin cannot be traced, whose responsibility is it to provide a funeral? (name and contact details)</p> <p>6. On how many instances has the trust provided a funeral for a patient?</p> <p>7. Of these public health funerals please provide:</p> <p>a) Name of deceased</p> <p>b) Date of birth and date of death</p> <p>c) Last residential address</p> <p>d) Have the next of kin/family members been traced?</p> <p>e) What date have the details been referred to the QLTR, Bona Vacantia, Treasury Solicitor, Government Legal Department, National Ultimus Haeres, Duchy or Farrer & Co?</p> <p>8. Have there been cases where the trust has referred/or plan on referring details of the deceased patient to the Treasury Solicitor/Government Legal Department, Bona Vacantia, National Ultimus Haeres, Crown Solicitor, Duchy Farrer & Co or QLTR?</p> <p>9. Which other organisations have details (of the deceased with no known kin) been passed to and why?</p> <p>10. Does the trust conduct an asset search and/or will search?</p> <p>11. Which department deals with the deceaseds assets? (name and contact details)</p> <p>12. Is the trust responsible for selling the assets in order to compensate for the</p>	<p>1. What happens when a patient dies in the care of the trust and there are no details of the next of kin provided?</p> <p>a. The Bereavement Care Service (or the Coroner's Officers if applicable) contact Environmental Services within Blackburn with Darwen Council who then take responsibility for this.</p> <p>2. Who tries to locate/trace the next of kin if the information is unknown? (name, department and contact details)</p> <p>a. This is done by Environmental Services within Blackburn with Darwen Council</p> <p>3. What are the steps taken to locate the next of kin of the deceased patient?</p> <p>a. As above, this is not carried out by this Trust</p> <p>4. What happens when the trust is unable to locate the next of kin?</p> <p>a. n/a – as above</p> <p>5. If the patient dies within the care of the trust and the next of kin cannot be traced, whose responsibility is it to provide a funeral?</p> <p>a. This function is carried out by Environmental Services within Blackburn with Darwen Council</p> <p>6. On how many instances has the trust provided a funeral for a patient?</p> <p>a. This is carried out by Blackburn with Darwen Council</p> <p>7. Of these public health funerals please provide</p> <p>a. n/a</p> <p>8. Have there been cases where the trust has referred/or plan on referring details of the deceased patient to the Treasury Solicitor/Government Legal Department, Bona Vacantia, National Ultimus</p>
200	16/09/2015	Procurement	<p>Blackburn: Miscellaneous medical devices and products 2014/S 203-358758 22 10 2014</p> <p>My request is simply the full names and addresses of all of the companies who submitted a PQQ and / or ITT for this tender and whether they were successful or not, I would like to receive this information in either Word or Excel please</p>	<p>This tender (2014/S 203-358758) for Gastrostomy Tube and Ancillaries was cancelled. It has since been re-advertised under reference number ELP/15/150</p> <p>Responses from the PQQ have been from the following organisations:</p> <ul style="list-style-type: none"> • Fresenius Kabi • Vygon UK • G B UK • Pennine Healthcare • Corpak Medsystems Uk

1. Has the Trust conducted any 'Public Health Act Funerals since 01/04/15 to the Present (can you include up to the date you respond to my request)? Information not held

2. If the answer to this question is yes, can you disclose:

- a) The full names of the deceased
 - b) The date of birth of the deceased
 - c) The date of death of the deceased
 - d) The last known address of the deceased
 - e) Whether the details of the deceased, have been/will be or are likely to be referred to the Government Legal Department (if you are not sure then can you just answer that field 'unsure, or unknown' or words to that effect).
- (I should just point out that this information is not confidential as details of the recently deceased are published and regularly updated by the British Library, further information can be found by ordering a death certificate). However neither of these sources describe whether the individual has had a public Health funeral).

3. Have there been any similar FOI requests to this (within the time scale outlined in question 1)

4. Has the Trust given this information away to any other individual or organisation outside the parameters of FOI (other than the Government legal department or internally) within the time scale outlined in question 1

5. Has the Trust always disclosed details on Public Health Funerals? Or has the Trust refused in the past but then changed its stance after an appeal/internal review? (In terms of time scale can you search as far back as you can without

Corporate
Policy/
Decisions

31 04/09/2015

The name and maker/supplier of the electronic IT PAS (Patient Administration System) / EPR (Electronic Patient Record) System?

Could you also confirm the individuals, their name, email address and direct telephone line, who hold the following positions in the organisation?

Director of ICT
Head of ICT

System Manager of the PAS (Patient Administration System) and/or EPR (Electronic Patient Record) System?

Also could you please confirm if there is any timeline for the replacement of the above system or if it is scheduled to go back out to tender in the near future?

The name and maker/supplier of the electronic IT PAS (Patient Administration System) / EPR (Electronic Patient Record) System?
The Trust uses Clinicom/Patient Centre

Could you also confirm the individuals, their name, email address and direct telephone line, who hold the following positions in the organisation?
Mark Johnson, Associate Director of Performance & Informatics is the Trust lead for ICT within the Trust. To contact Mr Johnson please contact Royal Blackburn Hospital's switchboard.

Also could you please confirm if there is any timeline for the replacement of the above system or if it is scheduled to go back out to tender in the near future
Currently there is no timeline for the replacement for this system and the Trust is intending to move to electronic patient records

171 21/08/2015 ICT

Could you please send me contract information relating to Banking Services, Audit Services and Card Processing Services. If you do not understand what each of these mean please see below: Audit Contract Document attached.

- Banking Services- contract information relating to the organisation banking services.
 - Audit Services (Financial) – contract relating to internal and external audit services.
 - Accountancy – Contracts relating to TAX advisory services.
 - Card Processing Services This is a contract the organisation may have that relates to the use debit/credit cards used by staff to make payments to suppliers. This also includes procurement cards.
 - Merchant services This is a contract where by people make payments to the organisation via a machine or terminal. This also includes machines that have chip and pin and contact less
1. Contract Category: Please see select from the categories provided; Banking Services; Financial Audit Services; Card Processing Services
 2. Existing Supplier Name for each contract
 3. Contract Description: Please do not just state two to three words can you please provide me detail information about this contract and please state if upgrade, maintenance and support is included. Please also include the modules included within the contract.
 4. Annual Average Spend for each contract
 5. Contract Duration: What is the duration of the contract please include any available extensions within the contract.
 6. Contract Start Date: What is the start date of this contract? Please include month and year of the contract. DD-MM-YY or MM-YY.
 7. Contract Expiry: What is the expiry date of this contract? Please include